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SPEAKERS

Dr. Halena Gazelka, Dr. Scott Cheney, Narrator

N **Narrator** 00:00
Coming up on Mayo Clinic Q&A:

D **Dr. Scott Cheney** 00:03
People don't realize how important their kidneys are. We take it for granted that we have this organ that filters everything that we take in and gets rid of drugs and intoxicants and really helps to keep us alive.

N **Narrator** 00:14
March is kidney cancer awareness month. To lower your risk of developing kidney cancer, have regular visits with your doctor and practice a healthy lifestyle.

D **Dr. Scott Cheney** 00:22
There is one thing you can do, diet and exercise to help your body and your overall health. That is the one thing to do, and you just get the bonus that it helps to prevent cancer.

D

Dr. Halena Gazelka 00:32

Welcome, everyone to Mayo Clinic Q&A. I'm Dr. Halena Gazelka. There is more to March than colorectal cancer. It is also Kidney Cancer Awareness Month. The most common type of kidney cancer in adults is called renal cell carcinoma. Young children are more likely to develop a tumor called Wilms' tumor. The incidence of kidney cancer seems to be increasing in adults, and that's probably partly at least due to new imaging techniques, more advanced imaging techniques that allow us to detect those tumors. Well, we have an expert here for you today to discuss this. Dr. Scott Cheney is a urologic, surgeon at the Mayo Clinic in Arizona. Thanks for being here today, Scott.

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Dr. Scott Cheney 01:14

Thank you so much for having me.

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Dr. Halena Gazelka 01:16

Well, I always look forward to what I'm going to learn when I when I talk to someone new. So, I'm excited to have you here.

D

Dr. Scott Cheney 01:22

Thank you.

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Dr. Halena Gazelka 01:24

Scott, would you for our listeners, just briefly tell us what is it that the kidneys do?

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Dr. Scott Cheney 01:31

So, the kidneys are two bean shaped organs inside of our abdomen, they're on each side of the spine. And broadly speaking, they do the job of filtering our blood. They have several very important jobs. Number one, they filter intoxicants and drugs and waste products out of our blood. They prevent volume overload, so they prevent us from getting too overloaded with water and the fluids that we drink. So they get rid of fluid. And, in general, they're needed for life. Without our kidneys, we would actually die within about a week without having good kidney function.

D

Dr. Halena Gazelka 02:10

I guess the very simplistic way that I've always thought of it, Scott is that they kind of balance our salts and our waters. Would you say that's true?

D Dr. Scott Cheney 02:17

That's exactly right. You know, maintaining a level of sodium and potassium in our blood is absolutely critical for cardiac function and normal cell function. And, without the kidneys to do that job, those levels go out of whack. And really, it's not survivable, if you don't have the kidneys working well.

D Dr. Halena Gazelka 02:34

And you know, what astounded me when I went to, before I went to medical school when I was in college, and I was learning about human anatomy, was the role that the kidneys play in blood pressure. I had always assumed before that, that it was my heart that was controlling my blood pressure.

D Dr. Scott Cheney 02:50

That's exactly right. There is a wide variety of causes of high blood pressure. But, if you don't have good kidney function, you'll find that a lot of patients, they end up having higher blood pressure. So, the kidneys secrete different hormones that affect our body's ability to control that blood pressure. And, if you don't control your blood pressure, then that can lead to other health health problems as well in the future. So, people don't realize how important their kidneys are. We take it for granted that we have this organ that filters everything that we take in and gets rid of drugs and intoxicants and really helps to keep us alive.

D Dr. Halena Gazelka 03:27

Really, isn't that amazing.

D Dr. Scott Cheney 03:29

I was going to say that people that have kidney transplants, or people that are on dialysis have a great appreciation for how important their kidneys are for function.

D Dr. Halena Gazelka 03:36

Yes. Well, speaking of diseases anddisease states, Scott, would you tell us a little bit about

the different types of kidney cancer?

D Dr. Scott Cheney 03:47

Yeah, so broadly speaking, there are two types of kidney cancer. The kidneys, again, they're shaped like a bean. They have a part called the parenchyma. That's the part that filters the blood. And then they also have this part called the collecting system. So, I call it the meat of the kidney that filters the blood. That secretes urine into the collecting system, which you might have heard of an organ called the ureter. the ureter is part of the collecting system, and it takes the urine from the kidneys, which are really located just inside your back, and it goes down that long tube all the way down to the bladder, where the bladder fills up and stores the urine until it's time for you to urinate. So, you can have cancer of either of those two different parts. The more common type of cancer in the kidney is renal cell carcinoma. All that means is it's a cancer of the meat of the kidney, of the cells that filter the blood. When those cells grow out of bounds and have no controls on their ability to grow. That's really what cancer is. At the same time, you can also have cancer of the lining of the collecting system of the renal pelvis and ureter. And that's called a urothelial. cancer. It's a cancer that's very similar, really identical to bladder cancer. So, anywhere where you have that lining of the urinary tract, you can get urothelial cancer. One of the places you can get it is in the renal pelvis, and oftentimes you'll see blood in the urine when that happens.

D Dr. Halena Gazelka 05:24

What's the renal pelvis, Scott?

D Dr. Scott Cheney 05:26

So, the renal pelvis, again, is the inner part of the kidney. It's the part that collects urine, from the bean part of the kidney, from the meat. That part is constantly filtering blood. It has very, very fine minute tubules that play a role in maintaining the balance of all the electrolytes and fluids and everything that we put in our bodies. And, the waste products, and the excess water, and fluid, and things that we take in gets secreted out into the ureter, the renal pelvis and the ureter. And that's what travels all the way down to the bladder. In an average person, the ureter and the renal pelvis in length is probably about 20 to 25 centimeters, or about 10 inches.

D Dr. Halena Gazelka 06:16

Do we know what causes kidney cancers?

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Dr. Scott Cheney 06:20

That's a great question, and it's actually a common offender that causes other cancers as well. Kidney cancer is mainly caused by smoking, and the longer that a patient has smoked, the higher their risk of having kidney cancer is. And this goes also along with lung cancers, actually cancer of the bladder as well. So smoking has a lot of waste products and chemicals in it and our kidneys do the job of filtering that out. So, it makes sense that this organ that does this filtering job, the more chemicals you expose it to the more likely it is to have cancer. Other causes are high blood pressure. Sometimes obesity is a risk factor. And, some patients have familial traits, you know, about 5% of patients have some kind of gene mutation in their family genes that causes them to be at risk for kidney cancer. An example of that is a disease called Von Hippel-Lindau. There's also one called hereditary papillary renal cell carcinoma, and these patients are at a higher risk for having kidney cancer. So, if you have a long family history, or if you have first degree relatives, you know, your parents or your siblings who have a history of kidney cancer, especially at a young age, and especially when they don't have other risk factors for kidney cancer, that should clue you in that you need to be very careful and take any signs or symptoms that you may have very seriously that you could have kidney cancer. Kidney cancer is very, very rare. It's the eighth most common most common type of cancer in America. So it's, you know, it's relatively rare, but you still need to take the signs and symptoms of kidney cancer seriously.

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Dr. Halena Gazelka 08:13

Well, speaking of that, Scott, can you tell us what the signs and symptoms are? I know, you mentioned blood in the urine a little bit ago.

D

Dr. Scott Cheney 08:19

Sure. Great question. So blood in the urine is probably one of the most common symptoms that somebody has when they have kidney cancer. Some patients will also have flank pain. And what I mean by flank is kind of in your back and that soft part on your side and in your back. They'll have pain in that area that can be pain from a tumor pressing on surrounding organs. It could be pain from trying to pass blood clots in the urine. Similar to a patient who has kidney stones, a blood clot that is caused by a kidney cancer can block the flow of urine down the urine tube and give somebody pretty severe back pain. In more advanced cases, you'll have patients who have a palpable mass, so mass that you can feel in your abdomen. This is actually the most common way that children have are identified to have cancer, you hear the common story of of a mom who's washing her child in the bathtub, and they feel a mass in the abdomen. And that's actually how most kidney cancers are found in children. The most common type in kids is

called Wilms' tumor. Again, in other more advanced cases, you might have symptoms like bone pain, fatigue, unexplained weight loss. If you're not trying to lose that weight, and you've you're down 5-10-15-20 pounds, you really ought to check with your primary care physician and take a good look at that.

D Dr. Halena Gazelka 09:46

You know, it's interesting, Scott because we've talked about different types of cancer and a lot of the same symptoms seem to be sort of classic when someone might have a cancer or something that's wrong. So, essentially a good time to get screened for many types of cancer, I imagine.

D Dr. Scott Cheney 10:06

Yeah. And actually, you know, I said that most patients who present, they're presenting with blood in the urine. We actually identify most cancers, most kidney cancers, incidentally, with the rise of CAT scans and MR'Is and ultrasounds. Patients are getting these scans for a lot of other reasons, it might be abdominal pain for another reason. And, I see it all the time that incidentally the radiologists will also say, hey, there's a small lesion in the kidney. What that has meant is that we've increased the diagnosis of kidney cancer. You know, since about 1975, it's increased by about 50%. The death rate from kidney cancer has been the same though. So, we are identifying these cancers a lot earlier, when they're able to be treated and cured. So, it's not, despite the fact that we're diagnosing more, the death rate from kidney cancer is still about the same.

D Dr. Halena Gazelka 11:02

So that's interesting, just let me clarify. So you're saying that you're imaging, you're doing maybe a CT, or what we would call a CAT scan for something else, and then low and behold, you find out that the person has a kidney tumor?

D Dr. Scott Cheney 11:16

I see it all the time. You know, you might be a general surgeon who is looking to identify a hernia, an abdominal hernia, and incidentally, they see that there's this small renal mass. A lot of the times when they're identifying these tumors, that's before they've had a chance to become symptomatic, where the patient has blood in the urine, flank pain and things like that. So, we're able to identify it when we can treat it a lot more easily and, you know, have a higher potential for cure. I will say also, that even in some advanced cancer cases, there might be no symptoms at all. So, you know, it's one of those things, you talked

about screening before, you asked about screening. Most American organizations recommend against screening the general population for kidney cancer. But, one way that we diagnose kidney cancer early is by checking, you know, labs like a urinalysis. That's where we look at the urine under a microscope. And you might not have blood in your urine that you can see with your eyes, but we can see it with a microscope. And in that case, that might be an early sign that you could have some kind of cancer in the urinary tract, including the kidney, depending on what your risk factors are for kidney cancer, if you're a smoker, if you you know, are exposed to chemicals in your work, hairstylists, painters, sometimes they have a higher risk for kidney cancer. And if you have that microscopic blood in your urine, that is an indication to do a CAT scan and look for problems within the kidney or the urinary tract.

D Dr. Halena Gazelka 12:52

Well, that's interesting. I was just going to ask you if there are groups of people who are more risk. I know you mentioned smokers, but that's very interesting about people who deal with other chemicals as well. So, maybe they should be more aware that they have that risk and have a sort of a low propensity or a low inclination to go and discuss that with their physician.

D Dr. Scott Cheney 13:13

Absolutely. And the physician has to have a low index of suspicion for somebody who is in one of these jobs, to make sure that they're taking it seriously. Maybe you know, somebody who has low back pain, some primary care physicians might write that off and say that's probably nothing. But, if they are a patient who has risk factors, they're, you know, a painter or a hairstylist, they work with chemicals and whatever aspect of their job that they do, they take it a little bit more seriously. And they might that might influence them to do a CAT scan or an MRI. And whereas in another healthier patient, they might not actually do that.

D Dr. Halena Gazelka 13:50

So, Scott, the first step would be to have an imaging study, it sounds like. Does that seal the diagnosis of kidney cancer? Or are there more steps that have to be taken?

D Dr. Scott Cheney 14:00

That's a wonderful question, and really, you can tell a lot about a kidney tumor based on the imaging. I would say that small renal masses in general, you know, when you find a

mass that takes up contrast, that sucks in contrast that they've given you in your IV. Most of the time, those are going to be malignant tumors, meaning they're cancers that can harm you. Occasionally, we do have some benign tumors. So, tumors that don't cause cancer that won't cause death. And sometimes you can tell what those are based on imaging, but sometimes you can't. Most of the time, we don't do biopsies on kidney cancer because we know what we're going to do anyway. If we thought it was a benign tumor, we're still going to be suspicious for it because tumors can fool us based on imaging. So, we're gonna keep following those tumors long term. Now, there are some cases where it might be necessary to do a biopsy of the kidney. These are actually fairly rare cases. There might be a case where you're a patient who has a cancer in another organ, say breast cancer or colon cancer, you know, some other organ and you've got a mass in the kidney. And you're wondering, could that be a metastasis or the spread of that cancer? Well, that might change the way that you manage that cancer. So you might want to get some tissue from the cancer to begin with.

D Dr. Halena Gazelka 15:26
If you had to do that Scott, how do you get to the kidney to get a biopsy?

D Dr. Scott Cheney 15:30
Yeah, that's a wonderful question. We use a CAT scanner to target, it's very, very specific and amazing. It's an interventional radiologist who will do that biopsy, and with very, very high precision, they can put a needle into the kidney, and in real time, see the biopsy gun which takes a small sliver of tissue, go into the tumor and make sure that your biopsying the right place, but usually it's done through the skin.

D Dr. Halena Gazelka 15:58
How do you treat kidney cancers once you know what they are and that they're present?

D Dr. Scott Cheney 16:04
Yeah, so, really about 75 to 80% of kidney cancers present when they're localized. And what I mean by that is cancer that's only within the kidney. When the cancer has spread beyond the kidney, say it's metastasized, it has spread to lymph nodes, or it's spread in other ways, then it's a lot harder to treat surgically. But, for those patients who have localized disease, the first line of treatment is surgery. Patients ask me all the time, hey, I've got kidney what looks like a kidney cancer. Can I take chemotherapy for this, or immunotherapy? And the answer is it's usually a surgical disease. So, most patients will

come to see a urologist, and we'll talk to them about how we're going to manage that surgically. Traditionally, we used to take the kidney out, the entire kidney out, because it was thought that that was the best way to cure a cancer, but really, in the last 10 to 20 years, we figured out that it's actually better in cases where it's feasible to do a partial nephrectomy. And that's a really neat procedure where you see the kidney, which is about 12 centimeters, or three and a half inches long, and you see a mass on just a small part of that. Well, in surgery, you can actually scoop out the tumor, and sew the kidney up

D Dr. Halena Gazelka 17:25
Wow.

D Dr. Scott Cheney 17:25
So that they maintain the rest of their kidney function. And as we were talking about before, when you think about how important the kidneys are for all of these vital functions in our body, we want to maintain as much kidney function as possible. And so, I would say that more and more doctors and urologists are being more aggressive about doing partial nephrectomies to keep as much kidney function as possible. A really difficult situation is where you might have somebody who has kidney tumors in both sides, and in that case, it's absolutely critical to try to keep the kidneys and then that's when you do a partial nephrectomy. In some cases, it's just not possible. The kidney, the mass is too centralized in the kidney, it's too close to the blood vessels that serve the kidney, and we just can't feasibly do it. And in that case, usually it's done laparoscopically where we remove the kidney. Here at Mayo in Arizona, we're doing a lot of surgery robotically as well. Your viewers might have heard of the da Vinci robot. People think, oh, there's a robot going to do my surgery. No, it's us doing your surgery, but we're using this tool, this da Vinci robot, which uses small keyhole incisions that are about a centimeter long to go into the abdomen, and we have the dexterity of our hands to act like we're, we're operating in an open fashion. So, it gives us a lot more flexibility to do a really, really good job of treating cancer. So more precise than your hands would be if they were in? Well, it's as precise as my hands would be if they were in, and so instead of making a big incision underneath your rib cage and cutting through muscle, which can be really painful and can lead to a hospital stay of three to five days, we now they do this robotically where patients go home really the next day. The recovery is a lot faster, it's easier, and actually it's, you know, you probably lose maybe a little bit less blood because you have the ability to see a lot better when you're using the robot.

D Dr. Halena Gazelka 19:27

So, the recovery time is remarkably shorter I imagine.

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Dr. Scott Cheney 19:31

It's remarkably shorter. Now, I will say that sometimes it's still necessary to do an open surgery and those patients still do just fine. There's extenuating circumstances that might require that. But a vast majority of the time now we're doing these robotically.

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Dr. Halena Gazelka 19:47

So Scott, I had a patient just the other day who told me that he'd had his kidney tumor frozen. In what situation, would you use that technique?

D

Dr. Scott Cheney 19:56

Yeah. So that's called cryoablation. That's a way where we can treat a kidney tumor through the skin. And there's multiple different ways of doing it. You can freeze the tumor with cryoablation, you can do radio frequency ablation, I think of it as burning the tumor. But it's all done through the skin using a CAT scanner, again, just like a biopsy, to target and put a probe into the tumor and freeze that area. It's not suitable for all patients. It might be that the tumor is located in an area that's really close to another organ, say your liver or your intestines. And, you don't want that that ice ball when they're freezing the tumor to affect and injure that other organ. In those cases, it's it's critical to actually go in and do surgery. But tumors that are located on the backside of the kidney closer to your back, those are a lot easier for an interventional radiologist to get in there and treat it percutaneously. The downside of treating it that way is that there's a chance that it could come back. For younger, healthier patients who are able to undergo surgery, I will typically recommend surgery for them, because I think it's a better way to completely cure the kidney. But for older patients, patients who have smaller tumors, patients who aren't suitable for surgery, maybe they have other medical problems, you know, diabetes, heart failure, things like that, that you don't want to put them through the risk of taking them to surgery, percutaneous ablation is really a great option. And one other option that we didn't talk about yet is that not all tumors have to be treated actually. You know, especially in recent years, we have found that really small tumors that aren't growing very much, and I'm talking tumors that are smaller than then about two to three centimeters, smaller than an inch. As long as they're not growing very fast, you can watch them and you can watch them, especially in older patients who have other risks for mortality, for death. In a younger patient, you're not going to do that as much because they've got a longer time left to live, a much longer time to potentially have problems from that tumor. So, the younger patient, you're going to treat them earlier and try to cure them of that of

that tumor when it's more feasible to do a partial nephrectomy and spare as much of the kidney as possible.

D Dr. Halena Gazelka 22:22
Scott, I want to go back to something you said, a word use twice percutaneously. Does that mean going through this scan, and so does that just mean a radiologist is using a smaller hole than you would to do surgery?

D Dr. Scott Cheney 22:34
Yes, it's done through the skin, and actually patients are awake with that procedure. They might give them kind of twilight anesthesia, kind of like you would get for a colonoscopy, but most patients are awake and they will numb the skin and the muscle. And then they basically use a small needle. So, when we say percutaneous, it just means through the skin. And they use a small needle and put it through the skin, through the muscle and into the kidney, again, using either ultrasound or CAT scan guidance.

D Dr. Halena Gazelka 23:09
What are the survival rates for kidney cancers like?

D Dr. Scott Cheney 23:14
If you take all comers, 75% of patients will be alive at five years after their diagnosis. It all depends on how their cancer presented initially. If you can imagine, somebody who has already had metastatic disease, when they're presenting with their first cancer, the five year survival rate is pretty poor, it's probably 5 to 10%. When you take patients who have really small tumors that can be treated surgically and you can get the entire thing out, the survival rate goes up to about 98%, which is really really excellent.

D Dr. Halena Gazelka 23:52
Oh wow. So Scott, does that mean that the person who had metastatic cancer has just lived longer with their cancer already and didn't know about it? Or that they have a more aggressive tumor? Or either of those?

D Dr. Scott Cheney 24:03
That's exactly right. You know, a person who has progressed to having metastatic disease

has probably had it for a number of years, or it's been a cancer that has progressed incredibly rapidly. Sometimes when I see tumors that I'm following on active surveillance, they're growing like a millimeter or two per year, which is really not much growth at all. Patients ask me all the time, well, how long did I have this this tumor in me, doctor? And there's no way to tell for sure, because we've discovered it on an imaging study, and we don't know any history of how it looked before. But, in patients with larger tumors, with tumors that have metastasized to the bone, to the liver, to the lymph nodes, those have been around for a number of years.

D Dr. Halena Gazelka 24:48

Scott, is there anything that our listeners can do to prevent kidney cancer?

D Dr. Scott Cheney 24:53

Oh, wonderful question. I get this question all the time with all the different types of cancer that I treat but I I always answer that a heart healthy diet is also a cancer healthy diet. And diets that are higher in fruits, vegetables, non processed foods, food that you have to prepare at home. Although it's a little bit inconvenient, those types of diets are going to be much healthier for your heart and your risk of cancer. And not just kidney cancer, we're talking about cancers throughout the rest of your body. So, I also treat prostate cancer and this is a question I often get. And regardless of whether it's good for your cancer, it's going to be good for your overall health. So, you know, a Mediterranean style diet that's high in, you know, in natural fats like olive oil, omega fat, fatty acids, those kinds of diets are going to help you to prevent cancer. Diets that are high in processed foods, smoked foods, like hotdogs and bacon, although they taste really good, our kidneys have to filter all the byproducts of those highly processed foods. And it can be said that those do contribute to a higher risk for cancer.

D Dr. Halena Gazelka 26:11

Scott, that's pretty much the answer I get when I ask about preventing heart disease or other health issues as well, colorectal cancer, and so a healthy diet is just a good thing all around.

D Dr. Scott Cheney 26:22

it is just a good thing. If there was one thing you can do, diet and exercise, to help your body and your overall health, that is the one thing to do. And, you just get the bonus that it helps to to prevent cancer.

D Dr. Halena Gazelka 26:34

And not smoking, I suppose. Which is the other thing that is good for preventing lots of illnesses.

D Dr. Scott Cheney 26:40

That's right. It's never too late. I see patients all the time with cancer. And, I always tell them that is never too late. You know, as doctors, I think a lot of us can be judgmental about patients who smoke, and it's my job to be really supportive of those patients and to be an advocate for them. I know not everybody is going to stop smoking. But, I will always put my two cents in and be supportive and caring and loving about stopping smoking. Because I know how big of a deal it is for helping to stop the spread of cancer and helping to prevent cancer, you know, especially lung cancer, but also kidney cancer as well.

D Dr. Halena Gazelka 27:15

I agree, Scott, and I work in the pain clinic, of course. And you'd be amazed how many types of pain are improved when people can stop smoking as well?

D Dr. Scott Cheney 27:24

Absolutely.

D Dr. Halena Gazelka 27:26

I think one of the challenges for our listeners is how do you know where to get care? And how do you identify whether you're getting good care for your kidney cancer? What questions do you ask a doctor? Do you get a second opinion? What do you recommend to your patient?

D Dr. Scott Cheney 27:41

Yeah, you know, I think a good doctor is somebody who listens to their their patients. And so, the first place that you probably go when you have symptoms is your primary care physician. And your primary care physician is somebody who hopefully has known you for a long time, and you should have a lot of trust in them. And they should also have a lot of trust in you to know what your symptoms are that they're abnormal. And so, if you're worried about something like kidney cancer, because that's something that you've learned, you know, make sure you ask your doctor, hey, is there somebody I should be

referred to, to help care for this? And your primary care physician might do an initial workup, they might even order a CAT scan or an ultrasound or a urinalysis. But, once they get the results of that, what do you do? Where do I go from there? I'm lost. Well, in the case of kidney cancer, they will often refer you to a urologist, and I'm a urologist. Urologists are surgeons of the urinary tract, of the kidneys, ureters, bladder, prostate, etc.

D Dr. Halena Gazelka 28:43
Sounds very specific.

D Dr. Scott Cheney 28:45
Yeah. One of the reasons I picked it is because it was my specific set of organs that I can treat. But that might be the first place that you are referred to, is to see a urologist. The urologist can kind of be your quarterback for how to care for your cancer, we can assess how bad the cancer looks, what do we think is really the best place to go, the best way to treat it. We might even refer you to a medical oncologist, and that's a cancer doctor who treats cancers with chemotherapy and immunotherapy, not with surgery. So, there's a whole multitude of different types of doctors that will help care for your cancer. But, I would say the first place is your primary care and ask about a referral to a urologist or somebody that specializes in these types of cancer. Here at Mayo, we have a multitude of different doctors, of cancer doctors, both surgical and chemotherapy doctors as well as medical oncologists that can help care for your cancer. If you have a urologist out in the community who is advising you, make sure that they're doing a good job of educating you about your disease process. As a surgeon, as a urologist, I also consider myself to be an educator. I have to educate not only my residents, but my patients. I think my patients do better when they understand what's going on. So, if you're getting a clear picture, if you understand the disease process and what's going on, and where the plan is going to, you're going to get a lot better care, you're going to feel better about the plan going forward, and you'll probably have better outcomes. If you're not getting those answers, you can get a second opinion, you can say, hey, you know, is there somebody else I could go to for a second opinion. You know, sometimes patients ask me, can I get a second opinion, and I have no problem giving, you know, giving patients the freedom to do that. I want them to feel comfortable with what they're doing. I want them to feel comfortable with the plan. And sometimes the reassurance that you get a second opinion that you know what you're really on the right track, this is the right thing to do really reassures patients. At Mayo, we get a lot of second referrals, and second opinions, and patients will come to say, hey, my doctor recommended that I do this. And if I think that's the right thing to do, and the vast majority of the time it is, I will fully support their outside doctor and what they're planning to do. You know, as far as taking care of that cancer.

Sometimes they want to come here because we do this, this kind of disease, we take care of this disease process all the time. And so, I'm more than happy to take care of patients. But you know, again, it's all about being educated, making sure that you know what's going on. Ask your doctor, how many cases they've done? Is this something that you do frequently Doctor? Another question that I love when I get from patients is what would you do for your family member? And although that's kind of my opinion, I think when you treat patients like your family, they get better outcomes. And that's something that you want to know is a patient. What would you do if I was your your brother, your father, your son? What would you do in this situation? And you're usually going to get the right answer.

D Dr. Halena Gazelka 32:00

I particularly enjoyed what you said about educating patients, because I don't think we always associate the surgeons with wanting to sit and educate patients, although that is by far a stereotype. And, many wonderful surgeons are excellent educators. So. I like that you said patients can look for that in their urologist.

D Dr. Scott Cheney 32:21

Absolutely, and as a surgeon, if you can imagine I'm a very anatomical person, and we're anatomical people we deal with anatomy. And, I love to draw pictures for my patients, you know, to show them exactly what I'm going to do. It's a token that they can take with them. They can explain it to their family members, a lot of patients when they come to see the doctor, they retain a small minority of what you said to them. And I get a lot of husbands that come in and their wives ask them, what did the doctor tell you, and they say, I don't know. So, if they have this piece of paper, and if I do a good job of explaining to them what the risks are for what I'm planning on doing for them, they're they're going to get better care, they're going to understand what's going on, their families are going to feel more comfortable with what's going on as well. I was gonna say you're right about the the stereotype of surgeons being busy. We're very busy people. But, you need to have that relationship with your patient to be able to care for them. It's a team effort.

D Dr. Halena Gazelka 33:20

That's great. Scott, tell me a little bit about clinical trials. Does Mayo Clinic have ongoing clinical trials for patients with kidney cancers?

D Dr. Scott Cheney 33:29

Wonderful question. And the answer is yes. If you go to cancer.gov and type in whatever

type of cancer that you may be inquiring about, kidney cancer being one of them. You can look at all the clinical trials, there's this tool that you can look at all the clinical trials that are out there. In the case of kidney cancer, most clinical trials are dealing with metastatic disease and disease after primary treatment. You know, we already know that it's beneficial to take the tumor out if you've got a small tumor, but what we don't know is what's the best combination of drugs and treatment options to treat more advanced cancers. And so if you go and type in, you know, kidney cancer at cancer.gov under their clinical trial tool, you'll find that there's about 250 different clinical trials across the country. And these trials have, you know, hundreds, if not thousands of sites that tell you where you can get this care, and you can be a member of this clinical trial. Here at Mayo, we're starting a new trial with one of our doctors Dr. Ho, he's looking at metastatic disease and using combinations of immunotherapy, so helping to get your immune system to help fight off the cancer in patients with metastatic disease to see if there's some way we can tweak the treatment and the therapy to really optimize your cancer and help you to survive for as long as possible.

D Dr. Halena Gazelka 35:00

Interesting what other types of research are ongoing regarding kidney cancers?

D Dr. Scott Cheney 35:05

Yeah, I mean, there's there's a lot of we called bench research when you're doing studies on the cells and in different ways to affect tumor cells. The newest thing is really these immunotherapy drugs. Basically, they work in tandem with your immune system to help your immune system to fight off these tumors. And so, figuring out the mechanisms by how these cells work, how they turn off or turn on your immune system to help kill different types of tumor cells, is an ongoing area of research. You know, other areas, you know, some of the cancer drugs that we have prevent these kidney cancers from growing in new blood vessels. So you can give patients drugs that stop the tumor from getting a blood supply, and then it causes the tumor to die and die off. So, there's constantly research being done both in the clinical side where we're testing different drugs and combinations, as well as the bench side where we're trying to find and identify new drugs and new mechanisms to optimize treatment.

D Dr. Halena Gazelka 36:12

Very interesting. Scott, we are very concerned at Mayo Clinic that all populations have access to good care, and I'm wondering whether there are disparities related to the treatment of kidney cancer that we should be aware of?

D Dr. Scott Cheney 36:28

Yeah, so again, another great question. We know that kidney cancer is actually a little bit more common in African American patients, as well as Native American patients. And so, if you have a patient that comes in who is African American or Native American, that might be one of those things that clues you in that you need to be a little bit more suspicious of looking for a cancer. Thankfully, in African American patients, the most common type of, or subtype of kidney cancer that they get is called papillary renal cell carcinoma, which is just the way that the cells look under the microscope. And, the survival for that kind of cancer is actually a little bit better than clear cell renal cell carcinoma, which is the most common type of kidney cancer. So, in a way, you need to be suspicious of, you know, of cancer in these folks, but you can also reassure them that the types of cancer that that we find are maybe a little bit less deadly than the most common type, which is clear cell carcinoma.

D Dr. Halena Gazelka 37:31

Good to be aware so that we're looking for them and offering them appropriate care.

D Dr. Scott Cheney 37:35

Absolutely.

D Dr. Halena Gazelka 37:36

Thanks so much, Scott. What an interesting conversation. Any last words for our listeners today?

D Dr. Scott Cheney 37:42

You know what, as urologist I love taking care of my patients. I love the relationship that I get to have with my patients, and your doctor should feel the same way about you. They should be privileged to have the honor to take care of you, and really partner with you to take care of these disease processes. It's stressful enough to deal with kidney cancer. But, you want to have a doctor that you like, that you trust, and that you can partner with that you know is going to take excellent care of you. And so, if you don't have that relationship with your doctor, it's okay to get a second opinion and make sure that you're on the right track with where you're going with your disease.

D

Dr. Halena Gazelka 38:23

That's a spectacular summary Scott. Thank you so much.

D

Dr. Scott Cheney 38:26

Thank you.

D

Dr. Halena Gazelka 38:27

Our thanks to Dr. Scott Cheney, Urologist at the Mayo Clinic in Arizona, for being with us today to talk about kidney cancers. I hope that you learned something. I know that I did. We wish each of you a very wonderful day.

N

Narrator 38:41

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