**Conflicts of interest:** The authors have nothing to disclose.

**References**


**Re: Phase 2 Trial of Neoadjuvant Axitinib in Patients with Locally Advanced Nonmetastatic Clear Cell Renal Cell Carcinoma**


**Experts' summary:**

Karam et al presented a prospective single-center open-label nonrandomized phase 2 study of axitinib for 12 wk before curative surgery in patients with locally advanced nonmetastatic clear cell renal cell carcinoma (ccRCC) to investigate the safety and efficacy of this oral tyrosine kinase inhibitor in downsizing renal tumors. Following successful completion of neoadjuvant therapy, patients underwent partial or radical nephrectomy (open or laparoscopic at the surgeon’s discretion). Median reduction of the primary renal tumor diameter was 28.3% in the 23 patients with evaluable response at 12 wk, with 100% of the tumors showing shrinkage. Median tumor diameter per patient changed from 10.0 cm to 6.9 cm. The authors proved an excellent primary tumor response to neoadjuvant targeted therapies in nonmetastatic ccRCC, demonstrating several advantages by improving surgical resection of the tumor. This has determined a need for the use of neoadjuvant targeted therapies in nonmetastatic ccRCC. Although the authors report the reduction of primary renal tumor diameter, unfortunately, they do not provide other important oncologic characteristics, such as the PADUA score or RENAL nephrometry score. This missing information could help define the better surgical approach (open or minimally invasive) for performing NSS; this should not be only at the surgeon’s discretion.

Neoadjuvant tyrosine kinase inhibitors in nonmetastatic ccRCC represent valid therapy for downstaging tumor mass and reducing the necessity of RN. This opens a whole new area of investigation to elucidate the optimal target therapy and its duration in the neoadjuvant setting and to determine definitively whether presurgical therapy enhances the feasibility of NSS.

**Conflicts of interest:** The authors have nothing to disclose.