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European Association of Urology



## Letter to the Editor

### Reply to Milan Hora's Letter to the Editor re: Philip S. Macklin, Mark E. Sullivan, Charles R. Tapping, et al. Tumour Seeding in the Tract of Percutaneous Renal Tumour Biopsy: A Report on Seven Cases from a UK Tertiary Referral Centre. *Eur Urol* 2019;75:861–7

We are grateful to Professor Hora for taking an interest in our recent report of seven cases of tumour seeding in the tract of percutaneous renal tumour biopsy (RTB), six of which had a histological diagnosis of papillary renal cell carcinoma (PRCC) [1]. As we reported in Table 1 [1], four of these cases were PRCC type 1, one case was PRCC type 2 and the final case demonstrated features of both type 1 and type 2 PRCC.

Although the small number of cases precludes the drawing of firm conclusions, our series is in agreement with other published cases of RTB tract seeding in which PRCC appears to be the renal cell carcinoma subtype with the greatest propensity to seed in the biopsy tract; however, the clinical significance of this finding is currently uncertain. In our manuscript, we discussed the fact that lack of a well-developed peritumoural pseudocapsule in PRCC may promote RTB tract seeding. We read with interest, therefore, Professor Hora's point regarding the fragility of the tumour papillae as being another possible contributing factor. Greater awareness among pathologists of the key histological features to be vigilant for should allow a better understanding of whether or not biopsy tract seeding is currently an under-recognised feature in postbiopsy nephrectomy specimens.

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

### Reference

- [1] Macklin PS, Sullivan ME, Tapping CR, et al. Tumour seeding in the tract of percutaneous renal tumour biopsy: a report on seven cases from a UK tertiary referral centre. *Eur Urol* 2019;75:861–7.

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