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77% show progression; 26% need surgery

Stone progression preventable in private practice

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MANAGING EDITOR

Chicago—A private practice setting can be just as successful with renal stone prevention as a larger academic setting, according to research presented at the AUA annual meeting here. And, if treatment is needed later, a patient can be counseled about options following an accurate assessment of the natural progression of stones.

Seven academic trials have shown, with proper therapy and medical management, it is possible to reduce calcium recurrence.

“The question of efficacy of drugs in a trial setting is not an issue anymore,” said Fredric L. Coe, MD, professor of medicine and physiology, nephrology section, and director of the Kidney Stone Program at the

This large practice represented what could be done in a private practice, said Dr. Coe. Among patients seen at the practice from 1995 through 1996, outcomes were characterized before and after treatment.

“The question was, ‘During the periods where active drugs were in use—thiazides, potassium citrates, allopurinol—could you document a distinctive reduction of kidney stone formation?’” asked Dr. Coe. “The answer was ‘yes.’”

Prior to therapy, 56 evaluable patients over the study period had 207 stone events, averaging 3.76 stones per patient. After therapy, these patients had only 21 events, averaging 0.38 stones per patient—a nine-fold reduction in this group.

“In my opinion, this is the first good evidence that private-practice urologists can

of progression in size, development of symptoms, and need for intervention in patients with asymptomatic renal calculi.

“If we can predict what’s going to happen to an asymptomatic stone, then we’ll



Dr. Monga

have the ability to counsel our patients,” said Manoj Monga, MD, associate professor, department of urologic surgery, University of Minnesota, Minneapolis. “Then

those patients will have the ability to give informed consent [for treatment].”

A total of 300 men with asymptomatic renal calculi were followed for a mean of 3.26 years, and progression in rates was assessed.

“We defined progression as development of pain, need for intervention, or stone growth,” said Dr. Monga. “Seventy-seven percent of the men progressed in one of these three categories.”

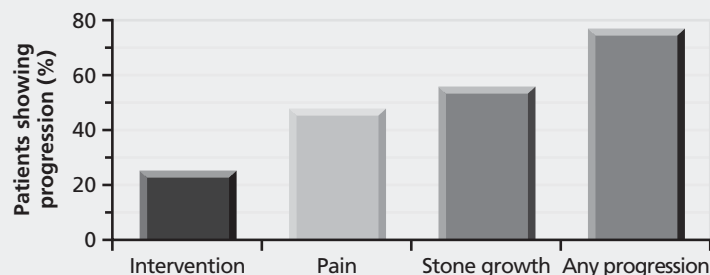
However, only 26% of the patients required surgical intervention for their stones.

“I think you’re going to have some patients who see that 77% and say, ‘Let’s get that stone out now.’ But other men will see the 26% and say, ‘A 26% chance of surgery isn’t bad. Let’s wait and see what happens,’” he said.

Researchers also looked specifically at stone growth and identified that certain types of stones were more likely to grow than others—specifically uric acid stones, stones developing in the lower poles, and stones that were smaller in size at presentation.

“I think this may help us identify which men we should address more aggressively with medical therapy to prevent stone growth,” Dr. Monga said. **UT**

Progression in patients with asymptomatic stones



UT Graphic

SOURCE: MANOJ MONGA, MD

University of Chicago. “The issue that is open is, what is the degree to which drug therapy is practical in a private practice?”

Dr. Coe and colleagues examined the patients of seven urologists in private practice at The Urology Center in Omaha, NE.

do stone prevention using standard drugs,” Dr. Coe said. “The degree of stone-rate lowering approximates the changes we see in [academic] trials.”

In a second study from the University of Minnesota, researchers evaluated the rate



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