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## ABSTRACT

### What is the Best Treatment for Renal Lesions in VHL?

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Approximately 40% of patients with VHL have multifocal, bilateral RCC. Interventions are usually performed for lesions approaching 3 cm in order to balance prevention of metastatic progression with the number of interventions. Acceptance of partial nephrectomy has also resulted in preservation of renal function in VHL patients and the advent of ablative therapy has allowed many of these tumors to be approached percutaneously. These have been proposed as first-line treatments for patients with VHL. However, cystic tumors are considered contraindications to ablative therapy, as are larger tumors or extensive multifocality with tumors greater than 3 cm in size. A review of the literature and our own experience shows the feasibility for primary and repeat ablative therapy for amenable tumors, and the feasibility of repeat partial nephrectomy in experienced hands, but the latter is associated with increasing rates of complications and major adverse events. The majority of VHL patients with renal involvement require interventions for their kidneys. Open partial nephrectomy is the primary modality used, performed successfully both as a primary and secondary procedure, but becomes successively more difficult. Ablative therapy is also successful but is only possible in a smaller proportion of patients due to limitations of current technology.