

Treatments: Kidney



MONITORING

- Most BHD-related tumours grow slowly and only need to be removed when they reach 3cm in diameter.
- It is strongly recommended that BHD patients have **regular scans to monitor their kidneys** and detect any cancer as soon as possible.
- The type and frequency of scans may vary depending on your geographic location, healthcare service or insurance and whether or not you already have any tumours.
- As BHD is a genetic disease, and more tumours may develop over time, it is important to balance **preservation of the kidney** with early treatment of any tumours.



TREATMENTS

Surgery

- The most common treatment for BHD-related kidney tumours is called **nephrectomy**. This is a surgical method in which it is possible to remove just part of the kidney, or all of the kidney.
- For BHD patients a **partial nephrectomy** is the preferred option as it is important to preserve as much healthy kidney tissue as possible in case of further tumours developing.
- There are some cases where a partial nephrectomy may be difficult to perform and so a full nephrectomy is recommended.

Ablation

- Ablation is a non-surgical method used to remove tumours and is best suited to patients with a single, small tumour. There are several types of ablation – radiofrequency, ultrasound, microwave and cryoablation (extreme cold).

In some situations, particularly in advanced kidney cancer, additional treatments may be recommended such as tyrosine kinase or mTOR inhibitors, and immunotherapy.

You should always **inform your surgeon that you have BHD and discuss all treatment options and their side effects**. Depending on your location, the BHD Foundation may be able to recommend a surgeon experienced in treating BHD patients.

The BHD foundation is here to support you throughout your BHD journey .

Please visit our website for more information, or get in touch with us by email or twitter.



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