Active surveillance has emerged as an attractive alternative management option for several tumors, including breast, thyroid, prostate and kidney tumors, avoiding unnecessary treatments in selected patients with indolent diseases.

In this thematic issue, active surveillance has been discussed in the case of low risk prostate and kidney tumors.

With the controversy surrounding PSA screening, and the subsequent overtreatment of many men with prostate cancer, active surveillance continues to increase in popularity.

Cantiello and collaborators reviewed the evidence on the role of multiparametric magnetic resonance imaging in active surveillance for insignificant prostate cancer.

The objective of Chu et al. was to review primary evidence on genetic and immunohistochemical biomarkers and their role on patient selection.

In their review entitled «Active surveillance for low-risk prostate cancer: Are all criteria similar» Cimino et al. revised the current criteria of active surveillance and evaluated the characteristics of potential risk factors of misclassification or deferred treatment.

An increasing number of small renal masses (SRM) are discovered incidentally in part by greater utilization of cross-sectional imaging, accounting for at least 40% of newly diagnosed renal tumors. 20-30% of small renal masses are benign lesions, up to 85% are low-grade and 20-25% represent potentially aggressive malignancies. Active surveillance has emerged as a viable management strategy for SRM.

In this thematic issue, Johson and collaborators examined and discussed the existing litterature regarding selection criteria for active surveillance. Finally, Mara et al. reviewed active surveillance versus surgery in the management of SMS.

I want to thank all the authors who contributed to this special issue. I hope this thematic issue will be of great interest to the teams working in the field.

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