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PREDICTIVE FACTORS OF RESECTION TECHNIQUES DURING PARTIAL NEPHRECTOMY IN A COHORT OF "ENUCLEORESECTIVE" CENTERS: INSIGHTS FROM THE SURFACE-INTERMEDIATE-BASE (SIB) MARGIN SCORE INTERNATIONAL CONSORTIUM

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Scopo del lavoro

Detailed reporting of resection strategies (RS) and resection techniques (RT) for tumor excision during partial nephrectomy (PN) is lacking in the current literature. The Scopo del lavoro is to evaluate 1) possible correlations between patient's and/or tumor's characteristics and RT performed and 2) whether the type of RT does influence perioperative outcomes after PN, harnessing the newly proposed Surface-Intermediate-Base (SIB) Margin score as a standardized reporting system.

Materiali e metodi

After institutional review board approval, data were prospectively collected from a cohort of 507 patients undergoing NSS at 16 high-volume Centers across the U.S. and Europe over a 6 months enrollment period. RT was classified according to the SIB score. RS was classified as "enucleative", "enucleoresective" or "resective" according to the most prevalent RT performed in each centre's cohort. Descriptive and comparative analyses were performed in the six enucleoresective RS centres (ERC).

Risultati

Overall, 507 patients were finally enrolled in the study. The RT was classified as pure or hybrid enucleation (E, SIB 0-2), pure or hybrid enucleoresection (ER, SIB 3-4), and resection (R, SIB 5) in 266 (52.5%), 150 (29.6%) and 91 (17.9%) patients, respectively in the overall cohort, while in 53 (33.1%), 83 (51.9%) and 24 (15.0%) patients in the ERC. Demographic data, comorbidity scores, surgical indication and approach and PADUA score did not significantly differ between the E, ER and R groups in the ERC. Tumors >4.0 cm were 21 (40.4%), 41 (49.4%) and 4 (16.7%) in the E, ER and R groups ($p=0.02$), respectively. A clampless strategy was used in 19.2%, 13.2% and 8.3% of patients ($p>0.05$). Median WIT was 19 (15-24), 17 (14-23) and 17 (15-21) minutes in the E, ER and R groups ($p>0.05$). Surgical postoperative complications were recorded in 7.5%, 13.2% and 4.2% of patients ($p=0.05$). Positive surgical margins rate was 7.0%, 13.4% and 0% of patients, respectively ($p>0.05$). Trifecta outcome was achieved in 67.2%, 71.6% and 73.7% of patients for the E, ER and R groups ($p>0.05$).

Discussione

This is the first study evaluating preoperative predictive factors of RTs performed during PN and whether the type of RT significantly impacts on NSS outcomes using a standardized instrument of reporting. Overall, in ERC, ER represents less than 52%.

Conclusioni

ER and E are performed in a significantly higher proportion of tumors >4 cm compared to R. As about surgical outcomes, ER was associated with a significantly higher rate of postop surgical complication compared to E and R. However, Trifecta achievement was comparable among the three techniques.