

subclassified into T2a and T2b ( $\leq 10$  vs  $> 10$  cm), tumors with renal vein involvement or perinephric fat involvement were classified as T3a cancers, and those with adrenal involvement were classified as T4 cancers. The purpose of the study was to validate the recently released edition of the TNM staging system for primary tumor classification in kidney cancer.

**Material and methods:**

Multicenter retrospective study, including 5339 patients treated in 16 academic Italian centers. Intervention. Radical or partial nephrectomy. Measurements. Univariable and multivariable Cox regression models addressed cancer-specific survival (CSS) after surgery.

**Results:**

1897 patients (35.5%) were classified as pT1a, 1453 (27%) as pT1b, 437 (8%) as pT2a, 153 (3%) as pT2b, 1059 (20%) as pT3a, 117 (2%) as pT3b, 26 (0.5%) as pT3c, and 197 (4%) as pT4. At a median follow-up of 42 mo, 786 (15%) had died of disease. In univariable analysis, patients with pT2b and pT3a tumors had similar CSS, as did patients with pT3c and pT4 tumors. Moreover, both pT3a and pT3b stages included patients with heterogeneous outcomes. In multivariable analysis, the novel classification of the primary tumor was a powerful independent predictor of CSS ( $p$  for trend  $< 0.0001$ ). However, the stratification of pT1 tumors did not retain an independent predictive role. The major limitations of the study are retrospective design, lack of central pathological review, and low number of patients included in some substages.

**Conclusion:**

The recently released seventh edition of the primary tumor staging system for kidney tumors was a powerful predictor of CSS. However, some of the substages identified by the classification had overlapping prognosis, and other substages included patients with heterogeneous outcomes. The few modifications included in this edition may have not resolved the most critical issues in the previous version.

MARTEDÌ 19 OTTOBRE  
AUDITORIUM DA VINCI

11.30 - 12.30

**GOLDEN COMMUNICATION  
RENAL CELL CARCINOMA**

**C88**

**SIMPLE ENUCLEATION VERSUS PARTIAL NEPHRECTOMY IN THE CONSERVATIVE TREATMENT OF RENAL TUMOUR T1N0M0: ANALYSIS OF SATURN STUDY**

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**Aim of the study:**

The excision of the renal tumor with a substantial margin of healthy parenchyma is considered the gold standard technique for partial nephrectomy (PN). However, simple enucleation showed excellent results in some retrospective series. The purpose of the study was to compare the oncologic outcomes after standard PN and simple enucleation.

**Material and methods:**

We retrospectively analyzed 1519 patients who underwent standard PN or simple enucleation for localized renal cell carcinoma (RCC) in 16 academic centres between 1997 and 2007. Standard PN was performed in 982 (64.7%) patients, while simple enucleation was performed in the remaining 537 (35.3%) cases. Local recurrence and cancer-specific survival (CSS) were the main outcomes of this study. The Kaplan-Meier method was used to calculate survival functions, and differences were assessed with the log-rank statistic. Univariable and multivariable Cox regression models addressed cancer-specific mortality.

**Results:**

The median follow-up of the patients undergoing traditional PN and simple enucleation was  $51 \pm 37.8$  mo and  $54.4 \pm 36$  mo, respectively ( $p = 0.08$ ). The 5- and 10-yr CSS estimates were 93.9% and 91.6% after standard PN and 94.3% and 93.2% after simple enucleation (log rank  $p$  value 0.94). In multivariable analysis, the adopted technique for nephron-sparing surgery (NSS) was not an independent predictor of CSS (hazard ratio [HR]: 0.7;  $p = 0.53$ ) when adjusted for the effect of the other covariates. The retrospective design and lack of central pathological review were the main limitations of the present study.

**Conclusion:**

This is the first multicenter, comparative study showing the oncologic equivalence between the standard PN technique and simple enucleation.

**C89**

**RENAL ISCHEMIC DAMAGE DURING LAPAROSCOPIC PARTIAL NEPHRECTOMY: RESULTS OF A PROSPECTIVE STUDY**

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**Aim of the study:**

The purpose of this prospective study was to find the best marker to determine