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LOCAL RECURRENCE OF ENDOSCOPIC ROBOTIC ASSISTED SIMPLE ENucleATION (ERASE)
FOR RENAL CELL CARCINOMA ACCORDING TO PATHOLOGICAL CHARACTERISTICS OF
PERITUMORAL PSEUDOCAPSULE: RISULTATI AT A MIDTERM FOLLOW-UP.

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Scopo del lavoro
The Scopo del lavoro is to evaluate the oncological efficacy of ERASE for RCC and to evaluate the
possible relationship between recurrence status and PS infiltration.

Materiali e metodi
Data were prospectively collected from a cohort of 122 consecutive patients undergoing ERASE
performed by four experienced surgeons for organ-confined malignant RCCs at our Institution
from November 2010 to December 2013. PS and healthy renal margin (HRM) thickness, PS
infiltration and surgical margin status were analyzed by a dedicated uropathologist. Tumor
histotype was classified according to the 2012 ISUP Vancouver Classification of Renal Neoplasia.
Follow up was recorded at 6, 24 and 48 months.

Risultati
RCCs were classified as low, medium and high complexity (PADUA score 6-7, 8-9 and ≥10,
respectively) in 69.8%, 23.5% and 6.7% of patients, respectively. At histopathological analysis,
mean tumor diameter was 3.2 cm ± 1.5 cm. Tumor histotype was: clear cell (cc) RCC in 60.8% of
patients, papillary (p) RCC in 14.7%, chromophobe (ch) RCC in 16.3%, multilocular cystic renal
neoplasm of low malignant potential (MCCN-LMP) in 4.9% and clear cell papillary RCC (ccpRCC)
in 3.3%. Median thickness of PS and HRM were 263.3 (IQR 137.3-444.6) μm and 401.6 (IQR
137.9-921.2) μm. PS was absent in 1.6% of patients. Partial and complete PS infiltration (PS+)
were recorded in 39.0% and 17.1% of cases, while it was intact (PS-) in 43.9%. Positive surgical
margins were recorded in 2.5% of cases. pT3a stage was recorded in 10.7% of patients. Hilar
clamping was performed in 74.6% of cases with a median WIT of 16 min (IQR 13-20). Median
estimated blood loss was 100 cc. Intraoperative and postoperative surgical complications
occurred in 1 (0.8%) and 9 (7.4%) patients, of which 3 Clavien 2 and 6 Clavien 3. Trifecta rate
was 81.1%. At a median follow-up of 41.5 months, only 1 case of local recurrence, located in the
omolateral kidney distant from the resection bed, was recorded in a pT1a, ccRCC G2, PS- patient
at 13 months. The 3-years local recurrence free survival (LRFS) was 100% while the 5-years
LRFS estimate 98.8%. In two patients systemic recurrence of disease was recorded. Of these, one
patient died 28 months after surgery.

Discussione
In our cohort, there was no relationship between the degree of PS infiltration and both surgical
margins status and local recurrence. In particular, although positive surgical margins were
recorded in 2.5% of cases, no local recurrence was found on the enucleation bed.

Conclusioni
ERASE, by providing a rim of HRM beyond the peritumoral PS, guaranteed in almost all patients
negative surgical margins independently from the PS infiltration and, ultimately, excellent
oncologic outcomes. However, further studies are needed to assess the long-term prognostic role
of PS infiltration for RCC.