

MARTEDÌ 19 OTTOBRE
SALA MANZONI

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RENAL CANCER: PROGNOSIS AND THERAPY

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PATHOLOGICAL CHARACTERISTICS AND SURVIVAL FOLLOWING PARTIAL NEPHRECTOMY IN PATIENTS WITH SMALL RENAL MASSES SUITABLE FOR MINIMALLY-INVASIVE THERAPIES

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Introduction:

The number of incidentally detected small renal masses is increasing due to the extensive use of imaging techniques. Similarly, elective nephron-sparing surgery (NSS) is more and more often used

Material and methods:

We collected the data of 572 patients undergoing NSS from 1995 to 2007 for <3-cm renal lesion at 16 Italian academic institutions contributing to the SATURN (Surveillance And Treatment Update Renal Neoplasms) project.

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:

Mean age at surgery was 60.3 years. NSS was performed under elective indication in 524 cases (91.6%), whereas it was imperative in 48 cases (8.4%). Pathological evaluation demonstrated clear cell renal cell carcinoma (RCC) in 77.8% of the cases, papillary RCC in 15%, chromophobe RCC in 6.6%, unclassified RCC in 0.5%. Sarcomatoid dedifferentiation was present in 1% of the evaluated cases. Fuhrman grade was 1 in 28.5%, 2 in 58.4%, 3 in 11.9%, and 4 in 0.5%.

At a median follow-up duration of 44 mo, 2.3% and 6.1% of the patients experienced cancer-related and non-cancer related deaths, respectively. Overall 10-yr cancer-specific survival (CSS) estimate was 96.9%. On univariable analyses, age, pT stage, Fuhrman grade, and sarcomatoid dedifferentiation were significantly associated with CSS. On multivariable analyses, once excluded sarcomatoid dedifferentiation for collinearity with grade, all the other variables were independent predictor of CSS (all p values < 0.05).

Conclusion:

NSS allows excellent CSS in patients with small renal masses, which are the benchmark for the evaluation of minimally-invasive therapies.

Patients age, pathological T stage, and grade were all independent predictors of CSS.

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VALIDATION OF THE PREOPERATIVE ASPECTS AND DIMENSIONS USED**FOR AN ANATOMICAL (PADUA) SCORE IN A ROBOT-ASSISTED PARTIAL NEPHRECTOMY SERIES**

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Introduction:

PADUA score is a standardized anatomical classification of the renal tumors proposed in a series of patients who underwent open partial nephrectomy with the aim to translate and measure the decision-making process of any urologist evaluating a kidney tumor potentially suitable for nephron-sparing surgery. The aim of this study was performing an external validation of the PADUA score in a series of consecutive patients who underwent robot-assisted PN in a single non academic institution by a single surgeon during his learning curve.

Material and methods:

We evaluated retrospectively all the MRI or CT images of 62 consecutive patients who underwent RPN for renal tumors at a non-academic teaching institution by a single surgeon between September 2006 and November 2009. All patients underwent transperitoneal robotic partial nephrectomy with excision of a rim of healthy peritumor renal parenchyma. The predictive power of the PADUA score has been evaluate using as primary endpoints warm ischemia time > 20 minutes and overall complication. Secondary endpoints were console time, blood loss and percentage of pelviciceal repair.

Results:

PADUA score (6-7 versus 8-11) resulted correlated with WIT (p=0.002), console time (p=0.001), blood loss (p=0.009), percentage of pelviciceal repair (p=0.002) and overall complications (p=0.02). PADUA score resulted the only variable able to predict the risk of the overall complications (p=0.02). PADUA score turned out independent predictors of WIT >20 minutes in multivariable analysis (O.R.: 5.4; p=0.002) once adjusted for surgeon's experience. Finally, PADUA score was the only independent predictor of the need for pelviciceal repair (O.R. 3.7; p=0.006).

Conclusion:

PADUA classification was an effective tool to predict warm ischemia time and risk of perioperative complications also in patients who underwent robot-assisted partial nephrectomy. This classification must be considered useful to improve patients counseling and selection for robot-assisted PN.

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BY PASS CARDIO PULMONARY VENOUS RETURN WITH NEGATIVE PRESSURE IN ASSISTED SURGICAL TREATMENT OF RENAL CANCER WITH ATRIAL NEOPLASTIC THROMBUS CABLE: OUR EXPERIENCE

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Introduction:

The kidney cancer with vena cava thrombus extended to stretch the diaphragm of the inferior vena cava or right atrium requires a surgical approach. This paper reports our case studies and describes the technique adopted by us in this context: nephrectomy radical right, along with removal of atrial thrombus cable through the use of cardiopulmonary bypass (Cardiopulmonary Bypass CPBP) normothermic without circulatory arrest.

Material and methods:

From January 1997 to December 2009, 419 patients underwent in our