MP48-17 - OUTCOMES OF PARTIAL VERSUS RADICAL NEPHRECTOMY IN OCTOGENARIAN PATIENTS: RESULTS FROM THE RESURGE PROJECT

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INTRODUCTION

An increasing number of localized kidney cancers is being diagnosed in elderly people, raising the issue of which is the optimal surgical management in this subset of patients.

The aim of this study is **to compare surgical, functional and oncological outcomes of partial (PN) versus radical nephrectomy (RN)** in a **multi-institutional cohort of elderly patients** from 23 European, US and Asian Institutions (**REnal SUrgery in the Elderly - RESURGE - project**).

MATERIALS AND METHODS

A retrospective analysis of the RESURGE dataset was performed, focusing on **patients ≥80 years**.
A **PN group** and a **RN group** were identified.

Differences between the two groups were measured by Pearson chi-square test and Mann-Whitney u-test.

A **multivariable Fine and Gray competing risk analysis** (including age, comorbidity, pathological tumor diameter, stage and grading and surgery) was used **to assess the relationship with cancer specific survival (CSS)**

RESULTS

585 patients: 364 (62.2%) RN and **221 (37.8%) PN**

Median baseline renal function was close to CKD3 limit (RN vs PN 58.7 vs 60.4 ml/min, p=0.836).
RN group had **older age** and **larger, more advanced and aggressive tumors** at presentation and pathology.
Open, laparoscopic and robotic approaches were used in 61%, 37%, 1% and 52%, 19% and 28% of RN and PN, respectively. **Perioperative morbidity was similar** in terms of EBL and complication rates.

At 6 months, **PN** showed **higher residual renal function** (eGFR 51.6 vs 39.7 ml/min, p=0.001).
At a median follow-up time of 39 months, 20% of patients died due to renal cancer, 11% for unrelated causes. Competing-risk regression model showed that the **factors independently related to CSS** were **age** and **type of surgery** (SHR 1.13 and 0.44, p=0.026 and 0.052)

CONCLUSIONS

Indication to PN in octogenarian is mainly driven by tumor's features. **PN** provides **better preservation of renal function without increasing perioperative morbidity**. **PN** and **younger age** are **related to higher CSS**.

Patients' features	RN (364 patients)	PN (221 patients)	*p* value
Age (years), mean (± SD)	83.10 (±2.74)	82.37 (±2.07)	*0.008*
Sex, number (%)			0.199
M	183 (50.27%)	99 (44.80%)	
F	181 (49.73%)	122 (55.20%)	
CCI, number (%)			0.836
1-2	142 (39.0%)	103 (46.9%)	
3	46 (12.6%)	29 (8.0%)	
>3	72 (19.8%)	46 (12.6%)	
No data	104 (28.6%)	43 (19.5%)	
Preop eGFR (ml/min), mean (±SD)	58.75 (±19.70)	60.38 (±20.32)	0.358
Hypertension, number (%)			*0.005*
No	148 (40.7%)	60 (27.2%)	
Yes	206 (56.6%)	142 (64.2%)	
Type of surgery, number (%)			*<0.001*
Open	223 (61.3%)	113 (51.1%)	
Lap	135 (37.1%)	42 (19.0%)	
Robot-assisted	4 (1.1%)	62 (28.1%)	
No data	2 (0.5%)	4 (1.8%)	
Op time (min), mean (±SD)	178.77 (75.83)	162.61 (66.82)	*0.020*
Blood loss (ml), mean (±SD)	352.31 (396.66)	300.18 (337.70)	0.157
Complication, number (%)			0.716
No	275 (75.5%)	164 (74.2%)	
Yes	89 (24.5%)	57 (25.8%)	
cT, number (%)			*<0.001*
1	108 (29.7%)	171 (77.4%)	
2	163 (44.8%)	44 (20.0%)	
3	75 (20.5%)	5 (2.2%)	
4	18 (5.0%)	1 (0.4%)	
RENAL, number (%)			*<0.001*
4-6	33 (9.1%)	69 (31.2%)	
7-10	120 (33.0%)	69 (31.2%)	
>10	33 (9.1%)	4 (1.8%)	
pT, number (%)			*<0.001*
1	221 (60.7%)	147 (66.5%)	
2	49 (13.5%)	5 (2.3%)	
≥3	78 (21.4%)	10 (4.5%)	
Grading, number (%)			*0.003*
1-2	184 (50.5%)	123 (55.7%)	
3-4	149 (40.9%)	56 (25.3%)	
eGFR at 6-mo (ml/min), mean (±SD)	39.69 (±12.80)	51.64 (±19.27)	*<0.001*

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