Thematic Session 19

Management of T1a-b renal masses

Monday, 14 March
10:30 - 12:00

Location: Room London (Hall B2, level 0)
Chair: A. Alcaraz, Barcelona (ES)

Aims and objectives of this presentation
Management of renal masses less than 7 cm is a matter of debate. Patient and renal masses characteristics open a variety of possible treatments. The objectives of the session are to review how to better characterise these tumours with a critical review of the role of biopsies. Afterwards a debate will be established trying to define when to go for active surveillance in the not-so-small (T1b) tumours as well as the role of the different types of focal therapy. Finally, it will explore the limits of nephron-sparing surgery.

10:30 - 11:10
Case discussion Are we getting conservative with larger renal masses as well?

10:30 - 10:40
Active surveillance for T1b renal masses: Role of biopsies and limits
A. Finelli, Toronto (CA)

Aims and objectives of this presentation
The aim of this presentation is to review the role of biopsy and surveillance for cT1b renal masses.

10:40 - 10:50
Focal therapy of small renal masses: Imaging, energies and indications
R. Autorino, Cleveland (US)

Aims and objectives of this presentation
Aim of this presentation will be to review the current role of kidney ablation for the management of small renal masses. A critical analysis of the available evidence will be provided, including comparative outcomes with other treatment options.

10:50 - 11:00
What are the limits of nephron sparing surgery?
M. Musquera Felip, Barcelona (ES)

11:00 - 11:10
Discussion

11:10 - 11:25
State-of-the-art lecture Post-treatment follow-up
U. Capitanio, Milan (IT)

11:25 - 12:00
Associated abstract and video presentations

634
Does an unexpected final pathology of pT3a renal tumour undermine cancer control in clinically T1N0M0 patients who were initially treated with nephron sparing surgery?
By: Capitanio U.¹, Stewart G.², Larcher A.³, Klatte T.³, Volpe A.⁴, Akdogan B.⁵, Roscigno M.⁶, Lingard J.⁷, Langenhuijsen H.⁷, Marszalek M.⁸, Rodriguez Faba O.⁹, Salagierski M.¹⁰, Carini M.¹¹, Stief C.¹², Minervini A.¹¹, Da Pozzo L.F.⁶, Brookman-May S.¹²
Institutes: IRCCS Ospedale San Raffaele, Dept. of Urology, Milan, Italy, ²Western General Hospital, Dept. of Urology, Edinburgh, United Kingdom, ³Vienna Medical University, Dept. of Urology, Vienna, Austria, ⁴Maggiore Della Carità Hospital, Dept. of Urology, Novara, Italy, ⁵Hacettepe University, Dept. of Urology, Ankara, Turkey, ⁶Papa Giovanni XXIII Hospital, Dept. of Urology, Bergamo, Italy, ⁷
State-of-the-art lecture

Preoperative predictors of renal failure after robot-assisted partial nephrectomy: Analysis of the Vattikuti Global Quality Initiative in Robotic Urologic Surgery (GQI-RUS) database

By: Gandaglia G.1, Zazzara M.2, Abaza R.3, Adshead J.4, Ahlawat R.5, Buffi N.M.6, Challacombe B.7, Dasgupta P.7, Moon D.A.8, Parekh D.J.9, Porpiglia F.10, Rawal S.11, Novara G.2, Rogers C.12, Bhandari M.12, Mottrie A.2

Institutes: 1Irccs Ospedale San Raffaele; Uri, Dept. of Urology, Milan, Italy, 2OLV Vattikuti Robotic Surgery Institute, Dept. of Urology, Melle, Belgium, 3Ohio Health Dublin Methodist Hospital, Dept. of Urology, Dublin, United States of America, 4Hertfordshire and South Bedfordshire Urological Cancer Centre, Lister Hospital, Dept. of Urology, Stevenage, United Kingdom, 5Medanta Kidney and Urology Institute, Dept. of Urology and Renal Transplantation, Medanta, India, 6Humanitas Clinical and Research Center, Dept. of Urology, Rozzano Milan, Italy, 7MRC Centre For Transplantation, King’s College London, Dept. of Urology, London, United Kingdom, 8Peter MacCallum Cancer Centre, Dept. of Urology, Melbourne, Australia, 9University of Miami Miller School of Medicine and Sylvester Comprehensive Cancer Center, Dept. of Urology, Miami, United States of America, 10San Luigi Gonzaga Hospital, University of Turin, Dept. of Urology, Orbassano, Italy, 11Rajiv Gandhi Cancer Hospital, Dept. of Urology, New Delhi, India, 12Vattikuti Urology Institute, Henry Ford Hospital, Dept. of Urology, Detroit, United States of America

State-of-the-art lecture

Aims and objectives of this presentation

Previous studies assessed predictors of kidney failure after partial nephrectomy. However, evidence is scarce regarding the impact of preoperative patient characteristics on the risk of renal failure after robot-assisted partial nephrectomy (RAPN) in patients with renal cell carcinoma (RCC) and normal preoperative renal function. The aim of our multi-institutional study was to assess preoperative predictors of renal failure after RAPN in patients with normal renal function.

Comparison of 1,800 robotic and open partial nephrectomies for renal tumors

By: Peyronnet B.1, Vaessen C.2, Grassano Y.3, Benoit T.4, Carrouget J.5, Pradère B.1, Giwerc A.6, Beauval J-B.4, Seisen T.2, Nouhaud F.6, Bigot P.5, Doumerc N.4, Bernhard J-C.3, Mejean A.7, Patard J-J.8, Roupret M.2, Bensalah K.1

Institutes: 1CHU Rennes, Dept. of Urology, Rennes, France, 2Pitié-Salpêtrière Hospital, Dept. of Urology, Paris, France, 3CHU Bordeaux, Dept. of Urology, Bordeaux, France, 4CHU Toulouse, Dept. of Urology, Toulouse, France, 5CHU Angers, Dept. of Urology, Angers, France, 6CHU Rouen, Dept. of Urology, Rouen, France, 7Georges Pompidou Hospital, Dept. of Urology, Paris, France, 8Kremlin-Bicêtre Hospital, Dept. of Urology, Paris, France

State-of-the-art lecture

Aims and objectives of this presentation

The aim was to compare perioperative and oncological outcomes of RPN and OPN. The charts of all patients who underwent OPN or RPN from 2006 to 2014 at six academic departments of urology were retrospectively reviewed. In this study, RPN was less morbid than OPN with lower complications, decreased blood loss and shorter length of stay. Intermediate-term oncologic outcomes were similar in both groups.

Robotic partial nephrectomy (RAPN) for highly complex renal masses (PADUA≥10)

By: Ohlmann C-H., Saar M., Siemer S., Stöckle M., Janssen M.

Institutes: UKS Universitätsklinikum des Saarlandes, Dept. of Urology, Homburg, Germany
State-of-the-art lecture

Aims and objectives of this presentation
Nephron sparing surgery (NSS) offers comparable oncological control with improved long-term prevention form cardio-vascular disease compared to radical nephrectomy. However, since the introduction of minimal invasive surgery, radical nephrectomy rates increased. The aim of our study was to analyse the outcome of patients with complex renal tumours (PADUA score ≥10) who underwent robot-assisted partial nephrectomy (RAPN). The results show that RAPN of highly complex renal tumours is feasible in experienced hands with acceptable major complication rates. Therefore even highly complex renal tumours may not limit the indication for using RAPN.

Benefit of the superselective clamping technique for multiple robot assisted tumorectomies
By: Vuong N-S., Michiels C., Grassano Y., Cornelis F., Tran P., Siméon H., Pierquet G., Yacoub M., Pasticier G., Robert G., Bensadoun H., Grenier N., Ferrière J-M., Bernhard J-C.
Institutes: University Hospital of Bordeaux, Dept. of Urology and Kidney Transplant, Bordeaux, France

State-of-the-art lecture

Aims and objectives of this presentation
This video present a case of laparoscopic partial nephrectomy for multiple tumors done with the Da Vinci surgical robot. It aims to illustrate the benefit of superselective clamping technique in minimizing renal ischaemia during the surgery of a 28 year-old patient suffering from the Von Hippel Lindau disease with 6 lesions on the left kidney, including one larger than 4cm.