



ORIGINAL ARTICLE

Surgical treatment of renal-cell carcinoma in elderly people ☆,☆☆



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KEYWORDS

Kidney cancer;
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Abstract

Objective: To describe the oncological characteristics and evolution of patients 65 years or older who underwent surgery for renal-cell carcinoma (RCC).

Methods: We reviewed our prospectively maintained database of patients with RCC treated surgically. Those ≥ 65 years old were selected. We analyzed clinical and pathological characteristics as well as oncological and functional outcomes. Overall survival (OS) was estimated with the Kaplan–Meier method. Multivariate Cox-proportional hazards model was used to determine predictors of OS.

Results: A total of 156 elderly patients with mean age 72.0 ± 5.5 years (range 65–92) and median follow-up of 33 months were included. Surgical approach was open radical nephrectomy in 114 (73.5%), laparoscopic radical nephrectomy in 13 (8.4%), open partial nephrectomy in 23 (14.2%) and laparoscopic partial nephrectomy in 6 (3.9%). Pathological stage was: Stage I, 71 (45.5%); Stage II, 27 (17.3%); Stage III, 48 (30.8%); and Stage IV, 10 (6.4%). Lastly, 51 (32.6%) patients died, 22 (43.1%) from cancer. The 5-year OS according to pathological stage was 77.6%, 71.9%, 45.1% and 11.7% for stage I, II, III and IV, respectively ($p < .001$). On multivariate analysis, pathological stage independently predicted OS (HR 1.96, 95% CI [1.36–2.84], $p = .0003$).

Conclusions: The surgical management of RCC appears to be safe in properly selected patients 65 years or older. Pathological stage predicts survival in this population.

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PALABRAS CLAVE

Cáncer renal;
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Latinoamérica

Tratamiento quirúrgico del carcinoma de células renales en personas de edad avanzada

Resumen

Objetivo: Describir las características oncológicas y evolución de los pacientes con 65 años o más que son sometidos a cirugía por cáncer de células renales (CCR).

Métodos: Revisamos en nuestra base de datos a todos los pacientes con CCR tratados quirúrgicamente. Aquellos mayores de 65 años fueron seleccionados. Se analizaron las características clínicas y patológicas, así como los desenlaces oncológicos y funcionales. La supervivencia global (SG) fue estimada con el método de Kaplan–Meier. El análisis multivariado fue hecho con el modelo de Cox para determinar los predictores de SG.

Resultados: Se incluyeron un total de 156 pacientes ancianos con una edad media de $72,0 \pm 5,5$ años (rango 65–92) y una mediana de seguimiento de 33 meses. El abordaje quirúrgico fue nefrectomía radical abierta en 114 (73,5%) pacientes, nefrectomía radical laparoscópica en 13 (8,4%), nefrectomía parcial abierta en 23 (14,2%) y nefrectomía parcial laparoscópica en 6 (3,9%). El estadio patológico fue: estadio I 71 (45,5%), estadio II 27 (17,3%), estadio III 48 (30,8%) y estadio IV 10 (6,4%). Finalmente, 51 (32,6%) pacientes murieron, 22 (43,1%) por cáncer. La SG a 5 años de acuerdo al estadio patológico fue 77,6%, 71,9%, 45,1% y 11,7% para los estadios I, II, III y IV, respectivamente ($p < 0,001$). En el análisis multivariado el estadio patológico fue un factor independiente para predecir la SG (HR: 1,96, IC 95% [1,36–2,84], $p = 0,0003$).

Conclusiones: El tratamiento quirúrgico del CCR parece seguro en pacientes mayores de 65 años debidamente seleccionados. El estadio patológico predice la supervivencia en esta población.

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Introduction

According to World Health Organization 2012 estimates, the incidence for kidney cancer was 337,800 new cases worldwide, of which 4500 were estimated to occur in Mexico and Central America.¹ Moreover, the estimated cumulative risk for age 75 of having kidney cancer was 0.7% for men and 0.3% for women worldwide, while in Mexico and Central America it was 0.5% and 0.3% respectively.¹ Recently, it has been demonstrated that over the most recent 10-year period, the incidence of RCC increased worldwide, most prominently in Latin American populations, where annual increases of over 3% were observed for both sexes.²

Due to the increase in age of the population, the number of cases of renal-cell carcinoma (RCC) continues to grow. Despite technological and pharmacological advances, surgical excision remains the standard of care for localized tumors. However, the benefit of this approach is unclear for elderly people particularly for those at higher risk for surgical complications. We and others have demonstrated that partial nephrectomy (PN) provides better functional outcomes,³ especially in terms of cardiovascular events in geriatric population⁴ while others support radical nephrectomy (RN) due to its lower complication rates.⁵

The reports on surgical outcomes for treating RCC in elderly people are limited, particularly from the region of Latin America. Thus, our objective was to describe the oncological characteristics as well as functional and oncological outcomes of 65-year-old patients or older who underwent surgery for RCC in a tertiary-care center in Mexico.

Materials and methods

We retrospectively analyzed our prospectively maintained database of 552 consecutive patients with renal tumors treated surgically (either with RN or PN) at our Institution. For this study we selected those aged 65 or older. The decision to perform RN or PN relied on tumor nephrometry score and surgeon's discretion. We excluded from this analysis patients with benign tumors or histology different from RCC as well as follow-up shorter than 3 months. The characteristics analyzed were gender, age, renal function, comorbidities, Eastern Cooperative Oncology Group (ECOG) performance status, tumor stage, type of surgery, estimated blood loss and complications. Perioperative 90-day mortality was assessed as well. For the evaluation of renal function the glomerular filtration rate (eGFR) was estimated with the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) formula, considering normal 60 mL/min/1.73 m² or higher.⁶ Any value below this cut-off point was considered chronic kidney disease (CKD), which was classified using the KDIGO categories.⁷ Early surgical complications (within 30 days) were classified according to the Clavien–Dindo system.⁸

For the statistical analysis we used Student's *t* and Chi-square tests to compare means and proportions, respectively. Overall survival (OS) was analyzed with the Kaplan–Meier method and differences compared with the Mantel–Cox test. Univariate and multivariate Cox-proportional hazards model were used to determine the prognostic factors related to OS. The association between survival and each variable was summarized using hazard

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