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ORIGINAL ARTICLE

Overall survival and oncological outcomes after partial nephrectomy and radical nephrectomy for cT2a renal tumors: A collaborative international study from the French kidney cancer research network UroCCR

Comparaison de la survie globale et des résultats oncologiques après néphrectomie partielle et radicale pour cancer du rein cT2a : une étude internationale menée par le réseau français de recherche sur le cancer du rein UroCCR

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KEYWORDS

Oncology;
Outcomes;
Renal cancer;
Partial nephrectomy;
Sparing surgery

Summary

Background. — Partial nephrectomy (PN) is recommended as first-line treatment for cT1 stage kidney tumors because of a better renal function and probably a better overall survival than radical nephrectomy (RN). For larger tumors, PN has a controversial position due to lack of evidence showing good cancer control. The aim of this study was to compare the results of PN and RN in cT2a stage on overall survival and oncological results.

Method. — A retrospective international multicenter study was conducted in the frame of the French kidney cancer research network (UroCCR). We considered all patients aged ≥ 18 years who underwent surgical treatment for localized renal cell carcinoma (RCC) stage cT2a (7.1–10 cm) between 2000 and 2014. Cox and Fine-Gray models were performed to analyze overall survival (OS), cancer specific survival (CSS) and cancer-free survival (CFS). Comparison between PN and RN was realized after an adjustment by propensity score considering pre-defined confounding factors: age, sex, tumor size, pT stage of the TNM classification, histological type, ISUP grade, ASA score.

Results. — A total of 267 patients were included. OS at 3 and 5 years was 93.6% and 78.7% after PN and 88.0% and 76.2% after RN, respectively. CSS at 3 and 5 years was 95.4% and 80.2% after PN and 91.0% and 85.0% after RN. No significant difference between groups was found after propensity score adjustment for OS (HR 0.87, 95% CI: 0.37–2.05, $P=0.75$), CSS (HR 0.52, 95% CI: 0.18–1.54, $P=0.24$) and CFS (HR 1.02, 95% CI: 0.50–2.09, $P=0.96$).

Conclusion. — PN seems equivalent to RN for OS, CSS and CFS in cT2a stage kidney tumors. The risk of recurrence is probably more related to prognostic factors than the surgical technique. The decision to perform a PN should depend on technical feasibility rather than tumor size, both to imperative and elective situation.

Level of evidence. — 4.

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MOTS CLÉS

Cancer du rein ;
Néphrectomie
partielle ;
Résultats
oncologiques ;
Survie globale

Résumé

Contexte. — La néphrectomie partielle (NP) est recommandée en première intention pour les tumeurs du rein de stades cT1. Sa place est débattue pour les stades cT2 en raison du manque de preuve d'un bon contrôle carcinologique. L'objectif de cette étude était de comparer les résultats de la NP et de la néphrectomie élargie (NE) dans les stades cT2a sur la survie globale et les résultats oncologiques.

Méthode. — Une étude rétrospective multicentrique internationale était menée à partir de bases de données de 15 centres. Tous les patients d'âge ≥ 18 ans ayant bénéficié d'un traitement chirurgical pour un CCR localisé de stade cT2a (7,1–10 cm) entre 2000 et 2014 étaient inclus. La comparaison entre NP et NE était effectuée après ajustement par score ASA et par score de propension tenant compte des facteurs de confusion prédéfinis : âge, sexe, taille tumorale, stade pT de la classification TNM, type histologique, grade ISUP.

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