

ΕΙΚΟΝΙΚΟΣ ΑΣΘΕΝΗΣ

ΜΙΚΡΗ ΝΕΦΡΙΚΗ ΜΑΖΑ
ΑΝΤΙΜΕΤΩΠΙΣΗ

ΒΑΡΚΑΡΑΚΗΣ Ι. & ΣΚΟΛΑΡΙΚΟΣ Α.



18-21/4/2013

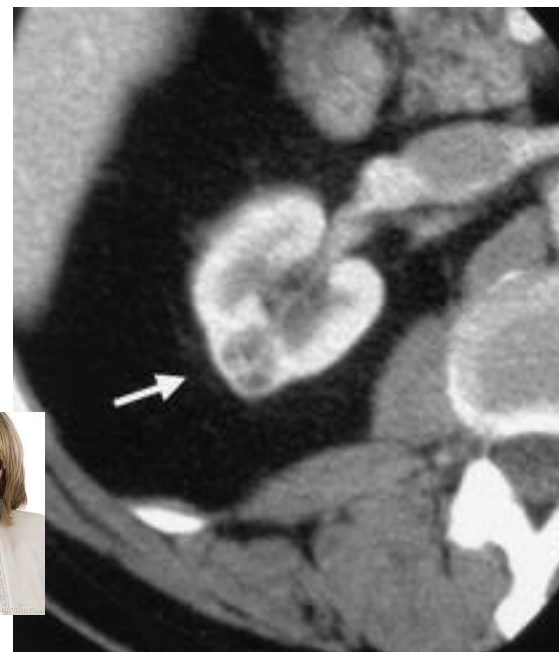
**Πορταριά
Πήλιο**



**ΔΕΝ ΕΧΟΥΜΕ ΚΑΜΜΙΑ
ΣΥΓΚΡΟΥΣΗ ΣΥΜΦΕΡΟΝΤΩΝ**

Γυναίκα 62 ετών

PMHx
PSHx
MEDS
FHx
SHx
ALL



ΠΟΙΑ ΘΕΡΑΠΕΥΤΙΚΗ ΕΠΙΛΟΓΗ ΘΑ ΔΙΑΛΕΓΑΤΕ ?

- A. ΡΙΖΙΚΗ ΝΕΦΡΕΚΤΟΜΗ
- B. ΜΕΡΙΚΗ ΝΕΦΡΕΚΤΟΜΗ
- C. ΕΞΑΧΝΩΣΗ ΜΕ ΡΑΔΙΟΣΥΧΝΟΤΗΤΕΣ
- D. ΠΡΟΣΕΚΤΙΚΗ ΠΑΡΑΚΟΛΟΥΘΗΣΗ





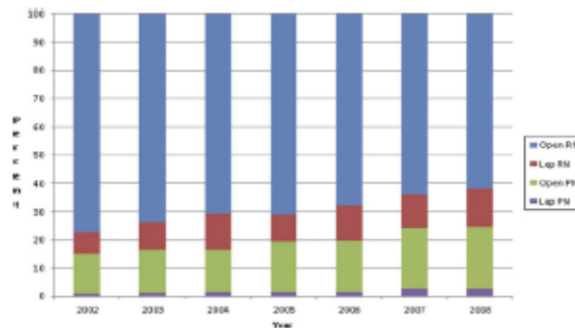
ΡΙΖΙΚΗ Nx ή ΜΕΡΙΚΗ Nx

National Trends in the Use of Partial Nephrectomy: A Rising Tide That Has Not Lifted All Boats

Sanjay G. Patel, David F. Penson, Baldeep Pabla, Peter E. Clark,*
Michael S. Cookson,† Sam S. Chang,‡ S. Duke Herrell,§ Joseph A. Smith, Jr.|| and Daniel A. Barocas¶,**



2012



PNx ΔΕΝ ΠΡΑΓΜΑΤΟΠΟΙΕΙΤΑΙ ΟΣΟ ΘΑ ΕΠΡΕΠΕ

- ΣΤΗΝ ΚΑΘΗΜΕΡΗ ΠΡΑΓΜΑΤΟΠΟΙΕΙΤΑΙ:**
- A. Περισσότερο
 - B. Λιγότερο από
 - C. Καθόλου
 - D. Πάντα



Conclusions: Since 2002 the national use of partial nephrectomy for the management of renal masses has increased. However, the adoption of partial nephrectomy at smaller, rural and nonacademic hospitals lags behind that of larger hospitals, urban/teaching hospitals and higher volume centers. A lower rate of partial nephrectomy use among patients without private insurance and those living in lower income ZIP code areas highlights the underuse of partial nephrectomy as a quality of care concern.



Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ



Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ

ΡΙΖΙΚΗ Nx ή ΜΕΡΙΚΗ Nx

Η ΜΕΡΙΚΗ Nx ΣΕ ΣΧΕΣΗ ΜΕ ΤΗΝ ΡΙΖΙΚΗ Nx ΕΙΝΑΙ

- A. Πιο εύκολη
- B. Έχει λιγότερες επιπλοκές
- C. Λιγότεροι ασθενείς πεθαίνουν από νοσήματα
- D. Δεν διατηρεί περισσότερη νεφρική

Review – Kidney Cancer

Laparoscopic versus Open Partial Nephrectomy: Analysis of the Current Literature



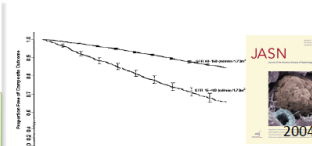
Surgical and Oncologic Outcomes of Laparoscopic Partial Nephrectomy: A Japanese Multi-Institutional

ΓΙΑΤΙ Η ΔΙΑΤΗΡΗΣΗ ΟΣΟ ΤΟ ΔΥΝΑΤΟΝ ΠΕΡΙΣΣΟΤΕΡΗΣ ΝΕΦΡΙΚΗΣ ΛΕΙΤΟΥΡΓΙΑΣ ΕΙΝΑΙ ΣΗΜΑΝΤΙΚΗ;

Chronic Kidney Disease as a Risk Factor for Cardiovascular Disease and All-Cause Mortality: A Pooled Analysis of Community-Based Studies

DANIEL E. WEINER,⁶ HONG PAUL C. STARK,¹ BONNIE ANDREW S. LEVEY,² and ³Division of Nephrology, ⁴Department of Medicine, Brigham Young University, Salt Lake City, UT; ⁵Harvard Medical School, Boston, MA

ΧΝΑ συνοδεύεται από αυξημένο κίνδυνο καρδιαγγειακού θανάτου



Akihiro Kawauchi, M.D.,⁴ Masanobu Shigeta, M.D.,⁸ Mutsushi Kawakita, M.D.,¹¹ Masahisa Ioritani, M.D.,¹³ and the Laparoscopic Partial Nephrectomy Study Group

TABLE 3. UROLOGICAL COMPLICATIONS

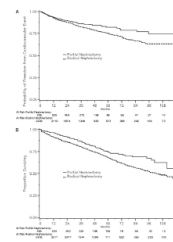
	All patients		ens1		ens2		ens3		p Value
	No.	Pts.	No.	Pts.	No.	Pts.	No.	Pts.	
bleeding (%)	1322	5 (0.4)	147	0 (0.0)	388	5 (0.9)	587	0 (0.0)	0.04
e		2 (0.2)		0 (0.0)		2 (0.5)		0 (0.0)	0.29
(%)	1375	24 (1.5)	147	7 (4.8)	422	18 (4.9)	604	9 (1.5)	0.22
e		24 (1.7)		5 (3.4)		12 (3.9)		7 (1.2)	0.36
(%)	1324	184 (13.9)	147	27 (18.4)	390	55 (9.3)	587	302 (7.4)	<0.001
e		17 (1.3)		1 (0.7)		10 (1.7)		6 (1.0)	0.46
hemorrhage (%)	1322	115 (8.7)	147	24 (16.3)	388	36 (9.0)	587	55 (9.0)	0.00
e		31 (2.3)		5 (3.4)		11 (1.9)		15 (2.6)	0.50
hemorrhage (%)	1369	40 (2.9)	147	2 (1.4)	619	21 (3.4)	603	17 (2.8)	0.41
e		22 (1.6)		1 (0.7)		10 (1.6)		11 (1.8)	0.61

Values were classified based on the NCICTC version 2.0.

Partial Nephrectomy vs. Radical Nephrectomy in Patients With Small Renal Tumors: Is There a Difference in Mortality and Cardiovascular Outcomes?

William C. Huang, M.D., Eliezer P. Elkin, Ph.D., Andrew S. Levey, M.D., Thomas J. Liaw, M.D., and Paul Russo, M.D. Department of Urology, New England Medical Center, Boston, MA; Department of Epidemiology, Harvard School of Public Health, Boston, MA; Department of Medicine, Harvard Medical School, Boston, MA; Department of Medicine, Brigham Young University, Salt Lake City, UT; Department of Medicine, Brigham Young University, Salt Lake City, UT; Department of Medicine, Brigham Young University, Salt Lake City, UT; Department of Medicine, Brigham Young University, Salt Lake City, UT

RNx αυξημένο κίνδυνο συνολικής θνητότητας και καρδιαγγειακών επεισοδίων



nonurologic complications. Despite increases in central time in recent cases, and the overall complication rate follow-up of 26 months for 1193 malignancies, recurrence in 7 (0.5%), lung in 8 (0.7%), lymph nodes in 2 (0.1%),





ΡΟΛΟΣ CT

**ΑΠΟ ΤΗΝ CT ΜΠΟΡΕ
ΞΕΧΩΡΗΣΕΤΕ pT1 ΑΠΟ
ΟΓΚΟΥΣ**

A.Ναι
B.Όχι

**ΕΧΕΙ ΚΛΙΝΙΚΗ ΣΗΜΑ
ΠΑΡΑΠΑΝΩ ΔΙΑΧΩΡΙΣΤΕ
ΣΤΑΔΙΟΥ ΓΙΑ ΤΗΝ ΕΠΙΒΙΩΣΗ**

A.Ναι
B.Όχι

ΡΟΛΟΣ ΑΠΕΙΚΟΝΙΣΗΣ



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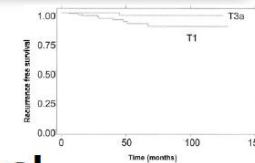
Vol. 173, 713-715, March 2005
Printed in U.S.A.
DOI: 10.1097/01.ju.0000153638.15018.58

**PATHOLOGICAL STAGE DOES NOT ALTER THE PROGNOSIS FOR
RENAL LESIONS DETERMINED TO BE STAGE T1 BY COMPUTERIZED
TOMOGRAPHY**

WILLIAM W. ROBERTS, SAM B. BHAYANI, MOHAMAD E. ALLAF, THERESA Y. CHAN,
LOUIS R. KAVOUSSI AND THOMAS W. JARRETT*

186 tumors cT1 staging

- ✓ 125 pT1
- ✓ 57 pT3a



No difference between overall survival

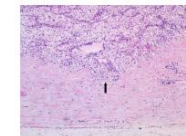
- ✓ Upstaging did not change prognosis
- ✓ Clinical staging very accurate predicting tumor behavior



Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ



όγκος 1.2εκ



Clear cell GIII pT3a



Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ



ΡΟΛΟΣ ΒΙΟΨΙΑΣ

Όσο μικρότερος είναι ο όγκος

A. Τόσο μεγαλών

B. Τόσο μικραίνει

C. Δεν αλλάζει α

D. Μικραίνει η π

SOLID RENAL TUMORS: AN ANALYSIS OF PATHOLOGICAL FEATURES RELATED TO TUMOR SIZE

IGOR FRANK, MICHAEL L. BLUTE, JOHN C. CHEVILLE, CHRISTINE M. LOHSE,
AMY L. WEAVER AND HORST ZINCKE

From the Departments of Urology (IF, MLB, HZ), Pathology (JCC), and Health Sciences Research (CML, ALW), Mayo Medical School and Mayo Clinic, Rochester, Minnesota



Tumor size	% of tumors that were RCC	% of RCC that were high grade
<1cm	54%	2%
1-4cm	79%	16%
4-7cm	90%	30%
>7cm	94%	57%



Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ



ΡΟΛΟΣ ΤΗΣ ΒΙΟΨΙΑΣ

Η ΔΙΑΔΕΡΜΙΚΗ ΒΙΟΨΙΑ ΕΝΟΣ ΜΙΚΡΟΥ ΟΓΚΟΥ ΝΕΦΡΟΥ ΕΙΝΑΙ

- A.Εύκολη
- B.Είναι απαραίτ
- C.Είναι πάντα δ
- D.Είναι πολύ ακ

Results of Computerized Tomography Guided Percutaneous Ablation of Renal Masses With **Nondiagnostic Pre-Ablation Pathological Findings**

Sompol Permpongkosol, Richard E. Link, Stephen B. Solomon and Louis R. Kavoussi^{*,†}



88 masses
20 non-diagnostic Bx

ΜΗ ΔΙΑΓΝΩΣΤΙΚΗ Bx 22%

Nondiagnostic ablative treatment and open biopsy pathological findings

	Gill et al ¹⁶	Cestari et al ¹⁴	Matsumoto et al ¹⁵	Dechet et al ¹²	Tuncali et al ⁶	Present Series
Procedure	Laparoscopic, cryoablation	Laparoscopic, cryoablation	Operative, laparoscopic or percutaneous, RFA	Open biopsy	Percutaneous MRI cryoablation	Percutaneous CT RFA, cryoablation
No. tumors:	36	37	64	100	17	88
RCC	20	29	41	68	10	57
Oncocytoma	3	6	5	11 (benign)	—	6
Angiomyolipoma	2	—	—	—	—	4
Other	5	—	15*	—	6	1
Nondiagnostic (%)	6 (17)	2 (5.4)	3 (4.6)	21 (21)	1 (5.9)	20 (22.7)



Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ

Grade of tumor	70-76%
Type of tumor	92-96%
Subtype of tumor	78-92%



Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ

ΡΟΛΟΣ ΤΗΣ ΒΙΟΨΙΑΣ

**ΕΙΝΑΙ ΣΗΜΑΝΤΙΚΟ
ΞΕΡΟΥΜΕ ΤΟ GRADE**

- A.Ναι
- B.Όχι

**SOLID RENAL TUMORS: AN ANALYSIS OF PATHOLOGICAL FEATURES
RELATED TO TUMOR SIZE**

IGOR FRANK, MICHAEL L. BLUTE, JOHN C. CHEVILLE, CHRISTINE M. LOHSE,
AMY L. WEAVER AND HORST ZINCKE

*From the Departments of Urology (IF, MLB, HZ), Pathology (JCC), and Health Sciences Research (CML, ALW), Mayo Medical School
and Mayo Clinic, Rochester, Minnesota*



**The Evolving Presentation of Renal
Carcinoma in the United States: Trends From the
Surveillance, Epidemiology, and End Results Program**

Mike M. Nguyen,* Inderbir S. Gill

*From the Department of Urology, University of
Surgery, Glickman Urological Institute, Cleveland*

**ΕΙΝΑΙ ΣΗΜΑΝΤΙΚΟ
ΝΑ ΞΕΡΟΥΜΕ GRADE**

and Robotic



**ΕΝΑΣ ΟΓΚΟΣ 3 εκ
ΥΨΗΛΟΥ GRADE ΕΙΝΑΙ
ΠΙΘΑΝΟΤΗΤΑ ΝΑ ΔΕΙΞΕΙ
ΜΕΤΑΣΤΑΣΕΙΣ**

- A.0%
- B.1.5%
- C.5%
- D.19.3%

Tumor size	% of tumors that were RCC	% of RCC that were high grade
<1cm	54%	2%
1-4cm	79%	16%
4-7cm	90%	30%
>7cm	94%	57%

Grade	size	metastases
I	2.7	1.5%
II	2.9	2.1%
III	2.9	9.4%
IV	2.9	19.3%



Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ



PNx vs. ABLATION

Η ΜΕΡΙΚΗ ΝΕΦΡΕΚΤΟΜΗ ΣΕ ΣΧΕΣΗ ΜΕ ΤΗΝ ΕΞΑΧΝΩΣΗ ΕΧΕΙ

- A. Λιγότερες επιπλοκές
- B. Περισσότερες επιπλοκές
- C. Καλύτερα ογκολογικά αποτελέσματα
- D. Χειρότερα ογκολογικά αποτελέσματα
- E. A+Δ
- F. B+Γ

Robotic Partial Nephrectomy Versus Laparoscopic Cryoablation for the Small Renal Mass

EUROPEAN UROLOGY 61 (2012) 899-904

Julien Guillotreau^a, Georges-Pascal Haber^{a,*}, Riccardo Autorino^a, Ranko Miacinovic^a, Shahab Hillyer^a, Adrian Hernandez^b, Humberto Laydner^a, Rachid Yakoubi^a, Wahib Isac^a, Jean-Alexandre Long^a, Robert J. Stein^a, Jihad H. Kaouk^a



Laparoscopic Cryoablation Versus Partial Nephrectomy for the Treatment of Small Renal Masses: Systematic Review and Cumulative Analysis of Observational Studies

EUROPEAN UROLOGY 60 (2011) 435-443

Tobias Klatte^{a,*}, Bernhard Grubmüller^a, Matthias Waldert^a, Peter Weibl^a, Mesut Remzi^b

	Recurrence	Morbidity
Lap Cryo	8.5-11%	10-11%
PNx (rob & lap)	0-1.9%	19-20%

Επιπλοκές διπλασιάζονται

Αλλά καλύτερα ογκολογικά αποτελέσματα



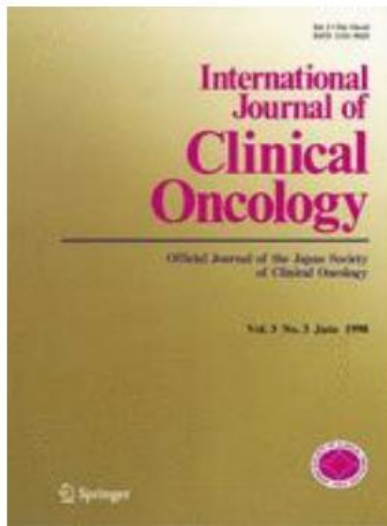
Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ



PNx vs. ABLATION

ΣΤΟ ΚΑΡΚΙΝΟ ΤΟΥ ΝΕΦΡΟΥ

- A. Μετά την 5ετία δεν πεθαίνει κανείς
- B. Θάνατοι συμβαίνουν και μετά την 10ετία
- C. Υπάρχουν πολλές μελέτες εξαχνωσης με μακρύ (>10ετη) FU
- D. Υπάρχουν πολλές μελέτες εξαχνωσης με μεγάλο αριθμό ασθενών



Int J Clin Oncol
DOI 10.1007/s10147-013-0533-x

ORIGINAL ARTICLE

Evaluation of long-term outcome for patients with renal cell carcinoma after surgery: analysis of cancer deaths occurring more than 10 years after initial treatment

Yuki Kyoda · Ko Kobayashi · Megumi Hirobe · Tetsuya Shindo · Fumimasa Fukuta · Kohei Hashimoto · Toshiaki Tanaka · Akiko Tonooka · Hiroshi Kitamura · Satoshi Takahashi · Naoya Masumori · Tadashi Hasegawa · Taiji Tsukamoto

Received: 29 November 2012 / Accepted: 22 January 2013
© Japan Society of Clinical Oncology 2013

Abstract

Objective We evaluated the outcome of renal cell carcinoma (RCC) after surgery in a long-term follow-up study to elucidate the specific biological behaviors of RCC, such as late recurrence and late cancer-specific death.

Materials and methods We retrospectively reviewed the clinical and pathological features of 625 patients who were diagnosed as having renal cell carcinoma at our institution

initial surgery. Specific findings that characterized them were not identified in these patients.

Conclusions Late recurrence of RCC is not rare. Cancer-specific death more than 10 years after the initial treatment was observed in 16 patients with localized or advanced disease. No specific findings were identified to characterize these patients with late cancer death.



PNx vs. ABLATION

Η ΤΟΠΙΚΗ ΥΠΟ

- A. Στις τεχνικές εξο...
- B. Στην μερική νεφ...

Excise, Ablate or Observe: The Small Renal Mass Dilemma—A Meta-Analysis and Review

David A. Kunkle, Brian L. Egleston and Robert G. Uzzo*
 From the Departments of Urologic Oncology and Biostatistics (BLE), Fox Chase Cancer Center, Temple University School of Medicine, Philadelphia, Pennsylvania

2008



ΣΕ ΜΕΤΑΝΑΛΥΣΕΙΣ ΑΝΤΙΜΕΤΩΠΙΣΤΕΩΣ ΝΕΦΡΙΚΩΝ ΜΑΛΑΧΩΝ Η ΕΜΦΑΝΙΣΗ ΤΗΣ ΠΡΟΓΡΕΣΣΗΣ ΚΑΙ ΤΗΣ ΠΡΟΓΡΕΣΣΗΣ ΣΤΗΝ ΑΝΤΙΜΕΤΩΠΙΣΤΕΩΣ ΗΤΑΝ ΣΥΧΝΟΤΕΡΗ

- A. Στις τεχνικές εξο...
- B. Στην μερική νεφ...

	Lap PNx	CRYO	RF	Active Surveillance
Age	60	65	67	68.7
Tumor size	3.4	2.5	2.6	3
FU (mt)	54	18	16	33
Unknown pathology	0%	17.7%	42.8%	54%
Local recurrence	2.6%	4.6% RR 7.45	11.7% RR18.23	
Progress to metastasis	5.6%	1.2%	2.3%	0.9%



Μετανάλυση (99 μελέτες, 6471 όγκους)

Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ



ΡΟΛΟΣ (+) ΧΟ

ΤΑ (+) ΧΟ ΣΤΗΝ PNx

- A. Είναι συχνά (>30%)
- B. Είναι συχνότερα σε
- C. Είναι συχνότερα σε όγκους
- D. Όταν υπάρχουν (+) τοπικής υποτροπής δε στις πιά πολλές περιπτώσεις



Positive Surgical Margins After Nephron-Sparing Surgery

Martin Marszalek^{a,b,*}, Marco Carini^c, Piotr Chlosta^d, Klaus Jeschke^e, Ziya Kirkali^f, Ruth Knüchel^g, Stephan Madersbacher^a, Jean-Jacques Patard^h, Hendrik Van Poppelⁱ

^a Department of Urology and Andrology, Donauspital, Vienna, Austria; ^b Department of Urology, Graz Medical University, Graz, Austria; ^c Department of Urology, University of Florence, Careggi Hospital, Florence, Italy; ^d Department of Urology, Institute of Oncology, Kielce, Poland; ^e Department of Urology, Klagenfurt General Hospital, Klagenfurt, Austria; ^f Department of Urology, Dokuz Eylül University School of Medicine, Izmir, Turkey; ^g Institute of Pathology, Aachen University, Aachen, Germany; ^h Department of Urology, Bicêtre Hospital, Paris XI University, Kremlin Bicêtre, France; ⁱ Department of Urology, University Hospital Leuven, Leuven, Belgium

UROSchool 2013 

- **+ΧΟ 0-7%**
 - Πιο συχνά σε ενδοφυτικούς και μικρούς σε μέγεθος όγκους
- Ενδιάμεσο FU χωρίς υποτροπή
 - Παρακολούθηση αρκετή
 - Κίνδυνος υποτροπής σε όγκους μεγάλου κακοήθους δυναμικού

Comment
PSM not associated with increased risk of local recurrence or metastatic disease Higher local recurrence rate in highly malignant tumours with PSM PSM rate in initial and advanced experience PSM are frequently caused artificially Patients after RAPN Results of 1800 patients undergoing LPN/OPN PSM do not necessarily indicate residual disease Patients after RAPN LPN/RAPN Questions the necessity of 1-cm margin width Patients after standard PN and simple enucleation Avoid nephrectomy as response to PSM PSM occur more frequently in imperative cases. PSM associated with increased risk of recurrence, but do not affect CSS Surveillance in selected patients may be adequate without sacrificing oncologic control Manage microscopic PSM conservatively OPN Accuracy of frozen sections in PN questionable



Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ



Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ

CRYO or RF ?

Η ΚΡΥΟΘΕΡΑΠΕΙΑ ΣΕ ΣΥΜΜΕΤΡΙΜΕ ΤΗΝ ΡΕ ΕΧΕΙ

- A. Έχει καλύτερα
- B. Λιγότερες τοπι
- C. Η παρακολούθη
- θεραπείας είναι ε
- D. Χρειαζόμαστε

Cryoablation or Radiofrequency Ablation of the Small Renal Mass

A Meta-analysis



Metanalysis 47RCT's 1375 patients

	RF	CRYO	p
Tumor size			=0.12
FU			=0.53
Repeat procedure	8.5%	1.3%	<0.001
Local progression	12.9%	5.2%	<0.001
Metastasis	2.5%	1%	=0.06
Lap/perc	94% perc	65% lap	



Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ

Kunkle DA et al Cancer 2008



Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ

ΑΝ Ο ΑΡΡΩΣΤΟΣ ΗΤΑΝ

80 ετών

PMHx

• HTN, A

PSHx

• By pa

• Ca εν

MEDs

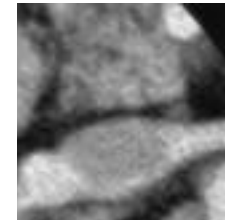
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Prognostic variables to predict cancer-related death in incidental renal tumours

Karim Bensalah, Allan J. Pantuck¹, Maxime Crepel, Grégory Verhoest, Arnaud Méjean², Antoine Valéri³, Vincenzo Ficarra⁴, Christian Pfister⁵, Jean-Marie Ferrière⁶, Michel Soulié⁷, Luca Cindolo⁸, Alexandre De La Taille⁹, Jacques Tostain⁹, Denis Chautard¹⁰, Luigi Schips¹¹, Richard Zigeuner¹¹, Claude C. Abbou⁹, Bernard Lobel, Laurent Salomon⁹, Eric Lechevallier¹², Jean-Luc Descotes¹³, Francois Guillé, Marc Colombel¹⁴, Arie S. Beldegrun¹ and Jean-Jacques Patard

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Accepted for publication 28 April 2008



Tumors Disease
Tobias Alexian
Stephe
From the
California
Service of
Urological
di Progen

Effect of Renal Cancer Size on the Prognosis at D

Mike M. Ng

From the Section of Urology, University of Arizona Health Sciences Center, Glickman Urological and Kidney In

Αντενδείξεις

- Όγκος >4 εκ
- Υψηλό Fur
- Προχωρημέ

Kidney Cancer

Observation Should be Considered as an Alternative in Management of Renal Masses in Older and Comorbid Patients

Christian Beisland^{a,b}, Karin M. Hjelle^b, Lars A.R. Reisaeter^c, Leif Bostad^{d,e}


Review – Kidney Cancer

Is Surveillance an Option for the Treatment of Small Renal Masses?

Hendrik Van Poppel^a, Steven Joniau

Department of Urology, University Hospital, K.U. Leuven, Leuven, Belgium



	0.1-1 cm	 Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ Τ	
Mets (Klatte)	7%		
Mets (SEER)	1.4%	2.5%	4.7%
5Yy-CSM	4.2%	4.3%	5.5%

Τι μένει για AS;

- Μεγάλης ηλικίας
- Συνοσηρότητα
- Μικρό προσδόκιμο ζωής



Τι... Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ

- A.PNx
- B.CRYO
- C.WW

UR



Β' ΟΥΡΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ



Male 51y

PMHx: Hidradenitis Suppurativa,

Familial Mediteranean Fever, Reumatoid Arthritis

PSHx:none

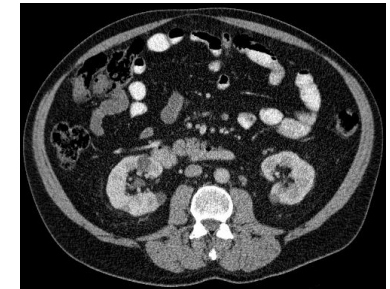
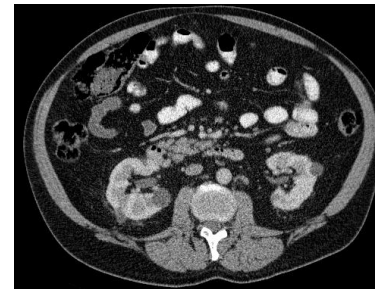
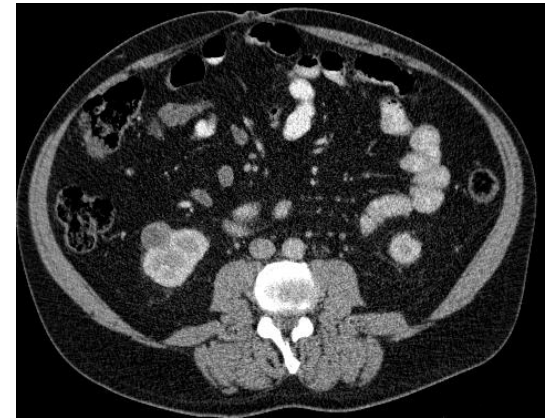
FHx: father died of kidney problems

SHx: smoking

MEDS: Colchicine, Ciroxat ALL: none

PEX: waist obesity

PI: mild flank pain



ΤΙ ΘΑ ΚΑΝΑΤΕ;

A.PNx

B.RF CRYO

C.WW

D.RNx



Female 31y

PMHx: Renal Failure (glomerulonephritis)

PSHx: renal transplantation 16 year ago

FHx: none

SHx: none

MEDs: none ALL: none

PI: evaluation for CR: 1.8

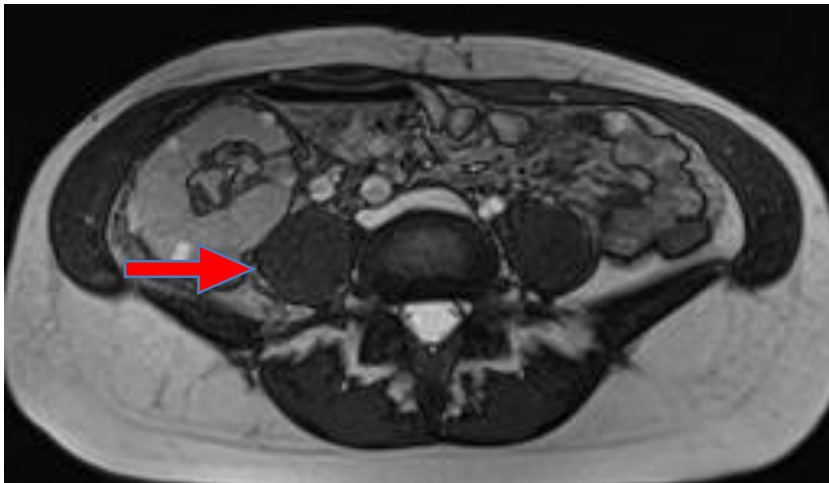
ΤΙ ΘΑ ΚΑΝΑΤΕ;

A. PNx

B. RF CRYO

C. WW

D. RNx



Male 45y

PMHx & PSHx: none

MEDS & ALL: none

PI: Incidental finding during annual check up

CT: 5cm enhancing mass left lower pole

ΤΙ ΘΑ ΚΑΝΑΤΕ;
A.PNx
B.RF CRYO
C.WW
D.RNx

