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**The effect of age on cancer-specific mortality in T1a stage renal cell carcinoma patients across all treatment's modalities:  
a SEER-based study**

*. Pecoraro A., Knipper S, Palumbo C., Rosiello G, Luzzago S., Deuker M. , Tian Z. , Shariat S.F., Saad F. ,  
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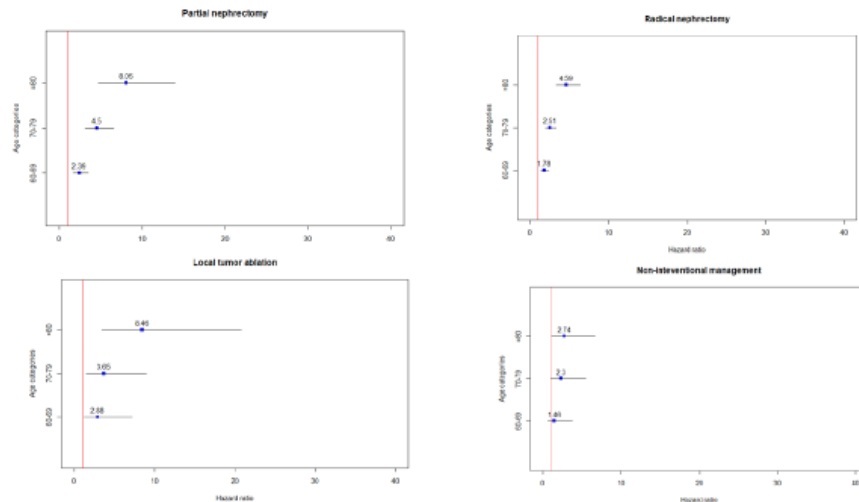
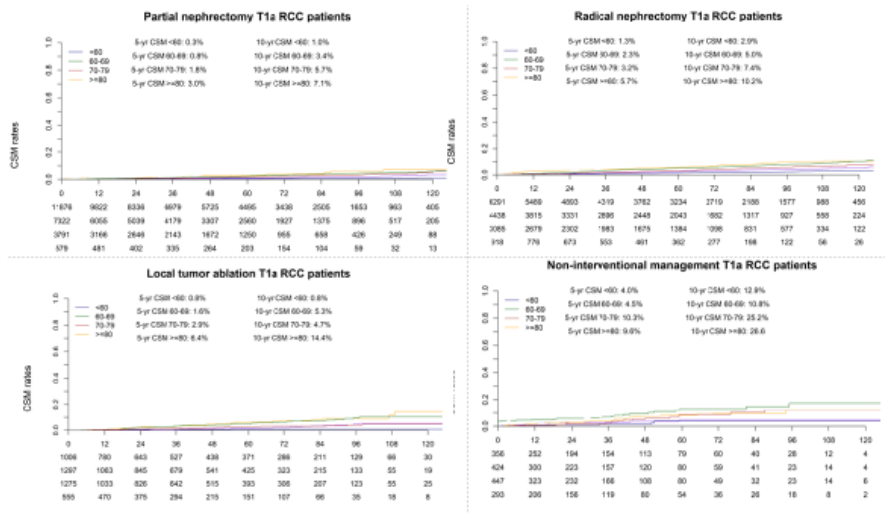


## Background and Study Design

- The effect of age on cancer-specific mortality (CSM) is always tested in specific subgroup of patient with **T1a non metastatic renal cell carcinoma** (nmRCC). We tested it across all treatment options (partial nephrectomy [**PN**], radical nephrectomy [**RN**], local tumour ablation [**LTA**] and non-interventional management [**NIM**])
- Within the Surveillance, Epidemiology, and End Results database (2004-2016) **44,147 T1a nmRCC patients** were identified
- Cumulative incidence plots and multivariable competing-risks regression analyses model CSM. Separate models were fitted for each of four examined treatment options



## Results and conclusions



- More **advanced age** is invariably associated with increasingly **higher CSM** in patients treated with LTA, PN and RN.
- In NIM patients the association with more advanced age with CSM was only evidenced in the highest age.
- In consequence, **older T1a RCC** patients appear to harbor **more aggressive RCC phenotype** than their younger counterparts.