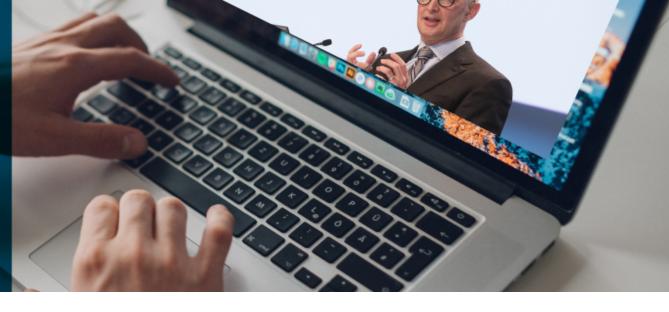


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(MP57-13) Evaluation of oncological outcomes of robotic partial nephrectomy according to the type of hilar control approach (On-clamp vs Off-clamp)

Multicentric Study of the French Network of Research on Kidney Cancer – UROCCR 58 - NCT03293563

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Introduction & objectives

The choice of the optimal renal hilar control approach remains a debated topic in daily practice. Our research aims to compare off-clamp vs. on-clamp robotic partial nephrectomy (RPN) in terms of oncological outcomes, mainly PSM rate. We assessed the interaction between the hilar control approach and surgical experience regarding oncological outcomes.

Materials and Methodes:

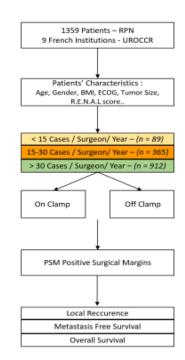
We extracted data of a contemporary cohort of 1359 patients from the prospectively maintained database of the French national network of research on kidney cancer (UROCCR).

The primary endpoint was the positive surgical margins (PSM) rate.

To evaluate the oncological outcomes regardless of the surgical experience (SE), we divided patients into three groups of SE, which was defined by the caseload of RPN per surgeon per year. For continuous variables, we used Mann-Whitney and Student tests. We used a logistic regression multivariate analysis to evaluate the independent factors of PSM. (Figure 1)

Figure 1: Flowchart of the Study















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Results:

Outcomes of 224 off-clamp RPN were compared to 1135 on-clamp RPN. PSM rate was not statistically different, 5.6% in the offclamp group, and 11% in the on-clamp group (p=0.11).

Regarding oncological outcomes, overall survival (OS p=0.6), local recurrence (LR p=0.4) or metastasis-free survival (MFS p=0.4) were similar. After stratification according to SE, PSM rate was unaffected by the type of hilar control approach in the three subgroups (p=1.00; 0.08; 0.2, respectively). On multivariate analysis, only SE and age were associated with PSMs rate (OR-p=0.67-0.02; 1, 03-0,007, respectively). Table 2

Conclusion:

Hilar control approach seems to have no impact on oncological outcomes of RPN. This result should be confirmed by randomized controlled trials.

Table 2: a- Patients' characteristics and PSM rate according to surgeon's experience

Variable	Low SE	E < 15 case N = 89			ate SE 15-3 rear N = 36		High SI	E >30 case: N = 912	s/year	P
Gender F, n (%)	31 (34.8)			144 (39.5)			310 (34.0)			0.18
Age, years, mean (SD)	60.17 (12.5	50)		61.88 (12.8	31)		59.89 (12.7	78)		0.04
BMI, kg/m2, mean (SD)	26.15 (5.12	2)		26.92 (5.12	2)		27.14 (5.58	3)		0.29
Tumour size, cm, mean (SD)	3.27 (1.62)			3.32 (1.82)	í		3.99 (1.94)	1		< 0.001
R.E.N.A.L. score mean (SD)	5.54 (3.18)	6		5.44 (2.93)	1		7.28 (2.23)			< 0.001
	8	lurgical margi	ins	5	iurgical margin	is	1	Surgical margi	ins	
	PSM (+)	NSM (-)	p value	PSM (+)	NSM (-)	p value	PSM (+)	NSM (-)	p value	
1(%)	4 (5.4)	68 (76.4)		61 (17.3)	268 (72,6)		70 (8)	747 (81.9)		
Hilar control approach - On clamp, n (%)	3 (98.9)	65 (98,5)	1.00	58 (97.4)	243 (90.7)	0.08	59 (83,1)	573 (76.9)	0.29	
*Statistically significant.										
BMI = body mass index										
CP - Cundent expendence										

. = Radius, Exophytic/Endophytic, Nearness, Anterior/Posterior, Location PSM = Positive surgical margins; NSM = Negative Surgical margins

Table 2: b- Multivariate analysis model of surgical experience and hilar control approach impact on PSM

		Multivariate Anal	ysis			
	Positive Surgical Margins					
	OR	(95% CĬ)	p			
Surgical experience	0.67	(0.47-0.96)	0.02*			
On-clamp vs Off-clamp	1,82	(0,98-3,72)	0.07			
Gender	0.75	(0.48-1.15)	0.19			
Age	1.03	(1.01-1.05)	0.007*			
BMI	0.99	(0.95-1.03)	0.6			
ECOG	0.81	(0.28-1.93)	1.9			
Tumour size	1.08	(0.97-1.19)	0.16			







