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AUA VIRTUAL EXPERIENCE



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Conflict of Interest Disclosure

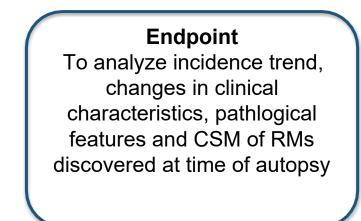
I have no potential conflict of interest to report



Introduction and Methods

 Advances in imaging technology and its widespread access are playing an important role in diagnosis of RMs before the presence of clinical symptoms

> Autopsies performed at single tertiary referral academic centre between January 2004 and December 2017 N = 15086





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Results

Table 1. Clinicopathological featuresof the study cohort

	Overall	2004 - 2010	2011 - 2017	р
Patients, n. (%)	184	137 (74.5)	47 (25.5)	
Age at diagnosis, (mean ± SD)	84 (10.1)	82 (11.3)	83 (9.4)	0.79
Gender , n. (%)				0.12
Male	80 (43.5)	55 (40.1)	25 (53.2)	
Female	104 (56.5)	82 (59.9)	22 (46.4)	
Renal neoplasm, n. (%)				0.17
Oncocytoma	13 (7.1)	8 (5.8)	5 (10.6)	
Angiomiolipoma	13 (7.1)	7 (5.1)	6 (12.8)	
Papillary adenoma	2 (2.2)	3 (2.2)	1 (2.1)	
Cystic nephroma	3 (1.6)	3 (2.2)	0 (0.0)	
Metanephric tumor	2 (1.1)	2 (1.5)	0 (0.0)	
Clear-cell RCC	136 (73.9)	103 (75.2)	33 (70.2)	
Papillary RCC	2 (1.1)	2 (1.5)	0 (0.0)	
Chromophobe RCC	5 (2.7)	4 (2.9)	1 (2.1)	
Carcinoma of the coll. ducts of Bellini	5 (2.7)	4 (2.9)	1 (2.1)	
Nephroblastoma	1 (0.5)	1 (0.7)	0 (0.0)	
Sarcomatoid variant	2 (1.1)	1 (0.7)	1 (2.1)	
Patients with malignant lesions, n. (%)	157 (85.3)	122 (89.1)	35 (74.5)	\square
pT stage , n. (%)				0.04
pT1(a,b)	123 (80.3)	92 (75.4)	34 (97.1)	L J
pT2(a,b)	10 (6.4)	10 (8.2)	0 (0.0)	
pT3(a,b,c)	16 (10.2)	15 (12.3)	1 (2.9)	
pT4	5 (3.2)	5 (4.1)	0 (0.0)	
pN stage , n. (%)				0.15
pN+	14 (8.9)	13 (10.7)	1 (2.9)	
pM stage , n. (%)				0.15
pM+	14 (7.6)	13 (10.7)	1 (2.9)	
Cancer-related deaths, n. (%)				0.1
yes	16 (10.2)	15 (12.3)	1 (2.9)	

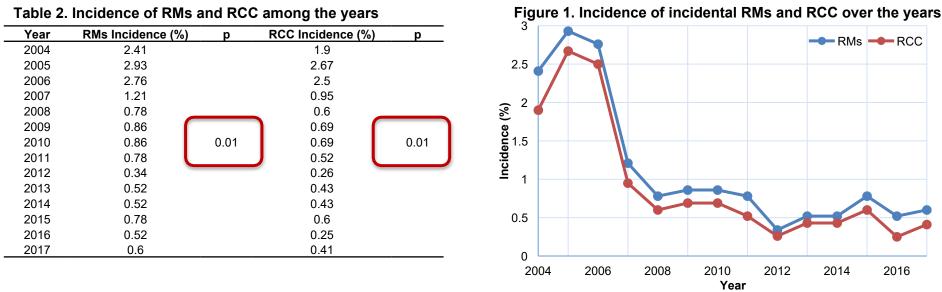
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Results and Conclusions

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CONCLUSIONS

The autopsy finding of incidental RM is decreasing.

Although the distribution of the different kidney tumor histological types appears constant, the mean size of the lesions that are incidentally identified at autopsy are increasingly smaller and more harmless.