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Routine Biopsy of Localized Renal Masses: Potential Cost Savings and Morbidity Avoidance



Objectives and Methods

- Simulated the potential cost savings and morbidity avoidance
- RMB before RAPN on all pT1 renal masses
- RAPN n=920, RMB n=429
- Cost data using FY 2019 for RAPN and the last 25 RMB
- Final pathology was classified as benign, very low risk, low risk and high risk
- Four clinical scenarios where routine RMB could have delayed and/or avoided intervention:
 - Benign biopsy in all patients
 - Benign or very low-risk biopsy in patients ≥ 65
 - Benign, very low or low-risk biopsy in patients ≥ 70
 - Benign, very low or low risk in any patient with $\text{eGFR} \leq 44$ OR $\text{ASA} \geq 3$



Results and Conclusions

Variable	All Benign n=174	Benign + Very Low in ≥65 n=90	Benign + Very Low + Low in ≥70 n=104	Benign + Very Low + Low in GFR≤44 or ASA≥3 n=164	All benign + very low ≥65 + low ≥70 + very low and low in GFR ≤44 and ASA≥3 n=339
CLAVIEN (%)					
I	15 (8.6)	6 (6.7)	8(7.7)	9 (5.5)	22 (6.5)
II	3 (1.7)	0	1 (1)	2 (1.2)	5(1.5)
III	4 (2.3)	3 (3.3)	4 (3.8)	3 (1.8)	8 (2.4)
IV	1 (0.6)	0	1 (1)	1 (0.6)	3 (0.9)
V	0	1 (1.1)	0	1 (0.6)	1 (0.3)
Return to OR (%)	2 (1.1)	0	0	0	2 (0.6)
Transfusion (%)	3 (1.7)	0	0	0	3 (0.9)
Readmission (%)	3 (1.7)	2 (2.2)	3 (2.9)	5(3)	7 (2.1)
Median Net Cost Savings (\$)	981,977	507,920	586,929	925,542	1,913,164

- RMB before intervention under the proposed clinical scenarios may result in potential cost saving and complication avoidance and should be strongly considered before surgical intervention in cT1 renal masses