



Observation of T1b renal lesions in MUSIC KIDNEY, a state wide collaborative

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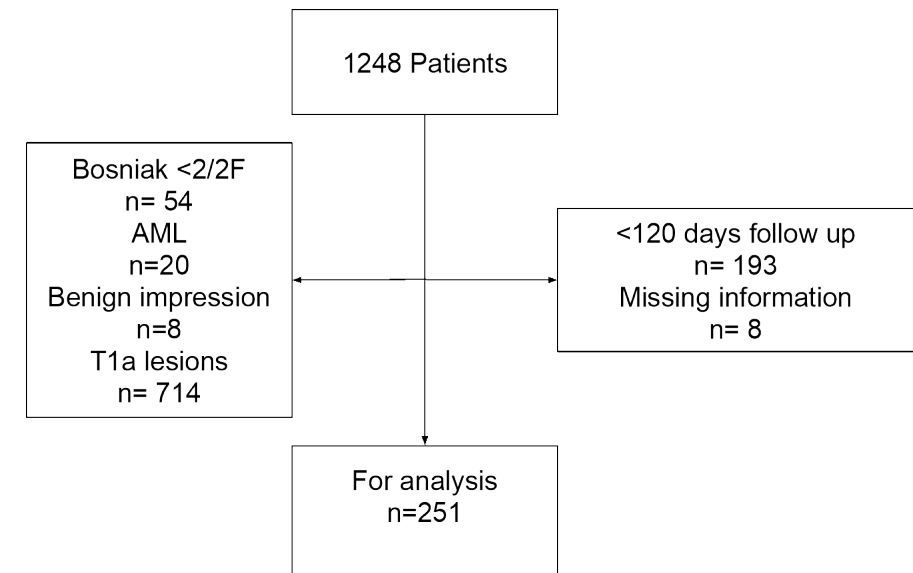
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- The natural history of small renal masses (<4cm, T1a) has been well defined,
 - most recent AUA and ASCO guidelines to include active surveillance as a treatment option for T1a lesions in well-selected individuals.
- Because the risk of metastasis increases with tumor size, the use of AS for larger tumors is controversial.

Objective

- The current utilization of non-interventional approaches for localized masses 4-7 cm in size (T1b) is poorly understood;
- the Michigan Urologic Surgery Improvement Collaborative (MUSIC) allows an opportunity to investigate this further

- MUSIC-KIDNEY (Kidney mass: Identifying and Defining Necessary Evaluation and therapy)
- commenced data collection September 2017 recording clinical, radiographic, pathologic, and short-term follow-up data for cT1RM patients at 13 diverse practices.



Key findings

- 24% underwent Observation.
- Practice variability 0-100% (p=0.05)
- Predictors of observation on multivariable regression
 - **Age** (OR 0.95 (95% CI 0.92-0.98 p=0.001)
 - **bosniak 3/4 cysts** (OR 0.12 (95% CI 0.04—0.38 p<0.001)
 - **indeterminate** lesions (OR 7.9 (95% CI 1.68-37.14 p=0.01)
- Factors **not** associated with observation vs. treatment included practice type (academic vs. community-based), practice location (southeast vs. other parts of MI), insurance type, race, gender, charlson co-morbidity index and renal mass biopsy.

Conclusion

- MUSIC-KIDNEY quality improvement collaborative provides an opportunity to assess the factors that influence management of T1b RM across a range of practice types.
- Observation utilized in almost a ¼ of patients across our statewide collaborative.
- Advanced age (>75 yrs) and lesion type (cystic and indeterminate) are factors associated with initial observation
- Management after the initial decision to perform no treatment (active surveillance, vs. surveillance vs. reassurance) will be a focus of subsequent studies.