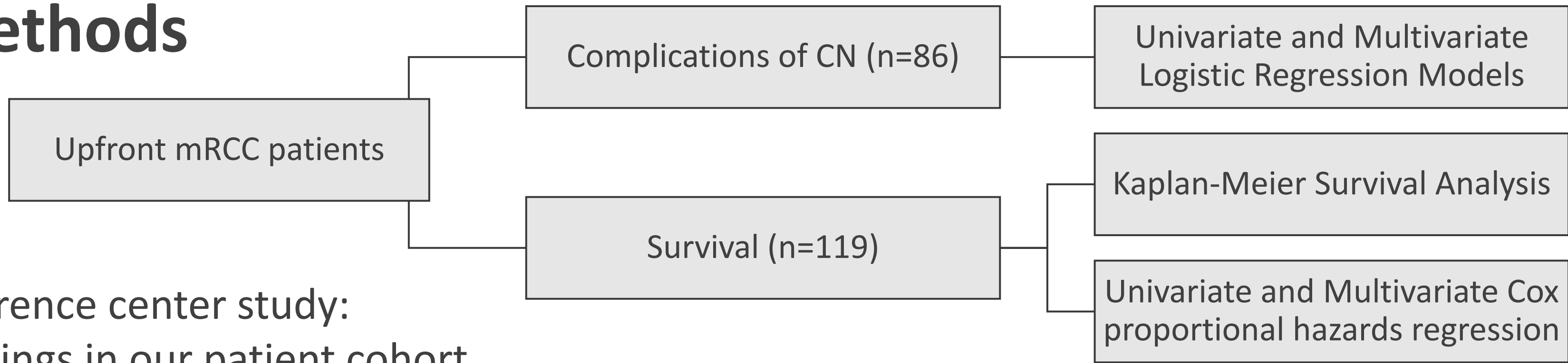


Background and Aim

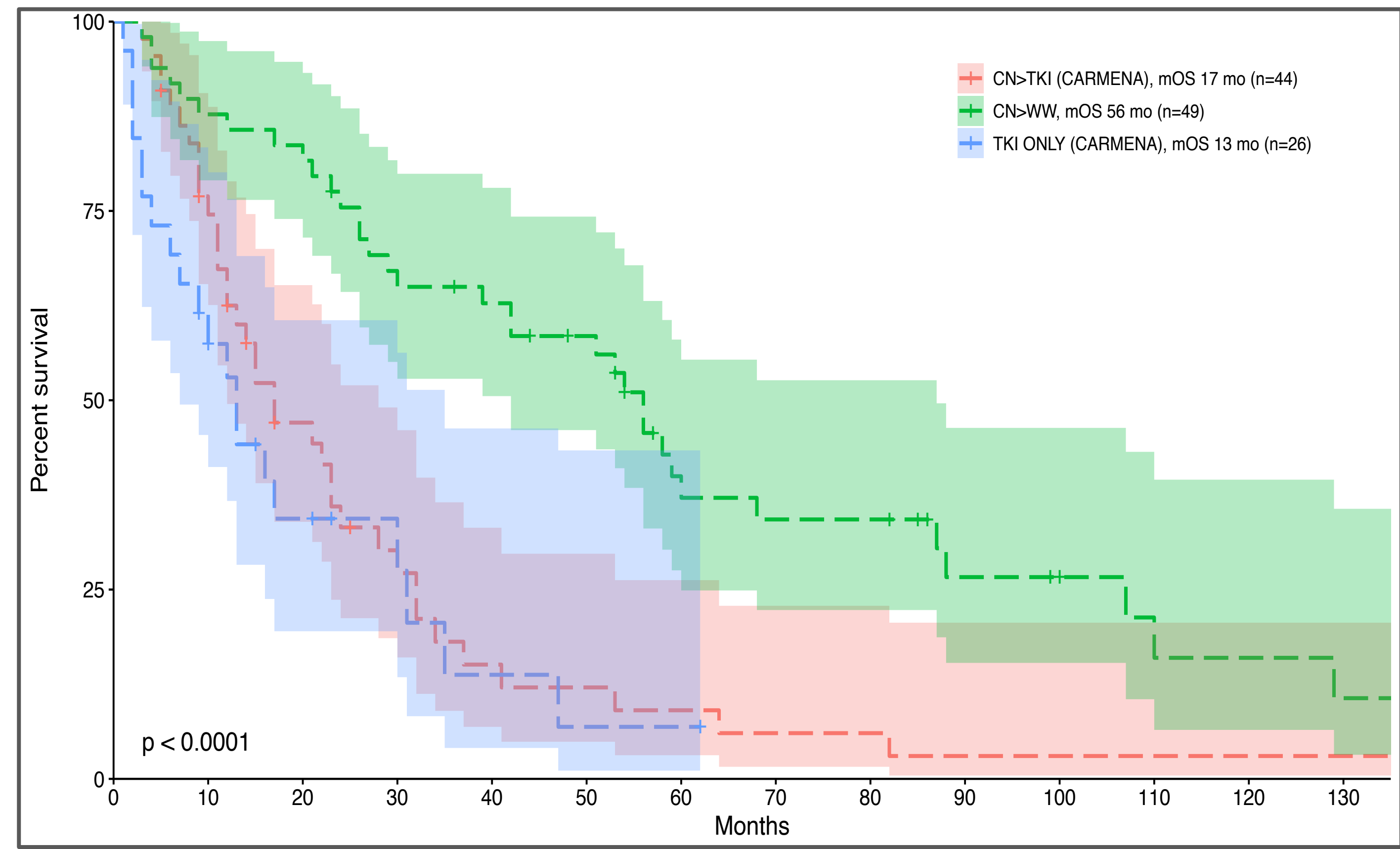
- SETTING: upfront metastatic renal cell carcinoma (mRCC).
- CARMENA trial showed that systemic therapy with the TKI sunitinib is non-inferior to cyto-reductive nephrectomy (CN) followed by sunitinib in intermediate and poor international metastatic renal cell carcinoma database consortium (IMDC) patients who need immediate systemic treatment.
- AIM: Define **patient selection criteria** to select patients who still benefit from CN.

Materials and Methods

- Retrospective single reference center study:
- Validate CARMENA findings in our patient cohort
- Identify patients in whom CN leads to a long systemic therapy free interval.
- Define factors predictive of such a long systemic therapy free interval.



Results: Survival

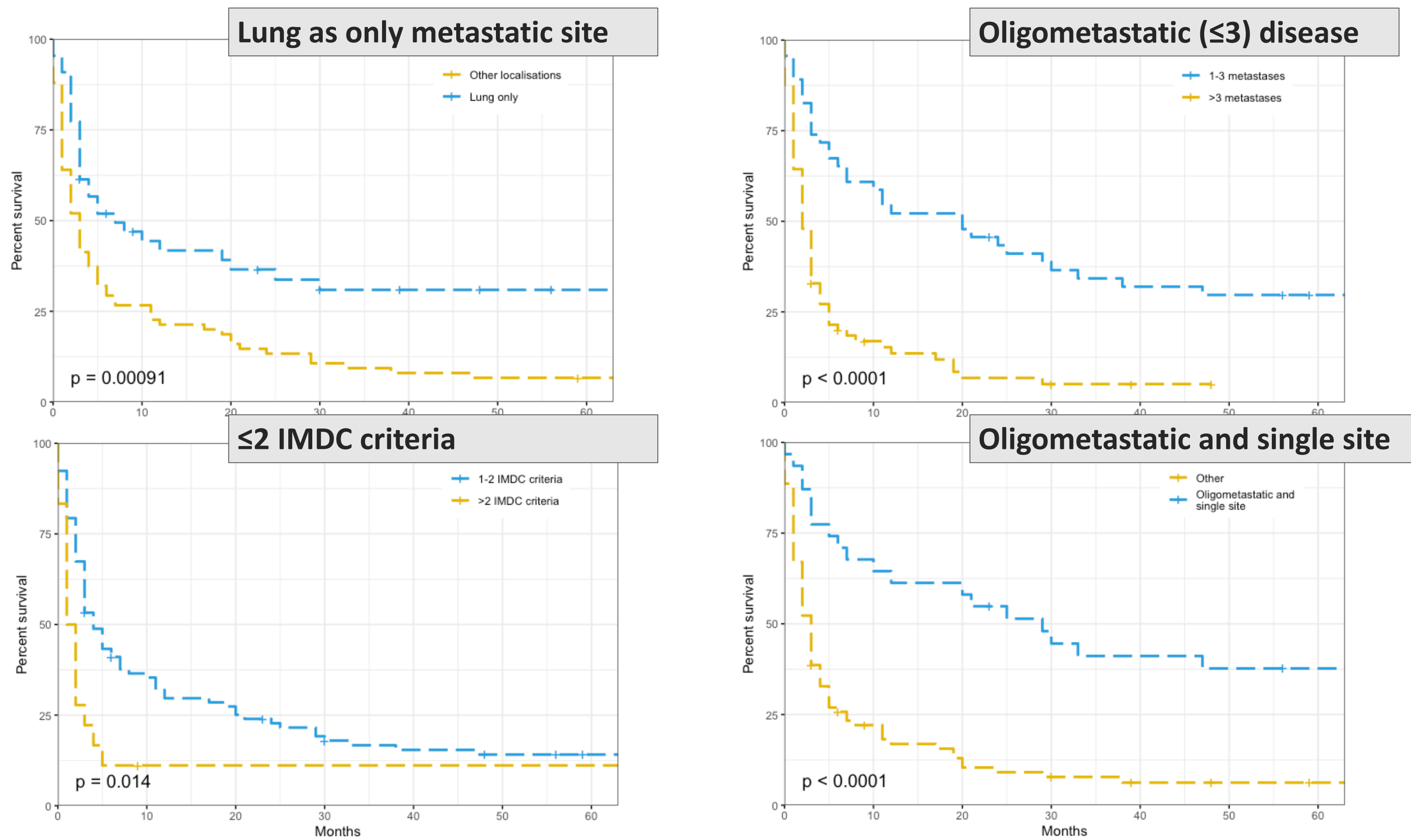


Identification of 3 subgroups with significantly different OS:

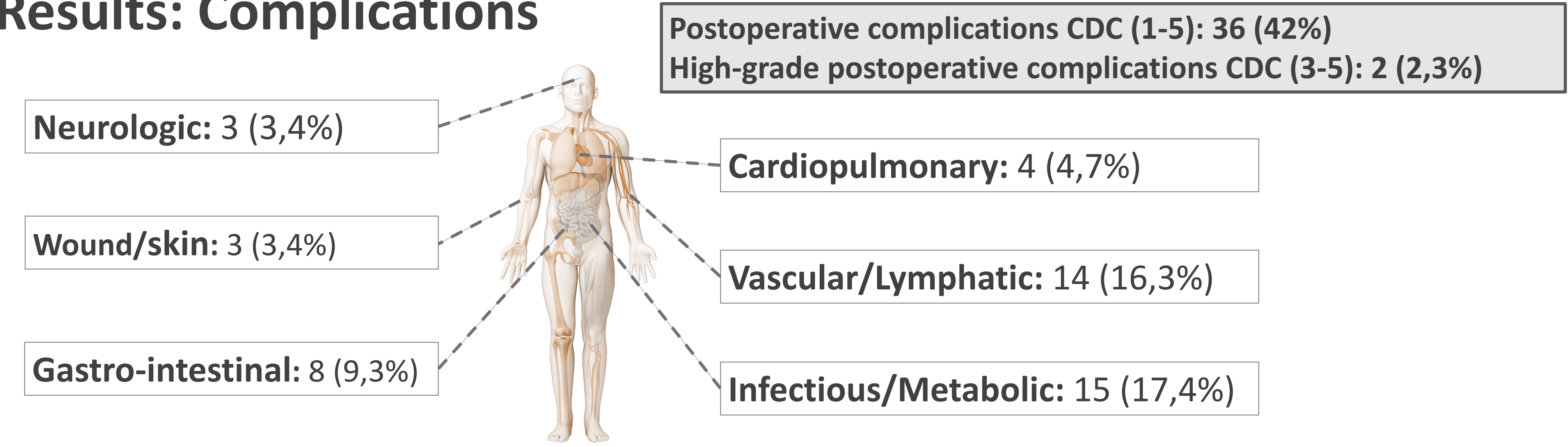
- CN>TKI:** CN followed by immediate start of TKI
- TKI ONLY:** Immediate start of TKI without CN
- CN>WW:** CN followed by long systemic therapy free interval (>6m)

CN>TKI and TKI ONLY arm correspond with the two arms in the CARMENA trial

Time to systemic therapy: Factors associated with a long systemic therapy free interval post CN



Results: Complications



Postoperative complications (CDC 1-5)

Univariate Logistic Regression

EBL (quantiles)	OR 1,7	(1,15-2,51)	p=0,008
Clinical N-stage	OR 1,65	(1,03-2,65)	p=0,04
Leibovich score	OR 1,29	(1,01-1,65)	p=0,04

Multivariate Logistic Regression

EBL (quantiles)	OR 1,54	(1,02-2,32)	p=0,04
Clinical N-stage	OR 1,39	(0,82-2,36)	p=0,22
Leibovich score	OR 1,13	(0,86-1,5)	p=0,38

High-grade postoperative complications (CDC 3-5)

Univariate Logistic Regression

Pre-operative CRP	OR 1,01	(1-1,03)	p=0,04
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Conclusions

There is a subgroup of patients who experience a long systemic therapy free interval after CN and have a better OS than the patients included in the CARMENA trial.

- Oligometastatic (≤3) disease
- Lung only metastases
- Few (≤2) IMDC criteria

High-grade morbidity is fairly low in a tertiary reference center

- EBL is a marker of complex surgery and is predictive for postoperative complications.
- Preoperative CRP could be predictive for high grade postoperative complications in inflammatory tumors.