INTRODUCTION

Over the past several years, a major international study collaboration has occurred among centers of excellence caring for kidney cancer termed the Latin American Renal Cancer Group (LARGC).

OBJECTIVE

The aim of the present study is to assess the impact of clinical and pathologic variables on cancer specific survival (CSS) and overall survival (OS).

METHODS

Analysis of data from 28 centers from 8 countries, revealed 4,060 patients with renal cell carcinoma (RCC) who underwent nephrectomy from 1990 to 2015, 530 of which (14.5%) had metastasis at clinical presentation. These are the focus of the present study. Median follow-up was six months (0-162). Of 452 patients with survival data, 203 died (44.6%), 184 (40.6%) of RCC.

RESULTS

The median age of patients with metastatic RCC (mRCC) was 61 (23-71) years, 68% of patients were male and 32% female (2:1 ratio). The organs most frequently affected with metastasis were lungs (45.3%), bone (21.5%), lymph nodes (10.6%), liver (8.7%), and brain (4%) and brain (2.2%).

On univariate analysis, there were associations between symptoms at presentation (p<0.0001), Hemoglobin <11 (p=0.001 and p=0.002), ASA 3 classification (p=0.005 and p=0.007, respectively), and pathologic variables on cancer specific survival (CSS) and presence of ECOG-PS ≥ 1 (p<0.0001), Hemoglobin <11 (p=0.001 and p=0.002), ASA 3 classification (p=0.005 and p=0.007, respectively), pN1 (p=0.001 and p<0.0001), Fuhrman grade (p=0.001 and p=0.004), tobacco (p=0.001 and p=0.002), and pT4 (p=0.001 and p=0.001) were independent predictors of CSS.

On multivariate analysis, the independent prognostic variables included time (p<0.0001), ECOG-PS ≥ 1 (p=0.001 and p<0.0001), Hemoglobin <11 (p=0.001 and p=0.002), ASA 3 classification (p=0.005 and p=0.007, respectively), pN1 (p=0.001 and p<0.0001), Fuhrman grade (p=0.005 and 0.016, respectively), perirenal fat invasion (p=0.001 for bone vs pulmonary metastasis (p=0.017 and p=0.024), systemic therapy (p=0.001 and p=0.002, respectively), and number of involved organs by CSS (p=0.001 and p=0.002, respectively).

CONCLUSIONS

This study presents the impact of clinical and pathologic variables on survival in mRCC in Latin America was possible thanks to the collaborative work done by the LARGC. The present of two or more sites of metastasis and the presence of periferal fat invasion within the primary tumor predict shorter OS and CSS. ASA Classification was an independent predictor of OS.

Outcomes in over 4,000 Patients with Renal Cell Carcinoma from the Latin American Renal Cancer Group (LARGC) A FOCUS ON METASTATIC DISEASE

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