

5-year renal function outcomes after SABR for primary renal cell carcinoma: A report from the International Radiosurgery Oncology Consortium of the Kidney (IROCK)

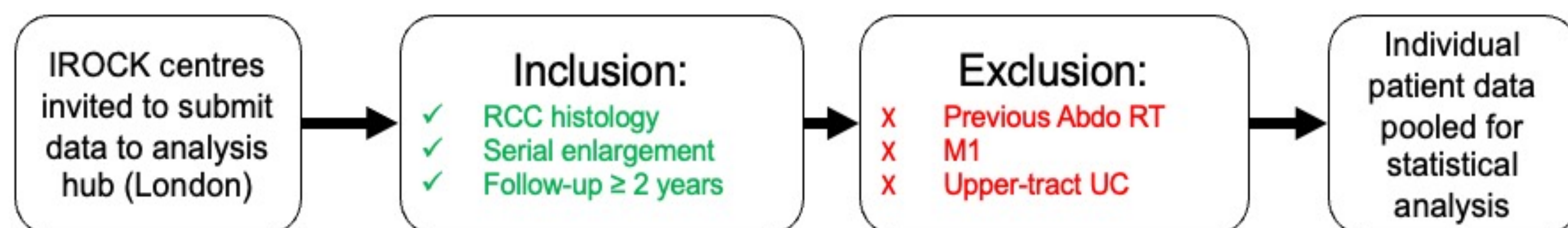
Vivian S. Tan, Alexander V. Louie, Andrew Warner, Muhammad Ali, Alexander Muacevic, Lee Ponsky, Rodney J. Ellis, Simon S. Lo, Hiroshi Onishi, Anand Swaminath, Young Suk Kwon, Scott C. Morgan, Fabio Cury, Bin S. Teh, Anand Mahadevan, Irving D. Kaplan, William Chu, Raquibul Hannan, Michael Staehler, William Grubb, Shankar Siva, Rohann J. M. Correa

INTRODUCTION

- The incidence of renal cell carcinoma (RCC) continues to increase particularly in older adults
- Patients with prior radical nephrectomy are at risk for metachronous contralateral renal tumors, new/progressive CKD, ESRD and renal relevant comorbidities
- OBJECTIVE:** To compare long-term renal function outcomes following SABR in the solitary vs bilateral kidneys

METHODS

- Multi-institutional analysis of 12 international centers of individual-patient data



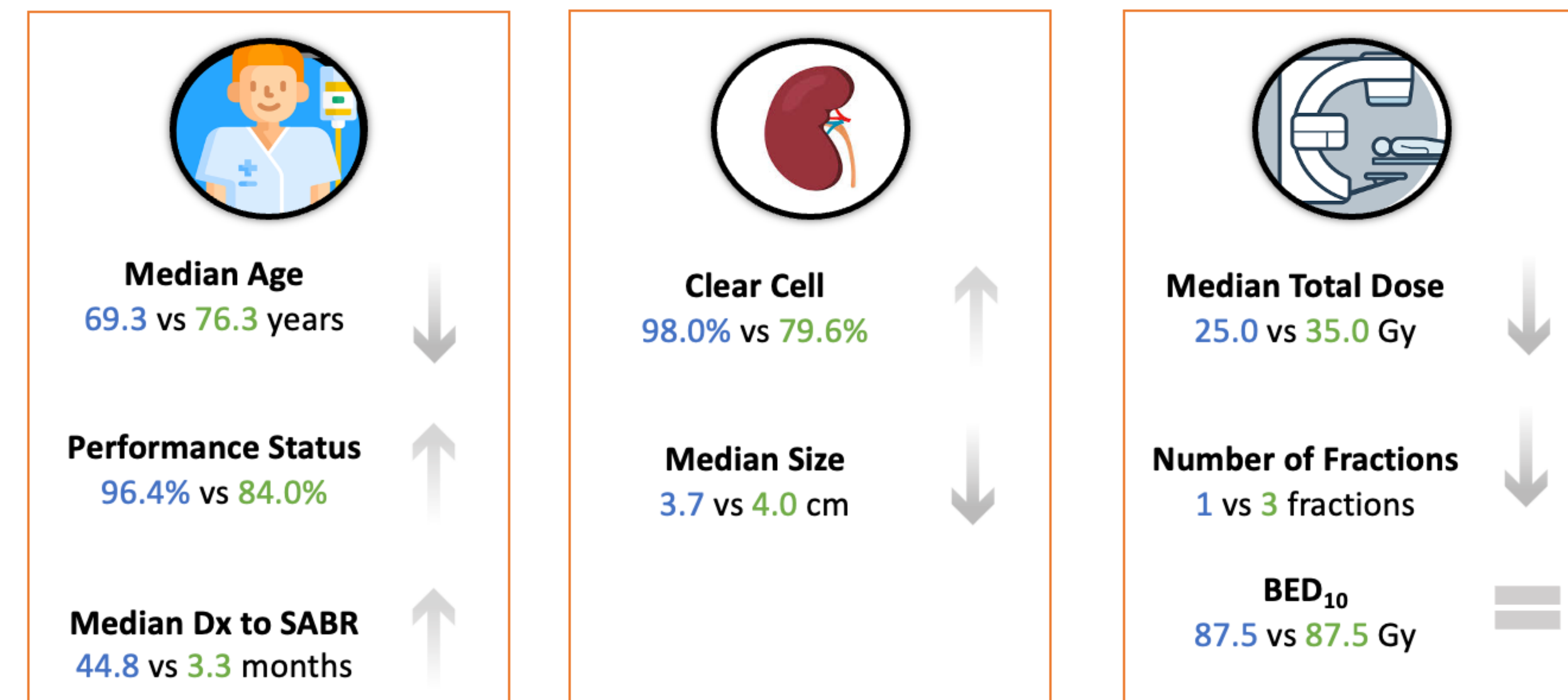
n = 190
Median Follow-Up 5.0 years (IQR 3.4-6.8)

VS

n = 56 **n = 134**

RESULTS

Baseline Characteristics



Solitary Kidney vs Bilateral Kidneys
Other baseline characteristics were not significantly different

Baseline eGFR (mean +/- SD)



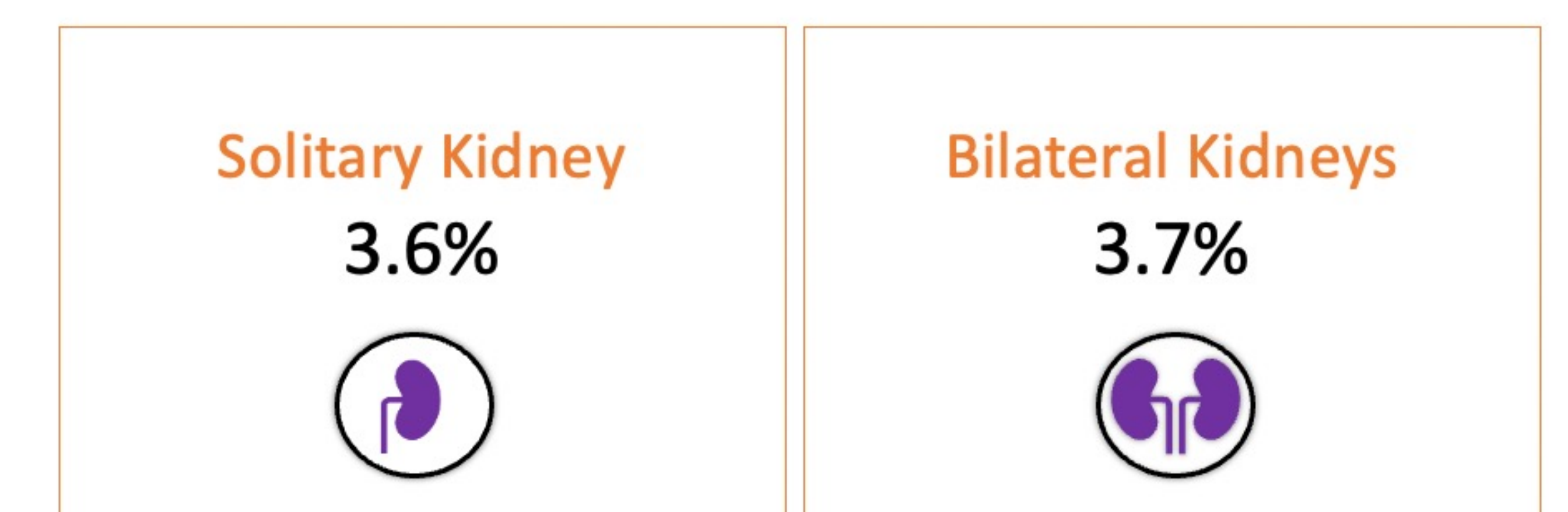
p=0.324

eGFR Change at 5 yr (mean +/- SD)

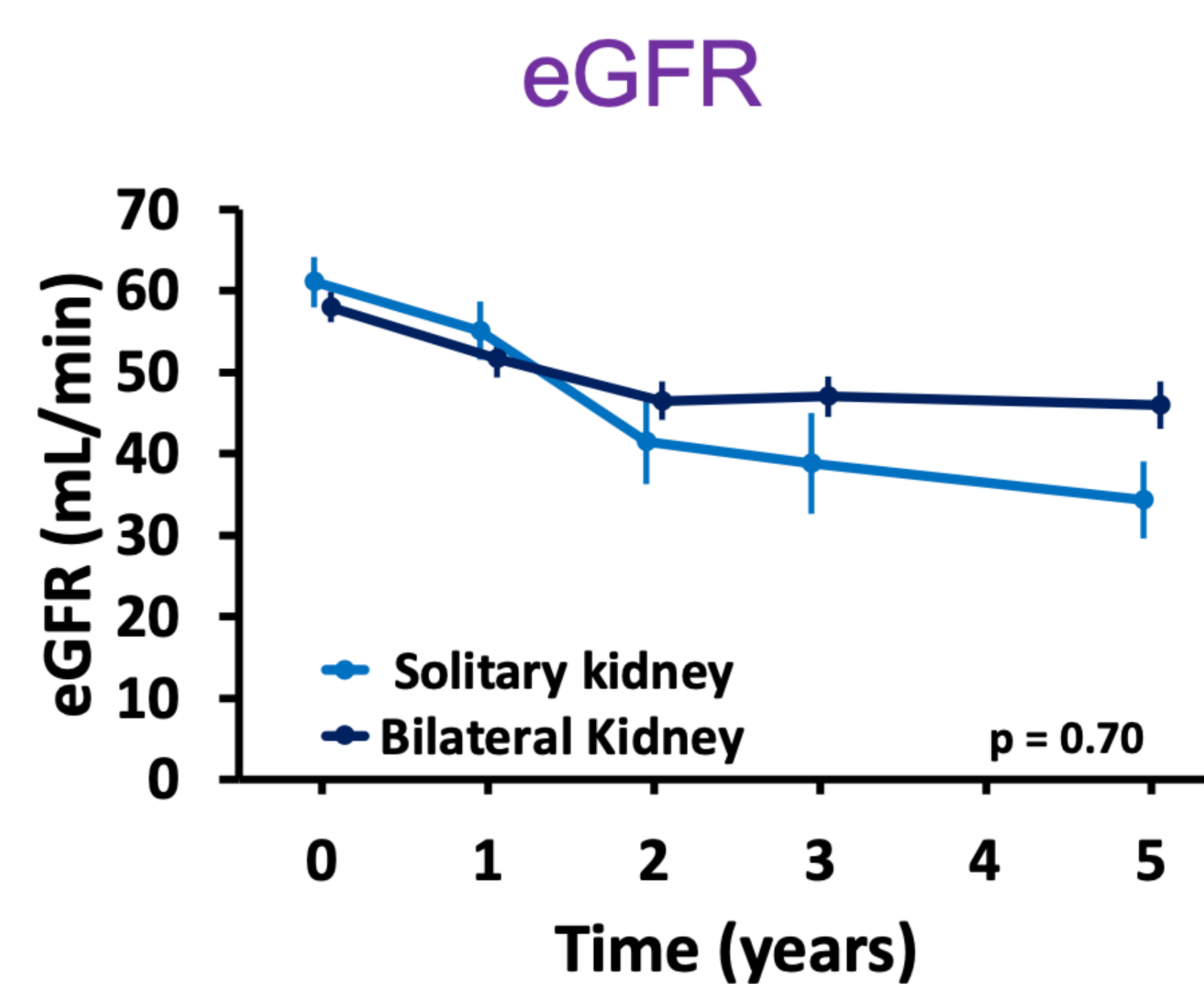


p=0.665

Dialysis



p > 0.99



Multivariable Logistic Model

eGFR Decline
(≥ 15 mL/min at 1-year)

Tumor Size
(OR 1.57; 95% CI:1.14-2.16)
p = 0.006

Baseline eGFR
(OR 1.30; 95% CI 1.02-1.66)
p = 0.034

Solitary vs Bilateral
(OR 1.22; 95% CI 0.45-3.34)
p = 0.693

CONCLUSIONS

- SABR appears safe and effective in patients with a solitary kidney
- Long-term renal function decline is moderate with a low rate of dialysis

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