Vigilância ativa em pequenas massas renais

Prof. Dr. Thomé Pinheiro

ONCO CARE Pesquisa Clínica & Educação Continuada

SALVO SUPORTE AVANÇADO PELA QUALIDADE DE VIDA EM ONCOLOGIA

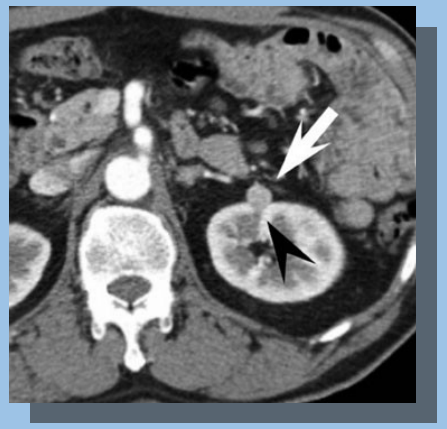
Ferramentas em Cancerologia

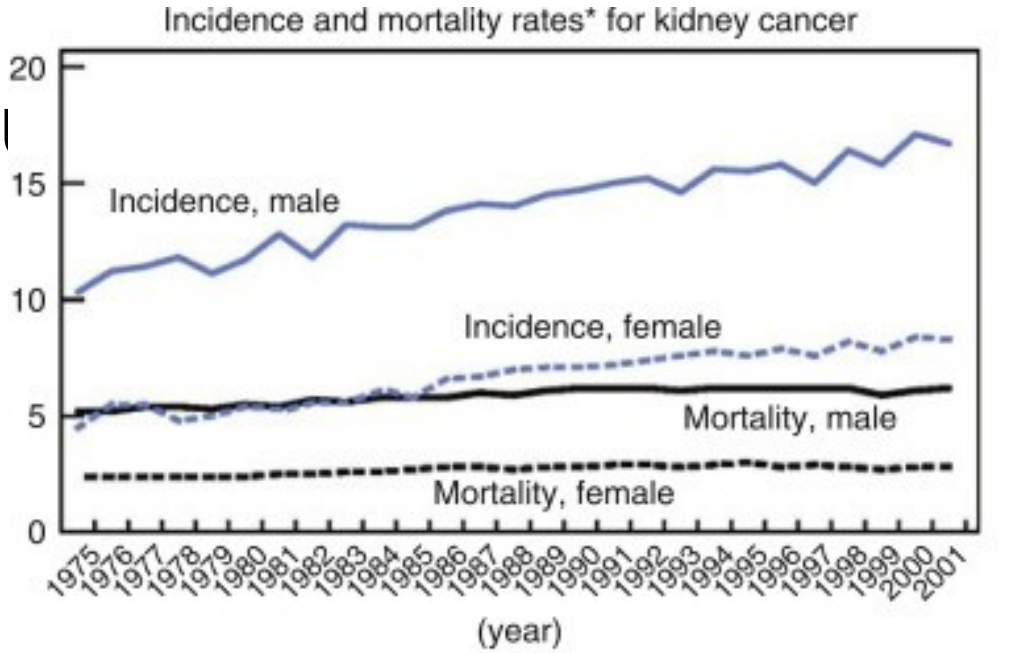
Vigilância ativa em pequenas massas renais

INTRODUÇÃO

63.900 novos casos -E

Lesões incidentais





*Rates are 100 000 and are age adjusted to the 2000 US standard population.

Source: SEER Cancer Statistics Review, 1975–2001 (NCI 2004); access at http//seer.cancer.gov; Renal Cell Cancer (PDQ®): Screening-Health Professionals, access at http://www.cancer.gov.

Vigilância ativa em pequenas massas renais

Questionamentos

RCC T1a e Vigilância ativa

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Vigilância ativa em pequenas massas renais

Marco teórico

- Baixo Potencial de metástase
- Risco de overtreatment .
- Alta mortalidade não relacionada ao câncer na

Table 2. Risk of Metastatic Renal Cell Carcinoma (RCC) and Benign Lesion Based on Tumor Size

Tumor Size	Benign Pathology	Metastatic (M1) RCC
< 1 cm	35%–45%	< 1%
1–2 cm	20%–25%	< 1%
2–3 cm	15%–20%	< 1%
3–4 cm	15%–20%	2%
4–5 cm	10%	2%–3%
5–6 cm	10%	5%–10%
6–7 cm	5%	5%–10%
≥ 7 cm	5%	15%–20%

Adapted from Thompson et al. J Urol. 2009.[76]

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European Association of Urology

Platinum Priority – Kidney Cancer

Editorial by Mohit Gupta, Hiten D. Patel and Phillip M. Pierorazio on pp. 165–166 of this issue

Active Surveillance for Localized Renal Masses: Tumor Growth, Delayed Intervention Rates, and >5-yr Clinical Outcomes

Andrew G. McIntosh [a,b,], Benjamin T. Ristau [b,c], Karen Ruth [b], Rachel Jennings [d], Eric Ross [b], Marc C. Smaldone [b], David Y.T. Chen [b], Rosalia Viterbo [b], Richard E. Greenberg [b], Alexander Kutikov [b], Robert G. Uzzo [b]*

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Análise Retrospectiva de um banco de dados prospectivo:

457 pacientes
544 lesões
- 85% sólidas
- 15% císticas

2000 a 2016
Objetivos:
- Crescimento tumoral
- Necessidade de intervenção
- Seguimento clínico:
  - Sobrevida global (OS)
  - Mortalidade Câncer (CSM) especifica
  - Metástases

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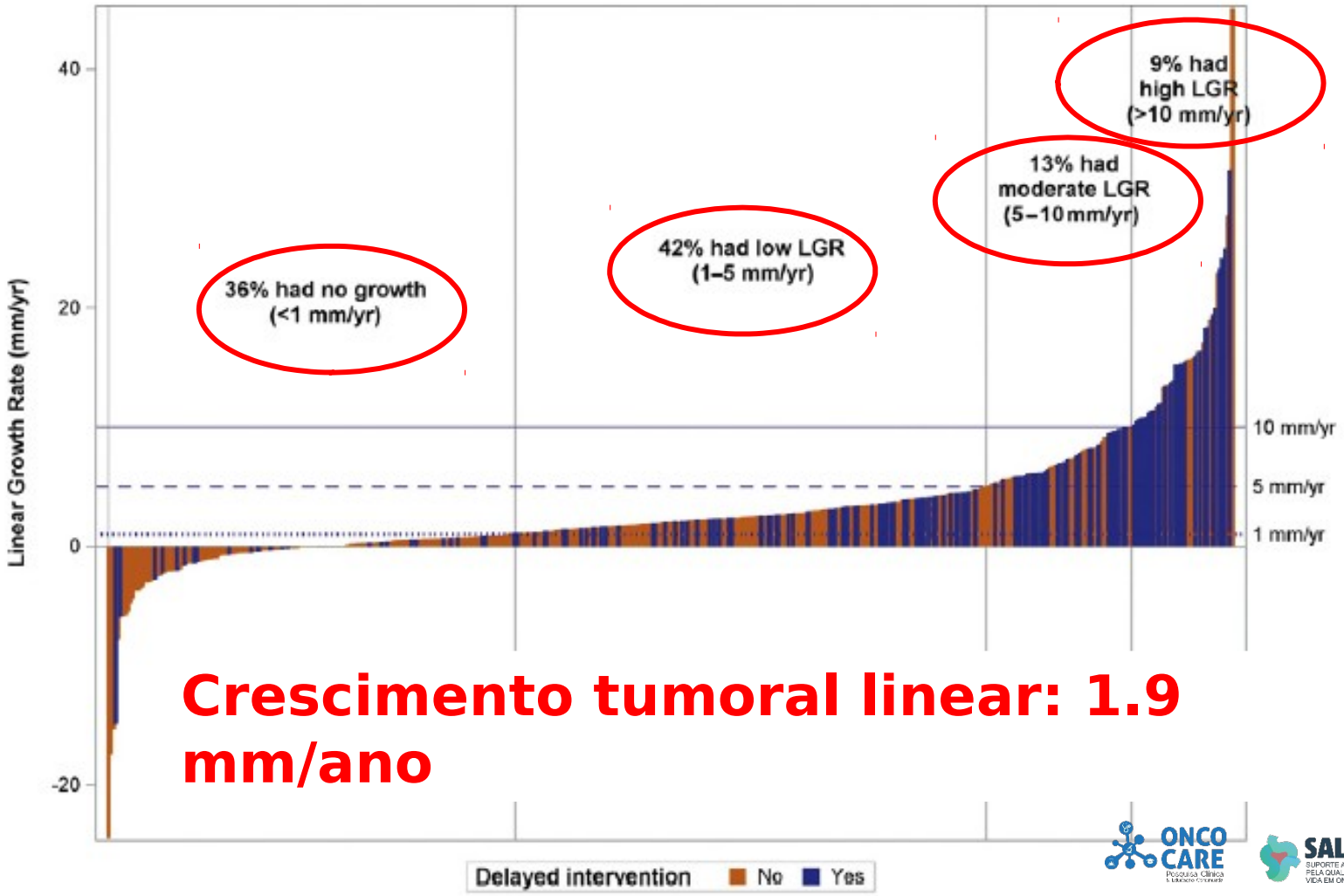

Crescimento tumoral linear: 1.9 mm/ano

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Probabilidade de Intervenção posterior x tipo de lesão

Necessidade de intervenção semelhante entre as lesões sólidas e císticas

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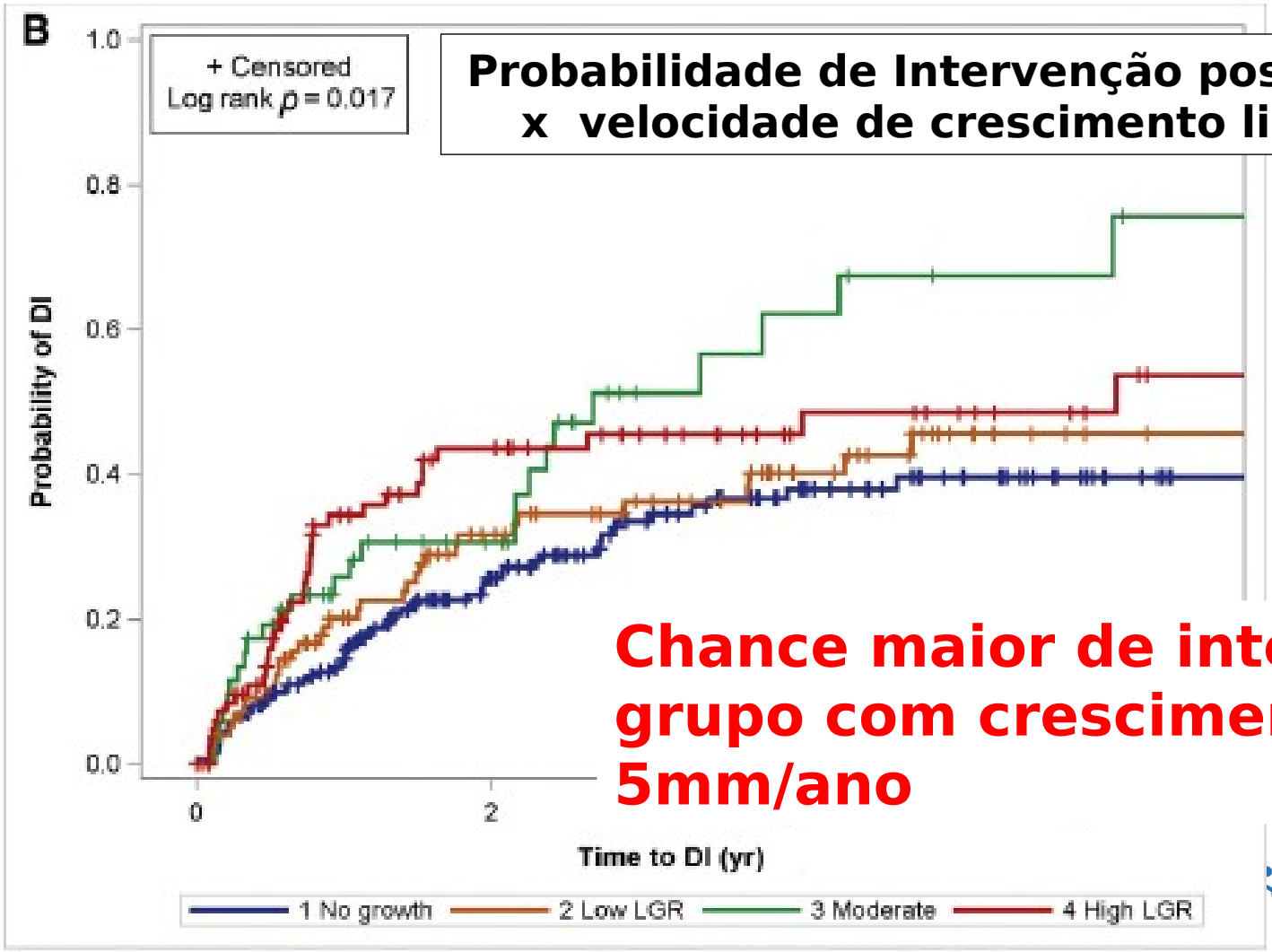

Probabilidade de Intervenção posterior x velocidade de crescimento linear

Chance maior de intervenção no grupo com crescimento > 5mm/ano

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Seguimento clínico

Sobrevida global estimada em 5 anos: 89%

Mortalidade Global : 73 (15.9%) pacientes em 16 anos

Risco de mortalidade semelhante entre os pacientes submetidos a intervenção e vigilância ativa HR: 0,87. 95% CI 0,52-1.45. $p = 0,6$

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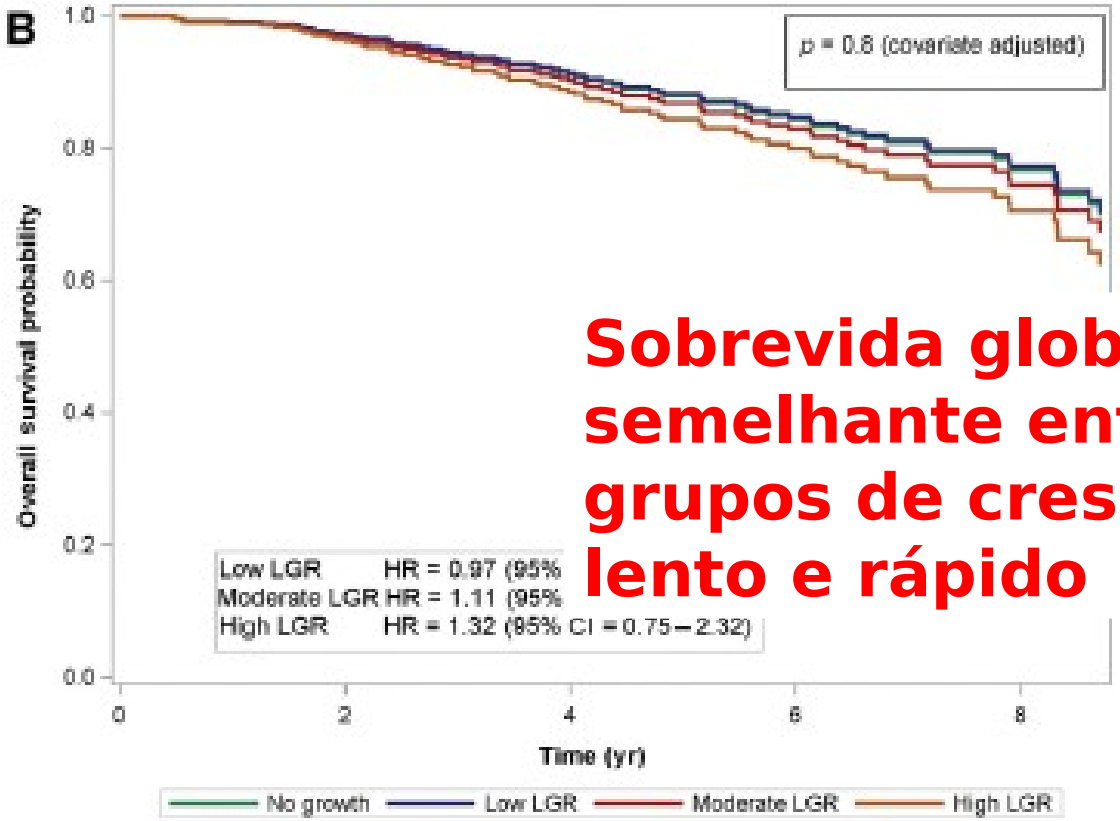

Sobrevida global semelhante entre os grupos de crescimento lento e rápido

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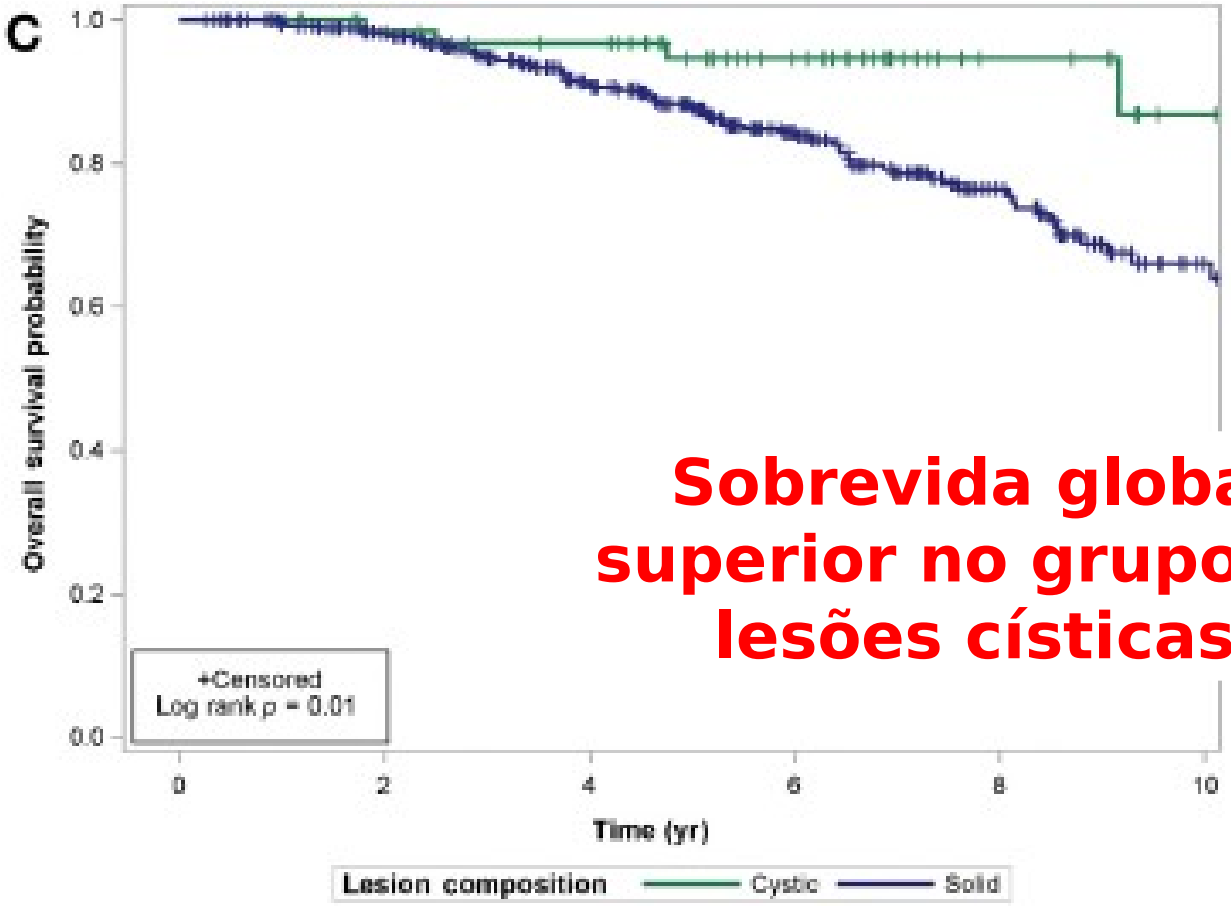

Sobrevida global superior no grupo de lesões císticas

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Seguimento clínico

Metástase: 8 (1,7%) pacientes (Tamanho mediano: 2,2cm, crescimento linear mediano 7.2mm/ano)

- 5 após intervenção
- 2 antes da intervenção
- 1 não realizou intervenção

5 morreram em decorrência do RCC
68 mortes não relacionadas ao RCC

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Urologic Oncology: Seminars and Original Investigations 37 (2019) 18–25

UROLOGIC ONCOLOGY

Clinical-Kidney cancer

Use of delayed intervention for small renal masses initially managed with active surveillance

Mohit Gupta, M.D.[a,*], Ridwan Alam, M.D., M.P.H.[a], Hiten D Patel, M.D., M.P.H.[a], Alice Semerjian, M.D.[a], Michael A. Gorin, M.D.[a], Michael H. Johnson, M.D.[a], Peter Chang, M.D.[b], Andrew A. Wagner, M.D.[b], James M. McKiernan, M.D.[c], Mohamad E. Allaf, M.D.[a], Phillip M. Pierorazio, M.D.[a]

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DISSRM REGISTRY

Delayed intervention and surveillance for small masses

Estudo prospectivo
Multicêntrico
Vigilância ativa em Tu < 4cm

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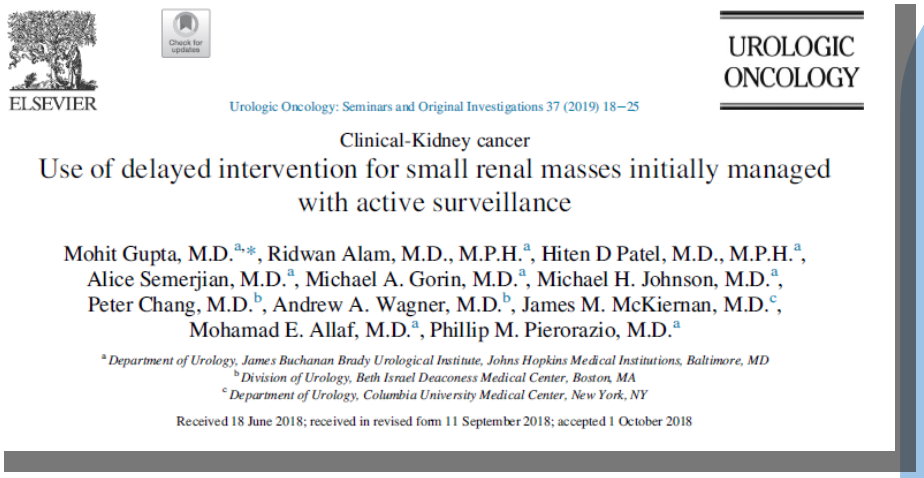

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DISSRM

Delayed intervention and surveillance for small masses

Protocolo:

Imagem 6/6 meses por 2 anos, depois 1x/ano .

Indicação de Intervenção:

Crescimento> 5mm/ano
Tamanho ultrapassar 4.0cm
Escolha do paciente

A cada visita era discutido os riscos e beneficios de manter a **vigilância**, **intervenção** e **biópsia percutânea**.

Vigilância ativa em pequenas massas renais

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DISSRM
Delayed intervention and surveillance for small masses
RESULTADOS

Crossover: 12,4%

Table 1
Demographic and clinical characteristics of study cohorts

	Total	Active surveillance	Delayed intervention	*P* value
N	371	325 (87.6%)	46 (12.4%)	
Age (y)	71.0 (63.1–78.0)	71.3 (63.1–78.2)	69.3 (63.5–74.9)	0.17
Gender				0.38
Female	163 (43.9%)	140 (43.1%)	23 (50%)	
Male	208 (56.1%)	185 (56.9%)	23 (50%)	

DISSRM
Delayed intervention and surveillance for small masses

Table 2
Tumor characteristics of renal masses on active surveillance vs. delayed intervention

	All patients ($n = 371$)	Active surveillance ($n = 325$)	Delayed intervention ($n = 46$)	P value
Median initial tumor diameter (cm)	1.8 (1.3–2.5)	1.7 (1.3–2.4)	1.95 (1.4–2.6)	0.32
Overall growth rate (cm/y)				
Mean growth rate (cm ± SD)	0.18 ± 1.39	0.12 ± 1.43	0.56 ± 1.07	0.06
Median growth rate (cm)	0.09	0.05	0.38	< 0.001
IQR	−0.05–0.34	−0.0–0.30	0.018–0.73	
Range	−9.70–16.86	−9.70–6.86	−2.44–2.20	
Median follow-up (mo)	23.6 (9.0–43.4)	22.3 (7.9–37.2)	43.2 (23.3–62.0)	< 0.001
Number of patients with GR > 0.5 cm/y	50 (13.8%)	35 (10.8%)	15 (32.7%)	< 0.001
Local progression > cT1a while on AS	18 (5.9%)	14 (4.6%)	4 (8.9%)	0.22
Percutaneous renal biopsy	52 (14.0%)	37 (11.4%)	15 (32.7%)	0.04
Biopsy histology				
Oncocytoma/oncocytic cells	21 (40.4%)	19 (51.4%)	2 (13.3%)	
Renal cell carcinoma	25 (48.1%)	12 (32.4%)	13 (86.7%)	
Angiomyolipoma	1 (1.9%)	1 (2.7%)	0 (0.0%)	
Benign, other	3 (5.8%)	3 (8.1%)	0 (0.0%)	
Nondiagnostic	2 (3.8%)	2 (5.4%)	0 (0.0%)	
Pathological tumor characteristics (surgical DI only)				
Histology				
Renal cell carcinoma			29 (78.4%)	
Clear cell			20 (54.1%)	
Papillary			7 (18.9%)	
Chromophobe			2 (5.4%)	
Oncocytoma			3 (8.1%)	
Angiomyolipoma		4 (10.8%)		
Benign cyst		1 (2.7%)		
Fuhrman grade				
1–2			23 (79.3%)	
3			6 (20.7%)	
4			0 (0.0%)	
Pathologic stage				
pT1a			31 (83.8%)	
pT1b			4 (10.8%)	
pT3a			2 (5.4%)	
Median tumor diameter (cm) on pathology			2.5 (1.8–3.4)	
Disease recurrence after DI			0 (0.0%)	

DI = delayed intervention; GR = growth rate; IQR = interquartile range; SD = standard deviation.

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DISSRM

Delayed intervention and surveillance for small masses

Table 3
Indications and modalities of treatment pursued by patients electing delayed intervention

	Delayed intervention ($n = 46$)
Indications for delayed intervention	
GR > 0.5 cm/y or stage progression	23 (50.0%)
GR > 0.5 cm/y	19 (41.3%)
Stage progression	4 (8.7%)
Patient preference or anxiety, GR < 0.5 cm	22 (47.8%)
Qualification for renal transplantation	1 (2.2%)
Median time on AS prior to delayed interve…	12.0 (5.5–23.6)
Intervention modality	
Partial nephrectomy	32 (69.6%)
MIS	28 (60.1%)
Open	4 (8.7%)
Radical nephrectomy	5 (10.9%)
MIS	5 (10.9%)
Open	0 (0.0%)
Cryoablation, percutaneous	9 (19.6%)

AS = active surveillance; GR = growth rate; MIS = minimally invasive surgery.

50% indicações clínicas

NSS: 89,1%
Nefrectomia Radical: 10,9%

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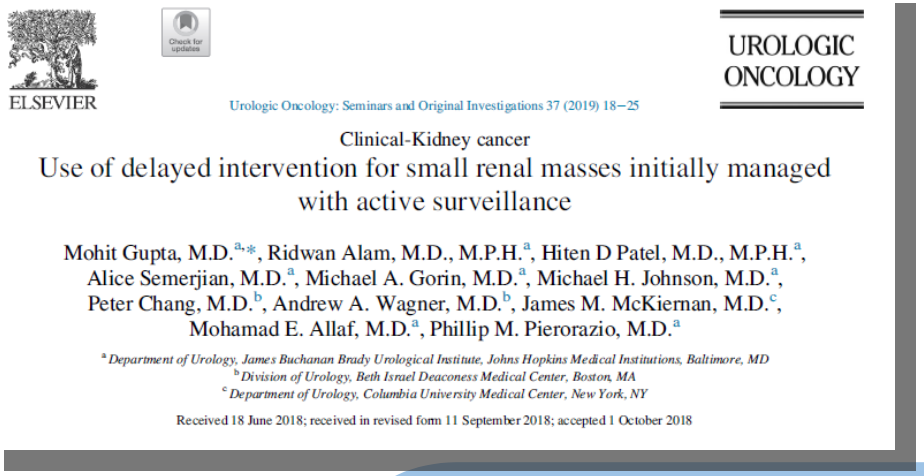

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DISSRM
Delayed intervention and surveillance for small masses

RESULTADOS CLINICOS:

- 10 % dos pacientes da vigilância ativa tiveram mortes não relacionada ao câncer.
- Mortalidade Câncer específica: 0%
- Não houve metástases em ambos os grupos

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Comparative effectiveness of management options for patients with small renal masses: a prospective cohort study

Ridwan Alam*, Hiten D. Patel*, Tijani Osumah*, Arnav Srivastava*, Michael A. Gorin*, Michael H. Johnson*, Bruce J. Trock*, Peter Chang†, Andrew A. Wagner†, James M. McKiernan‡, Mohamad E. Allaf* and Phillip M. Pierorazio*

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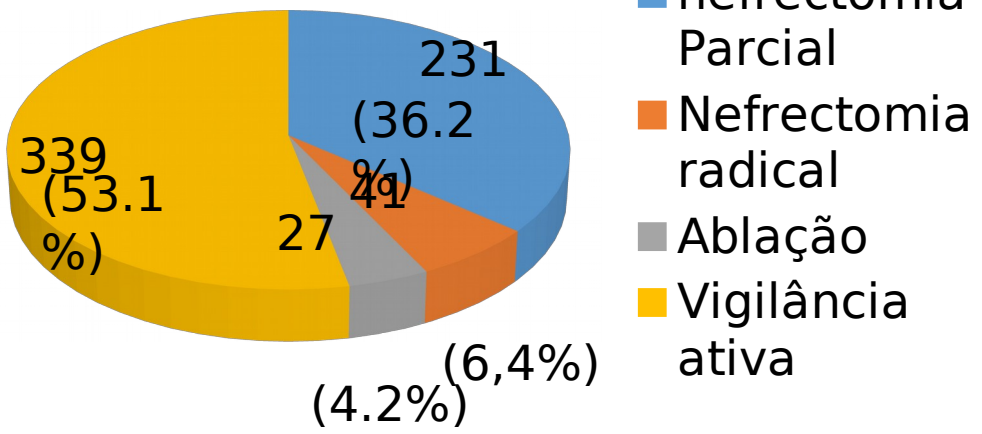
638 pacientes com Tu< 4cm do DISSRM registry.

- Sobrevida câncer específica
- Sobrevida global
- Função renal
- Qualidade de Vida



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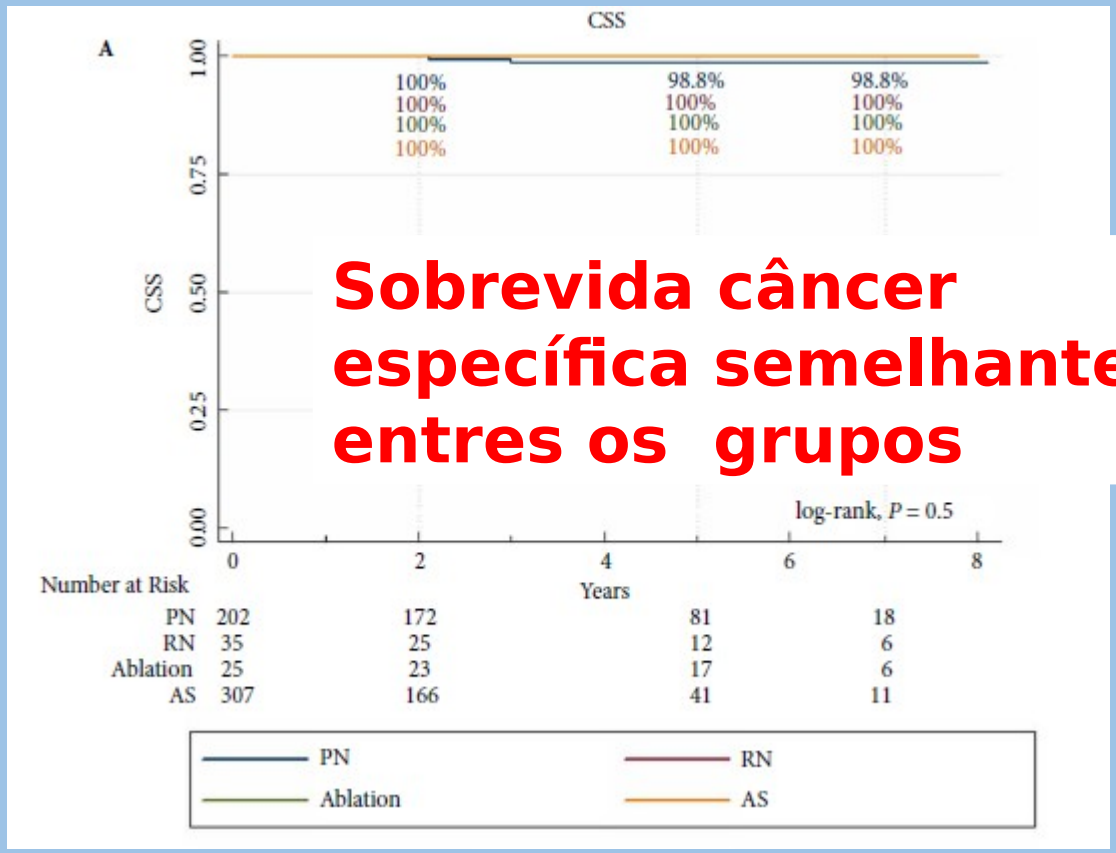

Sobrevida câncer específica semelhante entres os grupos

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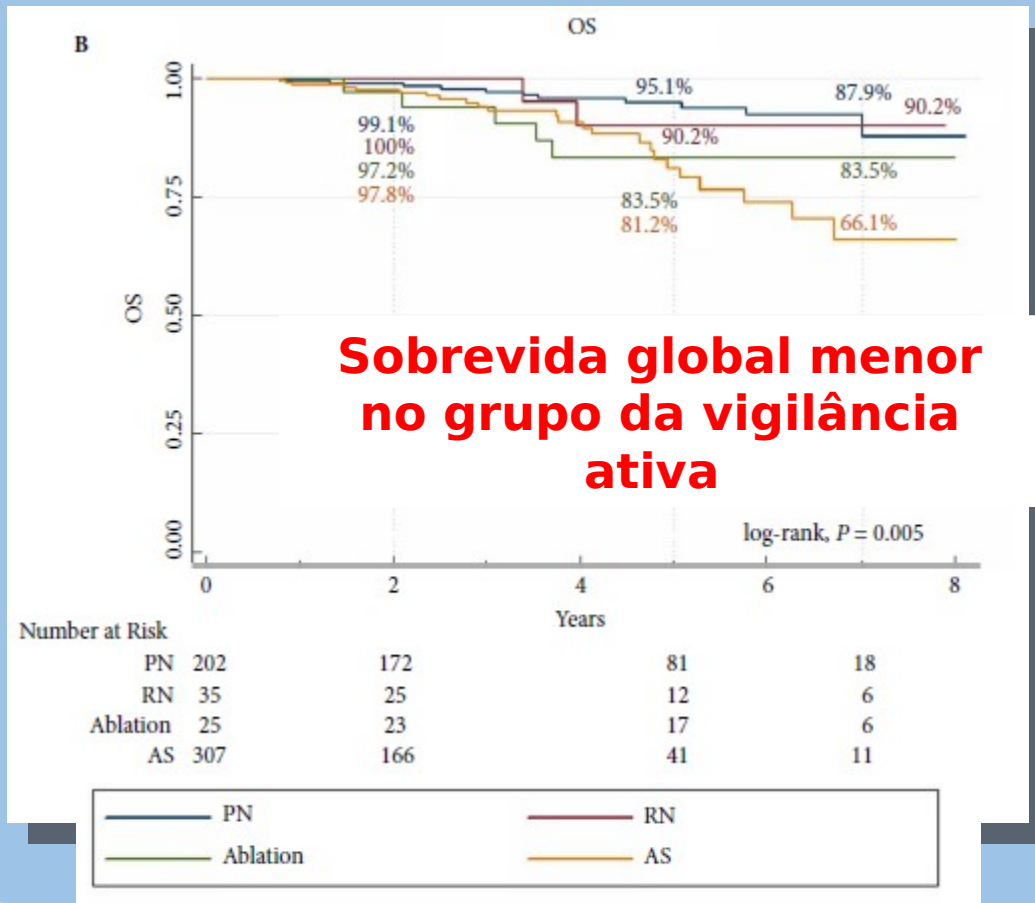

Sobrevida global menor no grupo da vigilância ativa

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Ridwan Alam*, Hiten D. Patel*, Tijani Osumah*, Arnav Srivastava*, Michael A. Gorin*, Michael H. Johnson*, Bruce J. Trock*, Peter Chang†, Andrew A. Wagner†, James M. McKiernan‡, Mohamad E. Allaf* and Phillip M. Pierorazio*

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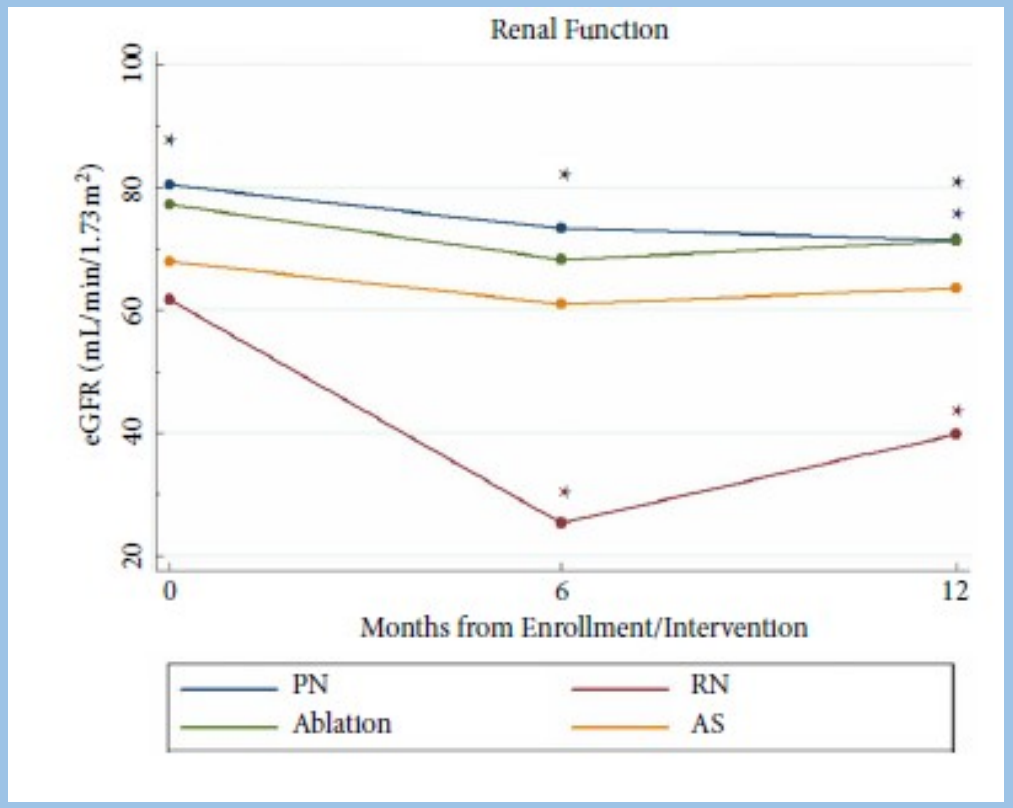

Perda de função renal maior no grupos submetido a nefrectomia radical

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Ferramentas em Cancerologia

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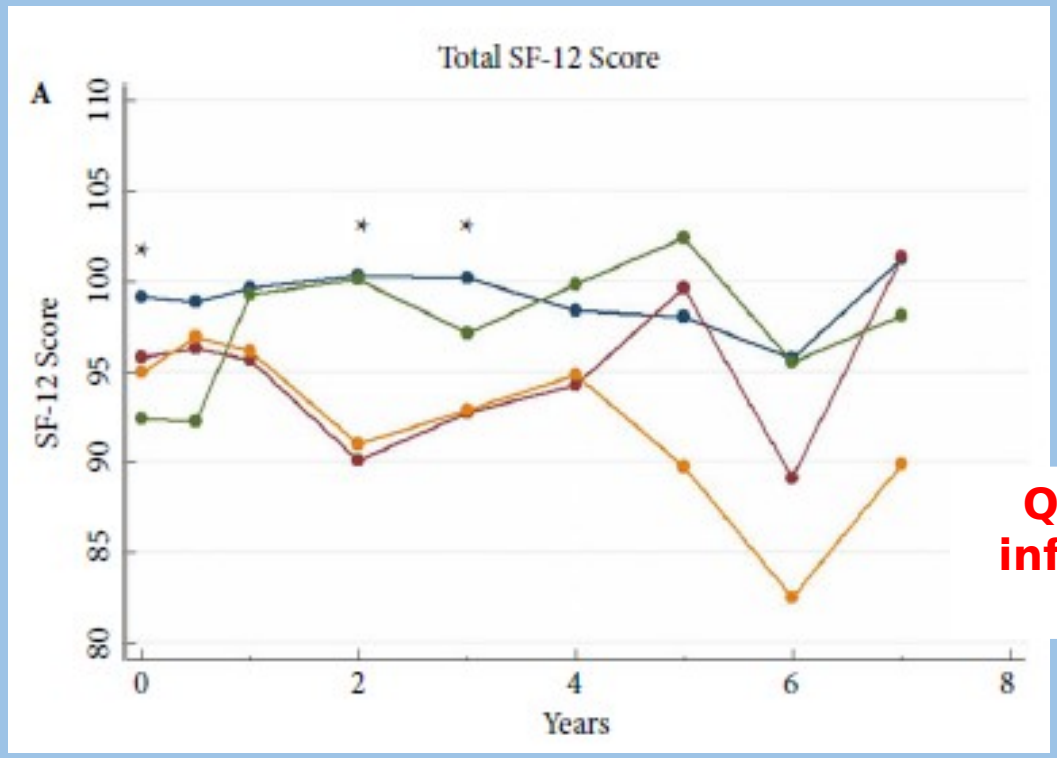

Qualidade de vida inferior no grupo da vigilância ativa

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Conclusão:

A vigilância ativa em pequenas massas renais é uma abordagem segura para um grupo selecionado de pacientes.