

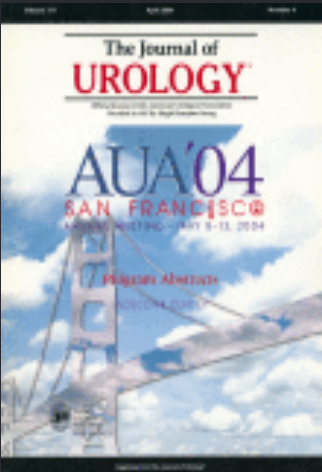


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1751: Percutaneous Renal Tumor Cryoablation: Results in the First 90 Patients

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W. Bruce Shingleton and Patrick E. Sewell

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LONG-TERM THERAPEUTIC EFFICACY OF INTERLEUKIN-2- AND INTERFERON-ALPHA2A-BASED IMMUNOCHEMOTHERAPY IN ADVANCED RENAL CELL CANCER :COMPARISON OF THREE PROSPECTIVE RANDOMIZED OUTPATIENT TREATMENT REGIMENS Sigmund A Pomer*, Markus Hohenfellner, Heidelberg, Germany; Hartmut Kirchner, Hannover, Germany; Jens Atzpodien, Bonn, Germany

INTRODUCTION AND OBJECTIVE: Promising results were reported with the use of recombinant cytokines in combination with chemotherapy when compared with conventional therapy regimens in metastatic renal cell cancer (mRCC).We conducted a prospectively randomized clinical trial to compare the efficacy of three therapy regimens in 341 patients with progressive metastatic renal cell carcinoma: (A) subcutaneous Interferon- α 2a (sc-rINF- α 2a), subcutaneous interleukin-2 (sc-rIL-2), intravenous 5-fluorouracil (iv-5-FU) (n=132), (B) sc-INF- α 2a, sc-rIL-2, iv-5-FU, peroral 13-cis-retinoic acid (po-13cRA) (n=146), and (C) sc-rINF- α 2a, iv-vinblastine (n=63).

METHODS: Patients were stratified according to known clinical predictors and were subsequently randomized. Treatment courses consisted of (A) sc-rINF- α 2a (5 x 106 IU/m2, day 1, weeks 1 +4; days 1, 3, 5, weeks 2+3; 10 x 106 IU/m2, days 1, 3, 5, weeks5-8), sc-rIL-2 (10 x 106 IU/m2, twice daily days 3 -5, weeks 1 +4; 5x106 IU/m2, days 1, 3, 5, weeks 2+3) and iv-5-FU (1000 mg/m2 bolus, day 1, weeks 5-8); (B) treatment Arm A combined with po-13 cRA (20mg 3x daily over 8 weeks); (C) sc-rINF- α 2a (5 x 106 IU/m2, day 1, 3, 5, week1; 5 x 106 IU/m2, days 1, 3, 5, weeks 2-8) and iv-vinblastine (6mg/m2, day1, weeks 2, 5 and 8).

RESULTS: Treatment Arms A (sc-rINF- α 2a/sc-rIL-2/iv-5-FU), B (sc-rINF- α 2a/sc-rIL-2/iv-5FU/po-13cRA), and C (sc-rINF- α 2a/ iv-vinblastine) yielded objective response rates of 31 %, 26% and 20%, respectively. Arm B, but not Arm A, showed a significantly improved progression-free survival when compared against Arm C (p=0.0248). Both Arm A (median survival 25 months, p=0.0440) and Arm B (median survival 27 months; p=0.0227) led to a significantly improved overall survival when compared against Arm C therapy (median sur-vival 16 months). All three sc-rINF- α 2a based therapies were moderately or well tolerated.

CONCLUSIONS: Our results demonstrate the safety and improved long term therapeutic efficacy of sc-rIL-2 plus sc-rINF- α 2a based outpatient immuno-chemotherapies in comparison to sc-INF- α 2a /iv-vinblastine. They also show that addition of 13cRA does not substantially contribute to the benefit of the present immunotherapy regimen

Source of Funding: None defined

1750
PROGNOSTIC IMPACT OF CHROMOSOMAL ALTERATIONS IN RENAL CELL CARCINOMA FOLLOWING SURGICAL RESECTION John S Lam*, Oleg Shvarts, P Nagesh Rao, Xueli Liu, Gang Li, Carlyle Langhorn, Robert A Figlin, Arie S Belldegrun, Allan J Pantuck, Los Angeles, CA

INTRODUCTION AND OBJECTIVE: Advances in the understanding of renal cell carcinoma (RCC) genetics have led to the recognition of genetically distinct types of tumors. While RCC subtypes can be defined by distinct chromosomal alterations, the prognostic implications of these and other alterations are currently unknown. The desire to improve the current anatomic staging system has led to development of more comprehensive staging systems that include other patient and tumor related variables. The objective of this study was to evaluate the prognostic impact of cytogenetic findings in RCC.

METHODS: Cytogenetic analysis was prospectively performed on 145 consecutive specimens from patients treated by nephrectomy for RCC. Cytogenetic alterations were correlated with response to treatment, clinical factors, pathologic features, and survival. Clinical and pathologic variables included: age, sex, race, ECOG performance status, side of tumor; TNM stage, grade; histologic subtype, multifocality, necrosis, collecting system involvement, margin status; nodal status; and presence of distant metastases. Data were compared using standard statistical methods.

RESULTS: Chromosomal alterations in 3p were the most prevalent and were associated with clear cell subtype, negative nodal status, absence of metastases, and longer survival. Papillary cell subtype was associated with alterations in chromosome 7, 12, and 17. Alterations in chromosome 9p were associated with higher tumor grade, positive nodal status, and greater risk of tumor recurrence. Alterations in chromosome 7q were associated with higher T stage. Alterations in chromosome 12 were associated with higher T stage and metastatic disease. Alterations in chromosome 14 were associated with metastatic disease and chromosome 22 with positive nodal status.

CONCLUSIONS: The degree of cytogenetic complexity and patterns of distinct cytogenetic abnormalities affect the prognosis of RCC. The identification of unique chromosomal alterations associated with distinct clinical behaviors may enhance the understanding of the genetics of RCC and help to identify individual genes impacting the basic biology of RCC. Utilization of cytogenetic findings as a

characterization of these chromosomal aberrations may allow for the design of new and effective therapeutic strategies.

Source of Funding: None

1751
PERCUTANEOUS RENAL TUMOR CRYOABLATION: RESULTS IN THE FIRST 90 PATIENTS W Bruce Shingleton*, Louisville, KY; Patrick E Sewell, Jackson, MS

INTRODUCTION AND OBJECTIVE: Percutaneous cryoablation is a new minimally invasive treatment for the treatment of small renal tumors. We report our results in the first 90 patients treated with this procedure over the past four years.

METHODS: Patients with < 5.0 cm solid enhancing renal masses were eligible for treatment. Image guidance utilized MRI except two patients who required CT image guidance. A pressurized argon gas cryosystem was used for the cryoablation. Patients were seen in follow-up with imaging studies performed at 1, 3, and every 6 months thereafter.

RESULTS: A total of 77 males and 13 females constitute the study population. Mean age was 66 years. The mean tumor diameter was 3.0 cm. A total of 111 tumors were treated including 4 patients with 2 tumors and 21 patients with solitary kidneys. Average treatment time was 79 minutes. Overall 92% of the patients had successful tumor ablation at a median follow-up of 30 months. There were nine complications, 1 major (perinephric hemorrhage) and 8 minor (1 UTI, 1 wound infection, 5 flank paresthesia, 1 respiratory difficulty) which all resolved.

CONCLUSIONS: Percutaneous cryoablation of renal tumors is a minimally invasive surgery with low morbidity and high success rate. While continued follow-up is necessary to ensure durability of these results, at the present time this procedure has a high probability of success in the appropriate patient.

Source of Funding: None

1752
PERCUTANEOUS SURGERY FOR UPPER TRACT TRANSITIONAL CELL CARCINOMA: LONG TERM FOLLOW UP Sarb S Sandhu*, Michael J Kellett, David Dearnaley, Christopher R J Woodhouse, London, United Kingdom

INTRODUCTION AND OBJECTIVE: Nephroureterectomy has been regarded as the standard therapy for upper tract transitional cell carcinoma (TCC). However, recent work has shown that upper tract TCC behaves grade for grade and stage for stage in the same manner as TCC in the bladder. It is therefore illogical to remove the kidney for low grade, low stage disease. Renal pelvis TCC is often a disease of the elderly, who would in some cases, become dialysis dependent after radical surgery. We have used percutaneous resection to manage this condition and present our long-term results.

METHODS: Between 1984 and 2002, a total of 44 patients underwent percutaneous renal surgery. If tumour was present, this was resected or cauterized and then local radiotherapy was applied to the tract. Follow up was available on 37 patients, with a mean age = 65 (range 37 to 92) yrs. Of these patients 10 had only a solitary kidney and 3 had bilateral tumours and therefore a total of 40 upper tracts were operated on.

RESULTS: The histology was as follows: benign in 5 pts, G1 pTa in 5 pts, G1 pT1in 2pts, G2 pTa in 12pts, G2 pT1 in 3pts, G3pT1 in 1pt, and G3 pT2in 2pts. Mean follow up of the patients was 4.2years. During this period, 10 patients (31%) had a local recurrence (mean time to recurrence = 2.8 yrs). 5 patients had repeat percutaneous resections; one of these and 3 other patients, including both patients with G3 disease, were managed with nephroureterectomy. Two patients, who would have been rendered dialysis dependent, declined curative nephroureterectomy and had a palliative insertion of a nephrostomy tube. Two other patients (6%) developed systemic metastasis in the absence of local pelvic recurrence. None of the patients had evidence of recurrence along the nephrostomy tract.

CONCLUSIONS: Percutaneous renal surgery in conjunction with local radiation therapy leads to long term recurrence free survival in the majority of patients (62%) and in 83% of cases renal preservation. In 37% of patients in our series, percutaneous surgery prevented unnecessary reliance on renal dialysis.

Source of Funding: None

1753
DIAGNOSTIC ACCURACY OF URETEROSCOPIC BARBOTAGE AND BIOPSY IN UPPER TRACT UROTHELIAL CARCINOMA Ronald S Suh*, Gary J Faerber, J Stuart Wolf, Jr, Ann Arbor, MI

INTRODUCTION AND OBJECTIVE: As the utilization of endoscopic treatment for upper tract urothelial carcinoma (UTUC) increases, appropriate

