

## Key Points



This retrospective cohort study only included **Biopsy Positive** patients in the Survival Analyses



No previous studies have focused on exophytic morphology and survival as the **primary outcome** (others have only looked at clinical efficacy and location<sup>1,2</sup>)



Survival Outcomes were **not significantly different** between the groups based on **location**, suggesting RF Ablation is a good option for completely **endophytic lesions**, which is not necessarily the case for surgery<sup>3</sup>

## Why is this study important?

This study can help you make **better decisions** in the MDT for patients with completely **endophytic lesions**. Other studies have suggested **worse outcomes** after **partial nephrectomy** for endophytic lesions.<sup>3</sup> RF ablation is therefore a particularly **good option** for this patient subset.

## References

1. Wah TM, Irving HC, Gregory W, Cartledge J, Joyce AD, Selby PJ. Radiofrequency ablation (RFA) of renal cell carcinoma (RCC): experience in 200 tumours. BJU Int. 2014 Mar;113(3):416-28.26.
2. Breen DJ, King AJ, Patel N, Lockyer R, Hayes M. Image-guided Cryoablation for Sporadic Renal Cell Carcinoma: Three- and 5-year Outcomes in 220 Patients with Biopsy-proven Renal Cell Carcinoma. Radiology. 2018 Nov;289(2):554-61.
3. Mullerad M, Kastin A, Adusumilli PS, Moskovitz B, Sabo E, Nativ O. Comparison of nephron-sparing surgery in central versus peripheral renal tumors. Urology. 2005 Mar;65(3):467-72.

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# Lesion location does not affect survival in T1a Renal Cell Cancer after Radiofrequency ablation

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## HEADLINE FIGURES

215 PATIENTS

BIOPSY +VE  
110

JULY '10  
- FEB '19

PRIMARY EFFICACY  
97.4%

100% SECONDARY EFFICACY

MEDIAN F/U  
37.0 MONTHS

## Method



Consecutive patients undergoing RF ablation with Boston RF3000 system at a single UK Tertiary centre were prospectively recorded

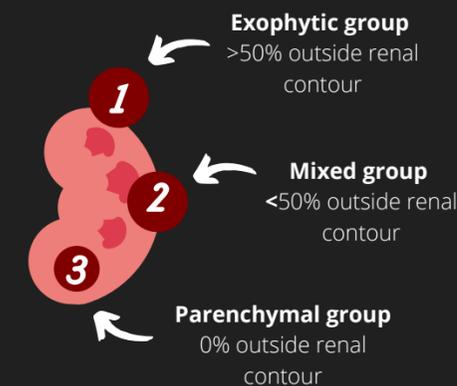


1 month CT scan with repeat ablation performed if residual tumour on imaging  
12 month CT, then at 3, 5 and 10 years



Patients divided into cohorts based on lesion location (see image, groups 1-3)

Stats analysis with Kaplan-Meier to assess for differences in Overall and Progression Free Survival between the cohorts

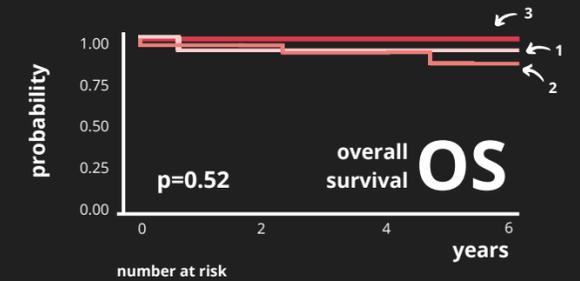


Secondary outcomes included Primary treatment efficacy, Secondary treatment efficacy, and Complications (classified by the Clavien-Dindo system)

## Results

No significant differences in baseline parameters between the cohorts

	1 Exophytic	2 Mixed	3 Parenchymal	Overall
Procedures (n)	108	77	26	211
Sex ratio(M/F)	2.9	1.8	3.3	2.4
Age (years)	71.0	67.0	69.5	70.0
Size	21.0	23.0	22.0	22.0



	1 Exophytic	2 Mixed	3 Parenchymal
54	30	15	2
36	25	13	4
16	12	7	1

Similar outcomes for both Overall Survival and Progression-Free Survival between the cohorts based on location (p=0.52 and p=0.97 respectively)



	1 Exophytic	2 Mixed	3 Parenchymal
55	30	15	2
38	26	14	5
17	13	8	1

## Conclusion



No significant difference in survival outcomes for parenchymal vs exophytic lesions

RF ablation should therefore be considered as a good option in patients with parenchymal lesions