



SİTOREDÜKTİF NEFREKTOMİ

ÜROONKOLOJİ DERNEĞİ

Dr.İbrahim Cüreklibatır

Sitoredüktif Nefrektomi (CN)

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- Primer tümörün T-hücre üzerine negatif etkisini kaldırmak
- Hasta performansının artırılması
- Semptomların azaltılması
- İmmunoterapi ve/veya Hedefe Yönelik Tedavi'den daha fazla yarar sağlama

- Culp ve ark. (2010)
- Retrospektif, 556 CN+TT ve 110 sadece sistemik tedavi (TT)
- 7 bağımsız parametre
 - ▣ Metastazlara bağlı semptomlar
 - ▣ Düşük albümin, yüksek LDH düzeyi
 - ▣ T3/T4 evre hastalık
 - ▣ Karaciğer ve CNS metastazları
 - ▣ Retroperitoneal LAP
 - ▣ >3 risk faktörü sağkalım 9.6 ay
 - ▣ 3 ve altında sağkalım 22.7 ay



Platinum Priority – Kidney Cancer

Editorial by Stephen H. Culp on pp. 711–712 of this issue

Cytoreductive Nephrectomy in Patients with Synchronous Metastases from Renal Cell Carcinoma: Results from the International Metastatic Renal Cell Carcinoma Database Consortium

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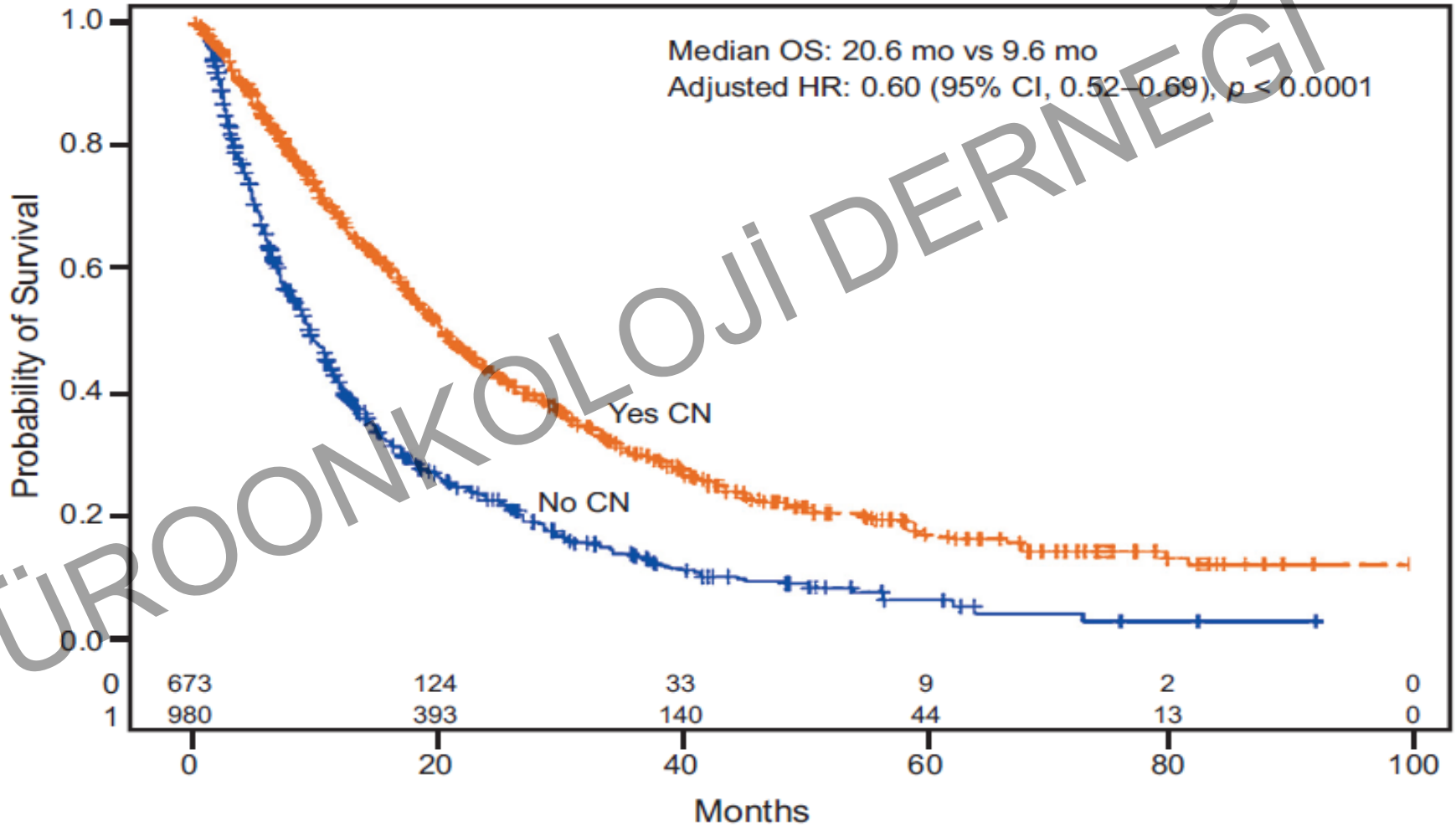
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- 1658 hasta mRCC
 - 982 CN+TT(Targeted therapy)
 - 676 yalnızca TT (Sunitinib, Sorafenib, Axitinib, Bevacizumab, Temsirolimus, Pazopanib, Everolimus)
 - İzlem 39.1 ay (36-41.5 ay)
 - 1137 hasta izlemde exitus

Baseline characteristics	No CN (n = 676), n/n (%)	CN (n = 982), n/n (%)	p value
Age, yr*	59.9 (54.6–70.0)	59.3 (52.7–67.4)	0.740
Gender			
Male	488/676 (72)	721/982 (73)	0.579
Female	188/676 (28)	261/982 (27)	
IMDC prognostic criteria			
Favorable	5/482 (1)	65/686 (9)	<0.001
Intermediate	215/482 (45)	431/686 (63)	
Poor	261/482 (54)	190/686 (28)	
KPS <80	233/558 (42)	158/837 (19)	<0.001
Diagnosis to targeted therapy <1 yr	639/674 (95)	695/980 (71)	<0.001
Serum corrected calcium >ULN	120/601 (20)	76/867 (8.8)	<0.001
Hemoglobin <LLN	446/643 (69)	570/907 (63)	<0.008
Neutrophils >ULN	166/624 (27)	127/881 (14)	<0.001
Platelets >ULN	167/595 (28)	164/803 (20)	0.001
Type of targeted therapy			
Sunitinib	533/675 (79)	654/972 (67)	<0.001
Sorafenib	58/675 (8.6)	194/972 (20)	
Axitinib	3/675 (0.4)	4/972 (0.4)	
Bevacizumab	10/675 (1.5)	42/972 (4.0)	
Temsirolimus	43/675 (6.4)	35/972 (3.6)	
Pazopanib	19/675 (2.8)	27/972 (2.8)	
Everolimus	9/675 (1.0)	9/972 (1.0)	
Other	2/675 (0.3)	7/972 (0.7)	
Non-clear cell pathology	83/533 (16)	113/954 (12)	0.042
Sarcomatoid features	38/442 (8.6)	151/936 (16)	<0.001
Bone metastases	305/638 (48)	359/908 (40)	0.001
Liver metastases	153/614 (25)	151/844 (18)	0.001
Brain metastases	64/608 (11)	72/903 (8)	0.089

CN = cytoreductive nephrectomy; IMDC = International Metastatic Renal Cell Carcinoma Database Consortium; KPS = Karnofsky performance score; LLN = lower limit of normal; ULN = upper limit of normal.

* Data are shown as median (interquartile range).



Trends in the Use of Cytoreductive Nephrectomy in the United States

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Abstract

Cytoreductive nephrectomy had been considered a standard in the treatment of metastatic renal cell carcinoma in the cytokine era, but with the introduction of vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitors (TKIs) an 'evidence void' for this approach has been created. In this study, we found that the use of cytoreductive nephrectomy (CyNx) has declined in the VEGFR TKI era, and in addition, potential racial and socioeconomic disparities exist.

Temporal Trends and Factors Associated With Receipt of Systemic Therapy Among Patients Undergoing Cytoreductive Nephrectomy: An Analysis of the National Cancer Database

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- The Clinical Trial to Assess the Importance of Nephrectomy (**CARMENA**; NCT00930033)
 - Randomize 576 hasta
 - Eylül 2009
 - 2017'da primer sonlanım (genel sağkalım) noktası sonuçlanması beklenmekte
 - CN+Sunitinib vs Sunitinib

- EORTC 30073, The Immediate Surgery or Surgery After Sunitinib Malate in Treating Patients with Metastatic Kidney Cancer (**SURTIME**; NCT01099423)
 - 458 hasta
 - CN sonrası Sunitinib vs Sunitinib sonrası CN

European Association of Urology (EAU)

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Sitoredüktif nefrektomi uygun olarak seçilmiş mRCC hastalarında yapılması önerilir.

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