

Conclusions: The statistic significant survival risk factors in RCC with venous extension were in our study: sarcomatoid feature, Führman grade III, IV, tumoral stage T4, lymph node metastases N+, distant metastases M+ and tumoral stage IV. The adherence and the level of the thrombus were not statistically significant risk factors.

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Management of renal oncocytoma – a single centre experience

I. Sinescu, M.A. Manu*, C. Gingu, R. Varsandan, V. Mitroi, M. Lisa, R. Manu, C. Surcel, R. Lazar, C. Savu, M. Mihai, M. Hortopan. *Fundeni Clinical Institute, Center of Urological Surgery, Dialysis and Renal Transplantation, Bucharest, Romania*

Introduction and Objectives: The positive and differential diagnostic, classification, management and follow-up of renal oncocytoma still represent a subject of controversy. The aim of the study was to present our experience in managing oncocytoma.

Material and Methods: Between June 1997 and January 2009 in our department were operated 72 patients with renal oncocytoma, 49 males and 23 females with an average of 64 years old. Clinical findings were minor, especially lumbar pain, hematuria (18 cases), fever (17 cases), abdominal pain and 39 cases were discovered incidentally. Investigational protocol included: clinical examination, IVP, abdominal ultrasound with Doppler exam, CT and in some selected cases MRI and renal angiography. Prior to surgery, based on preoperative data, the diagnostic of renal oncocytoma was considered in 21 cases.

Results: In our department, therapeutic attitude in RCC is radical trans-peritoneal nephrectomy. This procedure was performed in all cases, as long as the preoperative criteria for diagnose the oncocytoma remains unclear. Fine needle aspiration under CT control and nephron-sparing surgery were not performed. Classification for tumors was as follows: T2 – 37 cases, T3a – 25 cases and T4 – 10 cases. We did not find lymph-nodes invasion or distant metastasis and standard lymphadenectomy was performed in all cases. Pathological examination indicated renal oncocytoma in all cases. Low-grade anaplastic oncocytoma was proved in 56 cases, 5 cases proved a combination of renal oncocytoma and angiomyolipoma and in 11 cases high-grade anaplastic renal oncocytoma were found. Postoperative complications were minor. Follow-up protocol included: clinical examination, ultrasound, CT and/or MRI, and was proceeded at every 6 months in first 2 years and then yearly. No major complications were noticed.

Conclusions: In our center, renal oncocytoma respects the international incidence among renal tumors. Our attitude was radical nephrectomy – in all cases, considering that no preoperative investigation could certify the diagnosis. Evolution after surgery was good for all tumors despite the size, type or invasion. The confirmation of diagnostic was pathological. Short term and long term surviving rate after surgery was 100%.

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The impact of selected surgical approach on postoperative morbidity in the management of advanced renal cell carcinoma (pT3, pT4)

J. Sachová¹*, P. Palascak², M. Urban¹, W. Gomez-Orozco², J.L. Sauvain², N. Nader². ¹Faculty Hospital Královské Vinohrady, 3rd Medical Faculty, Charles University, Dept. of Urology, Prague, Czech Republic; ²C.h.i. Hopital Paul Morel, Dept. of Urology, Vesoul, France

Introduction and Objectives: The aim of our work is a comparison of postoperative morbidity, assessment of the importance of choice of surgical approach – thoracophrenolaparotomy (TFL), lumbotomy (LT) and simple

laparotomy (LP) – with regard to postoperative quality of life of the patients. Renal cell carcinoma (RCC) has worst prognosis among urological cancers – killing urologic malignancy. In recent years it became an object of extreme interest due to the increasing incidence and also introduction of target therapy. We are also highlighting the new aspects of the disease obtained from compilation of information from recent clinical trials.

Material and Methods: Study included a total of 160 patients, who undergone surgical treatment in our departments during the years 2000–2008 for advanced RCC (pT3, pT4). Patients were divided into 3 groups. Each patient included in the study filled out questionnaires: 1. regarding the evaluation of postoperative pain (pain assessment using a standardized questionnaire and visual analog scale) – pain in the first postoperative day, pain on the day of discharge from hospital and 30th postoperative day, 2. concerning the beginning of normal daily activities, 3. related to resumption to work. Furthermore, we evaluated postoperative complications and duration of hospitalization.

Results: Patients were divided into 3 groups – 30 TFL, 30 LT and 100 patients LP. 70% men, mean age 68.5 years. The results concerning postoperative morbidity – postoperative complications, pain – in the group TFL, LT resp. LP showed no statistically significant difference. We have not experienced serious complications. The average length of hospitalization in the different groups of patients: 7.3 of TFL, LT 8 days, 6.9 on LP. Most of the patients return to work after 12 weeks.

Conclusions: Even if postoperative morbidity appears to be higher after TFL than after LT or LP for larger pleural and diaphragmatic opening, this presumption has not been confirmed in our study. If TFL is indicated (especially in large upper pole tumors, extension to the adrenal gland) it is more comfortable, because of the optimum exposure to operational field to the surgeon – allowing for faster performance with less blood loss.

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Characteristics of dendritic cells and regulatory T-lymphocytes in the blood and tumor tissue in patients with renal cell carcinoma

I. Minárik¹*, J. Lašt'ovička², V. Budínský², I. Kawaciuk¹, J. Bartůňková². ¹Charles University 2nd Faculty of Medicine and University Hospital Motol, Urology, Prague, Czech Republic; ²Charles University 2nd Faculty of Medicine and University Hospital Motol, Immunology, Prague, Czech Republic

Introduction and Objectives: Determine ratio of myeloid and plasmacytoid dendritic cells (DC) in patient blood, compare expression of CD83 and costimulatory molecules CD80 and CD86 by DCs in tumor and blood, and determine the fraction of regulatory T-lymphocytes

Material and Methods: We defined percentage of myeloid and plasmacytoid DCs in the whole blood of 26 patients using flow cytometer (FACS Aria). In order to distinguish DC populations we stained blood with CD45, HLA-DR, BD lineage, CD11c and CD123. After isolation of peripheral blood mononuclear cells or tumor infiltrating cells on Ficoll-Paque we determined the expression of CD83, CD80 and CD86 on myeloid DCs using flow cytometer. Regulatory T-lymphocytes were detected as the cell population expressing CD4, CD25, FoxP3.

Results: Myeloid DCs comprise 0.29% and plasmacytoid DCs 0.14% of peripheral blood leukocytes. Expression of maturation marker CD83 and costimulatory molecule CD86 is significantly higher in tumors (CD83 – blood 9.565%, tumor 24.85% p=0.015, CD86 – blood 3.7%, tumor 11.59% p=0.015). Expression of CD80 is higher in tumors (1% × 0.31%), however, this difference is not significant (p=0.14). Regulatory T-lymphocytes represent 5.8% of blood leukocytes, but their number rises to 14% in tumors (p=0.0002).