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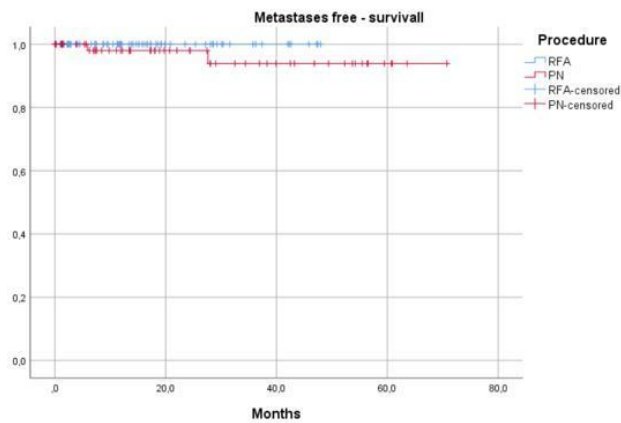
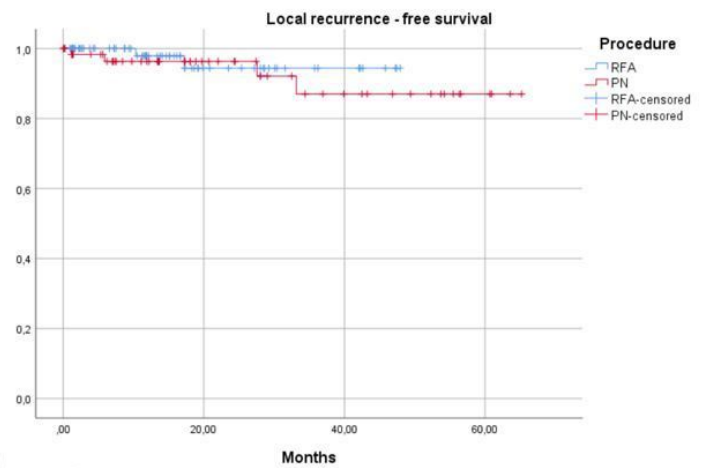
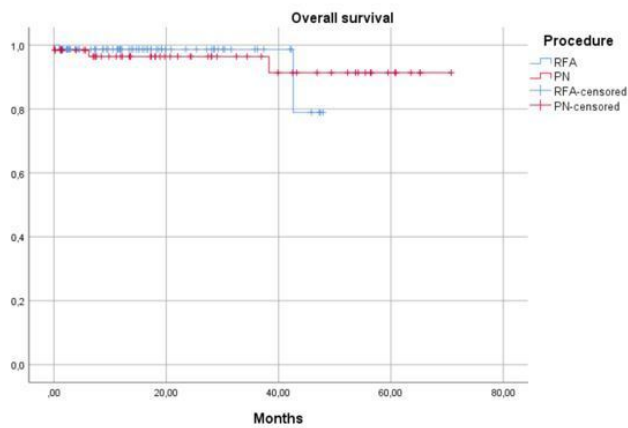
Introduction & Objectives: The gold standard of treatment of small renal masses (SMR) is partial nephrectomy (PN). The increase in patients with high surgical risk or who do not want this treatment, makes percutaneous ablative radiofrequency (RFA) an effective alternative. Our objective is to compare the efficacy, safety and oncological results of both techniques for the treatment of cT1 renal tumours.

Materials & Methods: We carried out an analysis of 137 patients with T1 tumours from 2014 to 2019 treated with PN (group 1, n=62) or RFA (group 2, n=75). Clinicopathological variables (sex, age, previous Cr, ASA, tumour size and histology), length of stay and complications (Clavien-Dindo) were studied as well as oncological results (overall survival-OS-, local recurrence free survival-RFS- and metastasis free survival-MFS- using Kaplan-Meier curves).

Results: Table 1 shows variables for the entire cohort and for each group, with statistically significant differences between both groups in age (higher in RFA), basal Cr, tumour size, histology and days of hospitalization. No statistically significant differences were observed in sex, percentage of solitary-kidney, ASA category, TNM and Clavien complications. Regarding the oncological results, there are no statistically significant differences (logrank test, $p>0.05$) of OS, RFS and MFS; and the median has not been reached in any of them (figure 1).

Table 1. Clinicopathological variables.		Total, n=137 (100%)	NP, n=62 (45,3%)	RFA, n=75 (54,7%)
Sex (p=0,30)	Men	86 (62,8%)	36 (58,1%)	50 (66,7%)
Age (years)* (p<0,001)		62 (53-69,50)	57 (45-63)	66 (58-73)
Basal creatinine, mg/dL* (p=0,04)		0,88 (0,76-1,06)	0,84 (0,75-0,99)	0,78 (0,68-0,93)
Solitary-kidney (p=0,38)		17 (12,4%)	6 (9,7%)	11 (14,7%)
Size, mm* (p<0,001)		24 (16,5-30)	30 (23-40)	20 (15-25)
TNM (p=0,14)	T1a	129 (94%)	56, 90%)	73 (97,3%)

Histology (p<0,001)	Clear cell	67 (49,3%)	44 (72,1%)	23 (30,7%)
	Papillary	22 (16,2%)	10 (16,4%)	12 (16%)
	Oncocytoma	13 (9,6%)	2 (3,3%)	11 (14,7%)
	No neoplasm	14 (10,3%)	3 (4,9%)	11 (14,7%)
Clavien complications(p=0,26)	1	126 (92,6%)	55 (88,7%)	71 (95,9%)
	2	6 (4,4%)	4 (6,5%)	2 (2,7%)
Days of stay*(p<0,001)		1,50 (1-5)	5 (4-6)	1 (1-1,5)
* Median (interquartilic range)				



Conclusions: RFA is a good and safe alternative treatment in SMR for selected patients with similar results to partial nephrectomy in OS, RFS and MFS, with a shorter hospital stay.