



MP-3.13. Figure 3.

**MP-3.14
Radical nephrectomy with caval tumor thrombectomy: An Australian experience**

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Introduction: Inferior vena cava (IVC) tumor thrombus is seen in up to 10% of renal cell carcinoma (RCC) and greatly complicates surgical management. We aimed to assess perioperative morbidity and long-term oncological outcomes after radical nephrectomy with caval tumor thrombectomy.

Methods: This was a retrospective review of radical nephrectomy with caval tumor thrombectomy from 2011–2021. Continuous variables were reported as median (range). Kaplan-Meier survival curves were compared using the log-rank test.

Results: We identified 22 patients; 15 (68.2%) were male and the median age was 63.5 years (34–75). There were three (13.6%) level III and eight (36.4%) level IV tumor thrombi. RCC size was 11.2 cm (2.7–21.0), with 13 (59.1%) right-sided. Nine (40.9%) patients had metastatic disease. Operative time was nine hours (5–18.8); seven (31.8) cases were performed emergently and nine (40.9%) underwent cardiopulmonary bypass. One (4.5%) patient died intraoperatively and four (18.2%) died in-hospital. Length of stay was 12.5 days (5–66) and 9 (40.9%) patients experienced Clavien-Dindo IV complications. Nineteen (86.4%) tumors were of clear-cell variant and 17 (77.3%) had positive margins. Excluding



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in-hospital deaths, median followup was 20 months (4–65). Five (27.8%) patients received adjuvant therapy and cancer recurrence occurred in six (33.3%). Overall survival (OS) was 66.7% (n=12) over a duration of 17 months (4–65) and recurrence-free survival (RFS) was 50% (n=9) over seven months (4–65). Time-to-recurrence and time-to-death were 9.5 months (2–19) and 13.5 months (1–33), respectively. On survival analysis, there were significant differences in OS (p=0.006) and RFS (p=0.006) with regards to metastatic status. Tumor thrombus level showed a difference in RFS only (p=0.006). Cardiopulmonary bypass was not predictive of OS (p=0.54) or RFS (p=0.82).

Conclusions: Although radical nephrectomy with caval tumor thrombectomy is associated with significant morbidity and mortality, it remains an effective procedure in the treatment of advanced RCC.