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Introduction & Objectives: Europe has among the highest incidence rates of KC in the world, with Eastern Europe having the highest rates. Lithuania has the second highest rate of kidney cancer in Europe following Czech Republic. Estimated incidence of kidney cancer in both sexes is 18.8/100000 person-years. Also our estimated mortality of kidney cancer is one of the highest (7.2/100000 person-years). The 5-year survival rate tells you what percent of people live at least 5 years after the cancer is found. However, survival depends on many factors: the age of the patients, the type of cells and the stage of cancer when it is first diagnosed, the extent of the surgery.

Materials & Methods: Retrospectively we analyzed 2163 adult patients with kidney cancer treated in the National Cancer Institute (NCI) Oncourology Department between 01 Jan 2000 and 31 Oct 2013. Anonymous data were collected through an local online register of demographic data, treatment and outcomes.

Results: Patients were 26-90 years of age. 28.3% of them were ≥ 75 years old. 57% were males and 43% women's. 56.13% patients were diagnosed stage I of disease, 11.1% - stage II, 18.2% - stage III and 11.7% on stage IV. In 3.2% patients, the disease stage was not indicated. The overall survival of 5 years was 68.61%. Stage I - 84.6%. Stage II - 67.9%. Stage III - 53.6%. Stage IV - 16.3%. The disease-specific 5-year survival was 74.34%. Stage I - 91.35%. Stage II - 72.15%. Stage III - 55.84%. Stage IV - 17.46%. Nephrectomies were performed in 1744 patients: 66.46% in lumbotomy, 30.62% in nephrectomy with lymphonodectomy, 2.12% in the laparotomy and 0.8% in the laparoscopy. There were also 36 kidney resections were performed. The general 5-year postoperative survival after nephrectomy was 71.44%. After the nephrectomy in lumbotomy - 72.74%. With lymphonodectomy - 73.22%. In the laparotomy - 45.95%. After laparoscopic nephrectomy - 85.71%. After kidney resections - 91.67%. The 5-year survival rate for people with kidney cancer is 75%. However, survival rates depend on several factors, including the type, cell type, and stage of the cancer when it is first diagnosed. About 2/3 of people are diagnosed when the cancer is only located in the kidney. For this group, the 5-year survival rate was 93%. If kidney cancer has spread to surrounding tissues or organs and/or the regional lymph nodes, the 5-year survival rate was 69%. If the cancer has spread to a distant part of the body, the 5-year survival rate was 12%.

Conclusions: The NCI has the largest database in Lithuania and it can be used to evaluate patients with RCC treatment results. Our data demonstrates the importance of the factors such as: the stage of disease and the extent of surgery for the prognosis and for survival of patients with RCC. Assessing the results of our data, we see that the five-year survival rates for patients with RCC treated in NCI comparable with data other clinics in the US and Europe.