

The Value of Radical Nephrectomy and Surveillance in the Development of Cardiovascular Diseases in Elderly People

Introduction and Objective: The incidence of renal cancer is increasing. The radical nephrectomy in elderly people could suppose an excessive treatment for small masses in relation to the worsening of renal function and the development of future cardiovascular diseases. We report a study of our elderly population, most of them with many diseases, and we look up if patients proposed to surveillance for renal tumours developed a positive evolution in contrast to radical nephrectomy.

Materials and Methods: We designed a descriptive and comparative retrospective study of a hospitalary cohort. We checked demographic, clinical and pathological characteristics of patients with the diagnosis of renal mass and age upper than 70 years old during the 2000-2005 years. The variables were expressed as the average, standard deviation and percentages. We compared with chi-square and *t* student proves. We set a confidence interval of 95%, accepting the differences as significant when the *p* value was less than 0.05. An analysis of survival was made by the Kaplan-Meier procedure.

Results: We collected a total of 64 patients. The 81% were operated with some kind of kidney surgery and 19% received active surveillance. Associated pathologies or comorbidities, registered as Charlson index, were distributed similarly in both samples ($p > 0.05$); tumour size was proportionally higher in the non-surgery group ($p = 0.005$). There seemed not to be a more marked renal function deterioration in any group respect to each other ($p > 0.05$) in spite of the organ exeresis, however all cardiovascular events were registered in the group where the surgery was performed ($p = 0.006$). The operated patients had better percentages of overall survival, measured in months, compared with non-surgical ($p = 0.001$).

Conclusions: None of the patients who underwent active surveillance developed cardiovascular events. All cardiovascular pathology was recorded in the group where the nephrectomy was performed, despite that the deterioration of the renal function followed a comparable way in both groups. The patients who underwent a surgical management had a positive outcome compared with the active surveillance management in terms of overall survival. This could not be attributed to the different comorbidity but might have contributed to the tumour size and the oncological prognosis.