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The Impact of Frailty on Perioperative Outcomes in Renal Cell Carcinoma Patients Undergoing Surgery

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Introduction:

- Management of localized renal cell carcinoma (RCC) in patients aged ≥ 75 remains controversial due to perioperative morbidity
- To assess the integration of the G8 frailty screening tool and comprehensive geriatric assessment (CGA) in treatment decision-making.

Method:

- 33 patients aged ≥ 75 with clinically localized renal masses were enrolled
- All underwent G8 screening and CGA with MDT + Shared-decision making
- Frailty = $G8 \leq 14$ / CGA impairment ≥ 1 domain
- Frail and non-frail groups were compared

Result:

- Median Age = 79 years (75-88)
- Male : Female = 19 : 14
- Frailty : Non-Frailty = 19 : 14

	Frail	Non-Frail
Conservative (AS/ WW)	5	0
Nephrectomy	14	14
Partial	7	8
Radical	7	6

Post-op Complication	Frail	Non-frail	P value
CD ≤ 2 (%)	4 (29)	2 (14)	0.65
CD ≥ 3 (%)	2 (14)	0	0.067
Overall (%)	6 (43)	2 (14)	0.1

12-Month Mortality	Frail	Non-frail	P value
All-cause (%)	5 (26)	1 (7)	0.2
CSM (%)	0	0	1.0

Discussion:

- G8 screening and CGA were successfully integrated into routine practice for elderly RCC patients.
- Frail patients experienced higher perioperative morbidity and higher 12-month all-cause mortality.
- Frailty status can influenced treatment choices, with some frail patients choosing AS/WW instead

Proposed Algorithm:

