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Introduction: Standard treatment for renal cell carcinoma (RCC) with renal (T3a) or caval (T3b-c) vein thrombosis is Radical nephrectomy (RN) plus thrombectomy. Partial nephrectomy (PN) plus thrombectomy may be used in these cases, however little evidence exists about this procedure.

Materials and Methods: From 2,552 patients with RCC T3a-c of a multicentre series, 22 had an imperative PN plus thrombectomy and were compared, through an individual matched analysis, with 22 controls who underwent RN plus thrombus excision. Primary outcomes were long term renal function, evaluated through serum creatinine levels (sCr), and cancer specific survival (CSS). Kaplan-Meier curves were plotted and log-rank test were used for group comparisons. **Results:** The 2 groups had no differences in median age (PN 59, IQ range (IQR) 48-66 years; RN 61, IQR 59-67 years; $p=0.3$), mean pre-operative sCr (PN 1.24 ± 0.57 mg/dL; RN 1.17 ± 0.35 mg/dL; $p=0.76$), mean maximum tumour diameter (PN 4.86 ± 2.1 cm; RN 5.03 ± 1.9 cm; $p=0.79$), mean BMI (PN 27.9 ± 7.68 and RN 28.59 ± 4.7 Kg/m²; $p=0.37$), mean blood loss (PN 1670 ± 2535 mL; RN 2162 ± 3257 mL; $p=0.74$), median Fuhrman grade (3 in both groups) and metastasis (4 PN and 3 RN patients; $p=1$). Para-aortic lymphadenectomy was performed in 6 cases per group ($p=1$) and postoperative complications were experienced by 10 PN and 14 RN patients ($p=0.36$). Mean follow up was 45 ± 47 months ($p=0.78$), in this time 9 PN and 13 RN patients died because of disease progression with a CSS of 59.09% and 40.91% respectively (Figure 1, $p=0.428$). At last follow up sCr levels were 1.53 ± 0.63 in PN group and 1.99 ± 2.27 mg/dl in RN group ($p=0.62$). At univariate analysis deceased patients, compared to alive patients at last follow up, had an increased surgical blood loss (2794.12 ± 3633 vs. 750 ± 630 mL; $p=0.018$), an increased operation time (343.86 ± 148 vs. 218.47 ± 97 min; $p<0.01$) and longer hospital stay (14.43 ± 7.5 vs. 8.19 ± 5.18 ; $p=0.0049$). **Discussion and Conclusion:** In patients with high-risk RCC plus renal or caval thrombi PN, compared

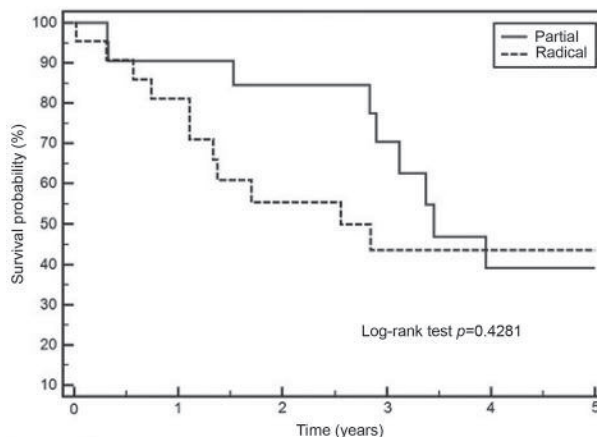


Figure 1. Kaplan-Meier curves for CSS in partial and radical groups.

to RN, may have a non-inferior CSS; maintaining comparable long-term sCr levels and postoperative complication rates. Further studies are needed to evaluate the potential role of PN in T3a-c RCC.

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WHATSAPP MESSENGER AS A REAL-TIME TOOL FOR A LONG-DISTANCE ACTIVITY OF A MULTIDISCIPLINARY

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Introduction: Communication between doctors is traditionally conducted by written clinical charts. Mobile health is becoming an integral part of modern medical systems, improving accessibility and quality of medical care. Recent papers suggest that an increasing number of doctors are using in their clinical practice mobile tools to communicate clinical informations (1, 2). The aim of our study was to verify the adoption of WhatsApp Messenger in everyday clinical practice to obtain a real-time multidisciplinary collaboration among medical centers located in different areas of the city. *Materials and Methods:* In January 2016 a WhatsApp Messenger group was created among 25 specialists: 9 urologists, 9 oncologists, 3 urology residents, 3 radiotherapists and 1 general practitioner. A general coordinator and a group coordinator for each specialty was monthly appointed. The participants were invited to interact within the group clinical cases of genitourinary tumors of particular complexity requiring a multidisciplinary approach. All the chats were registered. A preliminary analysis of the activity of the group was planned after the first 10 entered patients. An evaluation questionnaire was sent after 6 months to evaluate the level of appreciation. The questionnaire was composed of a first section investigating the appreciation among the members of the group and a second section analyzing the impact in their everyday clinical practice of whatsapp multidisciplinary consultation. *Results:* In 10 (91%) out of 11 patients the WhatsApp consultation was completed, one case was not of oncological interest. An average of 8 (range=2-13) specialists joined the chat for each patient. An average of 17.6 (range: 4-43) interventions for each clinical case was recorded. On the average, 27%, 54% and 19% of the interventions for each clinical case were provided by oncologists, urologists and radiotherapists respectively. In 9 (81.8%) cases a final agreement on the patient's management was reached. At the evaluation questionnaire in a scale 1-10, the average rating score of appreciation was 7.8 (range=4-10). Relevant suggestions to improve the Whatsapp Messenger consultation were obtained and will be considered for future application the ameliorate the tool. *Discussion:* WhatsApp is a useful alternative and powerful complementary communication tool because of its capability to rapidly transfer large amount of clinical and radiological data. In our experience this new approach for multidisciplinary consultations improved collaboration among different specialist in different areas of the city through an easier and

more informal change of opinions. In difficult and complex cases a rapid multidisciplinary approach allowed to offer the patient a personalized and tailored therapy management. GSTU Foundation.

1 Sidhoum N, Dast S, Abdulshakoor A, Assaf N, Herlin C and Sinna R: WhatsApp: Improvement tool for surgical team communication. *J Plast Reconstr Aesthet Surg* 69: 1562-1563, 2016.

2 Gould G and Nilforooshan R: WhatsApp Doc? *BMJ Innov* 2(3): 109-110, 2016.

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DOSE-EFFECT FOR LATE URINARY TOXICITIES AFTER PROSTATE CANCER RADIOTHERAPY: RESULTS FROM A PROSPECTIVE COHORT STUDY

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Introduction: The aim of the present study was to assess dose factors affecting the incidence of patient-reported urinary toxicity at three years after radical radiotherapy (RT) for prostate cancer in a large group of patients enrolled in a prospective, multi-centric trial in the period 2010-2014. *Patients and Methods:* Enrolled patients were treated in seven