

Building a roadmap for surveillance of renal masses: Results from a MUSIC consensus panel

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BACKGROUND

- Current guidelines are limited in defining appropriate candidates for surveillance for renal masses and their management.
- The Michigan Urological Surgery Improvement Collaborative - Kidney mass: Identifying and Defining Necessary Evaluation and therapy (MUSIC-KIDNEY) program commenced data collection in September 2017
- 14 diverse practices across the state of Michigan
- Almost half of newly presenting suspicious T1 renal masses are observed within the MUSIC-KIDNEY registry and there is significant variability in evaluation and management strategies based on our registry data.

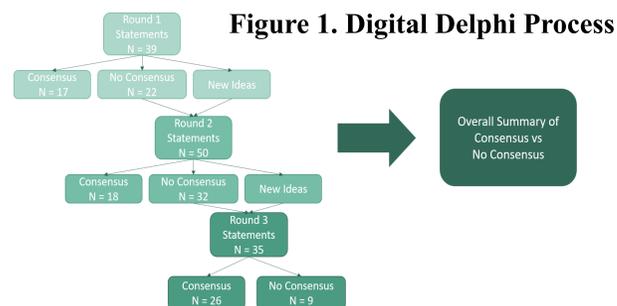
OBJECTIVE

- Our objective was to establish a consensus roadmap for patients entering renal mass surveillance.

METHODS

- A consensus panel (CP) following the modified Delphi method was organized within MUSIC.
- Participants indicated their agreement with statements relating to surveillance via an online tool.
- Factors not achieving agreement were iteratively developed during three rounds of questionnaires
- Level of agreement necessary to achieve consensus was set at 80%
- RAND appropriateness method used to analyze combinations of factors affecting patient selection including life expectancy, tumor size, renal function, tumor complexity, and perioperative risk.
- Questions relevant to the following six categories:

- 1) Patient selection
- 2) Renal mass biopsy
- 3) Initial evaluation
- 4) Follow up testing
- 5) Delayed intervention
- 6) Graduation



RESULTS

- Twenty-six MUSIC urologists formed the CP. 69% of the panel was fellowship-trained and 73% are practicing in the community. 58% felt current surveillance guidelines were useful.

Fig 1. Distribution of individual patient factors affecting appropriateness of surveillance (A), a sample of granular assessment of these individual factors (B, C)

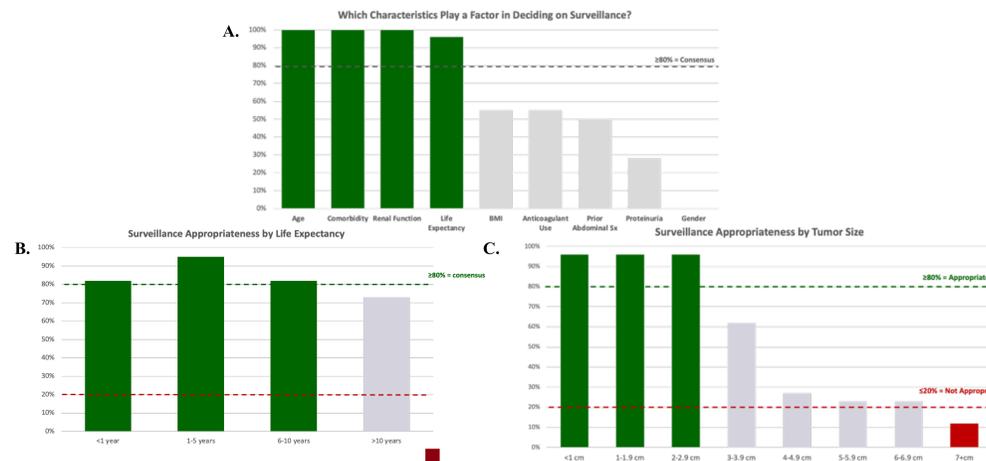


Fig 2. Iterative development on subsequent rounds of questions led to assessment of various combinations of factors affecting appropriateness of surveillance

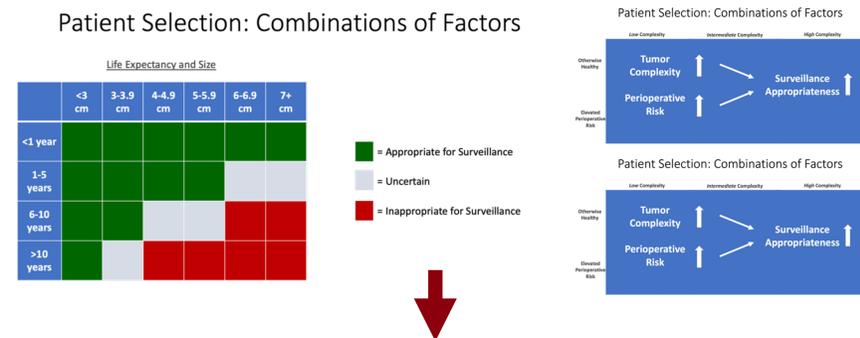
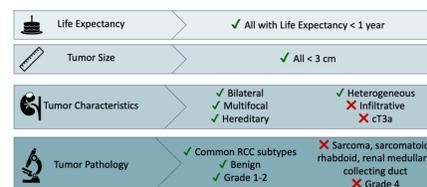


Fig 3. Summary of patient and tumor factors assessed for appropriateness of surveillance



CONCLUSIONS

- We were able to highlight several areas for further discussion where consensus was not achieved.
- Future directions are to bring MUSIC-KIDNEY data to the attention of other national and international kidney cancer groups for further expert-based opinions and construction of tools such as a LE calculator to aid decision making for a broader range of patients.

ACKNOWLEDGEMENTS

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Fig 5. Summary of consensus findings on surveillance testing (A), and timing of surveillance imaging (B)

Tumor growth rate was an appropriate trigger to intervention but no consensus was established on rate. Additionally, duration of surveillance should be >5 years for healthy pts and at least 3 years for comorbid patients.

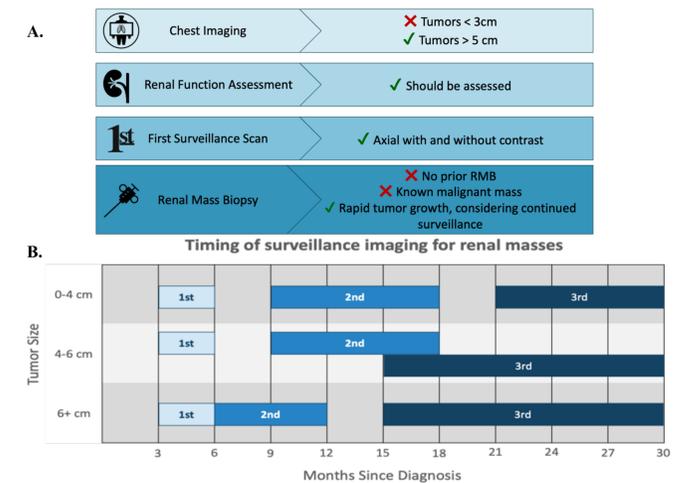


Fig 4. Summary of consensus findings for initial evaluation (A), and breakdown of consensus on use of X-ray and CT at initial evaluation (B)

