

### 979 Delayed Surgery for Localised and Metastatic Renal Cell Carcinoma: A Systematic Review and Meta-Analysis for the COVID-19 Pandemic

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**Introduction:** COVID-19 have delayed treatments for cancer; hence we performed a systematic review on the oncological effects of active surveillance (AS), delayed intervention (DI) and sequencing of cytoreductive nephrectomy (CN) and target therapy (TT) on localised and metastatic renal cell carcinoma (RCC). PROSPERO: CRD42020190882

**Method:** Both randomised controlled trials and observational studies related to the study were included in this review after a comprehensive search and screening.

**Results:** A total of 2065 potential eligible records were identified. 23 studies were included for quantitative analysis. In meta-analysis, no significant difference was found between the patients who underwent AS/DI and PN/RN for overall survival (OS) (HR 1.36, 95% CI 0.99-1.87,  $p=0.06$ ), while cancer-specific survival is significantly worsened (CSS) (HR 1.67, 95% CI 1.23-2.27,  $p<0.01$ ) in AS/DI patients. In other localised stages, results are contradicting amongst literature. Upfront TT followed by deferred CN is associated with better OS when compared to upfront CN followed by deferred TT (HR 0.53, 95% CI 0.41-0.69,  $p=0.00$ ) in metastatic patients.

**Conclusions:** Based on low quality evidence, AS and DI is no inferior to immediate surgical intervention in well selected T1a patient's OS but

not CSS. Upfront TT followed by deferred CN improves OS and progression free survival.