Pancreatic Metastases from Renal Cell Carcinoma: Incidence and Prognostic Impact

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Aim: About 25% of RCC patients present with metastatic disease at the time of diagnosis, while 30% of patients with localized primary will develop distant metastases after nephrectomy. The most common sites of metastases from RCC are lungs, bones and liver; pancreatic metastases are rare and often associated with thyroid metastases.

Methods: We reviewed our data-base of 795 RCC patients evaluated at our Center between 2004 and 2013 (data cut-off: 31-12-2013), isolating 57 (7.2%) patients with pancreatic metastases.

Results: Of these 57 patients, 6 only had pancreatic metastases which were synchronous to the primary, while 51 patients developed metachronous pancreatic metastases, with a median time from first RCC diagnosis to the development of pancreatic metastases of 74 months (mean: 87, range: 1-304). A classical clear cell histology was documented in all cases. An histological confirmation of the metastatic nature of the pancreatic lesions was obtained in 17 cases only (30%). The 96.5% of patients had multiple sites of metastases, while just 2 (3.5%) had pancreatic metastases only; 6 patients presented concomitant thyroid metastases. As far as treatment, 8 cases (14%) were treated with surgical resection, whose type and extent was adapted to the location of the tumor. One-, 5-, and 10-year mortality rates in our patients with pancreatic metastases were 3.5%, 35% and 61.4, respectively, while median overall survival (calculated from the time of the development of the first pancreatic metastases to death) was 24 months (mean: 36.6 ± 34.3 SD, range: 0-135). One-, 5-, and 10-year mortality rates in patients treated with surgical resection were 0%, 12.5% and 62.5% respectively, while median overall survival (calculated from the time of the development of the first pancreatic metastases to death) was 48 months (mean: 50.1 ± 32.1 SD, range: 15-80).

Conclusions: Pancreatic metastases from RCC account for about 7.2% of all metastatic sites in our case series, are usually metachronous and a relatively better prognosis. Furthermore, the association of pancreatic and thyroid metastases may have a beneficial impact on patients’ outcome and should thus be always considered, even though in selected patients (and referral centers for pancreatic surgery).

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