A0514 Segmental resection for ureter urothelial carcinoma is safe as radical nephroureterectomy

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Introduction & Objectives: Kidney-sparing surgery (KSS) seems inferior to radical nephroureterectomy (RNU) in recurrence-free survival (RFS). However, there is limited data regarding the potential influence of the location of the upper tract urothelial carcinoma (UTUC). The current study aims to provide further evidence by the largest UTUC registry.

Materials & Methods: The Clinical Research Office of the Endourology Society-Urothelial Carcinomas of the Upper Tract (CROES-UTUC) Registry included UTUC patients who received KSS or RNU between 2014 and 2019. Kaplan–Meier analysis was used to explore overall survival (OS), cancer-specific survival (CSS), recurrence-free survival (RFS), and progression-free survival (PFS). Multivariable Cox regression analysis was used to adjust clinical characteristics and to estimate hazard ratios (HRs) with a 95% confidence interval (CI). Subgroup analysis on segmental resection was performed. Registration: NCT02281188.

Results: Of 1,729 patients, 1,529 (88.4%) received RNU, and 200 (11.6%) received KSS. Although the RFS of KSS was inferior to RNU in the whole cohort (Figure 1), the differences were eliminated upon subgroup analysis focusing on patients with urothelial carcinoma of the ureter, who received segmental resection or RNU (Figure 2). For OS, CSS, and PFS, there were no differences between KSS and RNU. Multivariable Cox regression analysis also indicated that segmental resection was not associated with worsened RFS (HRs: 1.533, 95% CI: 0.744-3.157, p-value: 0.246).

Conclusions: In the CROES-UTUC registry, no significant differences in survival outcomes were observed between segmental resection and RNU in patients with urothelial carcinoma of the ureter.

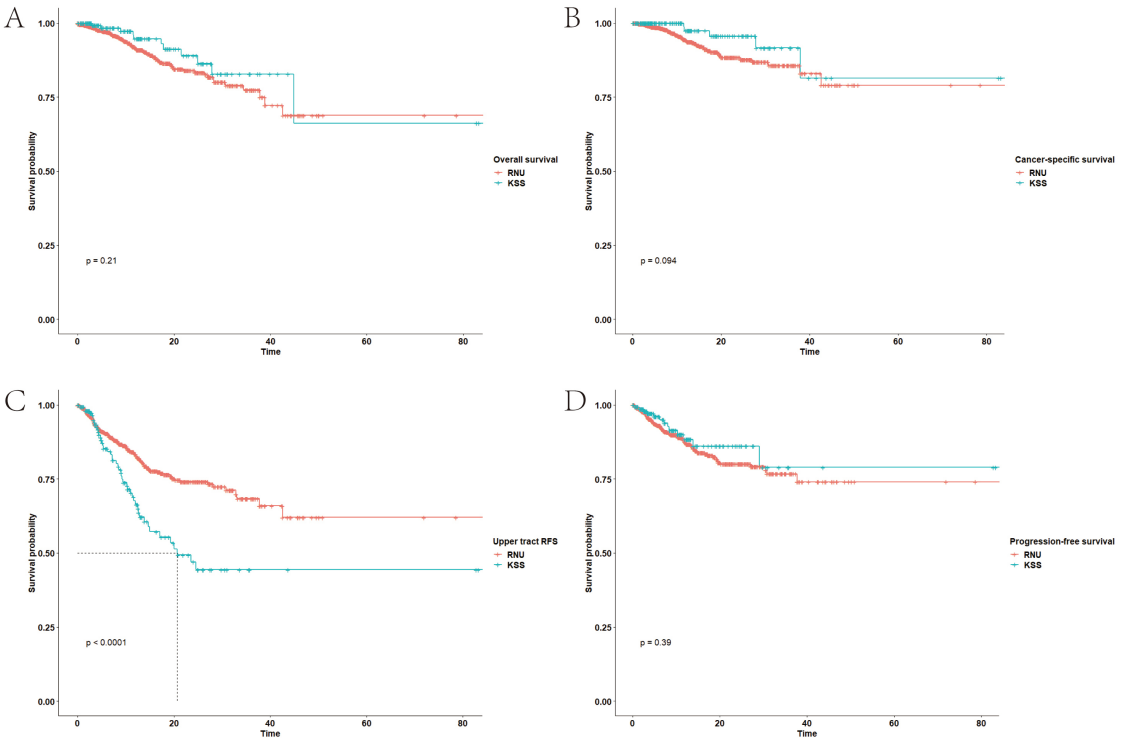

Figure 1. Survival outcomes between RNU and KSS in the whole cohort.

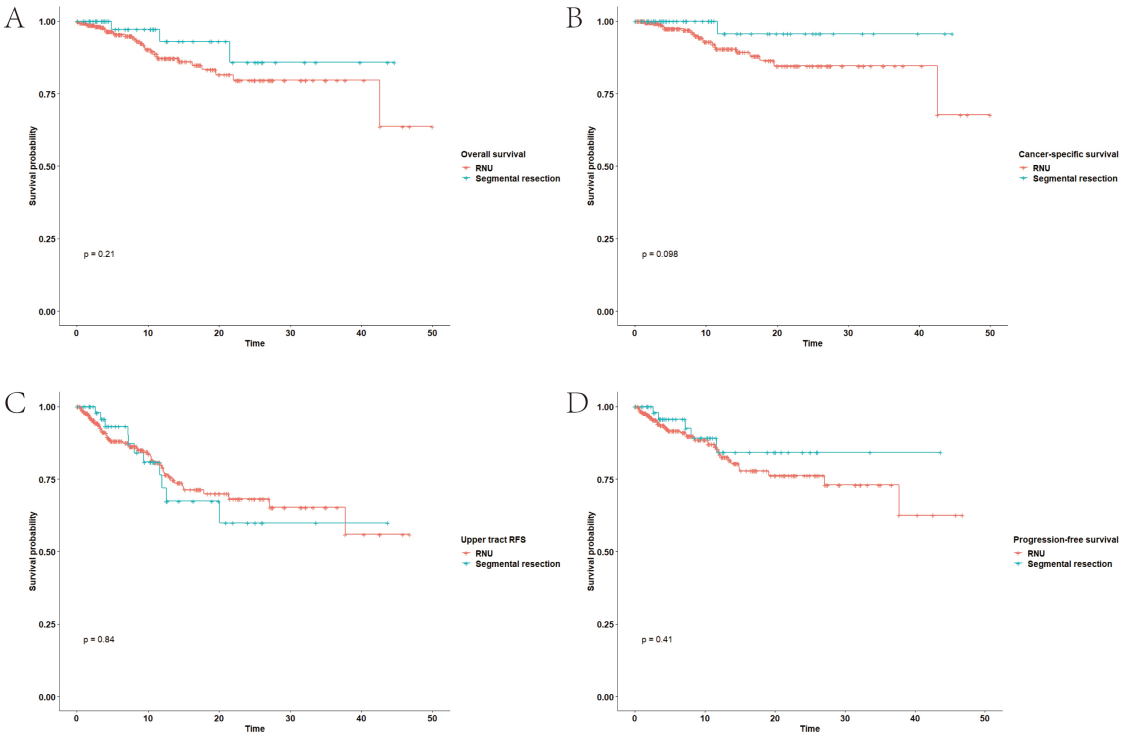

Figure 2. Survival outcomes between RNU and segmental resection in ureter subgroup.