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## Comparison of distal ureterectomy versus radical nephroureterectomy for upper tract urothelial cancers in distal ureter: a single-centre retrospective cohort study

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### Objective

- Retrospective cohort study to evaluate oncological outcomes and safety of distal ureterectomy (DU) versus radical nephroureterectomy (RNU) for UTUC in distal ureters

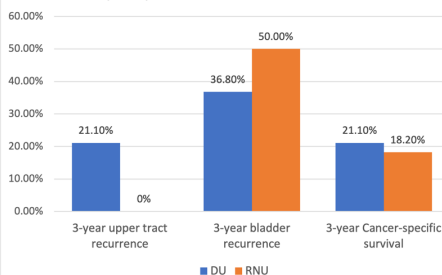
### Patients & Methods

- Retrospective data retrieval from a single institution from Jan 2008 to Dec 2022
- All patients with distal ureteric UTUC underwent RNU or DU for curative intent
- Primary end-points: recurrence rate (intravesical (IVR) / upper tract), cancer-specific survivals
- Secondary end-points: postoperative renal function change, complication rates

### Results

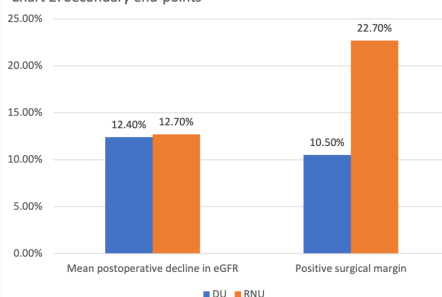
- Total 41 patients (DU: 19 vs RNU: 22) included
- No difference in baseline patients' characteristics between two groups
- High-risk features present in 100% patients with RNU vs 78.9% with DU
- In 3 years postoperatively:
  - Upper tract recurrence: DU 21.1% vs RNU 0% in 3 years ( $p = 0.038$ )
  - Intravesical recurrence: similar (DU 36.8% vs RNU 50.0%)
  - CSS: similar (DU 21.1% vs 18.2%)

Chart 1: Primary end-points



- Median hospital stay: similar (DU 11 days vs RNU 13.5 days)
- Complication rates (Clavien-Dindo grade  $\geq 2$ ): similar (DU 10.5% vs RNU 22.7%)
- Positive surgical margin: similar (DU 10.50% vs 22.70%)

Chart 2: Secondary end-points



### Conclusion

- DU may be a kidney-sparing alternative for selected patients with distal ureteric UTUC with similar IVR and CSS
- Careful patient selection and surveillance required for higher risk of upper tract surveillance