

Impact of Ureteroscopy on Diagnostic Pathways and Radical Nephroureterectomy Outcomes in Upper Tract Urothelial Carcinoma

Introduction and Background

- UTUC is a rare aggressive malignancy
- Balancing the diagnostic and therapeutic utility of URS against potential delays in treatment remains a key challenge

Aims

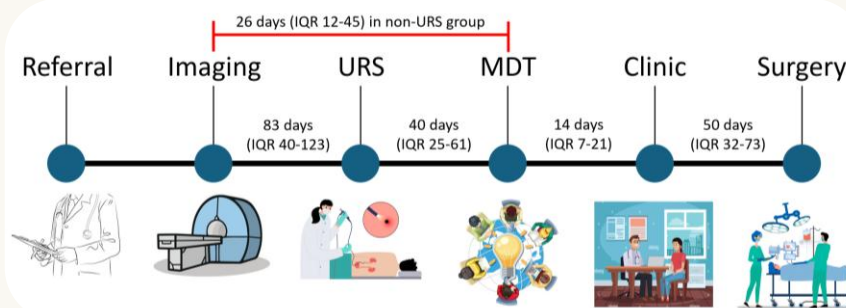
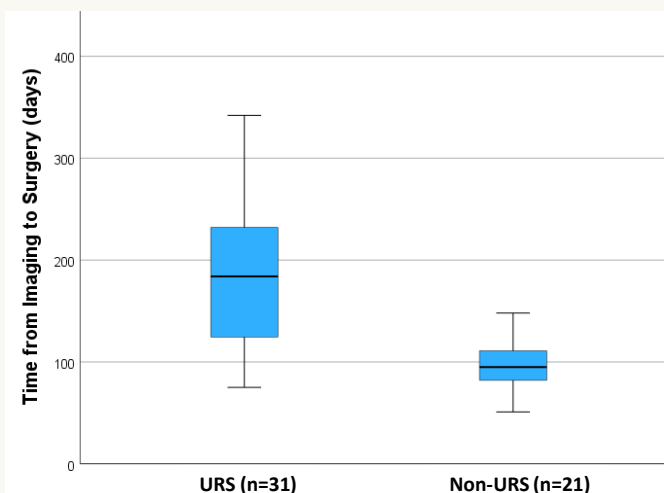
- Evaluate the impact of pre-operative URS on diagnostic pathways and outcomes following RNU for suspected UTUC
- Compare local pre-operative pathways to the BAUS UK I-DUNC framework

Methods

- Retrospective study (n=52) of patients who underwent RNU at Addenbrooke's hospital between Jan 2024 – Nov 2025

Diagnostic Pathway Efficiency

- URS associated with an **89-day** longer median time from imaging to surgery: **184 vs 95 days, $p<0.001$**



Standards of Care and Outcomes

- Time to MMC shorter following robotic approach (**2 days vs 12 days, $p=0.004$**)

Outcome	Robotic n=39	Non-robotic n=13	p-value
Time to MMC in days	2 (IQR 2-6)	12 (IQR 11-13)	0.004
Length of admission in days	3 (IQR 3-7)	5 (IQR 4-8)	0.275

- No difference in bladder cancer recurrence and metastasis rates

Variable	Overall (UTUC cases) n=48	URS (UTUC cases) n=29	Non-URS (UTUC cases) n=19	p-value
Bladder cancer recurrence, n (%)	7 (15%)	5 (17%)	2 (11%)	0.687
Metastasis rates, n (%)	5 (11%)	4 (14%)	1 (6%)	0.635

- Management broadly concordant with BAUS UK I-DUNC recommendations

Conclusion

- URS associated with 89-day delay to RNU
- Risk stratified approach needed to mitigate treatment delays