



*Department of Urology
Royal Devon and Exeter NHS Foundation Trust*

Session: (PD49) PD49: Kidney
Cancer: Localized: Surgical Therapy
V (7:00 AM – 9:00 AM)

NHS



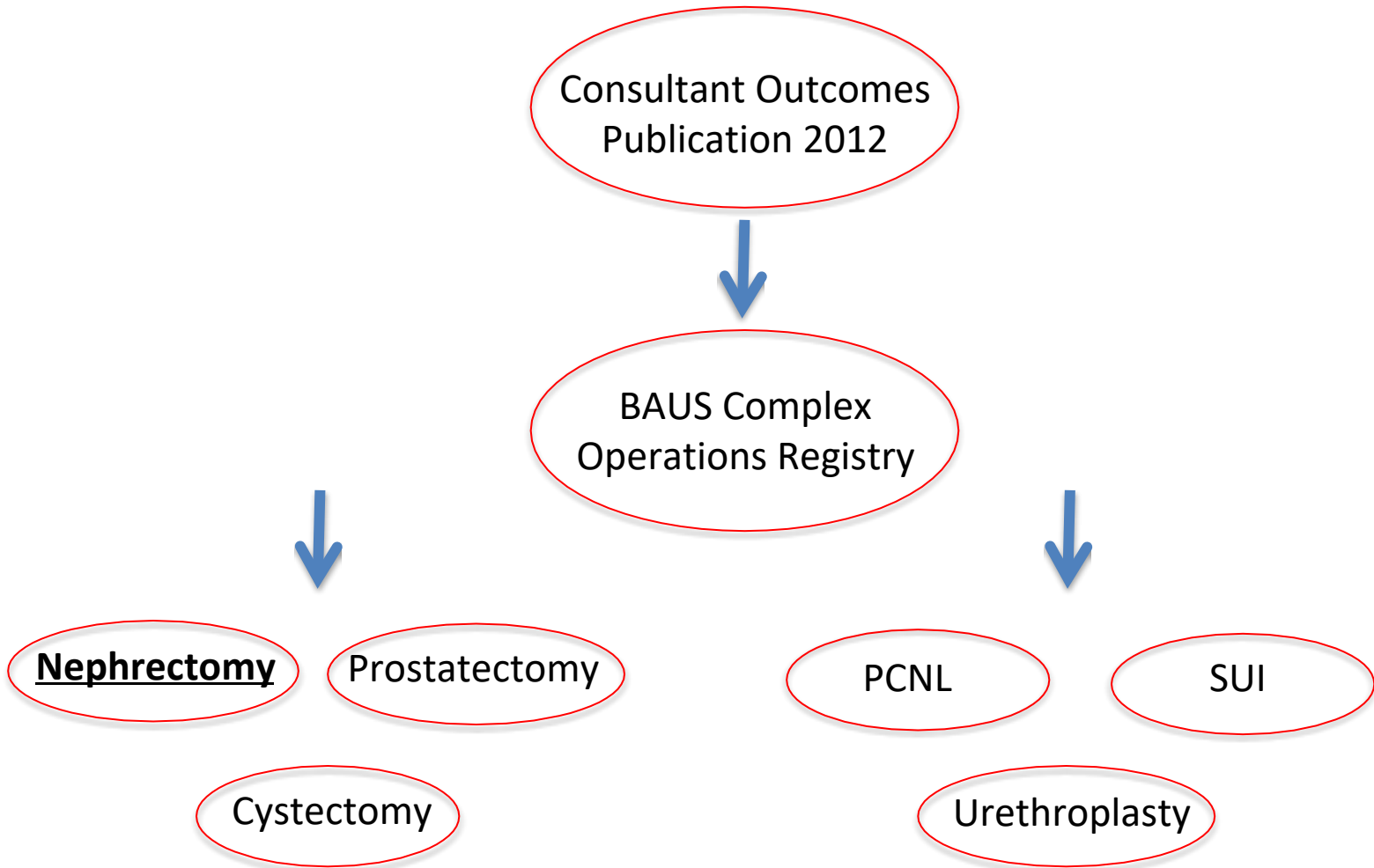
The British Association
of Urological Surgeons

A national approach to benchmarking nephrectomy practice in malignant disease: An analysis of the BAUS complex operation registry.

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Background



Objectives

- To provide a benchmark for standards of practice in malignant renal surgery
- **For Surgeons:** Provide a comparator for practice
- **For Patients:** Enhance transparency for patients undergoing surgery

Background

Patients Nephrectomy Outcomes Data

We have published the results of surgery for removal of the [kidney \(nephrectomy\)](#) on this website since 2012. Details include the types of operation performed, [mortality rates](#) for all hospitals (and for the majority of those surgeons performing these procedures) with information about surgeon and unit complications, [transfusion rates](#) and length of hospital stay.

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In looking at these data, it is important to bear in mind that variations in the data between individual surgeons and units may be a reflection of case complexity or patient factors. We strongly recommend, therefore, that individual patients discuss the likely outcomes of their procedure with their urologist before any operation. This will help them understand the expected outcome of this complex procedure, and will take into account factors relevant to their particular case.



Search Nephrectomy Outcome Data

I'd like to see data for...

Consultants

View A-Z

with Name / GMC Number

Q e.g. Smith

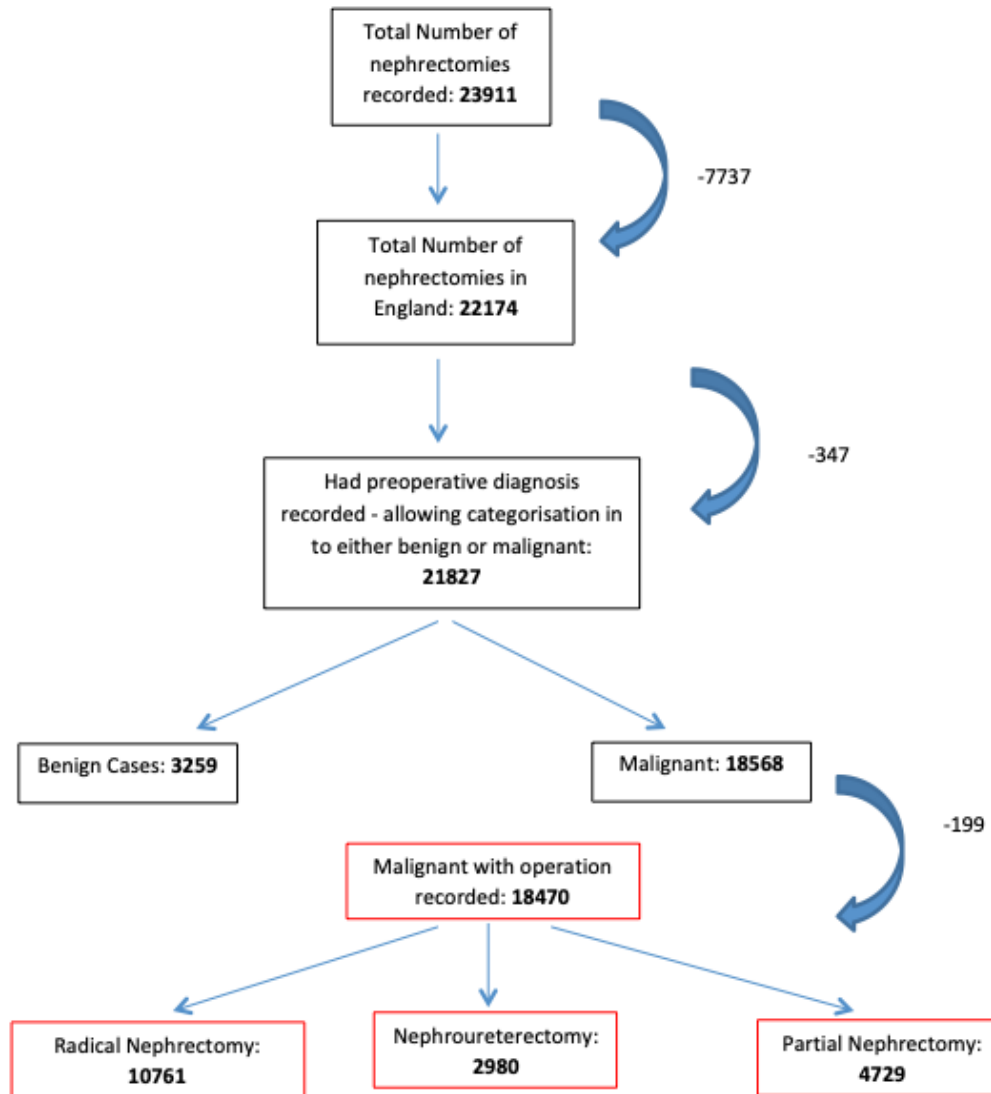
Search

...or by Region:

Methodology

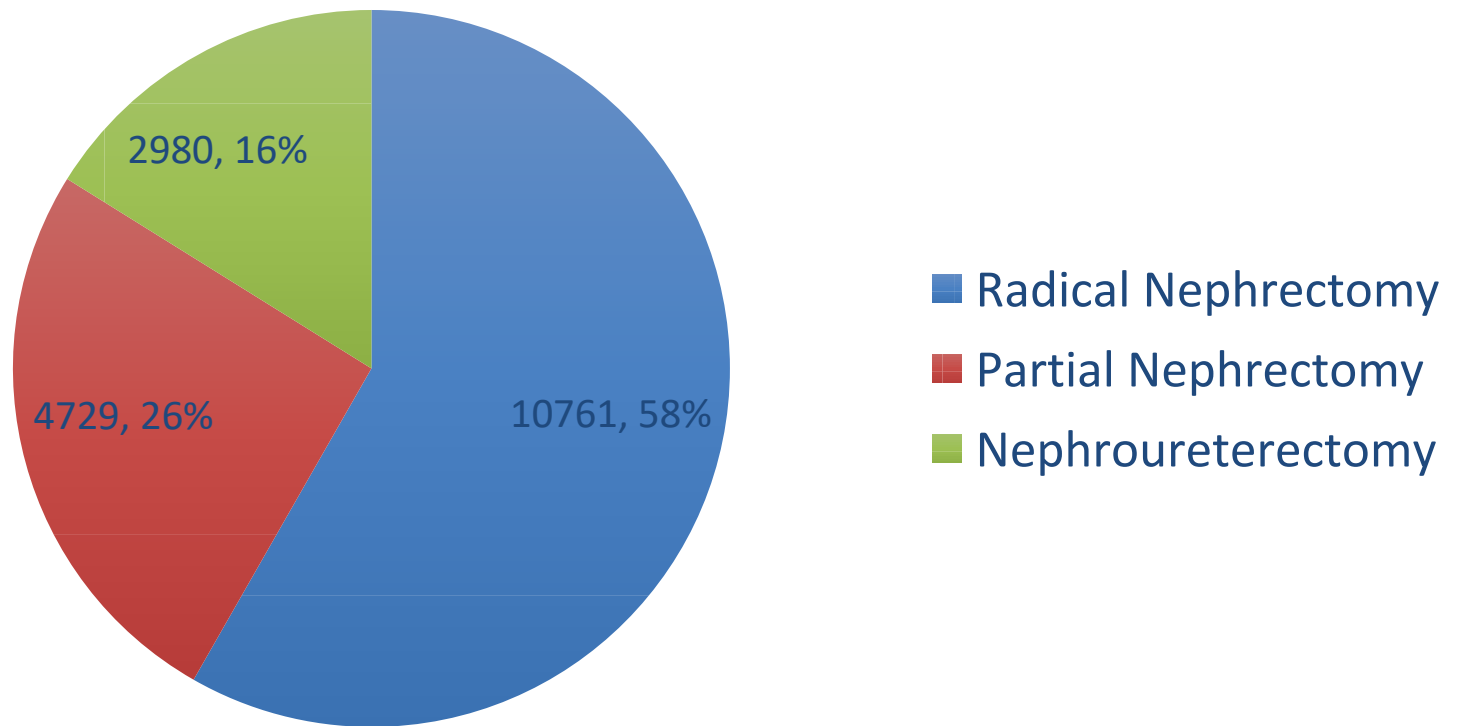
- Retrospective review of the BAUS complex operation registry between 2016-2018
- 161 data fields recorded
- Malignant cases were divided between RN, PN & NU

Methodology



Results - Operation

Operation by Patient Number

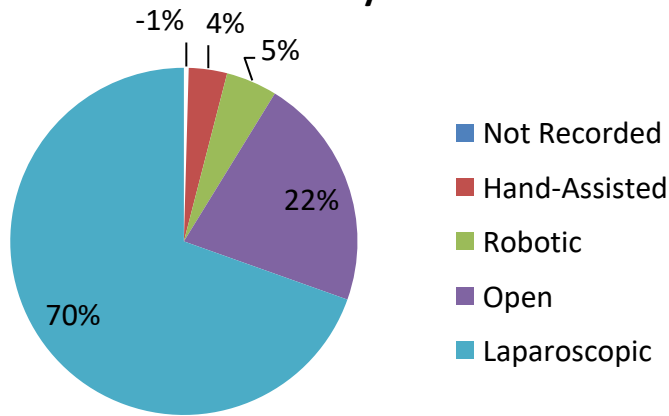


Results – Patient Demographics

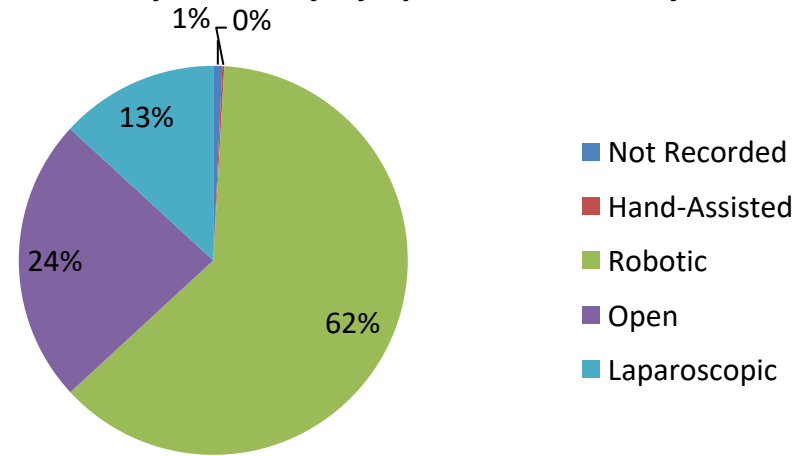
| Operation | Radical Nephrectomy | | Partial Nephrectomy | | Nephroureterectomy | |
|---------------------------------|----------------------------|--------|----------------------------|--------|---------------------------|--------|
| Median Patient Age (IQR) | 66 (56-73) | | 60 (51-68) | | 72 (65-78) | |
| Gender | n | % | n | % | n | % |
| Male | 6845 | 63.61% | 3055 | 64.60% | 1940 | 65.10% |
| Female | 3913 | 36.36% | 1673 | 35.38% | 1040 | 34.90% |
| Not Recorded | 3 | 0.03% | 1 | 0.02% | 0 | 0.00% |

Results – Operative Modality

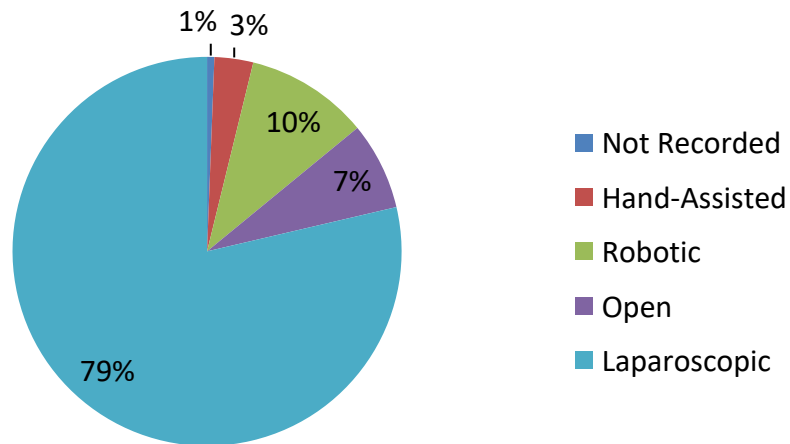
Radical Nephrectomy by operative modality



Partial Nephrectomy by operative modality



Nephroureterectomy by Operative Modality

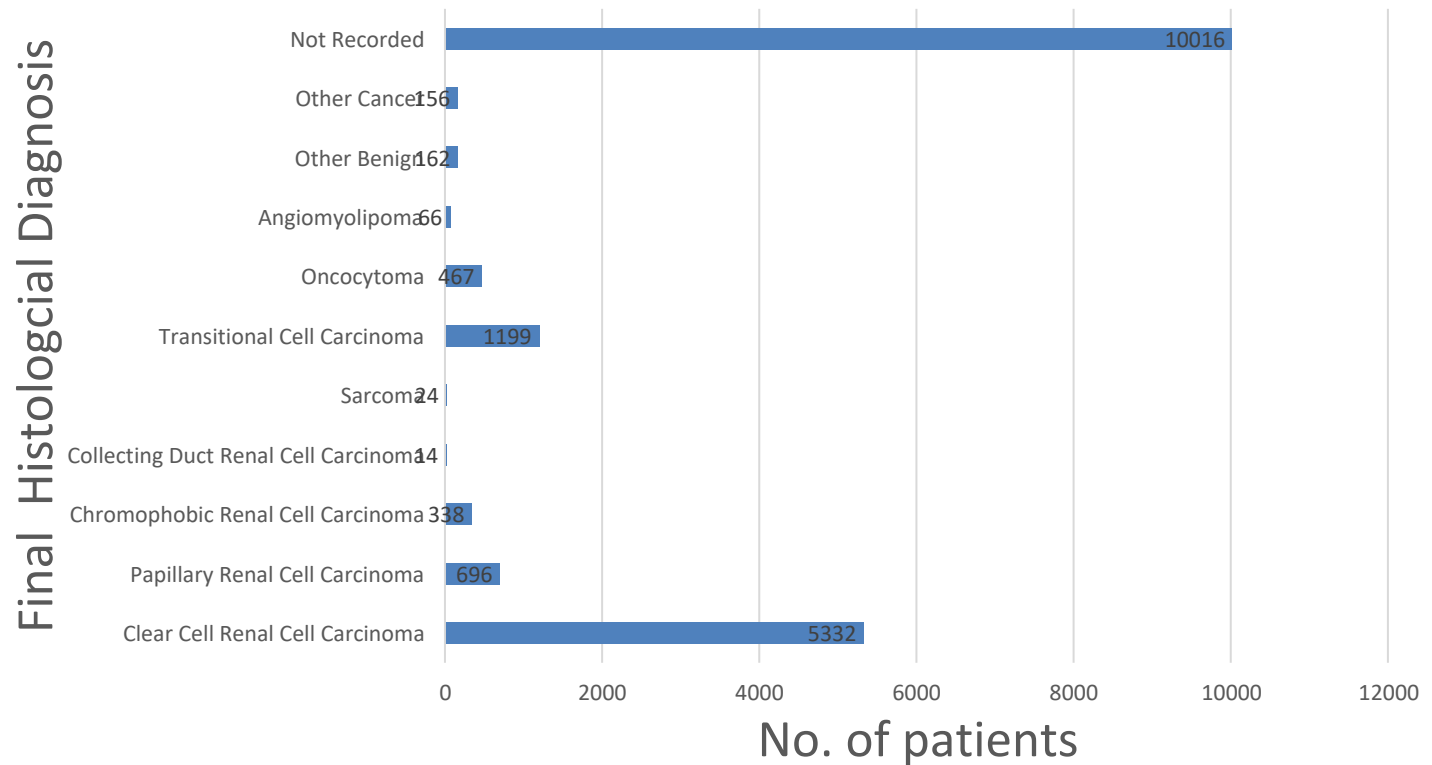


Results – Surgical Outcomes

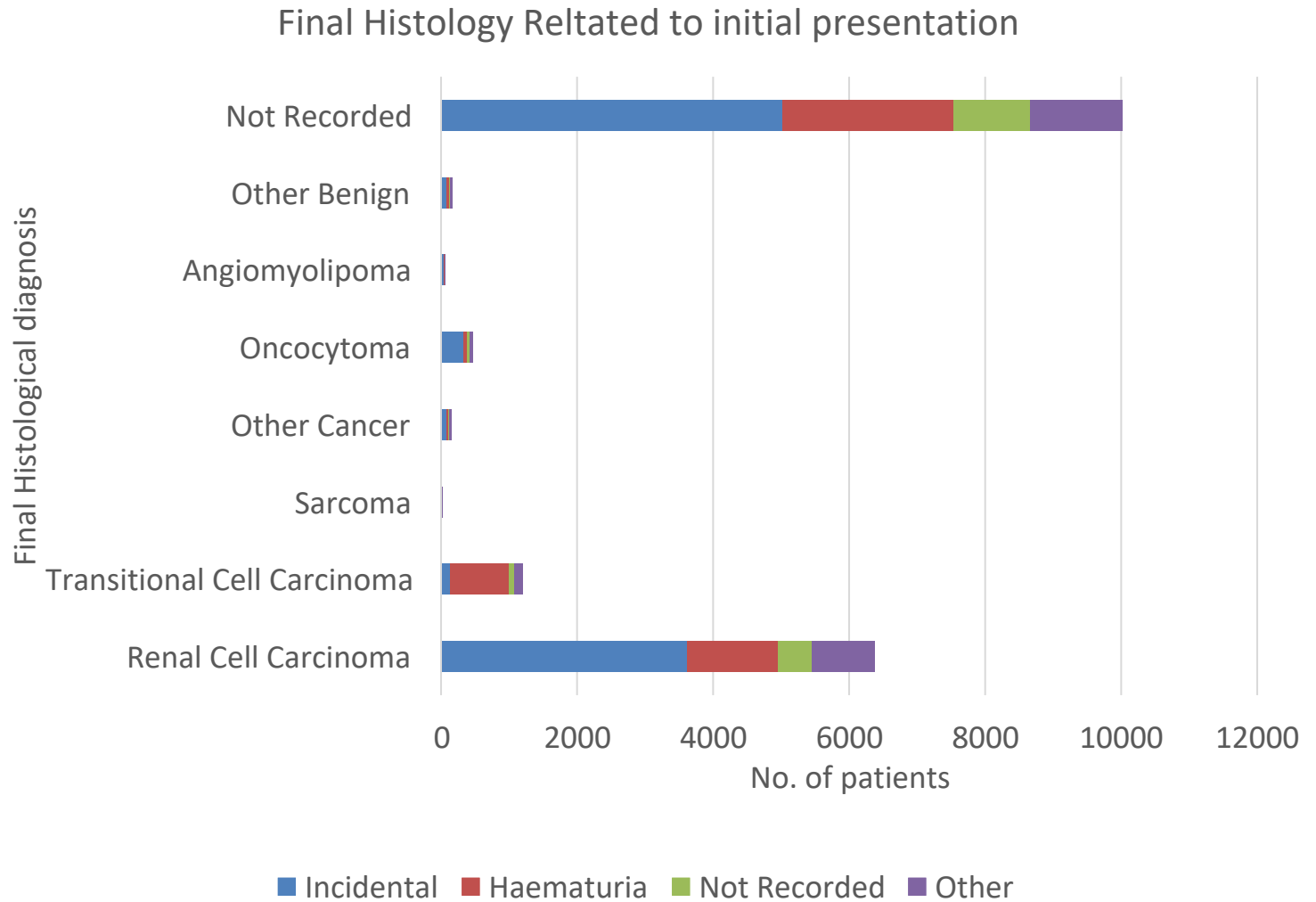
| | Transfusion performed | | ≥Clavien-Dindo 3 complication | | Median Length of stay (IQR) | Positive Surgical Margins | |
|--------------|-----------------------|--------|-------------------------------|-------|-----------------------------|---------------------------|--------|
| | n | % | n | % | n (days) | n | % |
| RN | | | | | | | |
| Laparoscopic | 154 | 2.06% | 102 | 1.36% | 2 (2-4) | 23 | 0.31% |
| Open | 501 | 21.49% | 94 | 4.03% | 6 (4-8) | 34 | 1.48% |
| Robotic | 11 | 2.14% | 4 | 0.78% | 2 (2-4) | 5 | 0.98% |
| PN | | | | | | | |
| Laparoscopic | 15 | 2.41% | 21 | 3.37% | 2 (2-4) | 63 | 10.11% |
| Open | 54 | 4.82% | 42 | 3.75% | 5 (4-7) | 53 | 4.73% |
| Robotic | 30 | 1.02% | 55 | 1.87% | 2 (2-3) | 171 | 5.81% |
| NU | | | | | | | |
| Laparoscopic | 66 | 2.82% | 64 | 2.73% | 4 (3-6) | 17 | 0.73% |
| Open | 30 | 13.82% | 9 | 4.15% | 7 (5-10) | 2 | 0.92% |
| Robotic | 3 | 0.98% | 5 | 1.64% | 3 (2-5) | 10 | 3.28% |

Results – Final Histology

Final Diagnosis by number of patients



Results – Final histology related to initial presentation



Conclusions

- Our dataset represents one of the largest, unselected case series capable of benchmarking practice and outcomes at a national level.
- Surgeons can compare their case-mix, current practice & outcomes with the national comparators.
- With public-facing dissemination of this data, patients can also improve knowledge of expected outcomes.
- We also offer insights into changes in service provision such as centralisation and adoption of novel surgical techniques at a national level