

**THE BRITISH ASSOCIATION OF
UROLOGICAL SURGEONS**

SECTION of ONCOLOGY

**BAUS Cancer Registry
Analyses of Complex Operations
January 1st – 31st December 2008**

May 2009

MEMBERS OF THE EXECUTIVE COMMITTEE

M Aitchison	G Boustead	J Crew	D R Greene
R C Kocklebergh	G S McIntosh	R A Persad	S Prescott
V Srinivasin	K S Swami		

PRODUCED FOR BAUS SECTION OF ONCOLOGY

by

**Mrs Sarah Fowler
BAUS Cancer Registry Manager**

CONTENTS

	Page Number
Introduction	1
Results Summary & Methods of analysis	2
A. Cystectomies Charts 1 – 24	3
B. Radical Prostatectomies Charts 25 – 50	15
C. Nephrectomies Charts 51 – 72	28
D. Participating Hospital Centres	39

Introduction

It is once again a pleasure to introduce this analysis of the Complex Urological Operations carried out in 2008, although this will be the last year I write this as I am handing over this responsibility to another executive committee member. Our data for 2008 is a mixed picture with an increased number of operations being reported for cystectomy and nephrectomy, but fewer prostatectomies in comparison to the preceding year.

Despite the centralisation of much urological cancer surgery in England there remain a number of surgeons carrying out low numbers of both cystectomy and radical prostatectomy procedures. Fifty five or 4.8% of the total of 1156 prostatectomies were done by surgeons operating on less than five cases per year. Seventy two (13.3%) of the cystectomy operations are carried out by such surgeons. Despite this the reported 30 day mortality is extremely low with only 3 patients (0.6%) dying within that period. Could / will this figure be improved by more rigid enforcement of the guidance for reducing the number of “low volume” surgeons?

Laparoscopic surgery is becoming more widely reported with 43% of Nephrectomies, 36% of prostatectomies and 10% of cystectomies being carried out by this technique. The conversion rates are low and the resultant benefits being less blood loss, negligible transfusion requirements and shorter post operative length of stay.

The number of patients undergoing extended lymph node dissection (above the iliac artery bifurcation) during cystectomy has increased to 21% this year. It will be of interest to see if this is associated with an improved prognosis in the long term along with the 28% of cystectomy patients receiving neo-adjuvant systemic chemotherapy. Unfortunately I suspect that we will not be able to find the answer from our BAUS Cancer registry data as the follow-up data reporting is very poor with only 17.6% of cystectomy patients having such data submitted. There are similarly low levels for nephrectomy (15%) but a greater rate of 33% for prostatectomy. Ever the optimist, I hope that with the forthcoming web-based data submission and the greater need for outcome data for Recertification and thus Revalidation, the rate of data returns will increase.

It has been a great pleasure to be involved with the BAUS Cancer Registry and the Complex Operations Audit over the last few years and to be part of the Executive Committee of the Section of Oncology. We all owe a great debt to Sarah Fowler our database manager for her diligence for these many years.

Gregor McIntosh
Salisbury
May 2009

Audit Results Summary

BAUS Complex Operations Datasets – January 1st – December 31st 2008

- **541 cystectomies reported by 68 consultants from 43 centres**
- **73% males (388/530 recorded)**

- **85% (460/541) of the cystectomy data was returned electronically**

- **1156 prostatectomies reported by 84 consultants from 52 centres**

- **75% (866/1156) of the prostatectomy data was returned electronically**

- **1692 nephrectomies reported by 148 consultants from 74 centres**
- **61% males (1029/1677 recorded)**

- **93% (1580/1692) of the nephrectomy data was returned electronically**

Private patients accounted for 1.3% (7/541) of the cystectomies; 2.5% (29/1156) of the radical prostatectomies and 1.2% (21/1692) of the nephrectomies.

How were the data analysed?

Information obtained from consultants was entered into the computer database using unique identifying numbers for individual consultants or, if they preferred, a centre number. Four centres returned data under a centre number only (13 consultants in total).

Data could be returned either by completion of pro formas for each patient (483 – 14.3% of returns) or in electronic format using either an Access (Microsoft) database or “in-house” database (2906 – 85.7% of returns) designed for the purpose. The pro formas were entered directly into an Access database, at which time validation comprising mainly of checks for duplicate entries and on dates could be carried out. There are separate pro formas for the operation and follow-up information.

The data presented here are a summary of the data received up to 24th April 2009 and relate to operations performed during the whole of 2008. Follow-up information was returned on 17.6% (95/541) of the cystectomies; 33.8% (391/1156) of the radical prostatectomies and 15.8% (266/1692) of the nephrectomies.

For the ranked charts (1, 2, 21, 22, 25, 26, 47, 48, 51, 52, 69 & 70) the individual consultant or centre identification numbers were removed and replaced with rank numbers starting at 1. A unique, confidential "Ranking Sheet" was prepared for each surgeon to enable them to identify their rank in every chart. For those charts where overall figures for the entire database are shown the ranking sheet displays the consultant's individual figures. No one else can identify the results of an individual consultant. The ranked charts comprise single bars ranked from left to right in the ascending order of the data item being measured with, in addition, the 25, 50, and 75 percentiles. Where percentages are included figures have been rounded up to one decimal point.

A personal ranking sheet for each consultant for each of the three procedures was issued individually to go with this chart book.

Sarah Fowler
BAUS Cancer Registry (BCR) Manager
May 2009

A. Cystectomies for malignant disease

Chart 1

Total Number of Cystectomies Reported per Consultant
Median: 5 (Interquartile Range 2 - 10)

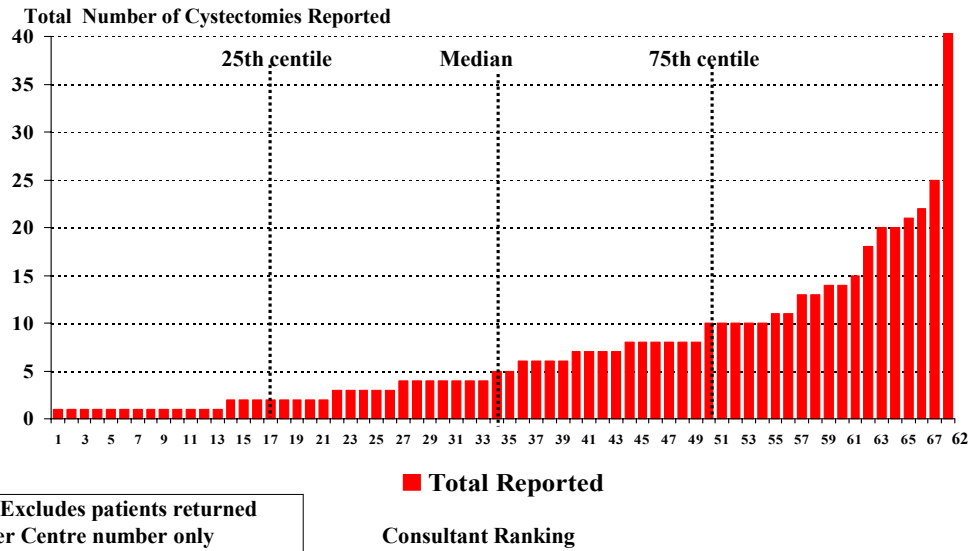


Chart 2

Total Number of Cystectomies Reported per Centre
Median: 8 (Interquartile Range 2 - 15)

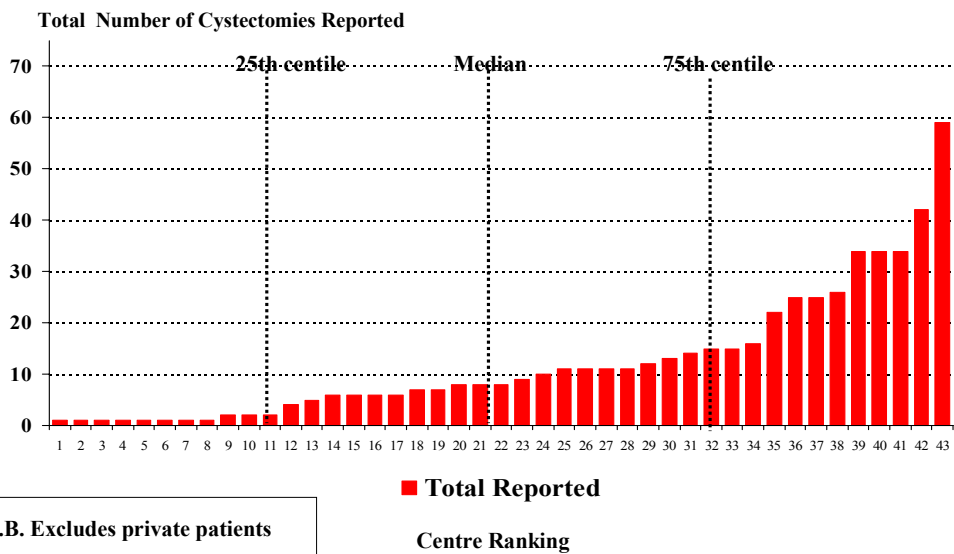


Chart 3

Indication for Cystectomy

Indication	Number & percentage of total (541)	
	N	%
Muscle invasive TCC	301	55.6
Salvage after Radiotherapy	24	4.4
Uncontrolled superficial disease	68	12.6
Squamous cell ca	17	3.1
Primary CIS	27	5.0
Sarcoma	0	-
Gynaecological ca	6	1.1
Primary Adenocarcinoma	9	1.7
Secondary Adenocarcinoma	3	0.6
Other	39	7.2
Not recorded	47	8.7

Chart 4

Cystectomy Pre-operative Clinical Staging Staging could be estimated in 79.9% (432/541) cases

Known Staging	Total Known	
	N	%
Stage 0a (Ta N0 M0)	12	2.8
Stage 0is (Tis N0 M0)	21	4.9
Stage I (T1 N0 M0)	74	17.1
Stage II (T2a, 2b N0 M0)	181	41.9
Stage III (T3a, 3b, 4a N0 M0)	120	27.8
Stage IV (T4b N0 M0 Any T N1, N2, N3 M0 Any T any N M1)	24 including 3 with metastases	5.6 0.7

Chart 5

Cystectomy - Comparison of Pre-operative clinical & pathological Categories

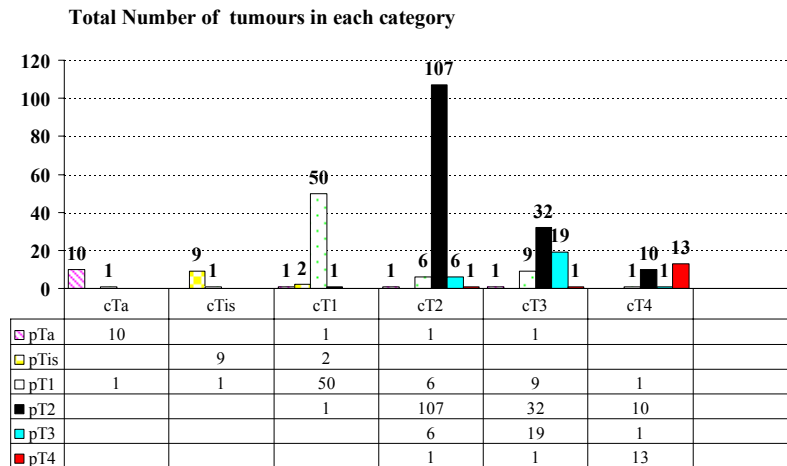


Chart 6

Cystectomy - Comparison of Pre-operative clinical & Post-operative pathological staging

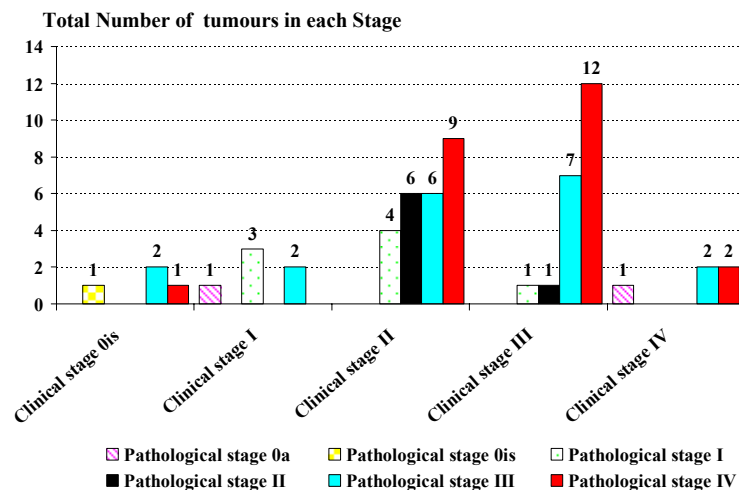


Chart 7

Cystectomy - Pre-operative Imaging

Total Numbers Reported with those as only Imaging method in ()
Information recorded in 88.5% cases (479/541)

Imaging Method	N
CT Scan	436 (229)
MRI	147 (16)
Bone Scan	79 (0)
IVU	58 (1)
Others	37 (1)
None	14 (14)

Chart 8

Cystectomy - Pre-operative Serum Creatinine

Serum Creatinine Level $\mu\text{mols/l}$	N	% of total (541)
0 – 120 $\mu\text{mols/l}$	345	63.8
121 - 200 $\mu\text{mols/l}$	70	12.9
> 200 $\mu\text{mols/l}$	9	1.7
Not recorded	117	21.6

Chart 9

Cystectomy - Other Pre-operative findings

	N	% of total reporting
Pre operative Radiotherapy	36/454	7.9
Pre operative Neoadjuvant Chemotherapy	134/473	28.3
Synchronous Upper tract disease	21/454	4.6

Chart 10

Cystectomy - Status Upper Tracts

Status	Number & percentage of total reported (541)	
	N	%
Normal	315	58.2
Tumour	13	2.4
Hydronephrosis – left	44	8.1
Hydronephrosis – right	30	5.5
Hydronephrosis – bilateral	24	4.4
Non – functioning kidney	6	1.1
Other	14	2.6
Not recorded	95	17.6

Chart 11

Cystectomy Pre-operative Potency

	N	% of total (541)
Impotent	66	12.2
Partially potent	59	10.9
Fully potent	119	22.0
Potency not recorded	297	54.9

Chart 12

Cystectomy Pre-operative Continence

	N	% of total (541)
Complete	354	65.4
Minor stress leakage	17	3.1
1 pad per day	4	0.7
> 1 pad per day	6	1.1
Appliance	3	0.6
Continence not recorded	157	29.0

Chart 13

Cystectomy Grade of Main Operating Surgeon with numbers & percentage reported as being a supervised training operation

	Total Number	% of total (541)	Supervised training operation	%
Consultant	478	88.4	155/320	48.4
Specialist Registrar	34	6.3	27/28	96.0
Other	18	3.3	0/18	0
Surgeon not recorded	11	2.0	-	-

Chart 14

Cystectomy - Diversion procedure 54 laparoscopic procedures were reported 100 combined synchronous urethrectomies 16 combined synchronous nephroureterctomies

	N	% of total (541)
Heal conduit	451	83.4
Orthotopic	31	5.7
Rectal diversion	0	-
Continent cutaneous diversion	5	0.9
Other	1	0.2
Not recorded	53	9.8

67.7% (21/31) of the orthotopics were Studer

Chart 15

Cystectomy Lymph Node Dissection

	N	% of total (541)
None	83	15.3
Palpable only	44	8.1
Below bifurcation of common iliac	243	44.9
Extended above bifurcation of common iliac	114	21.1
Not recorded	57	10.5

Chart 16

Cystectomies

- **Median duration of operation:**
- All patients = 300 mins; Range: 60 – 870; (442 patients)
- Patients having LND = 300 mins; Range: 120 – 870; (351 patients)
- Patients with no LND = 270 mins; Range: 60 – 550; (56 patients)
- **Median number of units of blood transfused = 0**
Range: 0 - 25
(reported in 68.6% (377) patients)
- **Median measured blood loss = 1,000 mls**
Range: 0 – 24,500
(reported in 74.7% (404) patients)
- **Median post-operative stay = 13 days (excluding deaths)**
Range: 0 - 168
(reported in 82.2% (445) patients)

Chart 17

Cystectomies Complications

		N	%
Intra-operative complications:		35/494	7.1
	Bleeding	8/494	1.6
	Rectal Injury	9/494	1.8
	Iliac vein injury	4/494	0.8
	Other / NR	14/494	2.8
Post-operative complications:		132/449	29.4
	Infections/ Septicaemia	42/449	9.4
	Prolonged Ileus	23/449	5.1
	Leaks	10/449	2.2
	Other / NR	57/449	12.7

Chart 18

Cystectomy - Significance of Complications

Overall morbidity Rate = 27.5% (149/541)

30 day mortality Rate = 0.6% (3/541)

	Intra-operative		Post-operative	
	N	%	N	%
No action required	8	22.9	8	6.1
Contributed to death	0	-	5	3.8
Delayed discharge	4	11.4	45	34.1
Required medical treatment	5	14.3	45	34.1
Required surgery	11	31.4	22	16.7
Not recorded	7	20.0	7	5.3

Chart 19

Cystectomy - Operative Histology reported in 23.5% (127/541) cases

Histology	Number & percentage of total known (127)	
	N	%
No cancer	22	17.3
Muscle invasive TCC	67	52.8
SCC	3	2.4
Primary CIS	10	7.9
Sarcoma	1	0.8
Gynaecological ca	0	-
Primary adenocarcinoma	2	1.6
Secondary adenocarcinoma	1	0.8
Other	21	16.5

Chart 20

Cystectomy Follow ups

Follow up recorded in 17.6% (95 / 541) patients

Median time to latest Follow-up = 68 days; range 17 – 365 days

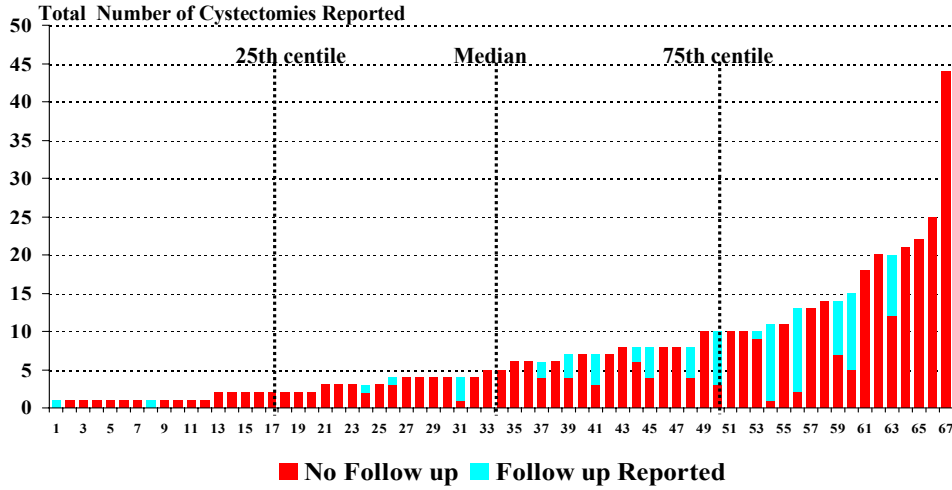
Median number of Follow-ups = 0; Range: 0 - 3

Time to latest follow-up:

Time from Operation to follow-up	N	% of total (95)
0 – 90 days	61	64.2
91 – 180 days	20	21.1
181 – 360 days	13	13.7
>=361 days	1	1.1

Chart 21

**Total Number of Cystectomies Reported per Consultant
Including number with follow-ups
Follow up recorded in 17.6% (95 / 541) patients**

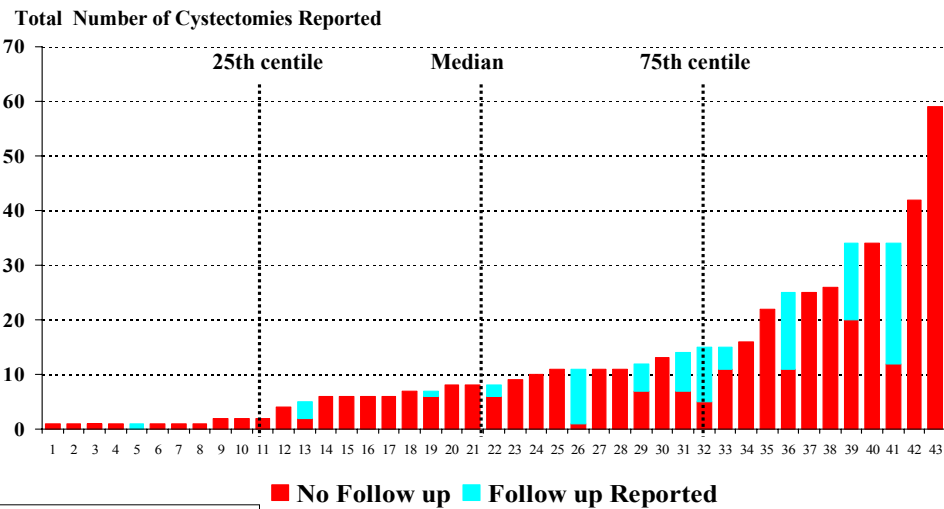


N.B. Excludes patients returned under Centre number only

Consultant Ranking

Chart 22

**Total Number of Cystectomies Reported per Centre
Including number with follow-ups
Follow up recorded in 17.6% (95 / 541) patients**



N.B. Excludes private patients

Centre Ranking

Chart 23

Cystectomy - Current Status
 Follow up recorded in 17.6% (95 / 541) patients
 Median time to latest Follow-up = 68 days; range 17 – 365 days

	N	% of total (95)
Alive with no evidence of bladder cancer	76	80.0
Alive with local recurrence of bladder cancer	1	1.1
Alive with lymph node involvement	5	5.3
Alive with metastatic disease	1	1.1
Dead	5	5.3
Not recorded	7	7.4

Late complications were reported in 11/95 (11.6%) patients

Chart 24

Cystectomy - Current Status
 Follow up recorded in 17.6% (95 / 541) patients
 Median time to latest Follow-up = 68 days; range 17 – 365 days

Time to follow up	N	% of total (95)	0 – 90 days		91-180 days		181 – 360 days		≥361 days	
			N	%	N	%	N	%	N	%
Alive with no evidence of bladder cancer	76	80.0	51	83.6	15	75.0	10	76.9	-	-
Alive with local recurrence of bladder cancer	1	1.1	1	1.6	0	-	0	-	-	-
Alive with lymph node involvement by bladder ca	5	5.3	3	4.9	1	5.0	0	-	1	100.0
Alive with metastatic disease	1	1.1	1	1.6	0	-	0	-	-	-
Dead	5	5.3	2	3.3	2	10.0	1	7.7	-	-
Not recorded	7	7.4	3	4.9	2	10.0	2	15.4	-	-

B. Radical Prostatectomies

Chart 25

Total Number of Prostatectomies Reported per Consultant
Median: 7 (Interquartile Range 3 - 18)

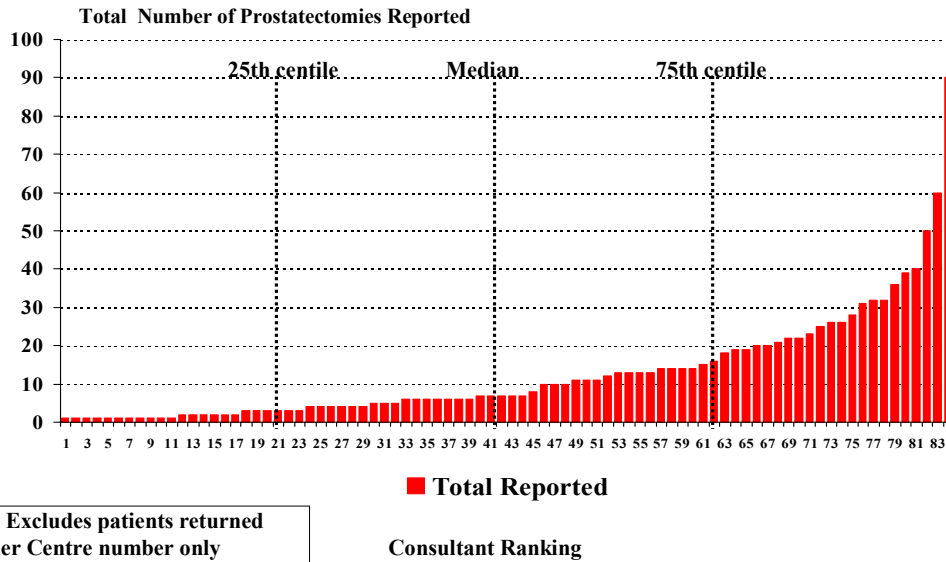


Chart 26

Total Number of Prostatectomies Reported per Centre
Median: 15 (Interquartile Range 6 - 25)

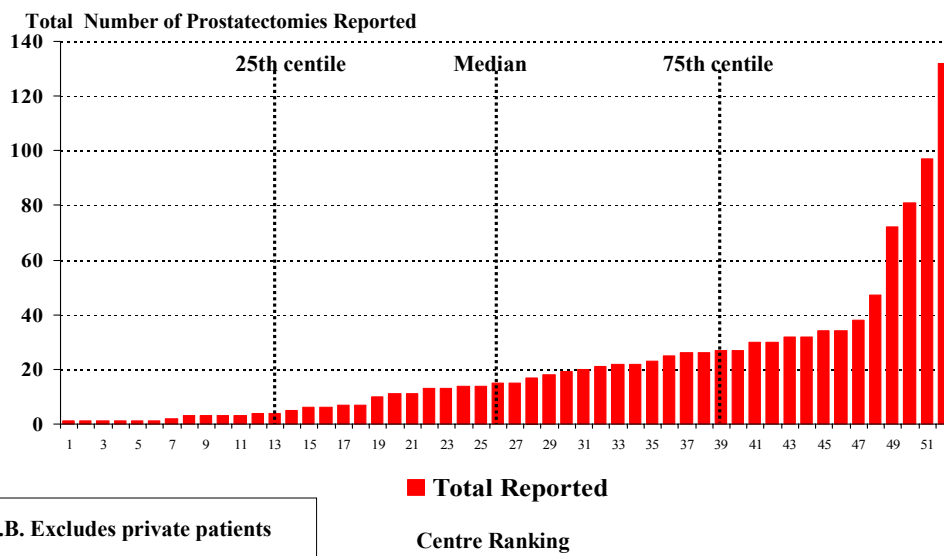
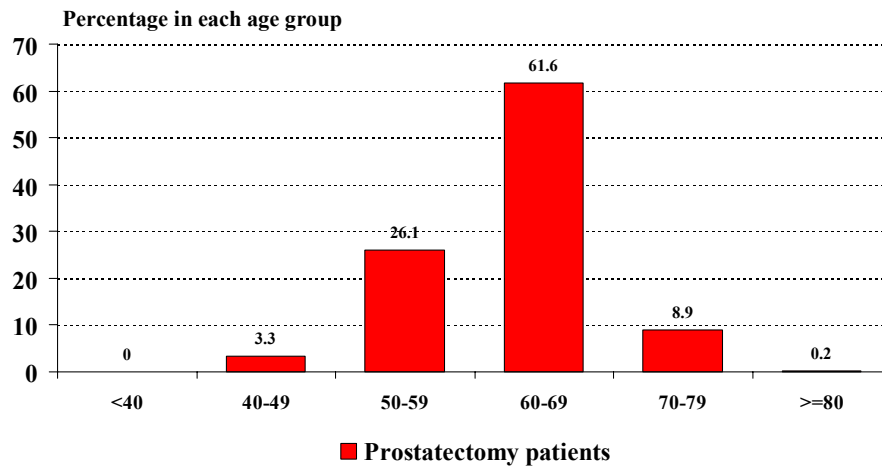


Chart 27

Percentage Age Distribution - Prostatectomies Median : 62 Years; Range 43 -87 (n= 1137*)



Age could be calculated when both date of birth and operation date were recorded = 1137/1156 (98%)

Chart 28

Prostatectomy Presentation

Presentation	N	% of total (1156)
Via Screening or Case Finding	460	39.8
LUTS	297	25.7
Other	169	14.6
Not recorded	230	19.9

Other presentation was only recorded in 9% (15/169) cases

5.1% (45/887) were reported as having had a previous TURP

Chart 29

Prostatectomy Pre-operative Clinical Staging Staging could be estimated in 83% (960/1156) cases

Known Staging	Total Known	
	N	%
Stage I (T1a N0 M0)	1	0.1
Stage II (T1b, 1c, 1, 2 N0 M0)	T1 – 59	6.1
	T1a -0	-
	T1b -12	1.5
	T1c – 364	37.9
	T2 – 446	46.5
Stage III (T3 N0 M0)	75	7.8
Stage IV (T4 N0 M0 Any T N1 M0 Any T any N M1)	3	0.3

Chart 30

Prostatectomies Comparison of clinical & pathological staging

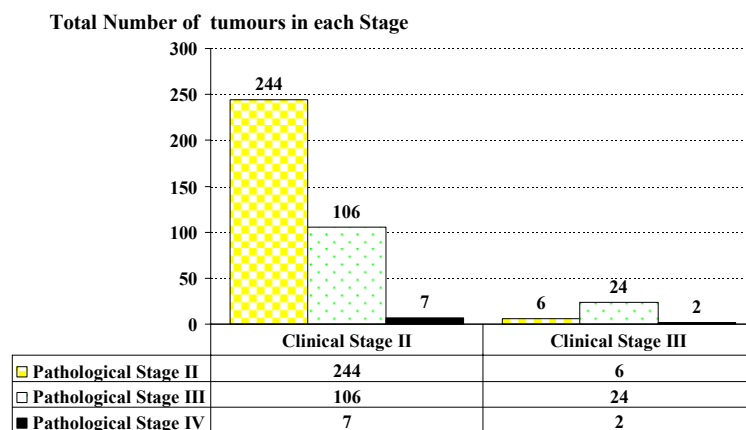


Chart 31

Staging of Prostate Tumours by PSA

Numbers falling in each category
Pre-operative PSA was recorded in 89% patients (1031/1156)
Staging could be estimated in 83% (960/1156) cases

Known Clinical Staging	Total Patients	PSA 0-5		PSA 6-10		PSA 11-20		PSA 21-50		PSA > 50	
		N	%	N	%	N	%	N	%	N	%
Stage I T1a N0 M0	1	1	0.6	0	-	0	-	0	-	0	-
Stage II T1b, 1c, 1, 2, N0 M0	855	152	95.6	460	91.6	215	90.7	24	82.8	3	100
Stage III T3 N0 M0	73	5	3.1	40	8.0	22	9.3	5	17.2	0	100
Stage IV (T4 N0 M0 Any T N1 M0 Any T any N M1)	3	1	0.6	2	0.4	0	-	0	-	0	-
Totals	932	159		502		227		29		3	

Chart 32

Gleason Sum Scores by Age Group - Prostatectomies

Number falling into each category
Gleason scores were recorded in 89.5% (1035/1156)
Age could be recorded in 98% (1018/1035) of these

Age Group	Total Patients	Gleason sum 2 – 4		Gleason sum 5 – 6		Gleason sum 7		Gleason sum 8 – 10	
		N	%	N	%	N	%	N	%
< 60	301	0	-	147	48.8	136	45.2	18	6.0
60 – 64	320	0	-	141	44.1	146	45.6	33	10.3
65 – 69	304	0	-	129	42.4	144	47.4	31	10.2
70 – 74	85	0	-	25	29.4	51	60.0	9	10.6
75 – 79	7	0	-	1	14.3	4	57.1	2	28.6
>=80	1	0	-	1	100.0	0	-	0	-
Totals	1018	0	-	444	43.6	481	47.2	93	9.1

Chart 33

Gleason Sum Score Related to Age

Gleason scores were recorded in 89.5% (1035/1156)

Age could be recorded in 98% (1018/1035) of these

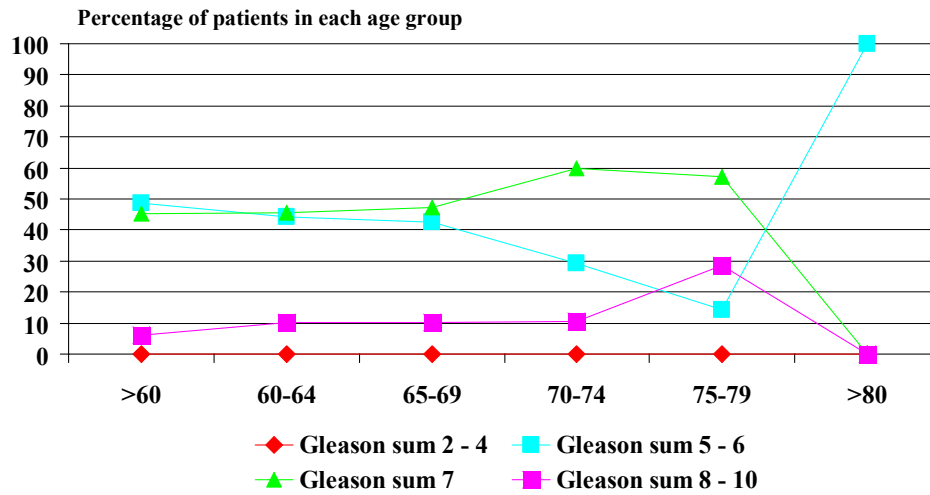


Chart 34

Prostatectomy Pre-operative Potency

	N	% of total (1156)
Impotent	103	8.9
Partially potent	199	17.2
Fully potent	423	36.6
Potency not recorded	431	37.3

Chart 35

Prostatectomy Pre-operative Continence

	N	% of total (1156)
Complete	834	72.1
Minor stress leakage	14	1.2
1 pad per day	2	0.2
> 1 pad per day	3	0.3
Appliance	4	0.3
Continence not recorded	299	25.9

Chart 36

Prostatectomy Grade of Main Operating Surgeon with numbers & percentage reported as being a supervised training operation

	Total Number	% of total (1156)	Supervised training operation	%
Consultant	992	85.8	199/487	41.0
Specialist Registrar	37	3.2	35/36	97.2
Other	86	7.4	3/86	3.5
Surgeon not recorded	41	3.5	-	-

Chart 37

Prostatectomy - Procedure Nerve sparing

Nerve Sparing	N	% of total (1156)
Bilateral	353	30.5
Unilateral	179	15.5
None	412	35.6
Not recorded	212	18.3

Chart 38

Prostatectomy Procedure - Approach

	N	% of total (1156)
Retropubic	545	47.1
Perineal	4	0.3
Other	23	2.0
Not recorded	584	50.5

Chart 39

Prostatectomy Procedure – Laparoscopic Conversion rate = 3.1% (13/416)*

Laparoscopic	N	% of total (1156)
Yes	416	36.0
No	548	47.4
Not recorded	192	16.6

*Conversion reasons were included in 10/13 and included size problems (2); difficult anatomy(3) and time constraints (1)

Chart 40

Prostatectomies

- 40% had Lymph Node dissection (400/1000 patients)
- Median duration of operation:
 - All patients = 160 mins; Range: 70 - 460; (797 patients)
 - Patients having LND = 160 mins; Range: 70 - 420; (351 patients)
 - Patients with no LND = 160 mins; Range: 70 – 460; (413 patients)
- Median number of units of blood transfused = 0
Range: 0 - 14
(reported in 67% (770) patients)
- Median measured blood loss = 600 mls
Range: 0 – 25,000
(reported in 67% (772) patients)
- Median post-operative stay = 3 days (excluding deaths)
Range: 0 - 136
(reported in 87% (1001) patients)

Chart 41

Prostatectomies - Procedure

	Procedure	N	Median	Range
Duration of Operation (mins)	Total patients	797	160	70 – 460
	Retropubic	498	160	70 – 460
	Perineal	1	170	
	Laparoscopic	305	175	70 - 460
Units of Blood Transfused	Total patients	770	0	0 – 14
	Retropubic	477	0	0 – 14
	Perineal	1	0	
	Laparoscopic	310	0	0 – 6
Measured Blood Loss (mls)	Total patients	772	600	0 – 25,000
	Retropubic	472	700	0 – 25,000
	Perineal	1	500	
	Laparoscopic	306	300	0 - 3300
Post –op Length of Stay (days)	Total patients	1001	3	0 – 136
	Retropubic	496	4	0 – 95
	Perineal	4	3	2 – 6
	Laparoscopic	395	2	0 – 34

Chart 42

Prostatectomies Complications

		N	%
Intra-operative complications:		52/1156	4.5
	Bleeding	17/1156	1.5
	Rectal Injury	6/1156	0.5
	Other / NR	29/1156	2.5
Post-operative complications:		83/1156	7.2
	Infections	16/1156	1.4
	Ileus	3/1156	0.3
	Leaks	10/1156	0.8
	Bleeds	4/1156	0.3
	Other / NR	51/1156	4.4

Chart 43

Prostatectomy - Significance of Complications

Overall morbidity Rate = 10.4% (120/1156)

30 day mortality Rate = 0% (0/1156)

	Intra-operative		Post-operative	
	N	%	N	%
No action required	16	33.3	12	14.5
Contributed to death	0	-	0	0.0
Delayed discharge	2	4.2	19	22.9
Required medical treatment	11	22.9	33	39.8
Required surgery	5	10.4	13	15.7
Not recorded	16	33.3	6	7.2

Chart 44

Prostatectomies Comparison of Pre-operative Biopsy and Operative Surgical Gleason Sum Scores

Total Number of tumours in each Group

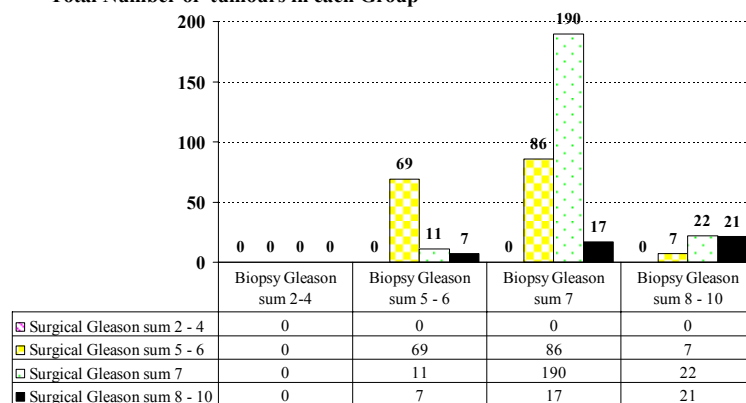


Chart 45

Prostatectomy Pathology

	N	% of total known
Known Positive Lymph Nodes	8/159	5.0
Known Seminal Vesical Involvement	43/435	9.9

Chart 46

Prostatectomy Follow ups

Follow up recorded in 33.8% (391 / 1156) patients

Median time to Follow-up = 75 days; range 10 – 440 days

Median number of Follow-ups = 0; Range: 0 - 4

Time to latest follow-up:

Time from Operation to follow-up	N	% of total (391)
0 – 90 days	234	59.8
91 – 180 days	113	28.9
181 – 360 days	37	9.5
>=361 days	7	1.8

Chart 47

**Total Number of Prostatectomies Reported per Consultant
Including number with follow-ups
Follow up recorded in 33.8% (391 / 1156) patients**

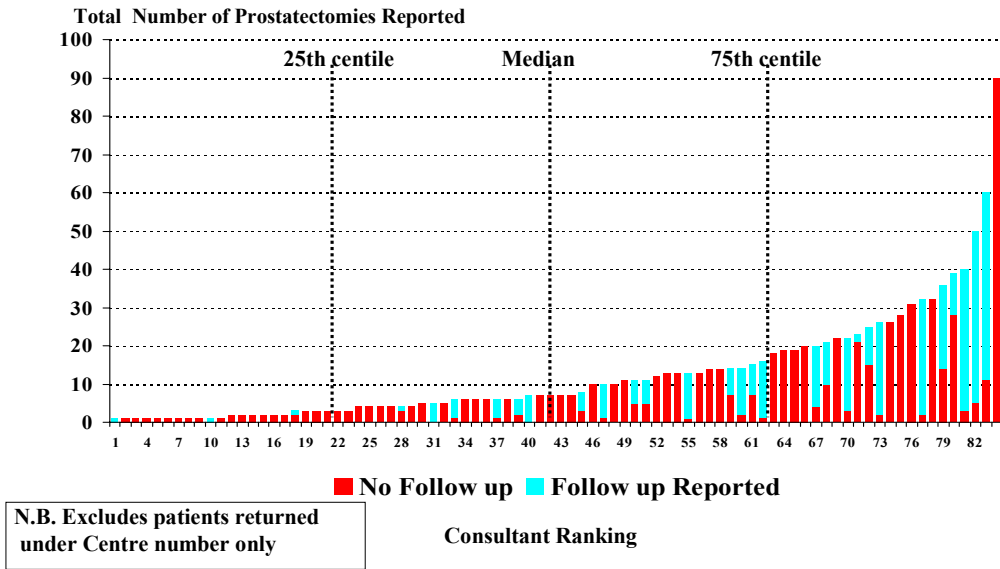


Chart 48

**Total Number of Prostatectomies Reported per Centre
Including number with follow-ups
Follow up recorded in 33.8% (391 / 1156) patients**

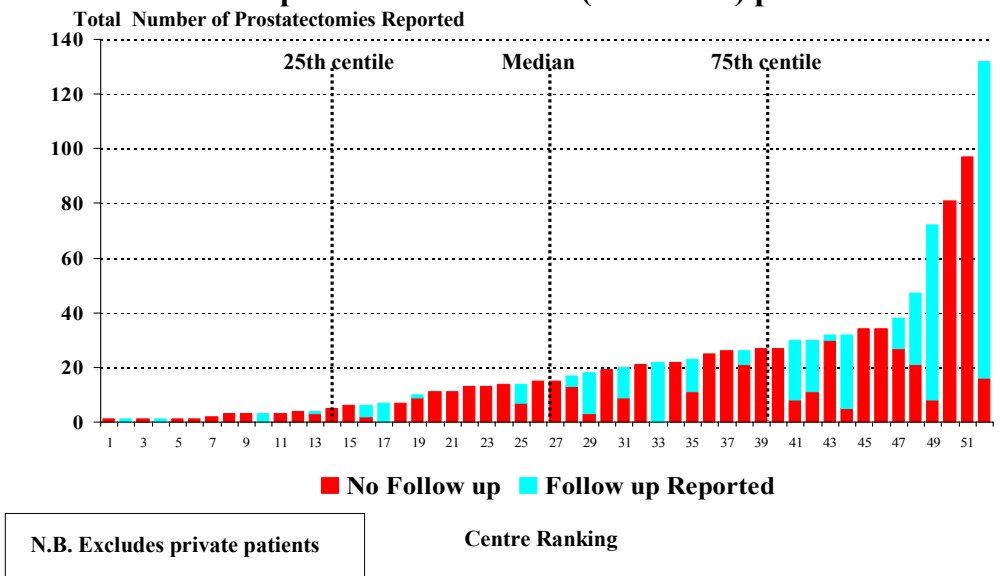


Chart 49

Prostatectomy - Current Status
Follow up recorded in 33.8% (391 / 1156) patients
Median time to Follow-up = 75 days; range 10 – 440 days

	N	% of total (391)
Alive with no evidence of prostate cancer	341	87.2
Alive with local recurrence of prostate cancer	21	5.4
Alive with lymph node involvement	3	0.8
Alive with metastatic disease	2	0.5
Dead	0	0.0
Not recorded	24	6.1

Late complications were reported in 12.5% (49/391) patients:

- 10 Anastamotic strictures
- 2 Urethral strictures
- 7 Recurrent UTI
- 2 DVT
- 1 Testicular pain
- 1 Hernia
- 26 Other complications

Chart 50

Prostatectomy - Current Status
Follow up recorded in 33.8% (391 / 1156) patients
Median time to Follow-up = 75 days; range 10 – 440 days

Time to follow up	N	% of total (391)	0 – 90 days		91-180 days		181 – 360 days		≥361 days	
			N	%	N	%	N	%	N	%
Alive with no evidence of prostate cancer	341	87.2	205	88.7	104	89.7	26	70.3	6	85.7
Alive with local recurrence of prostate cancer	21	5.4	9	3.9	9	7.8	3	8.1	0	-
Alive with lymph node involvement	3	0.8	2	0.9	0	-	1	2.7	0	-
Alive with metastatic disease	2	0.5	2	0.9	0	-	0	-	0	-
Dead	0	0.0	0	-	0	-	0	-	0	-
Not recorded	24	6.1	13	5.6	3	2.6	7	18.9	1	14.3

C. Nephrectomies

Chart 51

Total Number of Nephrectomies Reported per Consultant
Median: 7 (Interquartile Range 3 - 16)

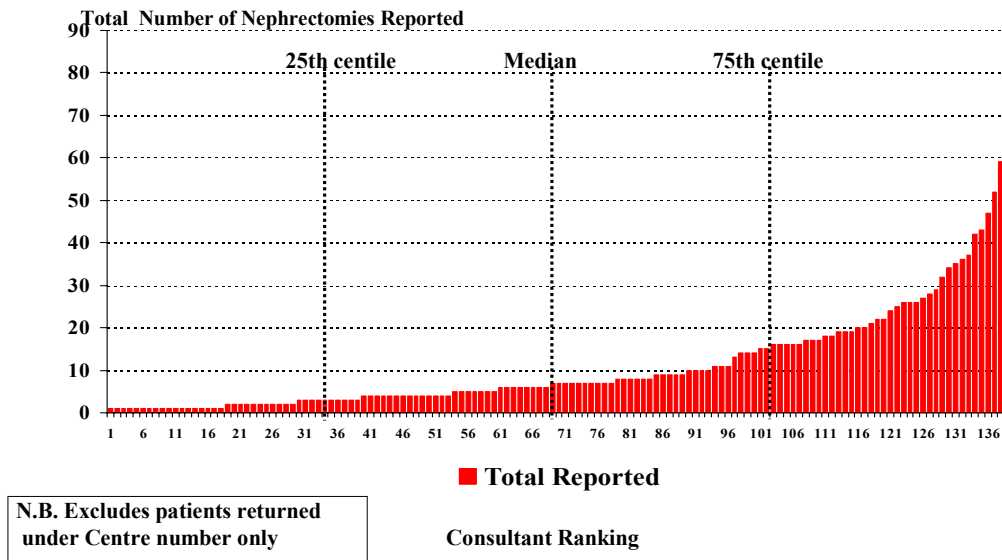


Chart 52

Total Number of Nephrectomies Reported per Centre
Median: 17 (Interquartile Range 6 - 24)

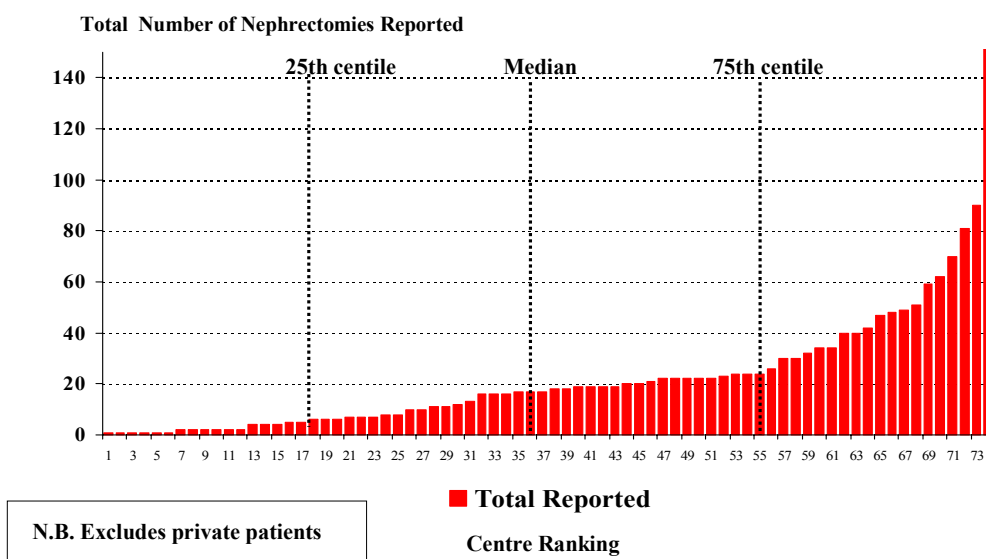


Chart 53

Nephrectomy - Pre-operative presentation

	N	% of total (1692)
Incidental finding with no symptoms	465	27.5
Haematuria	425	25.1
Other:	460	27.2
Weight Loss	15	3.26
Other Ca	25	5.43
Pain	102	22.2
Other/Not recorded	318	69.1
Not recorded	342	20.2

Chart 54

Nephrectomies – Haematology at Presentation

	N	Median	Range
Hb (g/L)	1117	13.7	3 – 172
Total WBC (* 10⁹ / L)	1061	8	3 – 69
Neutrophils (* 10⁹ / L)	993	5	1.7 – 287
Lymphocytes (* 10⁹ / L)	689	2	0 – 108
Platelets (* 10⁹ / L)	1029	277	4.6 – 1001

Chart 55

Nephrectomy - Pre-operative Serum Creatinine

Serum Creatinine Level $\mu\text{mol}/\text{l}$	N	% of total (1692)
0 – 120 $\mu\text{mol}/\text{l}$	939	55.5
121 - 200 $\mu\text{mol}/\text{l}$	204	12.1
> 200 $\mu\text{mol}/\text{l}$	28	1.65
Not recorded	521	30.8

Chart 56

Nephrectomy Pre-operative Clinical Staging Staging could be estimated in 69% (1171/1692) cases

Known Staging	Total Known N	%
Stage I (T1 N0 M0)	603	51.5
Stage II (T2 N0 M0)	251	21.4
Stage III (T1, T2, T3 N0, N1 M0)	181	15.5
Stage IV (T4 N0, N1 M0 Any T N2 M0 Any T any N M1)	136 including 112 with metastases	11.6 9.6

9.6% (130/1306) patients were reported as having a pre-operative biopsy

Chart 57

Nephrectomies Comparison of clinical & pathological staging

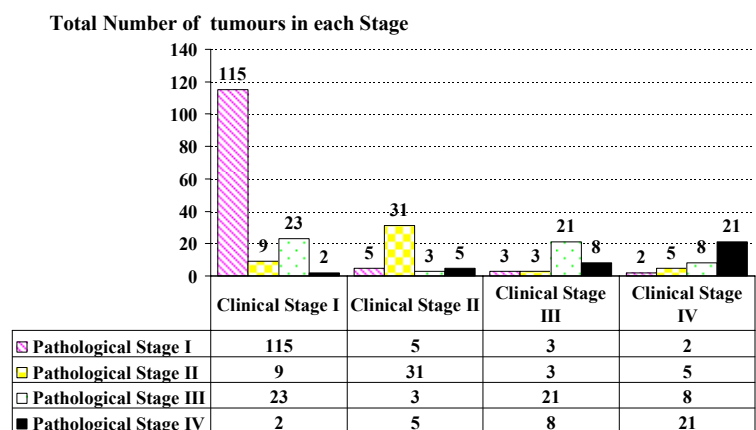


Chart 58

Nephrectomy Grade of Main Operating Surgeon with numbers & percentage reported as being a supervised training operation

	Total Number	% of total (1692)	Supervised training operation	%
Consultant	1176	69.5	379/838	45.2
Specialist Registrar	166	9.81	156/158	98.7
Other / Not recorded	350	20.7	6/129	4.7

Chart 59

Nephrectomy – Procedure

The vena cava was reported as being explored in 6.8% (73/1080) cases
78.4% (40/51) Infra-diaphragmatically; 21.6% (11/51) Supra-diaphragmatically

	N	% of total (1692)
Radical Nephrectomy	1100	65
Bilateral Radical Nephrectomy	7	0.41
Partial Nephrectomy	162	9.57
Simple Nephrectomy	39	2.3
Nephroureterectomy	317	18.7
Other	19	1.12
Not Recorded	48	2.84

Chart 60

Nephrectomies – Surgical Approach

Known Laparoscopic Conversion rate = 7.7% (47/612)*

Approach	N	% of total (1692)
Open	960	56.7
Laparoscopic	732	43.3

* Conversion reasons

- 12 due to bleeding
- 4 due to adhesions
- 7 due to failure to progress
- 5 difficult dissection
- 18 other / not recorded

Chart 61

Nephrectomy Approach by Pre-operative Clinical Staging Staging could be estimated in 69% (1171/1692) cases

Known Staging	Total	Open		Laparoscopic	
	N	N	%	N	%
Stage I (T1 N0 M0)	603	233	40.5	370	62.2
Stage II (T2 N0 M0)	251	146	25.3	105	17.6
Stage III (T1, T2, T3 N0, N1 M0)	181	104	18.1	77	12.9
Stage IV (T4 N0, N1 M0 Any T N2 M0 Any T any N M1)	136	93	16.1	43	7.23

Chart 62

Nephrectomies

- 13.7% had Lymph Node dissection (178/1299 patients)
- Median duration of operation = 160 minutes
Range: 35 - 600
(reported in 72% (1217) patients)
- Median number of units of blood transfused = 0
Range: 0 - 20
(reported in 56.9% (962) patients)
- Median measured blood loss = 250 mls
Range: 0 - 11,000
(reported in 53.4% (904) patients)
- Median post-operative stay = 6 days (excluding deaths)
Range: 1 - 101
(reported in 80.6% (1363) patients)

Chart 63

Nephrectomies - Procedure

	Procedure	N	Median	Range
Duration of Operation (mins)	Total patients	1217	160	35 - 600
	Open	572	150	35 - 600
	Laparoscopic	646	180	50 - 470
	LND	136	165	60 - 600
Units of Blood Transfused	Total patients	962	0	0 - 20
	Open	533	0	0 - 20
	Laparoscopic	428	0	0 - 18
Measured Blood Loss (mls)	Total patients	904	250	0 - 11,000
	Open	527	300	0 - 11,000
	Laparoscopic	376	100	0 - 8,000
Post -op Length of Stay (days)	Total patients	1363	6	0 - 101
	Open	693	7	0 - 101
	Laparoscopic	668	5	0 - 100

Chart 64

Nephrectomies Complications

		N	%
Intra-operative complications:		79/1305	6.1
	Bleeding	16/1305	1.2
	Required splenectomy	10/1305	0.8
	Other / NR	53/1305	4.1
Post-operative complications:		185/1225	15.1
	Wound Infection	13/1225	1.1
	Chest Infection	32/1225	2.6
	Bleeding	11/1225	0.9
	MI	6/1225	0.5
	Other / NR	123/1225	10.0

Chart 65

Nephrectomy - Significance of Complications

Overall morbidity Rate = 14.0% (237/1692)

30 day mortality Rate = 1.2% (21/1692)

	Intra-operative		Post-operative	
	N	%	N	%
No action required	11	13.9	12	6.49
Contributed to death	4	5.06	14	7.57
Delayed discharge	8	10.1	55	29.7
Required medical treatment	13	16.5	72	38.9
Required surgery	7	8.86	19	10.3
Not recorded	36	45.6	13	7.03

Chart 66

Nephrectomies – Parenchymal Tumours

Predominant cell type

Reported in 96% parenchymal tumours (285/296)

Predominant Cell Type	N	% of total reported (285)
Clear Cell	222	77.9
Papillary	29	10.2
Oncocytoma	11	3.86
Chromophobe	11	3.86
Collecting duct	0	-
Other	12	4.21

Chart 67

Nephrectomies – Urothelial Tumours Site of Tumour Reported in 91% parenchymal tumours (61/67)

Site of Tumour	N	% of total reported (61)
Calyx	8	13.1
Pelvis	20	32.8
PUJ	1	1.64
Ureter	23	37.7
Multiple sites	9	14.8

Chart 68

Nephrectomy Follow ups

Follow up recorded in 15.8% (266 / 1692) patients

Median time to Follow-up = 75 days; range 8 – 394 days

Median number of Follow-ups = 0; Range: 0 - 7

Time to latest follow-up:

Time from Operation to follow-up	N	% of total (266)
0 – 90 days	145	54.5
91 – 180 days	53	19.9
181 – 360 days	65	24.4
>=361 days	3	1.13

Chart 69

**Total Number of Nephrectomies Reported per Consultant
Including number with follow-ups
Follow up recorded in 15.8% (266 / 1692) patients**

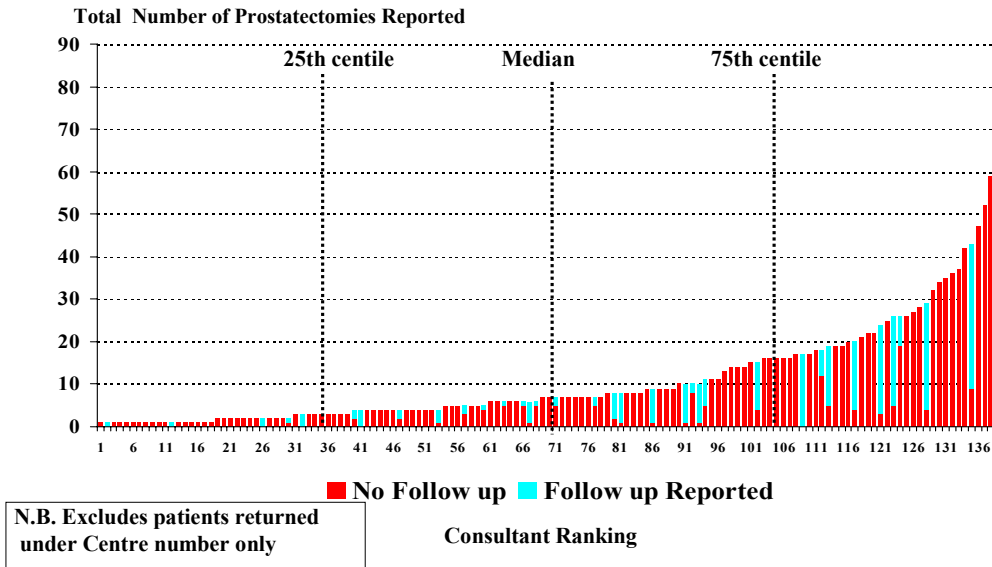


Chart 70

**Total Number of Nephrectomies Reported per Centre
Follow up recorded in 15.8% (266 / 1692) patients**

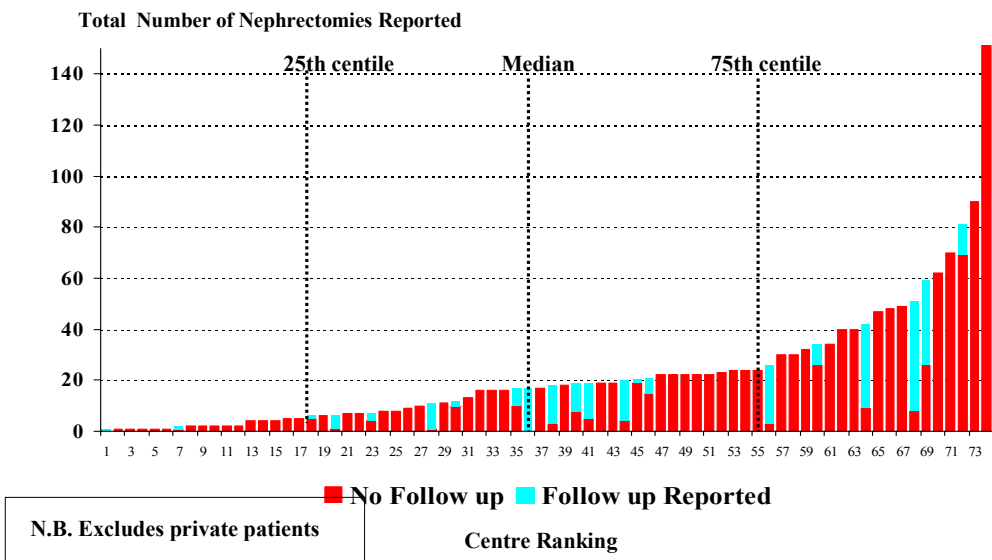


Chart 71

Nephrectomy - Current Status
Follow up recorded in 15.8% (266 / 1692) patients
Median time to Follow-up = 75 days; range 8 – 394 days

	N	% of total (266)
Alive with no evidence of renal cancer	220	82.7
Alive with local recurrence of renal cancer	3	1.13
Alive with lymph node involvement	3	1.13
Alive with metastatic disease	21	7.89
Dead	4	1.5
Not recorded	15	5.64

Late complications were reported in 47/266 (17.7%) patients:

- 7 wound infection
- 3 wound hernia
- 12 renal
- 9 wound pain
- 21 other

Chart 72

Nephrectomy - Current Status
Follow up recorded in 15.8% (266 / 1692) patients
Median time to Follow-up = 75 days; range 8 – 394 days

Time to follow up	N	% of total (266)	0 – 90 days		91-180 days		181 – 360 days		≥361 days	
			N	%	N	%	N	%	N	%
Alive with no evidence of renal cancer	220	82.7	118	82.5	42	77.8	58	87.9	2	66.7
Alive with local recurrence of renal cancer	3	1.13	0	-	1	1.85	1	1.52	1	33.3
Alive with lymph node involvement	3	1.13	0	-	2	3.7	1	1.52	0	-
Alive with metastatic disease	21	7.89	9	6.29	6	11.1	6	9.09	0	-
Dead	4	1.5	3	2.1	1	1.85	0	-	0	-
Not recorded	15	5.64	13	9.09	2	3.7	0	-	0	-

D. Participating Hospital Centres

We are grateful to Consultants from the following Centres who provided data for the analyses:

Aberdeen Royal Infirmary
Alexandra Hospital Redditch
Arrowe Park Hospital
Ayr Hospital
Barnet & Chase Farm Hospital
Bedford Hospital
Bradford Royal Infirmary
Broomfield Hospital
Castle Hill Hospital Hull
Christie Hospital
Churchill Hospital
Conquest Hospital
Derby City General Hospital
Derriford Hospital
District General Hospital Southport
Doncaster Royal Infirmary
Dorset County Hospital
East Lancashire Hospitals NHS Trust
East Surrey Hospital
Freeman Hospital
Frimley Park Hospital
Gartnavel General Hospital
Glasgow Royal Infirmary
Gloucestershire Royal Hospital
Guy's Hospital
Hairmyres Hospital
Harrogate District Hospital
Hemel Hempstead General Hospital
Hereford Hospitals NHS Trust
Inverclyde Royal Hospital
James Cook University Hospital
Kettering General Hospital
King's Mill Hospital
Leicester General Hospital
Leighton Hospital Crewe
Lister Hospital Stevenage
Milton Keynes District General Hospital
Monklands District General Hospital
New Cross Hospital Wolverhampton
Noble's Isle of Man Hospital
North Devon District Hospital
North Hampshire Hospital
Nottingham City Hospital
Queen Elizabeth Hospital B'ham
Queen's Hospital Burton on Trent
Royal Alexandra Hospital (Paisley)
Royal Cornwall Hospital
Royal Bournemouth Hospital
Royal Devon And Exeter Hospital
Royal Glamorgan Hospital
Royal Gwent Hospital
Royal Hallamshire Hospital
Royal Hampshire County Hospital
Royal Liverpool University Hospital
Royal Preston Hospital
Royal Surrey County Hospital
Royal West Sussex NHS Trust
Salford Royal Hospital
Salisbury District Hospital
South Tyneside General Hospital
Southend Hospital
Southern General Hospital Glasgow
Southmead Health Services Trust
St Helier Hospital
St James's University Hospital
St Mary's Hospital, Portsmouth
St Mary's Hospital, IOW
Stirling Royal Infirmary
Stobhill Hospital
Sunderland Royal Hospital
Taunton & Somerset NHS Trust
Torbay Hospital
University Hospital of North Durham
University Hospital of North Stafford
University Hospital Of Wales
Western General Hospital, Edinburgh
Whipps Cross Hospital
Whiston Hospital
Wrexham Maelor Hospital