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## BACKGROUND

Upper tract urothelial carcinoma (UTUC) represents an uncommon malignancy characterized by a heightened propensity for disease recurrence and mortality. Though nephron-sparing strategies involving endoscopic resection or ablation may be contemplated in specific instances, the established therapeutic approach for UTUC is nephroureterectomy with bladder cuff excision.

## OBJECTIVE

We aim to analyze the contemporary scenario of radical nephroureterectomy procedures in oncology conducted across the five regions of Brazil over a span of 15 years.

## METHODS

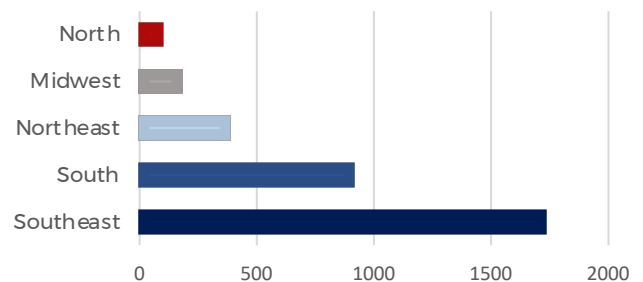
The study is retrospective, descriptive, and analytical, based on data available in DATASUS regarding radical nephroureterectomy procedures in oncology performed in Brazil over a period of 15 years (2009-2023), categorized by Brazilian regions. The assessment encompassed the number of hospitalizations for the procedure, the investment made during this period, the nature of hospitalization, complexity, mortality rate, and the average length of hospital stay.

## RESULTS

Throughout the analyzed period, 3314 radical nephroureterectomy procedures in oncology were performed in Brazil, amounting to a total expenditure of R\$8,492,934.60. The year 2022 marked the peak with the highest number of hospitalizations (304) and the greatest expenditure during the period (R\$941,232.52). Out of the total procedures, approximately 73.3% were elective, while

26.6% were performed on an emergency basis, all deemed of high complexity. The Southeast region led in the number of procedures during the analyzed period, constituting around 52.2% of hospitalizations, followed by the South region at approximately 27.6%, the Northeast at 11.6%, the Midwest at 5.4%, and lastly, the North region at 2.98% of hospitalizations. The overall mortality rate over the 15-year study period was 2.69%. In 2016, the highest mortality rate was observed at 5.00%, while the lowest rate occurred in 2011 at 1.36%. For elective procedures, the mortality rate was 1.98%, while emergency procedures exhibited a mortality rate of 4.64%. The Midwest region had the highest mortality rate for the procedure, recorded at 5.52%. The average length of hospital stays in Brazil during the analyzed period was 6.8 days.

Graph 1: Number of procedures according to Brazilian regions



## CONCLUSION

Given its highly complex nature, requiring advanced specialization and substantial investment, the number of procedures performed in each region appears to align with the presence of specialized centers and the economic prosperity of these regions.

## REFERENCES

AZAWI, Nessen H. et al. Oncological outcomes of radical nephroureterectomy for upper urinary tract urothelial neoplasia in Denmark. **Scandinavian journal of urology**, v. 54, n. 1, p. 58-64, 2020.