P312 Real-world treatment patterns and prognostic indicators in upper tract urothelial carcinoma: A Turkish Oncology Group (TOG) study

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Introduction & Objectives: Upper tract urothelial carcinomas(UTUCs) are rare and aggressive malignancies with limited real-world data. This study aimed to evaluate treatment patterns and prognostic factors in UTUC patients across Türkiye.

Materials & Methods: This retrospective study was conducted under the Turkish Oncology Group(TOG) across 15 centers. Demographic, clinicopathological, and treatment data were collected. Survival outcomes were analyzed using Kaplan-Meier and Cox regression. The primary endpoint was overall survival(OS). In de novo or metachronous metastatic cases, post-metastatic OS(pmOS) was defined as time from metastasis to last follow-up or death.

Results: A total of 279 patients were included (mean age 65.5±9.6 yr), and 76.3% were male. Tumors were located in the renal pelvis(58.8%) and ureter(30.8%), with 71.3% presenting with unifocal disease. Clinical staging at diagnosis was as follows: stage 0(11.3%), stage 1(15.6%), stage 2(9.1%), stage 3(24.7%), and stage 4(39.3%). CT(55.2%) and PET-CT(33.6%) were the most common staging modalities. Metastatic disease was present in 26.7% at diagnosis, and radiologic lymph node involvement was found in 36.8%. Surgery was performed in 87.1% of patients; neoadjuvant chemotherapy was administered to 4.4%. Radical nephroureterectomy was performed in 93.9%, while 6.1% underwent kidney-sparing surgery. Lymph node dissection was conducted in 35.1% of cases. Patients initially staged with PET-CT had significantly higher rates of radiologic lymph node positivity(53.2% vs. 29.8%, p<0.001), higher pathological T stage, more frequent metastatic disease(47.8% vs. 16.3%,p<0.001), and lower median OS(29.4 vs. 50.5 months,p=0.025) compared to those staged with CT. Median OS was 122.6 months(stage 2), 48.5 months(stage 3), and 18.9 months(stage 4). Median pmOS was 16 months(95% CI: 11.9–20). In multivariate analysis, larger tumor size, multifocality and radiological lymph node positivity were independently associated with worse OS in patients presenting with non-metastatic disease. Those with metastatic disease, increased tumor size and the presence of liver metastases were independently associated with shorter OS. First-line treatments for metastatic patients included gemcitabine(64.1 %), carboplatin(39.4%), cisplatin(28.2%), taxanes(18.3%), immunotherapy(9.9%), and enfortumab vedotin(2.1 %). The most common metastatic sites were lymph

nodes, lungs, liver, and bone. Only liver metastasis was significantly associated with poorer pmOS(HR:2.16,95% CI:1.37–3.39,p=0.001). Among metastatic patients, 49.6% received second-line, and 13.1% third-line therapy.

Conclusions: This multicenter study highlights the heterogeneity of UTUC and the prognostic value of tumor size, stage, and liver metastasis. PET-CT staging was associated with more advanced disease and poorer outcomes. These findings may inform treatment and follow-up strategies in UTUC patients.