

出國報告（出國類別：開會）

2025 年歐洲泌尿醫學會大會出國報告

服務機關：臺北榮民總醫院泌尿部

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派赴國家/地區：西班牙馬德里

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摘要

歐洲泌尿科醫學會對於泌尿科醫師來說是世界前幾大的醫學會，每年都會有超過4000篇以上的投稿，能被接受以及上台報告對於泌尿科醫師都是個難得的經驗，也能和世界各地的專家們一起分享交流也是個收穫滿滿的機會，除此之外，世界最新的研究也會在這時候分享給所有泌尿科醫師，讓自己的治療方式能有所進步。今年的EAU有幸得到兩個海報報告的機會，分別是范玉華老師指導的” Urethra-sphincter Complex Volume Predicts Unresolved High Voiding Pressure in Female Urethral Diverticulum Patients Treated with Diverticulectomy”和黃逸修部主任指導的” Will Incomplete Ureteral Orifice Resection Increase the Risks of Intravesical Recurrence in Upper Tract Urothelial Carcinoma Patients Treated with Radical Nephroureterectomy?”。從事前的PPT海報製作、與老師來回討論到科內的晨會預報，就可知自己本身和我們科內對於本次EAU報告的重視，希望能訓練自己英文報告能力的同時，也希望讓是世界看見台灣泌尿科學界對於研究的努力。

由衷感謝臺北榮民總醫院的訓練及栽培，提供公假補助，使我們能夠在國際會議的報告中分享臨床照護、診斷與治療的經驗和研究成果，獲得出國拓展眼界與視野的可貴機會。亦期許我們未來能夠更加深入參與研究及臨床工作，將這次出國與會的收穫回饋並持續投入，將臺北榮民總醫院豐碩的研究資源與成果分享國際。

關鍵字：歐洲泌尿醫學會、泌尿科、泌尿腫瘤、西班牙馬德里

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一、目的

泌尿領域的國際會議以美國泌尿醫學會與歐洲泌尿醫學會屬最大型的國際盛會，本次歐洲泌尿醫學會大會舉辦時間為 2025 年 03 月 21 日至 2025 年 03 月 24 日，地點位於西班牙馬德里。本次會議臺北榮總泌尿部團隊投稿共錄取討論式海報 (Moderated Poster) 兩篇，除了完成報告之外，與會主治醫師與住院醫師們也參與熱門的泌尿議題講座及論壇、聆聽國外泌尿科前輩及同儕的研究發表、更新國際藥廠與醫療器材廠商的醫藥發展、出席泌尿醫學會的重要典禮與晚宴盛會。臺北榮總的泌尿部住院醫師們也運用本院豐沛的臨床資料著手進行研究分析，並將內容整理成摘要投稿國際會議進行研究的發表與報告。

二、過程

本人是臺北榮總泌尿部第三年住院醫師，分別和黃逸修主任與范玉華醫師進行上泌尿道泌尿上皮癌與尿路動力學的研究。本次投稿兩篇研究獲選討論式海報 (Moderated Poster)，前者主題為” Will Incomplete Ureteral Orifice Resection Increase the Risks of Intravesical Recurrence in Upper Tract Urothelial Carcinoma Patients Treated with Radical Nephroureterectomy?” 而後者為 ” Urethra-sphincter Complex Volume Predicts Unresolved High Voiding Pressure in Female Urethral Diverticulum Patients Treated with Diverticulectomy” 。前者主旨在於術後有 residual UO 的 UTUC 患者，和沒有 residual UO 的膀胱復發率的情形。後者主旨為 urethral diverticulum 患者術後尿路動力學的變化情形。兩篇研究都獲得在場專家學者很多建議，對於往後在臨床上有更多想法以及治療方式給予適合的病人。

本次報告內容摘要

- 一、Will Incomplete Ureteral Orifice Resection Increase the Risks of Intravesical Recurrence in Upper Tract Urothelial Carcinoma Patients Treated with Radical Nephroureterectomy?

Introduction & Objectives

Complete excision of the entire upper urinary tract, including the ipsilateral ureteral orifice (UO) is the standard procedure in radical nephroureterectomy (RNU) for the treatment of localized upper tract urothelial carcinoma (UTUC). However, ipsilateral residual UO may sometimes be observed during the follow-up cystoscopy, and the implications of this condition on patient survival remain inadequately explored. In this study, we aim to address this issue through an analysis of our database from a tertiary hospital in Taiwan.

Materials & Methods

This retrospective study analyzed 510 patients diagnosed with UTUC who underwent standard RNU with the intention of excising the ipsilateral ureteral orifice between 2004 and 2020. The patients were categorized into two groups: those with residual UO (RUO) and those without (non-RUO). Patients with tumors that involved UO and positive margin at the distal cut end were ruled out. We investigated overall survival (OS), cancer-specific survival (CSS), disease-free survival (DFS), and intravesical recurrence-free survival (IVRFS). For data analysis, we employed Fisher's exact test, Mann-Whitney U test, and Kaplan-Meier method.

Results

The median follow-up period was 51 months (interquartile range 22-79 months). Among the patients, 149 were categorized into the RUO group, and 361 into the non-RUO group. The clinicopathological features showed that patients in the non-RUO group were more likely to have history of previous or synchronous bladder cancer (BC) (35.2% vs. 14.8%, $p = 0.024$). This finding may be attributed to surgeons being more meticulous in ensuring complete excision of the UO in patients with a history of BC. Other clinicopathological did not differ between groups in terms of age, gender, smoking history, preoperative positive voiding cytology,

preoperative ureterorenoscopy, tumor grade, pathological T stage, lymph node positivity, multifocality, concomitant carcinoma in situ, presence of poor histology features, presence of lymphovascular invasion, and surgical approach (open vs. laparoscopic vs. robotic). The Kaplan-Meier curves for OS, CSS, DFS, and IVRFS showed no differences between RUO and non-RUO groups.

Conclusions

The presence of residual ipsilateral UO does not increase IVRFS in UTUC patients treated with RNU, nor does it impact the OS, CSS, and DFS.

中文簡要說明:

回溯 510 位 UTUC 有開 RNU BCE 的病人，之後 1-3 個月追蹤膀胱鏡看是否有 residual UO 並分成兩組，RUO group 有 149 位、non-RUO group 有 361 位，分析膀胱復發率以及相關存活率，經分析後兩組並無顯著差異，可推測是否有 residual UO 並不影響膀胱復發率以及相關存活率。

二、Urethra-sphincter Complex Volume Predicts Unresolved High Voiding Pressure in Female Urethral Diverticulum Patients Treated with Diverticulectomy

Introduction & Objectives

This study evaluated the relationship between urethral diverticulum volume (UDv), urethral sphincter complex volume (USCv), clinical and urodynamic characteristics, and surgical outcomes in women with UD.

Materials & Methods

A retrospective study was conducted on 53 female patients who underwent diverticulectomy for UD. They were divided into two groups: proximal/middle UD (pmUD, n = 43) and distal UD (dUD, n = 10) based on the location of the ostium of the UD. Preoperative assessments included videourodynamic study (VUDS) and magnetic resonance imaging, with a follow-up VUDS 1 month postsurgery. The urethra-sphincter complex was measured using T2-weighted MRI, and the USCv was determined by the subtraction of UDv from whole urethra volume. Fisher's exact test, Mann-Whitney U test, and receiver operating characteristic (ROC) analysis were used for statistical analyses.

Results

Compared to the dUD group, pmUD patients were less likely to present with a vaginal lump (37.2% vs. 80.0%, p = 0.031) but had

significantly larger USCv ($9.96 \pm 5.91 \text{ cm}^3$ vs. $5.23 \pm 1.19 \text{ cm}^3$, $p < 0.001$) and UDv ($6.27 \pm 7.40 \text{ cm}^3$ vs. $0.84 \pm 0.81 \text{ cm}^3$, $p < 0.001$). Surgical time for pmUD was longer (230.1 ± 72.64 minutes vs. 127.0 ± 40.15 minutes, $p < 0.001$), and recurrence was higher (32.6% vs. 0.0%, $p = 0.018$). In the pmUD group, 24 patients had bladder outlet obstruction (BOO) and 25 exhibited high-pressure voiding ($> 20\text{cmH}_2\text{O}$). No significant association was found between UDv or USCv and recurrence, unresolved BOO, or high pressure voiding status. However, the ROC curve identified a USCv cut-off value of $\geq 8.2 \text{ cm}^3$, suggesting that high-pressure voiding status was less likely to resolve after surgery in pmUD patients with larger USCv (sensitivity = 0.682; specificity = 0.800). The area under the curve was 0.755 ($p = 0.023$). Additionally, 9.3% pmUD patients developed new-onset stress urinary incontinence, correlated with larger UDv ($11.5 \pm 14.3 \text{ cm}^3$ vs. $5.9 \pm 6.4 \text{ cm}^3$, $p = 0.02$).

Conclusions

A USCv cutoff of $\geq 8.2 \text{ cm}^3$ was identified as a predictor for unresolved high-pressure voiding after diverticulectomy.

中文簡要說明:

此篇研究為回溯 53 位 urethral diverticulum 有接受 diverticulectomy 的病人，依 diverticulum 的位置分成 distal group(dUD) 和 proximal-medial group(pmUD)，分別為 10 位和 43 位病人，會去計算其中 urethral diverticulum volume (UDv), urethral sphincter complex volume (USCv), 其中 pmUD group 去深入分析術前術後的 VUDS，發現雖然 USCv 和術後的 high-pressure voiding status 沒有顯著差異，但是使用 ROC 分析，發現 USCv 大於 8.2 時可以視為預測術後 high-pressure voiding 無法改善的因子，此發現可以用於之後讓病人了解若術前 USCv 大於 8.2 的話可能術後 BOO 症狀改善不會很好。

大會論壇及課程

這次與以往不一樣的報告方式，是由三面牆各自投影不同主題的海報，而報告人和想參與本主題的人們會戴上耳機轉到特定頻率，就只會收聽到那個主題報告人的收音。除此之外，也提供 AI 生成文字翻譯，即使遇到不同口音或難以理解的英文單字，也能轉至中文幫忙了解，對於英聽能力普通的人真的是一大福音。會期的第二天，由於當天沒有要報告，所以報名了 ESU course，主講者深

入淺出的講解當次主題，讓我收穫良多。除此之外，我也趁空檔參加了許多 Plenary session，當中的 debate 和 game changer 主題最吸引我聆聽，對於常見的臨床抉擇，兩派醫師都相當有說服力，也意外讓我可以從不同角度看各個處置方式的優缺點，非常讓我印象深刻。

Exhibition

本場會議的醫材廠商及藥廠琳瑯滿目，規模堪比亞洲泌尿醫學會的十倍大。許多廠商展示最新穎的器材，如攝護腺肥大的趨勢 Aquablation。會場中我們也看到許多近期開發的軟式膀胱鏡，體驗使用起來的手感。此外，中國廠商也展示了手術機器人，在醫師操控儀上做出了許多更新，讓醫師能夠有更多的手部回饋且整體操作更加輕盈。

三、心得及建議

這次的 2025 EAU 是我第二次參與重大的泌尿科國際會議，讓我大開眼界以及獲得了許多不一樣的想法。看到了在泌尿科中不同領域的專家在台上的分享，讓我深深感到自己的不足，但也獲得滿滿的學習動力，並期許自己能在這個領域深造自己、琢磨自己的技術，讓病人能夠獲得最好的照顧品質。除此之外，也深深覺得這些知識日新月異，自己必須要時常吸收新知、跟上世界的腳步，才不會讓自己或病人處於落後的治療計畫。總體而言，我會將這次的出國經驗以及吸收的養分，好好地在我住院醫師訓練中甚至主治醫師時，努力灌溉、成長茁壯。

四、照片集



圖一 & 二、臺北榮民總醫院泌尿部團隊於展會合影



圖二、討論式海報報告-1

圖三、討論式海報報告-2

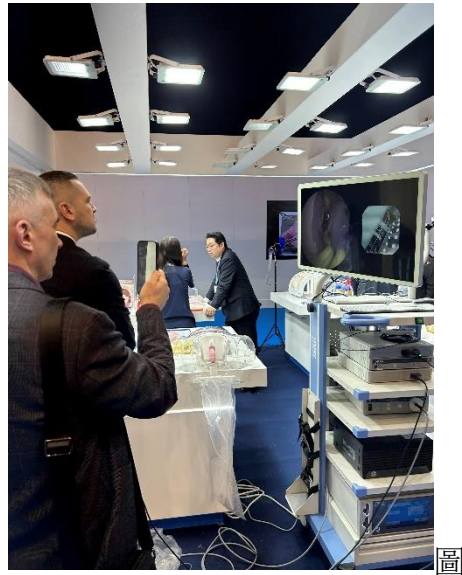


圖四、Plenary session

圖五、ESU course



圖六、機械手臂 展示機



圖七、軟式輸尿管鏡模擬機