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# Evaluation of lymph node surgery in patients with upper urinary tract carcinoma

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| **Submission date**<br>09/09/2015 | **Recruitment status**<br>Recruiting | [ ] Prospectively registered<br>[ ] Protocol<br>[ ] Statistical analysis plan<br>[ ] Results<br>[ ] Individual participant data<br>[X] Record updated in last year |
| **Registration date**<br>07/10/2015 | **Overall study status**<br>Ongoing | |
| **Last Edited**<br>09/04/2025 | **Condition category**<br>Cancer | |

## Plain English summary of protocol

Background and study aims
The most common type of bladder cancer is transitional cell bladder cancer (TCC), also known as urothelial carcinoma. This type of bladder cancer starts in the cells that line the inside of the bladder (transitional cells), which are designed to expand when the bladder is full and contract when it is empty. These same cells also line the tubes which carry urine from the kidney to the bladder (ureter) and out of the body (urethra). Cancers of the upper urinary tract are most common in the renal pelvis (the part of the kidney that connects to the ureters) or the renal calyces (the part of the kidney where urine is collected). The main treatment for this is an operation called a nephroureterectomy, where the kidney and renal pelvis is removed. In some cases of urothelial carcinoma, the cancerous cells can spread around the body (metastases). In order to find out the extent of this an operation called a retroperitoneal lymphadenectomy is performed, in which the lymph nodes (swellings which produce white blood cells) are removed and examined. There is little evidence of nephroureterectomies and retroperitoneal lymphadenectomies being carried out at the same time. The aim of this study is to find out where lymph node metastases are located in urothelial carcinomas of the upper urinary tract.

Who can participate?
Adults with advanced urothelial carcinoma in Sweden.

What does the study involve?
At the time of surgery, the location of lymph node metastases is recorded in all patients. Over a two year follow up period, imagining is completed in order to find out if the lymph node metastases have returned. For 90 days after surgery, patients attend follow up appointments so that any surgical complications from the surgery can be recorded.

What are the possible benefits and risks of participating?
There are no specific benefits of participating in the study. There are no risks of participating other than the usual risks which accompany major surgery.

Where is the study run from?
Skåne University Hospital (Sweden)

When is the study starting and how long is it expected to run for?
January 2015 to January 2028

Who is funding the study?
Lund University (Sweden)

Who is the main contact?
Dr Fredrik Liedberg
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# Contact information

### Type(s)
Scientific

### Contact name
Dr Fredrik Liedberg

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# Additional identifiers

### EudraCT/CTIS number

### IRAS number

### ClinicalTrials.gov number

### Secondary identifying numbers
N/A

# Study information

### Scientific Title
Lymphadenectomy in urothelial carcinoma in the renal pelvis/calyces (LURP-study)

### Acronym
LURP-study

## Study objectives
This study aims to find where lymph node metastases are located in urothelial carcinomas of the upper urinary tract.

## Ethics approval required
Old ethics approval format

## Ethics approval(s)
The Ethics Board of Lund University, 09/06/2013, ref: 2013/321

## Study design
Single-centre observational case series

## Primary study design
Observational

## Secondary study design
Case series

## Study setting(s)
Hospital

## Study type(s)
Treatment

## Participant information sheet
Not available in web format, please use the contact details to request a participant information sheet

## Health condition(s) or problem(s) studied
Urothelial carcinoma of the upper urinary tract

## Interventions
At the time the retroperitoneal lymphadenectomy is performed on the participants, the location of the lymph node metastases is recorded. The participants are then monitored for 90 days post-surgery for post-surgical complications. After two years, using radiological methods, the location of any further metastases are recorded.

## Intervention Type
Procedure/Surgery

## Primary outcome measure
Location of lymph node metastasis measured at retroperitoneal lymphadenectomy during follow up if the patients suffer from lymph node recurrence, within a two year period.

## Secondary outcome measures
Post surgical complications are monitored throughout 90 days after surgery, by examining patient charts. After 90 days, a Clavien score between 0 and 5 is determined.

## Overall study start date

01/01/2014

**Completion date**
01/01/2028

# Eligibility

**Key inclusion criteria**
1. Aged 18 years or over
2. Locally advanced high grade urothelial carcinoma in the renal pelvis or upper 2/3 of the ureter (Clinical stage > T1)

**Participant type(s)**
Patient

**Age group**
Adult

**Lower age limit**
18 Years

**Sex**
Both

**Target number of participants**
100

**Key exclusion criteria**
Clinical suspicion of non-muscle invasive UUTUC

**Date of first enrolment**
01/01/2014

**Date of final enrolment**
01/03/2027

# Locations

**Countries of recruitment**
Norway

Sweden

**Study participating centre**
**Skåne University Hospital**
Södra Förstadsgatan 101

Malmö
Sweden
20502

**Study participating centre**
**St Olavs University Hospital of Trondheim**
Department of Urology
Norway
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# Sponsor information

**Organisation**
Lund University

**Sponsor details**
Institute Translational Medicine
Jan Waldenströms gata 35
Malmö
Sweden
205 02

**Sponsor type**
University/education

**Website**
http://www.lunduniversity.lu.se/

**ROR**
https://ror.org/012a77v79

# Funder(s)

**Funder type**
University/education

**Funder Name**
Lund University

# Results and Publications

## Publication and dissemination plan
Publication in a peer reviewed journal.

## Intention to publish date
01/01/2030

## Individual participant data (IPD) sharing plan
The data-sharing plans for the current study are unknown and will be made available at a later date

## IPD sharing plan summary
Data sharing statement to be made available at a later date