AARHUS UNIVERSITY

Press release

Please fill in this form and return it to graduateschoolhealth@au.dk in Word format no later than three weeks prior to your defence.

Basic information

Name: Simone Buchardt Brandt Email: simbra@clin.au.dk Phone: +45 41 62 48 30

Department of: Clinical Medicine

Main supervisor: Jørgen Bjerggaard Jensen

Title of dissertation: Benign Ureteroentric Strictures After Radical Cystectomy and Ileal Conduit – Definition, Etiology, and Prevention

Date for defence: May 30 at (time of day): 14.00
Place: Auditorium C114-101, entrance C, AUH, Palle Juul-Jensens Blvd. 99, 8200 Aarhus N

Press release (Danish)

Benigne ureteroenterisk strikturer efter radikal cystektomi med brickerafledning – Definition, ætiologi og forebyggelse

Blærekræft er globalt set en hyppig kræftform, der kan kræve fjernelse af blæren, en radikal cystektomi med urinafledning. I Danmark vælger de fleste en brickerafledning. Operationen indebærer risiko for ureteroenteriske strikturer (UES), især på venstre side, formentlig på grund operationsmetoden. Et nyt ph.d.-projekt fra Aarhus Universitet, Health undersøger UES og evaluerer en ny retrosigmoidale afledning. Denne afhandling er baseret på fire artikler fra tre studier:

Artikel I: Vores retrospektive studie fandt, at 15,7% af patienterne, der gennemgår radikal cystektomi med en brickerafledning udvikler UES, og belyser forskellige præsentationer samt behandlingsmetoder af UES.
Artikel II: Ved at undersøge risikofaktorer for UES efter cystektomi, identificerer vores undersøgelse side-specifikke sammenhænge, der antyder forskellige ætiologier for venstre- og højresidige strikturer.
Artikel III: I det første randomiserede studie af sin art demonstrerer vi gennemførligheden og sikkerheden af den retrosigmoidale afledning sammenlignet med brickerafledningen, og derved potentielt en løsning til at sænke risikoen for venstresidige UES .
Artikel IV: Tidlige resultater fra vores igangværende studie indikerer et lovende fald i venstresidige UES med brug af den retrosigmoidale afledning, hvilket fremhæver dens potentiale som en forebyggende foranstaltning ved blærekræftkirurgi.
Projektet er gennemført af Simone B. Brandt, der forsvarer det d. 30. maj.

Forsvaret af ph.d.-projektet er offentligt og finder sted den 30/05 kl. 14:00 i auditorium C114-101, indgang C, Aarhus Universitetshospital, Palle Juul-Jensens Blvd. 99, 8200 Aarhus N.
For yderligere oplysninger kontakt Ph.d.-studerende Simone B. Brandt, e-mail: simbra@clin.au.dk, tlf. +45 41 62 48 30.

Bedømmelsesudvalg:
Therese Ovesen: Professor, Dr.med., MD (Formand)
Afdelingen for ØNH & Klinisk Medicin ved Gødstrup Hospital og Aarhus Universitet, Herning.

Arnulf Stenzl: Professor, MD, Dr. h.c. Afdelingen for Urologi ved Eberhard-Karls-Universitetet , Tübingen, Tyskland.

Ralph Peeker: Professor, overlæge, MD, PhD Afdelingen for Urologi ved Sahlgrenska Akademin, Göteborgs Universitet, Sverige.

Press release (English)

Benign Ureteroentric Strictures After Radical Cystectomy and Ileal Conduit – Definition, Etiology, and Prevention

Bladder cancer, a global concern, and often treated with removal of the bladder, a radical cystectomy with urinary diversion. In Denmark, most opt for an ileal conduit. This surgery poses risks, including ureteroenteric strictures (UES), especially on the left side, presumably due to surgical nuances. A new phd project from Aarhus University explores this and evaluates a new approach, the retrosigmoid ileal conduit.
This disseriations is based on four papers from three studies:

Paper I: Our retrospective study reveals that 15.7% of patients undergoing radical cystectomy with ileal conduit develop UES, shedding light on varied presentation and treatment approaches.
Paper II: Examining risk factors for UES after cystectomy, our study identifies side-specific associations, suggesting different etiologies for left and right-sided strictures.
Paper III: In the first randomized trial of its kind, we demonstrate the feasibility and safety of the retrosigmoid ileal conduit compared to conventional ileal conduit, potentially offering a solution to reduce the risk of left-sided UES.
Paper IV: Early results from our ongoing trial indicate a promising decrease in left-sided UES with the use of the retrosigmoid ileal conduit, highlighting its potential as a preventive measure in bladder cancer surgery.
The project was carried out by Simone B. Brandt, who is defending her dissertation on May 30.

The defence is public and takes place on May 20 at 14:00 in Auditorium C114-101, entrance C at Aarhus Universitetshospital, Palle-Juul Jensens Boulevard 99, 8200 Aarhus N.
For more information, please contact PhD student Simone B. Brandt, email: simbra@clin.au.dk, Phone +45 41 62 48 30.

Assessment committee:
Therese Ovesen: Professor, DMSc, MD (Chairman)
Department of ENT & Clinical Medicine ved Gødstrup Hospital og Aarhus Universitet, Herning.

Arnulf Stenzl: Professor, MD, Dr. h.c.
Department of Urology ved Eberhard-Karls-University Tübingen, Germany

Ralph Peeker: Professor, Consultant, MD, PhD
Department of Urology at Sahlgrenska Academy, University of Gothenburg, Sweden

Permission

By sending in this form:

- I hereby grant permission to publish the above Danish and English press releases.
- I confirm that I have been informed that any applicable inventions shall be treated confidentially and shall under no circumstances whatsoever be published, presented or mentioned prior to submission of a patent application, and that I have an obligation to inform my head of department and the university's Patents Committee if I believe I have made an invention in connection with my work. I also confirm that I am not aware that publication violates any other possible holders of a copyright.