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REFINING AND USING BRISTOL UTRAQ TO SCORE THE QUALITY OF URODYNAMIC TRACES

A.Gammie, Bristol Urological Institute, UK

A good urodynamic test should result in a high-quality trace which can be reliably interpreted, to guide assessment and treatment of lower urinary tract symptoms. A method to measure the quality of the trace was systematically developed (1). This study aims to improve the inter-rater reliability of the method by clarifying the assessment points used and also to find the minimum score defining a good quality trace.

Methods

22 traces were collected from attendees at ICS-certified urodynamic courses and submitted to seven experienced urodynamicists (clinicians and allied health-care professionals) from four different centres. Where scores differed significantly between raters, clarification was sought on the reasons for the difference and questions edited accordingly. In addition, pop-up guidance notes have been added to the Excel score sheet, in order to reduce any confusion or ambiguity. The scores were then adjusted to reflect the answers to the revised questions.

Results

Figure 1 shows the scores for each trace, with each point representing the score given by one rater. It can be seen that the system indicates well variations in data quality, while maintaining broad agreement between raters. The variation between raters is $\pm 10\%$ of the mean. The data collection will continue until 60 traces have been scored, at which point the cutoff for acceptable quality (currently suggested as 75% (1)) will be reviewed.

Conclusions

The revised UTraQ scoring system for the quality of urodynamic traces differentiates well between 22 traces of varying quality, with reasonable inter-rater reliability. A full assessment of the utility of the system will be made after 60 traces have been scored.

Figure 1. UTraQ scores for each of 22 traces, with each point representing the score given by one rater.

Reference:

1. Gammie, A, Hashim, H, Abrams, P. Bristol UTraQ: A proposed system for scoring the technical quality of urodynamic traces. *Neurourol Urodyn.* 2022; 41: 672-678. doi:10.1002/nau.24872