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EARLY REFERRAL OF PRIMARY UNDESCENDED TESTIS: QUESTIONS TO UK PRIMARY CARE PHYSICIANS

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Aim of the Study: Timing of orchidopexy for primary undescended testis (UDT) is controversial. Collaborative guidelines (BAPS/BAPU/RCSEng 2015) suggest 12 months of age to optimally balance anaesthetic risks against potential germ cell loss in the undescended testis. The BAPU consensus statement of 2012 suggests referral should be made if UDT is found at the 6-8 week examination. ORCHESTRA is an international audit of orchidopexy for undescended testis; preliminary work presented at BAPS 2015 showed that of all patients receiving unilateral orchidopexy, only 32% were referred before 12 months of age; collaboration with primary care physicians was recommended (Skerritt et al.). We report current understanding of optimal UDT care among UK general practitioners (GPs).

Methods: An online survey was advertised to GPs using local commissioning care group emails and two national online GP forums. Questions concerned clinical case exposure, and understanding of the timings of referral and surgery. Chi-squared analysis of groups depending on experience within primary care was performed. Advice for dissemination of information and guidelines to GP colleagues was also sought.

Results: 94 responses: 13 GP trainees and 81 qualified GPs (62% in General Practice >5 and 22% >15 years.) 96% were unaware of the existing BAPU guidance on the timing for orchidopexy. Responses are summarised in Figure 1.
GP suggestions for disseminating information included online modules, deanery emails and forums, emphasis on the GP curriculum (within which the topic of UDT is not currently taught) and clinical review article in General Practice literature.

Conclusion:
• Independent of experience, perceptions of the need for early surgery in UDT vary widely among UK GPs
• Most (>90%) would refer UDT by 12 months but only 50% by 3 months
• Delayed primary care referral precludes timely surgery for boys with UDT
• Dissemination of current guidelines, targeted at GPs, may be beneficial

Experience			Understanding of UDT	Practice of referral in event of a finding of UDT			
Years of experience	n	Never encountered UDT? (p=0.002)	N of respondents recognising need to operate before 1 year of age *(p=0.09)*	Refer at 6-8w check? *(p=0.09)*	Refer by 3m? *(p=0.06)*	Refer by 6m? *(p=0.15)*	Refer by 1y?
<5	43	18 (42%)	8 (19%)	12 (28%)	18 (42%)	23 (53%)	38 (88%)
5-15	33	7 (21%)	13 (39%)	16 (48%)	22 (66%)	24 (73%)	31 (94%)
>15	18	0%	7 (39%)	4 (22%)	7 (39%)	9 (50%)	16 (89%)
Overall	**94**	**27%**	**30%**	**34%**	**50%**	**60%**	**90%**