UBC® Rapid:
Quantitative Measurement Makes the Difference

In the following expert interview, Dr. Daniela Marschall discusses a patient case in which the UBC® Rapid test, the first rapid bladder cancer test to provide quantitative results, offered the decisive diagnositc insight. The case illustrates the added value the test can offer in urological screening and follow-up, particularly in bladder carcinomas that are difficult to detect using imaging techniques.

Interview with Dr. Daniela Marschall

Specialist in Urology and Paediatric Urology
Frankfurt am Main, Germany

Could you briefly introduce the patient and describe the clinical background?

The patient is a 73-year-old man who has been under my regular urological care since July 2013. He attends annual preventive examinations. His only relevant comorbidity is mild arterial hypertension.

The patient occasionally smokes a cigar after meals but has no other history of nicotine use. For years, he has reported relatively low fluid intake. Professionally, he worked as a lawyer and notary and is now retired.

What were the previous screening results before the abnormal finding?

All previous screening examinations had been unremarkable. In particular, UBC® Rapid values had consistently remained within the low range of 5–10 µg/L. Neither clinical examinations nor imaging had revealed any evidence of a urological neoplasm.

What was the initial abnormal finding and how was it addressed?

In February 2024, a markedly elevated UBC® Rapid value of >300 µg/L was detected for the first time during a routine screening examination. The result was checked twice and confirmed on both occasions.

Urine cytology was also performed and revealed abnormal hyperchromatic cell clusters, leading to a clear recommendation to rule out urothelial carcinoma

Which imaging techniques were used and what were the results?

An ultrasound examination of the urinary tract was performed first, followed by CT urography. Neither procedure revealed a tumour.

Despite the negative imaging results, laboratory and cytological findings continued to indicate a high clinical suspicion of a neoplasm.

What further diagnostic steps were taken?

Due to the discrepancy between the imaging findings and tumour marker results, bladder mapping biopsies and wash cytology of both kidneys were performed on 8 March 2024.

This approach was crucial because a flat tumour growth, that would be difficult to detect using imaging techniques, was suspected.

What were the histological findings?

Histological examination of two biopsy specimens revealed flat papillary tumour components consistent with a pTa G2 high-grade urothelial carcinoma.
Four additional biopsy specimens showed cystitis glandularis et cystica.

The wash cytology results from both kidneys were negative for tumour cells, whereas the bladder wash cytology revealed atypical cell clusters.

What therapeutic measures were taken as a result?

Multiple transurethral resections of the bladder (TUR-B) were performed due to flat tumour extensions. The histological findings remained unchanged.

Following a final resection that was confirmed to be tumour-free, intravesical chemoprophylaxis with mitomycin was administered in accordance with the applicable clinical guidelines.

"Despite negative imaging results, the markedly elevated marker provided an early indication of a clinically relevant urothelial neoplasm."

What is the patient's current clinical status?

The patient is currently tumour-free and undergoing close follow-up.

It is particulary noteworthy that the UBC® Rapid value has returned to a consistently low range of 5–9 µg/L, which accurately reflects the patient's clinical course.

What role did the UBC® Rapid test play in this case?

In this case, the UBC® Rapid test was the decisive trigger for further diagnostic investigations. Despite negative imaging results, the markedly elevated marker provided an early indication of a clinically relevant urothelial neoplasm.

The test's clinical value is particularly evident in cases involving flat, high-grade tumours.

What message would you like to share with your colleagues regard-ing the use of the UBC test?

"During follow-up, the UBC® Rapid value accurately reflects the patient's clinical course."

This case clearly demonstrates that the UBC® Rapid test is a valuable tool for the screening and follow-up of bladder cancer. It can provide a decisive diagnostic indication, particularly in cases involving flat tumours that are not detectable by imaging.

An abnormal UBC value should always be taken seriously and investigated further in a systematic manner.