



ANNUAL MEETING

26-28 June 2017

SEC GLASGOW

Final
Programme

Incorporating Meetings
of the Sections of:

Academic Urology

Andrology &
Genito-Urethral Surgery

Female, Neurological
& Urodynamic Urology

and Teaching Courses

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Welcome from the President



On behalf of BAUS Council I am delighted to welcome you to the 2017 Annual Scientific Meeting. In response to feedback we had from delegates following BAUS 2016 and the EAU meeting in London this March, we have changed the format and duration of the meeting, ensuring that it has a distinct feel, reflecting the best of British Urology.

The continuing challenge for all of us working in the NHS is to deliver high-quality care within available resources while embracing the latest evidence informing clinical practice and these issues are key elements of the meeting. While much of our clinical practice is of a high quality, analysis of the work done by the Getting it Right First Time (GIRFT) team has demonstrated a wide variation in practice for many common conditions in urology. Simon Harrison who leads the GIRFT team is giving an update on the progress of the work in a session looking at how standards can be applied in the real world.

For the first time at our meeting there is a session entitled 'When things aren't going right'. This session will focus on the impact of adverse events and burnout on urologists, which promises to be insightful and thought provoking. On a lighter note, this year sees the return of University Challenge - a team of consultants takes on a team of trainees, hosted by the inimitable Professor Roger Kirby.

The Academic Urology, Andrology (AGUS) and Female (FNUU) Sections are holding their annual meetings on Monday 26 June. There are joint sessions between Andrology (AGUS) and Female (FNUU) sections and between Academic Urology and Oncology sections on Monday afternoon. On Wednesday morning there is a joint session between Oncology and Endourology sections.

The programme of Teaching Courses has also been revised this year with the programme committee's decision taken to rest the Skills Courses. With the meeting running over three days, we wanted to ensure delegates (including Course Faculty) could maximize their time in Glasgow and attend as many of the excellent main plenary and parallel sessions as possible. If you do plan to attend a Teaching Course, please see the registration desk for availability.

The main social event of the meeting is a drinks reception held on Monday 26 June, 1830 at Glasgow City Chambers. This is a great opportunity to catch up with friends and colleagues. For ticket availability, please see the registration desk.

Our thanks go to our colleagues from the pharmaceutical and equipment companies for continuing their very generous support of the Association's educational activities, including meetings run by the Sections and courses run by the Education Committee. I hope you will show your appreciation by visiting their stands in the Medical and Trade Exhibition during the week. We have scheduled times into the programme to allow you to visit the exhibition hall.

In closing I would like to thank Duncan Summerton (Honorary Secretary) and Paul Jones (Honorary Secretary Elect) for leading the development of an exceptional and highly relevant meeting programme. Our thanks also go to members of the Programme Committee and Section Executive Committees for their hard work in putting together excellent sessions, to our Abstract Reviewers for reading and marking all the submitted abstracts, and to Hannah Doyle (Events Manager) and Harry Heald (Events Co-ordinator) in BAUS Office for the enormous amount of work they have put into planning this meeting.

Packed with stylish bars and restaurants, fantastic museums and attractions, Glasgow has evolved over the last couple of decades to become one of the country's most intriguing cities to visit.

Kieran O'Flynn

President BAUS

Introduction

by the Honorary Secretary and the Honorary Secretary Elect



Paul Jones

In response to delegate feedback, this year's annual meeting has a very different and exciting theme focussed on 'The Best of British' Urology.

The programme committee have made several major changes to this year's meeting which includes a trial reduction of the meeting to three days and a real focus on what is most pertinent to UK Urology. We are mindful that time away from your place of work is precious and we wish to make the BAUS meeting as efficient, enjoyable and relevant to the whole spectrum of delegates.

Highlights include: Variability in Practice, Implementing Standards in the real world, Commissioning, 'Getting it Right First Time' (GIRFT), Non-Technical Operative Skills, Burnout, Trainee Sessions, University Challenge, Best of BAUS and much more.

This year's BAUS Guest lecture is given by Professor Sir David Spiegelhalter on '*Communication with men about prostate surgery: are numbers useful?*'. Professor Sir David Spiegelhalter, OBE FRS, is Winton Professor for the Public Understanding of Risk and Fellow of Churchill College at Cambridge University, and as Chair of the Winton Centre for Risk and Evidence Communication, he endeavours to improve the ways in which risk and statistical evidence are taught and discussed in society. He gives many presentations to schools and others, advises organisations on risk communication, and is a regular high profile commentator on risk issues.

The BJU International Guest Lecture '*Health, Life Sciences and Industrial Strategy*' is given by Lord Prior, Parliamentary Under Secretary at the Department for Business, Energy and Industrial Strategy in the House of Lords. The Urology Foundation Guest Lecture '*Crouching Tigers, Hidden Dragons: Navigating the World of Medico-Legal Reporting*' is given by James Badenoch QC. The Journal of Clinical Urology Guest Lecture '*The importance of robust clinical research for British Urology*' is given by Professor Rob Pickard. Professor Pickard has been awarded the BAUS 2017 St Peter's Medal.

We have invited national and international experts who are taking part in plenary sessions and ePoster sessions. The St Paul's Medal is awarded to Professor Anthony J Costello, Royal Melbourne Hospital, Australia.

Annual Meetings of the Sections of Academic Urology; FNUU; Andrology and GUS, BURST, SURG and the annual general meeting including the President's address.

The courses have been significantly reduced this year to enhance attendance at the main meeting although, based on full capacity attendance and feedback from recent years the following courses are running at the meeting:

MPS - Medico Legal Course, BJU International sponsored course: Challenges for New Consultants, The Modern Management of Urinary Stone Disease, Robotic Urology: Safely Starting Pelvic and Upper Tract Procedures, Paediatric Urology, Practical Andrology for the General Urologist and Prosthetic Surgery in Urology.

This reduction in courses will ensure that more faculty members and trainees are available to attend the main meeting. For course availability, please see the registration desk.

This year's social events is a drinks reception at Glasgow City Chambers which is generously hosted by the Lord Provost - for ticket availability, please see the registration desk.

We are very grateful to our partners in Industry for their generous support of the meeting. Please show your appreciation by visiting the stands throughout the meeting.

This year in particular it is crucial to get your feedback on the format. The BAUS programme committee is responsive and adaptive to delegate feedback and we hope this year's meeting will receive positive feedback and provide as much information and guidance as possible for 2018, and beyond.

Duncan Summerton, Honorary Secretary
Paul Jones, Honorary Secretary Elect



Duncan Summerton

General Information

Abstract Book

Abstracts will be published in the Conference Edition of the Journal of Clinical Urology, which will be available in your delegate bag.

Badge Scanning

This year we will again be using badge scanning as lead retrieval. Exhibitors are able to hire scanners and scan delegate badge barcodes in order to download the following information:

- **Name, Job Title, Place of Work**

(as you specify on your online registration form)

- **Work Email address**

(as you specify on your online registration form)

Badge scanning by exhibitors is not compulsory. If you DO NOT wish to disclose this information to exhibitors, then do not allow your badge to be scanned. BAUS Staff may scan you on the entrance into sessions; this is purely for a count of attendance at the sessions.

Cashpoint

There are 2 free Clydesdale Bank Cashpoints by the SEC Box Office on the main concourse.

Cloakroom

The Cloakroom / Left Luggage area will be at Door 5B of Hall 5, located on the right hand-side of the Concourse as you enter SEC Centre from the main entrance and will be open at the following times:

Monday 26 June: 0730 - 1830

Tuesday 27 June: 0715 - 1945

Wednesday 28 June: 0715 - 1630

Please note that there is a charge of £2 per item.

Conference Catering

Complimentary drinks will be provided in the Exhibition Hall at the Scottish Event Campus from Monday to Wednesday.

Lunch will be available for purchase within the Exhibition Hall 4.

This year, BAUS are offering delegates Food & Drink Smart Cards with a pre-determined value of £10. Smart Cards can be redeemed at the food outlets within the Exhibition Hall. Delegates can collect Smart Cards on arrival from the BAUS Registration Desk. Each Smart Card is limited to one delegate. Smart Cards are not available for Accompanying Persons.

Continuing Medical Education

This meeting has been accredited with CME points as follows:

Monday 26 June 6 points

Tuesday 27 June 6 points

Wednesday 28 June 6 points

The Satellite Sessions are each accredited with 1 CME point.

Delegate Badges

For security purposes, all delegates, accompanying persons and exhibitors must wear the official BAUS 2017 delegate badges at all times to be admitted to the conference centre and social events. Badges will be issued from the Registration Desk.

Exhibition - Location and Opening Hours

The exhibition is in Hall 4 of Scottish Event Campus and will be open at the following times:

Monday 26 June 0800 - 1800

Tuesday 27 June 0800 - 1800

Wednesday 28 June 0800 - 1415

Please note: entry to the conference or exhibition is NOT available to personnel from commercial companies who do not have an exhibition stand.

Glasgow Tourist Information

Glasgow is a vibrant and cosmopolitan City with a wealth of cultural heritage. The city boasts fantastic shopping facilities, rich local history and heritage and a wealth of bars and restaurants. Glasgow's historical legacy is held in many different places; museums and art galleries, historic buildings, parks and gardens, literature and nightlife.

The Scottish Event Campus is located on the waterfront and is just outside Glasgow city centre.

Glasgow has multiple trains every day from London and direct trains from Edinburgh.

The SEC has its own dedicated railway station - Exhibition Centre - allowing easy access from the city centre.

For extensive travel information, including plane/air, train and bus, ticket information, latest travel and transport news, visit www.sec.co.uk/visitor-information/how-to-get-here.

General Information

Visit www.peoplemakeglasgow.com to find out what's going on in the city and what attractions to see and do.

Media Check-in

Media Check-In is located in the Leven Room on level 1 and is open at the following times:

Monday 26 June: 0700 - 1800
 Tuesday 27 June: 0730 - 1800
 Wednesday 28 June: 0730 - 1600

Multifaith Prayer Room

Room 5.1 on the main concourse room will be available to delegates throughout the conference for private religious observance.

Paper and ePoster Sessions

Full details of the presenters and abstracts have been published in the Final Conference and Scientific Programme and the Abstract Book, which will be available in your delegate bag.

Registration Desk

All relevant conference documentation should be collected from the BAUS Registration Desk. The desk will be situated inside the Exhibition Hall 4. It will be open at the following times:

Monday 26 June 0800 - 1800
 Tuesday 27 June 0730 - 1800
 Wednesday 28 June 0730 - 1415

Satellite Sessions

Satellite Sessions will be held in The Lomond Auditorium.

BAUS Scientific Sessions

The Scientific Sessions are only open to registered delegates. **Please note - entry to the conference or exhibition is NOT available to personnel from commercial companies who do not have an exhibition stand.** The exhibiting companies have had no control over the educational content of the meeting and selection of speakers.

SEC Information and Business Centre

There is an information and business centre open on the main concourse opposite Clydebuilt Bar & Restaurant.

Travel and Parking

Glasgow is easily reached from Glasgow International and Glasgow Prestwick Airports. Inter-city rail services connect with the centre of the city at Glasgow Central Station. Parking is available for 2000 vehicles at the SECC for delegates travelling by car - charges apply.

If you would like any further information or assistance please call 0141 248 3000, or email info@sec.co.uk

Twitter

BAUS 2017 is on Twitter:

@BAUSurology

#BAUS17

Delegates are reminded of the GMC and BMA guidance in respect to social media.

Venue

Scottish Event Campus (SEC)
 Exhibition Way, Finnieston, Glasgow G3 8YW
 Tel: +44 (0) 141 248 3000
 Fax: +44 (0) 141 226 3423

WiFi

There is free access to Wifi for the duration of the meeting. When accessing the internet on your device you will be prompted to log on by the SEC Homepage 'SEC WiFi' - please scroll down to 'Paid Access' and input:

Username: baus2017

Password: glasgow

2018 BAUS Annual Meeting

BT Convention Centre, Liverpool 25-28 June 2018

All Conference content, speakers and timings are correct at time of publication. The Organisers cannot be held responsible for changes due to circumstances beyond their control, including the withdrawal of speakers from the programme for any reason.

SATELLITE SYMPOSIUM, BAUS ANNUAL CONFERENCE

Recognise, react and refer: optimising outcomes in metastatic castration-resistant prostate cancer (mCRPC)

07.45–08.45, Tuesday 27 June 2017, Lomond Auditorium, SECC, Glasgow

Chair:

Professor Alan McNeill,
Consultant Urological Surgeon,
Lothian University Hospitals
NHS Trust, Edinburgh

Speakers:

Professor Noel Clarke,
Consultant Urologist,
The Christie NHS Foundation Trust,
Manchester

Professor Rob Jones,
Senior Lecturer and Honorary
Consultant in Medical Oncology,
University of Glasgow, Glasgow

07.45–07.50

Chair's introduction, Professor Alan McNeill

07.50–08.10

Recognising progression in mCRPC patients, Professor Noel Clarke

08.10–08.35

Radium-223 dichloride ▼: appropriate patient selection for optimal outcomes, Professor Rob Jones

08.35–08.45

Recognise, react and refer: a collaborative MDT approach, panel discussion



This symposium will use interactive keypad voting

Xofigo® ▼ 1100 kBq/mL solution for injection (radium-223 dichloride) Prescribing Information (Refer to full Summary of Product Characteristics (SmPC) before prescribing)

Presentation: Each vial contains 6 mL of solution (6.6MBq radium-223 dichloride at the reference date). Each mL of solution contains 1100 kBq radium Ra 223 dichloride (radium-223 dichloride), corresponding to 0.58ng radium-223 at the reference date. **Indication(s):** Treatment of adults with castration-resistant prostate cancer, symptomatic bone metastases and no known visceral metastases. **Posology & method of administration:** Xofigo should be administered only by persons authorised to handle radiopharmaceuticals in designated clinical settings, and after evaluation of the patient by a qualified physician. Xofigo is for intravenous use and must be administered by slow injection (generally up to 1 minute). The intravenous access line or cannula must be flushed with isotonic sodium chloride 9mg/mL (0.9%) solution for injection before and after injection of Xofigo. **Adults:** The dose regimen of Xofigo is an activity of 55kBq per kg body weight, given at 4 week intervals for 6 injections. **Hepatic impairment:** No dose adjustment is considered necessary in patients with hepatic impairment. **Renal impairment:** No dose adjustment is considered necessary in patients with renal impairment. **Elderly patients:** No dose adjustment is considered necessary in elderly patients. **Children & adolescents:** There is no relevant use of this medicinal product in the paediatric population for prostate cancer. **Contra-indications:** None known. **Warnings & precautions:** Bone marrow suppression, notably thrombocytopenia, neutropenia, leukopenia and pancytopenia, have been reported in patients treated with Xofigo. Haematological evaluation of patients must be performed at baseline and prior to every dose of Xofigo. In case there is no recovery in values for absolute neutrophil count (ANC), platelets and haemoglobin within 6 weeks after the last administration of Xofigo despite receiving standard of care, further

treatment with Xofigo should only be continued after a careful benefit/risk evaluation. Patients with evidence of compromised bone marrow should be treated with caution. Safety and efficacy of Xofigo have not been studied in patients with Crohn's disease and ulcerative colitis. Due to faecal excretion of Xofigo, radiation may lead to aggravation of acute inflammatory bowel disease. Therefore, Xofigo should only be administered after a careful benefit-risk assessment in these patients. In patients with untreated imminent or established spinal cord compression, treatment with standard of care, as clinically indicated, should be completed before starting or resuming treatment with Xofigo. In patients with bone fractures, orthopaedic stabilisation of fractures should be performed before starting or resuming treatment with Xofigo. In patients treated with bisphosphonates and Xofigo, an increased risk of development of osteonecrosis of the jaw (ONJ) cannot be excluded. Xofigo contributes to a patient's overall long-term cumulative radiation exposure which may be associated with an increased risk of cancer and hereditary defects. In particular, the risk for osteosarcoma, myelodysplastic syndrome and leukaemias may be increased. This medicinal product can contain up to 2.35mmol (54mg) sodium per dose, depending on the required volume, and must be taken into consideration by patients on a controlled sodium diet. **Interactions:** No clinical interaction studies have been performed. Interactions with calcium and phosphate cannot be excluded. Safety and efficacy of concomitant chemotherapy with Xofigo have not been established. **Fertility, pregnancy & lactation:** Xofigo is not indicated in women. Results from animal studies, indicate there is a potential risk that radiation from Xofigo could cause adverse effects on fertility. Male patients should seek advice on conservation of sperm prior to treatment. Due to potential effects

on spermatogenesis associated with radiation, men should be advised to use effective contraceptive methods during and up to 6 months after treatment with Xofigo. **Effects on ability to drive and use machines:** There is no evidence, nor is it expected, that Xofigo will affect the ability to drive or use machines. **Undesirable effects:** **Very common:** Thrombocytopenia, diarrhoea, vomiting, nausea. **Common:** Neutropenia, pancytopenia, leukopenia and injection site reactions. **Uncommon:** Lymphopenia. **Serious:** Thrombocytopenia and neutropenia. Prescribers should consult the SmPC in relation to other side effects. **Overdose:** No specific antidote. In the event of an inadvertent overdose, general supportive measures, including monitoring for potential haematological and gastrointestinal toxicity should be undertaken. **Incompatibilities:** Do not mix with other medicinal products. **Special Precautions for Storage:** Store in accordance with national regulation on radioactive materials. **Legal Category:** POM. **Package Quantities & Basic NHS Costs:** Single vial pack £4040. **MA Number(s):** EU/1/13/873/001. **Further information available from:** Bayer plc, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA United Kingdom. Telephone: 01635 563000. **Date of preparation:** January 2016. Xofigo® is a trademark of the Bayer Group

Adverse events should be reported.
Reporting forms and information can be found at
www.mhra.gov.uk/yellowcard. Adverse events
should also be reported to Bayer plc.
Tel: 01635 563500, Fax: 01635 563703,
Email: pvuk@bayer.com

Registration Information

Badge Scanning

This year we will again be using badge scanning as lead retrieval. Exhibitors are able to hire scanners and scan delegate badge barcodes in order to download the following information:

- **Name, Job Title, Place of Work**

(as you specify on your online registration form)

- **Work Email address**

(as you specify on your online registration form)

Badge scanning by exhibitors is not compulsory. If you DO NOT wish to disclose this information to exhibitors then do not allow your badge to be scanned. BAUS Staff may scan you on the entrance into sessions but this is purely for a count of attendance at the sessions.

Cancellations

Fees for both the conference and the teaching courses cannot be refunded on any cancellations after 31 May 2017.

Exhibition-Only Registration

Exhibition-only registration will not be available onsite.

Accompanying Persons

Registration

There is no registration fee for partners of delegates but badges will be issued. Accompanying persons are invited to attend the Drinks Reception at Glasgow City Chambers on Monday 26 June. Places for events should be booked in advance on the online registration form. There is no formal Accompanying Persons Programme but please see the social programme for details of the coffee morning on Tuesday 27 June.

Non-exhibiting Company Personnel

Entry to the conference or exhibition is NOT available to personnel from commercial companies who do not have an exhibition stand.

In the Management of Children
with Vesicoureteral Reflux (VUR)

Take Control of Febrile UTIs

DEFLUX® Abbreviated Prescribing Information:
(See DEFLUX Instructions for Use for full Prescribing Information)

Presentation: Dextranomer microspheres (50 mg/ml) in a carrier gel of hyaluronic acid contained in a single use disposable syringe of 1 ml vol.

Indication: Treatment of Vesicoureteral reflux.

Dosage and administration: Deflux should be injected submucosally in the urinary bladder in close proximity to the ureteral orifice at cystoscopy. Deflux is to be administered only by qualified physicians or surgeons experienced in the use of a cystoscope and trained in the technique for subureteric or intraurethral injections. Do Not Use if damaged. Do not inject more than 15 ml of Deflux in adults and 6 ml in children at the same treatment session. Inject slowly to avoid undue stress on the luer-lock connection which could cause leakage of the gel.

Contraindications: Primary refluxing megaureters with distal stenosis, uncontrolled voiding dysfunction.

Warnings and precautions: Deflux is only intended for submucosal injections in the urethra, urinary bladder and distal ureter. Do not resterilize Deflux as this will damage the product. Do not inject intravascularly. Do not mix with other products. Do not inject if the patient is known to be allergic to hyaluronic acid-based products or dextran. Postoperative dilatation of the upper urinary tract that resolves spontaneously within a few days has been observed in clinical investigations in less than 1% of treated patients. However rare cases of postoperative dilatation of the upper urinary tract with or without hydronephrosis leading to temporary placement of a ureteric stent have been reported. In very rare cases of ureteral obstruction, ureteric reimplantation has been required. Incidental findings of injection site calcifications which have been mistaken for distal ureteral calculi on imaging studies have been reported.

Drug Interactions: The interactions of Deflux with other drugs has not been studied.

Pregnancy & Lactation: The safety and effectiveness of Deflux in pregnant or lactating women has not been established.

Storage: Store up to 25°C protected from sunlight and freezing.

Legal classification: Class III - Medical Device.

Marketing Authorisation Number: CE0344.

Distributor: Swedish Orphan Biovitrum AB (publ), SE-112 76 Stockholm, Sweden.

Manufacturer: Oceana Therapeutics Ltd, 3013 Lake Drive, CityWest Business Campus Dublin 24, Ireland.

Further information is available on request from: Swedish Orphan Biovitrum Limited, Suite 2, Riverside 3, Granta Park, Great Abington, Cambridgeshire, CB21 6AD Tel: 01223 891854.

Date of preparation: February 2017 - **Company reference:** PP-2225

Adverse events should be reported. Reporting forms and information for the UK can be found at www.mhra.gov.uk/yellowcard and for Ireland at www.hpra.ie

Adverse events should also be reported to Swedish Orphan Biovitrum Limited by email: drugsafety@sobi.com

The Museum of Urology @ BAUS 2017

Jonathan Goddard, Curator of the Museum of Urology

2017 finds the annual BAUS meeting once again in the beautiful city of Glasgow. Glasgow was the first location outside London that the BAUS annual meeting was held. The first two small meetings were held at the Royal College of Surgeons in London in 1945 (the year BAUS was formed) and 1946.

The 1947 meeting was held in Glasgow from Friday 13 to Sunday 15 June (fig 1). The meeting was hosted at the Royal College of Physicians and Surgeons of Glasgow and included both short paper presentations and cine-films of "The Neurogenic Bladder" (David Band), "Congenital Abnormalities" (Tom Chapman) and "Extraperitoneal Ureteric Transplantation" (Eric Riches). Live operating sessions were held at four different hospitals hosted by Tom Chapman, Walter Galbraith, Arthur Jacobs, Willie Mack and Ian Maitland. On the Sunday, a cruise was arranged down the river Clyde. (fig 2). The 1947 meeting saw the handing over of the Presidential Chair from Ronald Ogier Ward to Clifford Morson, both London surgeons and I think the fact that Glasgow was chosen as the location for the meeting was a reflection of the strong influence that Scottish surgeons have had on the history and development of urology and the foundation of BAUS. The Museum of Urology will be once again bringing plenty of exciting historical tales to BAUS 2017 and we will be concentrating on the strong Scottish influence in the history of urology.

This year, for the first time, you will find a historical monograph in your congress bag specially published by BAUS on the historical origins of urology in Scotland. The museum's instrument cabinet will be on display as usual at the Museum stand and I hope the stand proves to be as popular a meeting place as it was last year. This year the cabinet will focus on Scottish urologists, both those who worked in Scotland and those many surgeons who took their expertise into England and abroad. Scottish surgeons like John and William Hunter, John and James Douglas and Lord Joseph Lister formed the backbone of medical history. In urology, Sir John Thomson Walker, another Scot, brought his skills to London, was one of the most influential surgeons in the early development of British urology (fig 3).



Figure 1: BAUS Annual meeting, Glasgow 1947.



Figure 2: Tom Chapman and Walter Galbraith (in hat) on the Clyde River cruise (lady unknown)

The Museum of Urology @ BAUS 2017

This year's BAUS is shorter and more focused than last year but we still intend to run our popular short history lectures on the Museum of Urology Stand at lunchtime (see programme for details).. They will include a talk on Thompson Walker as well as a history of the creation of the early urological units in Glasgow.

This year's historical vignette in your abstract book, graciously published by the Journal of Clinical Urology, will be about Tom Chapman (fig 2) and his early introduction of the punch prostatectomy in Glasgow. We had a 1950 cinefilm of Chapman operating on the History Stand at last year's BAUS, and this was so popular I will be running it again to accompany the article. Also this year the History Column in Urology News (available in time for BAUS 2017) will have a Scottish theme, telling the story of David Newman a rather forgotten figure in the history of urology but the man who carried out the first electric light bulb cystoscopy in the world (fig 4) and an early renal surgeon.

The moderated History of Urology e-Poster session will be on Tuesday 27 June (0900-1010). Once again a hotly contested session with many excellent submissions and difficult decisions by the reviewers but giving a broad array of novel and well researched historical presentations. Of course the e-Posters will be available to view throughout the meeting.

Remember the Museum of Urology is hosted on the BAUS website and you can follow us on Twitter @urology_history

www.baus.org.uk/museum

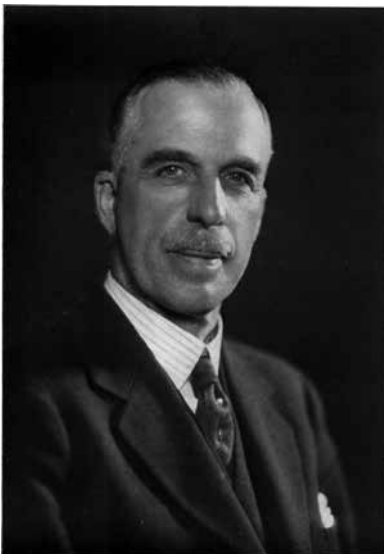


Figure 3:
Sir John Thomson Walker

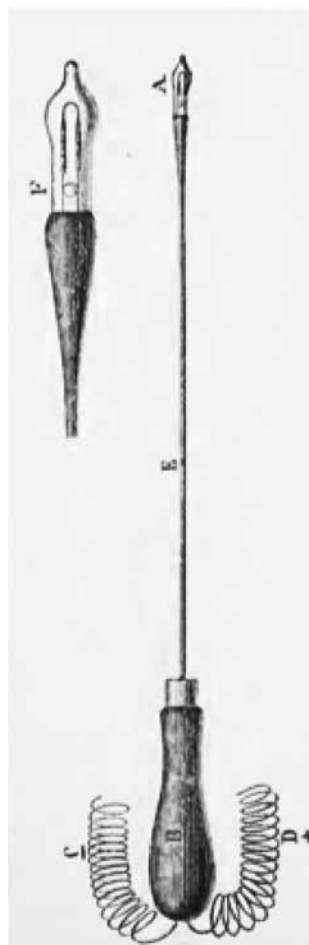


Figure 4: David Newman's first
cystoscopic light, 1883.

Why have your usual OAB consultation...



...when you can have a Betmiga conversation?

Typical side effects like dry mouth can make antimuscarinic treatment hard to live with.^{1,2} But why let those issues dominate patient consultations when you can talk about something else? Betmiga relaxes the bladder via β_3 adrenoreceptors in the sympathetic nervous system.³ The result: a level of efficacy you might expect of an antimuscarinic, but more patients staying on treatment through 12 months.^{2,4}



Sympathetic treatment for overactive bladder

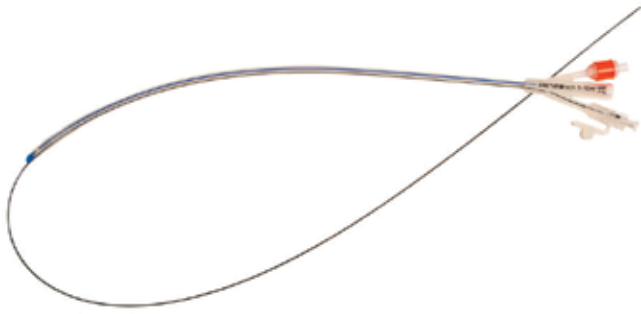
Betmiga™ (mirabegron) Prescribing Information
Presentation: Betmiga™ prolonged-release film-coated tablets containing 25mg or 50mg mirabegron. **Indication:** Symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with overactive bladder (OAB) syndrome. **Dosage:** Adults (including the elderly): Recommended dose: 50mg once daily. Children and adolescents: Should not be used. **Contraindications:** Hypersensitivity to active substance or any of the excipients. Severe uncontrolled hypertension. **Warnings and Precautions:** Should not be used in patients with end stage renal disease (or patients requiring haemodialysis) or severe hepatic impairment. Not recommended in patients with severe renal impairment and/or moderate hepatic impairment concomitantly receiving strong CYP3A inhibitors. Dose adjustment to 25mg is recommended in patients with mild/moderate

renal and/or mild hepatic impairment receiving strong CYP3A inhibitor concomitantly and in patients with severe renal and/or moderate hepatic impairment. Mirabegron can increase blood pressure. Blood pressure should be measured at baseline and periodically during treatment, especially in hypertensive patients. Caution in patients with a known history of QT prolongation or in patients taking medicines known to prolong the QT interval. Use with caution in patients with clinically significant bladder outlet obstruction (BOO) and in patients taking antimuscarinics for OAB. Not recommended during pregnancy and in women of childbearing potential not using contraception. Not recommended during breastfeeding. **Interactions:** Clinically relevant drug interactions between Betmiga™ and medicinal products that inhibit, induce or are a substrate for one of the CYP isozymes or transporters are not expected, except for inhibitory effect on the metabolism of CYP2D6 substrates. Betmiga™ is a moderate

and time-dependent inhibitor of CYP2D6 and weak inhibitor of CYP3A. No dose adjustment needed when administered with CYP2D6 inhibitors or CYP2D6 poor metabolisers. Caution if co-administered with medicines with a narrow therapeutic index and significantly metabolised by CYP2D6. When initiating in combination with digoxin, the lowest dose for digoxin should be prescribed and serum digoxin should be monitored and used for titration of digoxin dose. Substances that are inducers of CYP3A or P-gp decrease the plasma concentrations of Betmiga™. No dose adjustment is needed for Betmiga™ when administered with therapeutic doses for rifampicin or other CYP3A or P-gp inducers. The potential for inhibition of P-gp by Betmiga™ should be considered when combined with sensitive P-gp substrates. Increases in mirabegron exposure due to drug-drug interactions may be associated with increases in pulse rate. **Adverse Effects:** Urinary tract infection, tachycardia, nausea, constipation,

diarrhoea, headache, dizziness, vaginal infection, cystitis, palpitation, atrial fibrillation, dyspepsia, gastritis, urticaria, rash, rash macular, rash papular, pruritus, joint swelling, vulvovaginal pruritus, blood pressure increase, liver enzymes increase, eyelid oedema, lip oedema, leukocytoclastic vasculitis, purpura, angioedema, urinary retention, hypertensive crisis and insomnia. Prescribers should consult the Summary of Product Characteristics in relation to other side effects. **Pack and prices:** Betmiga™ 25mg and Betmiga™ 50mg pack of 30 tablets £29.00. **Legal Category:** POM. **Product Licence Numbers:** EU/1/12/809/001 – 018. **Date of Preparation:** April 2016. **Further information available from:** Astellas Pharma Ltd, 2000 Hillwood Drive, Chertsey, Surrey, KT16 0RS, UK. Betmiga™ is a Registered Trademark. For full prescribing information please refer to the Summary of Product Characteristics. **For Medical Information phone 0800 783 5018.**

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard
 Adverse events should also be reported to Astellas Pharma Ltd. Please contact 0800 783 5018



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Asif Muneer

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Daniela Andrich

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Simon Bugeja

Tamsin Greenwell

Jeremy Ockrim

Steve Payne

Paul Anderson



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Social Programme

Drinks Reception - Glasgow City Chambers

Civic Reception hosted by The Rt Hon The Lord Provost of Glasgow
Monday 26 June 1830-2000

Time to get together with old friends and colleagues to enjoy a glass of wine. Hosted by Council Members. The dress code is smart/casual. Entry to the reception will be by delegate badge. Delegate tickets cost £20 and can be purchased on the online registration system. Exhibitor tickets cost £25 plus VAT. Please see the registration desk for ticket availability.



Awards

The following awards will be presented at the Drinks Reception:

BAUS Certificate of Distinction

The Certificate of Distinction is awarded to recognise individuals who have had a long and significant relationship with BAUS, its Annual Meeting and, most important, its Annual Exhibition. Recipients of this award will have shown a continuing interest and awareness of the Association and its educational activities.

Presented to: **Mr Marcus Raphael**, Coloplast

BAUS Gold Medal

The BAUS Gold Medal was instituted by BAUS Council in 2008 and is awarded to an individual or individuals who have contributed to the development and advancement of urology as a corporate entity.

Presented to: **Mr Steve Payne**, Manchester Royal Infirmary

Accompanying Persons Coffee Morning/City Tour

Crowne Plaza Hotel

Tuesday 27 June, 11:00

Muireann O'Flynn, the wife of the BAUS President Mr Kieran O'Flynn, invites you to meet her for coffee at 11:00 in The Crowne Plaza Hotel bar. A blue badge tour guide will be in attendance to plan your time in Glasgow.

After the coffee morning a guided walking tour of the Kelvingrove Gallery & Museum (via Kelvingrove Park) onto the University visiting the MacKintosh House, Hunterian Art Gallery and Hunterian museum and finally the Glasgow Botanic Gardens.

Satellite Sessions

Each Satellite Session will take place in The Lomond Auditorium and has been accredited with 1 CME point



Monday 26 June 1200-1245

Allergan Medical Institute Symposium:

Future Proofing Your BOTOX® (Botulinum Toxin Type A) Service

Chairperson: *Arun Sahai*, Consultant Urological Surgeon & Honorary Senior Lecturer
Guy's Hospital & King's Health Partners

12.00 **Welcome and faculty introduction**

Arun Sahai (Chairperson)

Consultant Urological Surgeon, Guys's Hospital & King's Health Partners

12.05 **Clinical Updates in the treatment of incontinence with BOTOX®**

Mo Belal, Consultant Urologist, Queen Elizabeth Hospital, Birminham

12.20 **Future proofing your BOTOX® Service; Delivering an Efficient & Optimised Service**

Hashim Hashim, Consultant Urological Surgeon, Director of Urodynamics,
Bristol Urological Institute

12.40 **Q & A**

All speakers

Satellite Sessions

Each Satellite Session will take place in The Lomond Auditorium and has been accredited with 1 CME point



Monday 26 June 1700-1800

Astellas Satellite Symposium **Informed choice: improved outcomes?**

Why are low persistence rates in OAB still compromising outcomes for many patients?

Is understanding patients' beliefs and preferences the key to making the right treatment choice and cracking the persistence problem?

How can we develop a more effective consultation to ensure we choose a treatment our patients believe in?

Programme and Faculty

Chair's introduction: Persistently poor outcomes in OAB - time to challenge the status quo?

Mr Roland Morley, Consultant Urological Surgeon, Charing Cross Hospital, London

Positive patient consultations - what matters most?

Dr Tom Kenny, CEO & Medical Director of Spoonful of Sugar

The treatment choice paradox - the importance of getting it right first time

Professor Marcus Drake, Consultant Urological Surgeon, Bristol Urological Institute

Audience Q&A

URO17142UKg | June 2017

This promotional symposium is organised and funded by Astellas Pharma Ltd.

Satellite Sessions



Science for a
better life

Tuesday 27 June 0745-0845

Bayer Satellite Session

Recognise, react and refer: optimising outcomes in metastatic castration-resistant prostate cancer (mCRPC)



Tuesday 27 June 1700-1800

Astellas Oncology Satellite Session

Optimising the patient journey at the point of disease progression

This symposium is organised and funded by Astellas Pharma Ltd.

This symposium will examine the rationale behind treatment decisions in mCRPC post-ADT progression, and will touch on the resultant increased burden on prostate cancer services. Through presentation of practical clinical case studies, our expert faculty will discuss how to streamline mCRPC services in order to ease these pressures and optimise the patient experience.

Faculty

Mr Jonathan Aning, Consultant Urological Surgeon, Freeman Hospital (Chair)

Dr Hilary Glen, Consultant in Medical Oncology, The Beatson West of Scotland Cancer Centre

Gillian Barmack, Senior Cancer Care Pharmacist, The Beatson West of Scotland Cancer Centre

Date of preparation: June 2017 XTD17009UKd

Monday 26 JuneRegistration Desk Open 0800-1800, Hall 4
Exhibition Open 0800-1800, Hall 4

BAUS Section of Academic Urology: Annual Meeting

Alsh

Introduction

Mr John McGrath, Chairman, BAUS Section of Academic Urology

I am very pleased, on behalf of the Section's Executive Committee, to welcome you to this year's meeting in Glasgow. We are building upon our last two day annual research meeting in January which was organised by the committee and in particular, Vincent Gnanapragasam. This was well attended and allowed young researchers an opportunity to present their work. It was also a focal point to highlight trials from the national Urology portfolio, many of which are recruiting strongly across UK urology units.

For BAUS 2017 we are continuing the very popular 'Best Academic Paper Session' by giving the opportunity to a select group of young researchers who have been chosen by the Abstract Committee to present their work to an audience of critical friends. This is followed by a lecture from Caroline Moore, the recipient of this year's John Blandy Prize, which I am sure will give credit to Professor Blandy's memory. We are very grateful to the BJU International and its Editor, Prokar Dasgupta, for supporting this first session. We will then be announcing the winners of the competitive medical student essay and CT audit prizes.

Recognising that research for most urologists is delivered in the course of our clinical practice, we have put together a very practical session late morning that aims to provide advice and guidance for clinicians on the successes and pitfalls of establishing a successful research portfolio within your unit. Embedding a research culture in clinical units is integral to the delivery of high quality urological care and as a Section, we are keen to engage with all urologists in this endeavour. I would also encourage you to attend the session at 0900 on Wednesday morning where we will continue to build on the theme of "research driving excellence in clinical care".

After lunch on Monday, we are delighted to present a joint programme with the Section of Oncology where we will explore the emergence of genomics and its potential relevance to our clinical practice. We are delighted to welcome an eminent Faculty with Professor Trinity Bivalacqua, Professor of Urology from John Hopkins University, Professor Eamonn Maher,

Professor of Medical Genetics and Genomic Medicine, University of Cambridge and Dr Sandi Deans, National Laboratory and Scientific Lead for NHS England to participate in this session.

We end the day with the BURST session, where our younger colleagues will update us on the exciting work of the trainee research collaborative. Taimur Shah will be presenting the results of the MIMIC study - recruitment to this study exceeded all expectations and has demonstrated the ability of the trainee research collaborative to recruit at pace and scale. We look forward to an update on their future research strategy.

The Academic Section relies on the continuing support of its membership and I would encourage all urologists, both clinical and scientific colleagues, who are not currently members to consider joining and contributing to the Section. We have an extremely attractive programme in store and look forward to meeting colleagues and discussing future developments during BAUS week.

Monday 26 June

0855-0900

Alsh

Welcome and Introduction

Mr Vincent Gnanapragasam, Addenbrooke's Hospital, Cambridge

0900-1000

Alsh

Best Academic Paper Session

Chair: Professor Howard Kynaston, Cardiff University

Please see page 47 for the Best Academic Papers

1000-1025

Alsh

John Blandy Prize and Lecture

Introduced and presented by: Professor Prokar Dasgupta, Editor-in-Chief, BJU International

Determination of optimal drug dose and light dose index to achieve minimally invasive focal ablation of localised prostate cancer using WST11-vascular-targeted photodynamic (VTP) therapy

Mrs Caroline Moore, University College Hospital, London

1025-1030

Alsh

Medical Student Best Essay and Audit Prizes

Presented by: Mr Toby Page, Freeman Hospital, Newcastle upon Tyne & Mr Dominic Hodgson, Queen Alexandra Hospital, Portsmouth

Medical Student Essay Prize Winners -

Mostafa Beshr, University of Leicester, Leicester Medical School

Rye Yern Yap, University of Sheffield Medical School

BAUS FY & CT Audit / QuIP Competition Winners

Ola Blach, Brighton & Sussex University Hospital & Nicholas Bullock, Morrington Hospital, Swansea

Announcement of the winner of the Best Academic Paper Session

By Professor Prokar Dasgupta, Editor-in-Chief, BJU International

1030-1045

Refreshments, Exhibition and ePoster Viewing in Hall 4

1045-1200

Alsh

Establishing a Successful Research Portfolio in your Unit

Chairs: Mr Vincent Gnanapragasam, Addenbrooke's Hospital, Cambridge and Mr Stuart McCracken, Sunderland Royal Hospital

1045 - 1050

Introduction

Mr Vincent Gnanapragasam, Addenbrooke's Hospital, Cambridge

1050 - 1105

What are the barriers to successful set-up?

Mr Nitin Shrotri, Kent and Canterbury Hospital

Monday 26 June

1105 - 1120

Building trials capacity in your unit - critical success factors

Ms Kim Davenport, Gloucestershire Hospitals

1120 - 1135

What makes a successful research unit - the Clinical Trials Unit perspective

Ms Rebecca Lewis, ICR-Clinical Trials & Statistics Unit

1135 - 1150

So you have an idea... how to set up a trial from idea to funding

Mr Hugh Mostafid, Royal Surrey County Hospital

1150-1200

Discussion

1200-1330

Lunch, Exhibition and ePoster Viewing in Hall 4

1200-1245

Lomond Auditorium



Allergan Satellite Session

Please see page 14 for details

1330-1530

Alsh

Joint Session: Academic Urology and Oncology: Genomics and the NHS: New Horizons

Chairs: *Miss Jo Cresswell*, James Cook University Hospital, Middlesbrough, & *Mr Ravi Barod* The Royal Free Hospital, London

1330-1350

Molecular genomics of urothelial cancer - prospects for future treatment strategies

Professor Trinity Bivalacqua, Professor of Urology, Director of Urologic Oncology Johns Hopkins University, Baltimore, USA

1350-1410

The 100,000 Genomes Project

Dr Sandi Deans, National Laboratory & Scientific Lead, Genomics Implementation Unit, NHS England

1410-1430

Dream sequences and genomic reality

Professor Eamonn Maher, Professor of Medical Genetics and Genomic Medicine and Head of the Department of Medical Genetics, University of Cambridge

1445-1515

Point-counterpoint: Is the NHS ready for genomic testing?

Yes: Professor Simon Crabb, Consultant Oncologist, Southampton

No: Mr Vincent Gnanapragasam, Addenbrooke's Hospital, Cambridge

Monday 26 June

1530-1640

Alsh

BURST Session

Chair: Mr Veeru Kasivisvanathan, University College Hospital, London

1530-1550

The BURST Research Collaborative: Opportunities for trainees

Mr Veeru Kasivisvanathan, University College Hospital, London

1550-1610

The MIMIC Study results: A multi-centre trainee-led cohort study investigating the role of inflammatory markers in spontaneous stone passage

Mr Taimur Shah, Whittington Hospital, London

1610-1630

The role of the urologist in clinical research within the NHS

Mr Ben Challacombe, Guy's Hospital and King's College, London

1630-1640

Questions and Discussion

1640-1700

Refreshments, Exhibition and ePoster Viewing in Hall 4

1700-1800

Lomond Auditorium



Astellas Satellite Session

Please see page 15 for details

Monday 26 June

Registration Desk Open 0800-1800, Hall 4
Exhibition Open 0800-1800, Hall 4

BAUS Section of Andrology and Genito-Urethral Surgery: Annual Meeting

Lomond Auditorium

Introduction

Mr Asif Muneer, Chairman, BAUS Section of Andrology and Genito-Urethral Surgery

On behalf of the AGUS Section's Executive Committee, a warm welcome to this year's meeting in Glasgow. The theme this year will highlight UK surgical practice as well as focussing on future training in andrology and genitourethral surgery in the UK. The programme will still aim to provide a combination of clinical updates as well as new insights into a number of topical areas within the scope of andrology and genitourethral surgery which will appeal to both consultants and trainees.

The meeting opens with the popular updates session which this year provides an updated synopsis of important topics including priapism and penile cancer - two areas where the UK has continued to be at the forefront of new developments.

With the current ongoing changes in specialised commissioning and training in the UK, a special session has been convened in order to provide an update on commissioning and training in andrology. Mr Ian Eardley will provide an insight into how training compares with Europe having been past President of the ESSM and SAC Chair. Miss Pippa Sangster, the current SURG representative on the AGUS section, will present an overview of UK training in andrology and the challenges facing trainees.

The morning concludes with a special guest lecture from Mr Steve Payne who is this year's recipient of the BAUS Gold Medal. Having recently retired, Steve has contributed a huge amount to the activities of the section over the years and continues to help with the website. Having personally known him since my time as a house officer at Manchester Royal Infirmary, I am delighted that Steve will be giving a guest lecture looking back at the developments in andrology during his own career.

The afternoon session focuses on testicular cancer to include challenges to our traditional management of men with testicular lesions, both the obvious and uncertain cases, as well as an update on the management of the undescended testis provided by Mr Paul Jones.

The final session of the day is a joint session with FNUU which will cover some of the common subject areas between the two sections and we have invited a host of international speakers to give an expert opinion.

The Tuesday session focuses on genital surgery in challenging cases including bariatric patients and revision surgery for Peyronie's disease.

There is an ePoster session on Tuesday morning. On Wednesday, we are running two teaching courses relevant to andrology: Practical Andrology for the General Urologist and Prosthetic Surgery in Urology which was launched last year.

The Andrology Section meeting is aimed at the general urologist, both consultants and trainees as well as those with a specialist interest in andrology to ensure that there is something for everyone. The Andrology section meeting continues to provide both updates and best practice guidance at a time where there are ongoing changes in specialised commissioning and NHS funding.

I hope that you will be able to join us for what is going to be an excellent meeting in Glasgow.

Best wishes

Asif

Monday 26 June

0900-0920

Lomond Auditorium

Chairman's Welcome and Introduction to Genital Emergencies Consultation

Mr Asif Muneer, University College Hospital, London

0920-1020

Lomond Auditorium

Andrology Updates

Chairs: Mr Richard Percy, Derriford Hospital, Plymouth and Mr Marc Lucky, University Hospital, Aintree

0920-0940

Testosterone replacement therapy - UK consensus

Mr Rowland Rees, University Hospital Southampton

0940-1000

Management of priapism - have UK centres led the way?

Jas Kalsi, Imperial College Healthcare, Frimley Health Foundation Trust

1000-1020

Penile Cancer in the UK

Mr Arie Parnham, The Christie NHS Foundation Trust, Manchester

1020-1130

Lomond Auditorium

The Future of Andrology in the UK

Chairs: Professor Raj Persad, Southmead Hospital, Bristol and Mr David Ralph, University College Hospital, London

1020-1045

Specialist commissioning in andrology and the UK Penile Prosthesis Audit

Mr Asif Muneer, University College Hospital, London

1045-1130

Next Generation Andrology

1045-1105

Training in andrology - challenges and solutions for trainees

Miss Pippa Sangster, Guy's & St Thomas's Hospital

1105-1130

Seen it, cut it, straightened it - Andrology training in the UK and Europe

Mr Ian Eardley, St James's University Hospital, Leeds

1130-1200

Lomond Auditorium

Guest Lecture

Introduction by Mr Duncan Summerton, Leicester General Hospital

'Pills, prostheses and parenthood: The rise of British Andrology over 3 decades'

Mr Steve Payne, Manchester Royal Infirmary

1200 - 1315

Lunch, Exhibition and ePoster Viewing in Hall 4

Monday 26 June

1200-1245

Lomond Auditorium



Allergan Satellite Session

Future Proofing Your BOTOX® (Botulinum Toxin Type A) Service

Chairperson: *Arun Sahai*, Consultant Urological Surgeon & Honorary Senior Lecturer
Guy's Hospital & King's Health Partners

12.00 **Welcome and faculty introduction**

Arun Sahai (Chairperson)

Consultant Urological Surgeon, Guys's Hospital & King's Health Partners

12.05 **Clinical Updates in the treatment of incontinence with BOTOX®**

Mo Belal, Consultant Urologist, Queen Elizabeth Hospital, Birminham

12.20 **Future proofing your BOTOX® Service; Delivering an Efficient
& Optimised Service**

Hashim Hashim, Consultant Urological Surgeon, Director of Urodynamics,
Bristol Urological Institute

12.40 **Q & A**

All speakers

1315 - 1445

Lomond Auditorium

Dogmas in Andrology

Chairs: Professor David Nicol, Royal Marsden Hospital, London and Mr Trevor Dorkin, Freeman Hospital, Newcastle upon Tyne

Introduction

Radical orchidectomy for testicular cancer

Mr Erik Mayer, Royal Marsden NHS Foundation Trust, London

The undescended testicle - dealing with paediatric and adult cases

Mr Paul Jones, Morriston Hospital, Swansea

Indeterminate testicular lesions - radiological interpretation

Dr Clare Allen, University College Hospital, London

Indeterminate testicular lesions - urological management

Mr Suks Minhas, University College Hospital, London

Round Table Discussion

Summary and closing remarks

Monday 26 June

1445 - 1500

Refreshments, Exhibition and ePoster Viewing in Hall 4

1500-1700

Lomond Auditorium

Joint Session: Andrology & Genito-Urethral Surgery and Female Neurological & Urodynamic Urology - Contemporary Management of Incontinence and Urethral Strictures

Chairs: Mr Rowland Rees, University Hospital Southampton & Miss Suzanne Biers, Addenbrooke's Hospital, Cambridge

1500-1530

Tackling functional problems following radical prostatectomy; slings, sphincters and dual implantation

Dr Juan I. Martínez-Salamanca, Universidad Autonoma de Madrid Affiliated Puerta de Hierro Hospital, Madrid, Spain

1530-1600

Female sling and sphincters

Professor Emmanuel Jean Chartier-Kastler, Sorbonne Universités, UPMC, Academic Hospital Pitié-Salpêtrière, AP-HP, Paris, France

1600-1630

Male urethral strictures - 2 stage vs 1 stage?

Mr Paul Anderson, Russells Hall Hospital, Dudley & **Miss Daniela Andrich**, University College Hospital, London

1630-1655

Female strictures

Professor Victor Nitti, NYU Lagone, USA

1655-1700

Take home messages

Mr Rowland Rees, University Hospital Southampton & **Miss Suzanne Biers**, Addenbrooke's Hospital, Cambridge

Monday 26 June



Monday 26 June 1700-1800

Astellas Satellite Symposium Informed choice: improved outcomes?

Why are low persistence rates in OAB still compromising outcomes for many patients?

Is understanding patients' beliefs and preferences the key to making the right treatment choice and cracking the persistence problem?

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Chair's introduction: Persistently poor outcomes in OAB - time to challenge the status quo?

Mr Roland Morley, Consultant Urological Surgeon, Charing Cross Hospital, London

Positive patient consultations - what matters most?

Dr Tom Kenny, CEO & Medical Director of Spoonful of Sugar

The treatment choice paradox - the importance of getting it right first time

Professor Marcus Drake, Consultant Urological Surgeon, Bristol Urological Institute

Audience Q&A

UR017142UKg | June 2017

This promotional symposium is organised and funded by Astellas Pharma Ltd.

BAUS Section of Female, Neurological and Urodynamic Urology: Annual Meeting

Hall 1 0900-1445 • Lomond Auditorium 1500-1700

Introduction

Tamsin Greenwell, Chairman, Section of Female, Neurological and Urodynamic Urology

I am delighted to welcome you to FNUU at BAUS 2017 in sunny Glasgow! The FNUU Section Committee (Chris Harding (Newcastle), Nikesh Thiruchelvam (Cambridge), Mary Garthwaite (Middlesbrough), Sheilagh Reid (Sheffield), Richard Parkinson (Nottingham), Rizwan Hamid (London via Rawalpindi) and Sophia Cashman (Watford), aided by Roger Walker (St Helier) and Roland Morley (London) are delighted to present a topical, thought-provoking, at times controversial and above all educational update in FNUU for generalists and specialists alike.

Monday's Section Annual Meeting provides an update on the politically charged issue of mesh and synthetic tapes. Mike Palmer (Glasgow) is going to summarise what is happening with mesh and tape related issues in the UK, Victor Nitti (New York) is going to let us know the US experience with mesh and tape complications and how to best manage them, and finally Richard Parkinson is going to provide us with insights into medico-legal aspects of Mesh and Tape complications and hopefully help us all avoid (if possible in the current climate) litigation. Finally to round off the morning, Nikesh Thiruchelvam and Sophia Cashman will update us on the latest developments in the FNUU SUI audit.

After lunch we are discussing the 3 B's - Bariatric, Bulking and Bendy! Ian Eardley (Leeds) is going to let us know how we should approach surgery in our increasingly overweight population. Should we insist or encourage high BMI patients to lose weight before elective surgery? Could this help them avoid surgery and/or reduce their complications from surgery OR is it just a form of rationing?

Following on from the ongoing mesh and tape controversies there has been an upsurge in the use of intraurethral bulking agents, in particular using the newer agents. Is this the best way to help our patients and do least harm or are we doing them a disservice and leaving them high and wet! Steve Foley (Reading) is going to help us decide.

Many of us have noted an increasing number of referrals of patients with a variety of connective tissue disorders such as Ehlers-Danlos syndrome.

Vik Khullar (London), one of the UK's best known urogynaecologists, has a particular interest in this patient group and their urological problems and is going to advise us about the disorders, the patients and how to manage their urological issues. Chris Harding and I will end this session with a round up on recent FNUU developments and training opportunities.

Finally, following a reviving coffee, we have a joint session with the Section of Andrology. Juan I. Martínez-Salamanca is going to let us know how to decide between a sling or a sphincter for men with post prostatectomy urinary incontinence and whether dual penile and AUS implantation or a good idea or a recipe for an expensive disaster. Emmanuel Chartier-Kastler (Paris) is going to talk to us about the role of slings and sphincters in the management of female stress urinary incontinence. Penultimately we have a debate about the best technique for the management of penile urethral strictures between Paul Anderson (Dudley) in camp 2- Stage and Daniela Andrich (London via Ulm) in camp 1-Stage. Finally Victor Nitti (New York) is going to end the day by guiding us through the management of female urethral strictures.

Continuing on from our excellent and exciting Monday there is a FNUU poster session on Tuesday from 1200 to 1330 covering the latest and best developments in UK FNUU which should be excellent and I encourage you all to attend and interact with the presenters.

There is also a FNUU session within the BAUS main meeting on Tuesday afternoon from 1430 to 1530, which will cover the often confusing and difficult topics of: Female Urinary Retention (Magda Kujawa from Stockport), OAB in men (Altaf Mangera from Sheffield) and Urinary Incontinence in the Elderly (Siobhan Woolsey from Belfast).

I would like to end by welcoming Mo Belal (Birmingham via Wolverhampton) and Suzanne Biers (Cambridge) to the FNUU Committee and to wish Chris Harding all the best as he takes over from me as Chair of the section at the end of the year. FNUU is a brilliantly interesting and diverse subspeciality and I would encourage all trainees to consider a career in it!

Regards

Tamsin Greenwell (London via Wales, married to a Scot with friends in Northern and Southern Ireland!!!!)

Monday 26 June

0900-0905

Hall 1

Introduction to the Meeting

Mr Chris Harding, Freeman Hospital, Newcastle upon Tyne

0905-0915

Hall 1

Chairman's Message - The Future of FNUU

Miss Tamsin Greenwell, University College Hospital, London

0915-1030

Hall 1

Mesh and Tape Updates

Chairs: Mr Mo Belal, Queen Elizabeth Hospital, Birmingham & Miss Rachel Barratt, Royal Free Hospital NHS Foundation Trust, London

0915-0945

General update

Mr Mike Palmer, Glasgow Royal Infirmary

0945-1030

State of the Art: Managing women with mesh complications

Professor Victor Nitti, NYU Lagone, USA

1030-1045

Refreshments, Exhibition and ePoster viewing in Hall 4

1045-1130

Hall 1

Medico-legal Aspects of Mesh Complications

Mr Richard Parkinson, Nottingham City Hospital

1130-1200

Hall 1

FNUU SUI Outcomes

Miss Sophia Cashman, Luton and Dunstable Hospital & Mr Nikesh Thiruchelvam, Addenbrooke's Hospital, Cambridge

1200-1300

Lunch, Exhibition and ePoster viewing in Hall 4

1200-1245

Allergan Satellite Session



Please see page 13 for details

1300-1445

Hall 1

Urological Challenges

Chairs: Mr Oleg Tatarov, University Hospital of Wales, Cardiff & Miss Mary Garthwaite, James Cook University Hospital, Middlesbrough

1300-1330

Bariatric patients

Mr Ian Eardley, St James's University Hospital, Leeds

Monday 26 June

1330-1400

Bulking

Mr Steve Foley, Royal Berkshire Hospital

1400-1430

Bendy - Ehlers - Danlos and other CT disorders

Dr Vik Khullar, Consultant Gynaecologist and Obstetrician, Imperial College Healthcare NHS Trust, London

1430-1445

Future developments in FNUU

Miss Tamsin Greenwell, University College Hospital, London & Mr Chris Harding, Freeman Hospital, Newcastle upon Tyne

1445-1500

Refreshments, Exhibition and ePoster viewing in Hall 4

1500-1700

Lomond Auditorium

Joint Session: Andrology & Genito-Urethral Surgery and Female Neurological & Urodynamic Urology - Contemporary Management of Incontinence and Urethral Strictures

Chairs: Mr Rowland Rees, University Hospital Southampton & Miss Suzanne Biers, Addenbrooke's Hospital, Cambridge

1500-1530

Tackling functional problems following radical prostatectomy; slings, sphincters and dual implantation

Dr Juan I. Martínez-Salamanca, Universidad Autonoma de Madrid Affiliated Puerta de Hierro Hospital, Madrid, Spain

1530-1600

Female sling and sphincters

Prof Emmanuel Jean Chartier-Kastler, Sorbonne Universités, UPMC, Academic Hospital Pitié-Salpêtrière, AP-HP, Paris, France

1600-1630

Male urethral strictures - 2 stage vs 1 stage?

Mr Paul Anderson, Russells Hall Hospital, Dudley & Miss Daniela Andrich, University College Hospital, London

1630-1655

Female strictures

Professor Victor Nitti, NYU Lagone, USA

1655-1700

Take home messages

Mr Rowland Rees, University Hospital Southampton & Miss Suzanne Biers, Addenbrooke's Hospital, Cambridge

1700-1800

Lomond Auditorium



Astellas Satellite Session

Please see page 15 for details

Monday 26 June

ePoster Sessions

1000-1200

Boisdale

ePoster Session 1: Bladder Cancer Diagnosis and Treatment

Chairs: Trinity Bivalacqua & Kate Warren

Please see page 48 for the ePosters

1200-1400

Lunch, Exhibition and ePoster viewing in Hall 4

1400-1510

Boisdale

ePoster Session 2: Endourology - Upper Tract, Imaging and Obstruction

Chairs: Vimo Arumham & Graham Watson

Please see page 51 for the ePosters

1510-1530

Refreshments, Exhibition and ePoster viewing in Hall 4

1530-1640

Boisdale

ePoster Session 3: Stones

Chairs: Daron Smith & Rob Calvert

Please see page 52 for the ePosters

1640-1700

Refreshments, Exhibition and ePoster viewing in Hall 4

1700-1800

Lomond Auditorium



Astellas Satellite Session

Please see page 15 for details

Tuesday 27 June

Registration Desk Open 0730-1800, Hall 4
Exhibition Open 0800-1800, Hall 4

0745-0845



Science for a
better life

Lomond Auditorium

Bayer Satellite Session

Recognise, react and refer: optimising outcomes in metastatic castration-resistant prostate cancer (mCRPC)

Please see page 6 for details

0845-1015

Lomond Auditorium

Urology, Standards and the Real World

Chair: Mr Dave Shackley, Salford Royal NHS Foundation Trust

Variability in UK urological practice - Learning from the GIRFT project

Mr Simon Harrison, Pinderfields General Hospital, Wakefield

Standards in the real world - why we need them

Dr Roger Prudham, Consultant Gastroenterologist, The Penine Acute Hospitals NHS Trust

Problems implementing standards across UK

Professor Noel Clarke, The Christie Hospital, Manchester

CQC/ commissioner perspectives on clinical & operational standards

Mr Mike Zeiderman, National Professional Advisor for Surgical Specialities, Care Quality Commission

Questions for speakers

Debate - This house believes urology standards should be set nationally

For: Mr Ian Pearce, Manchester Royal Infirmary

Against: Mr Satish Maddineni, Salford Royal Hospital

Tuesday 27 June

0845-0945

Hall 1

Evaluating New Developments in the Management of Urological Cancers

Chairs: Mr Ben Challacombe, Guy's and St Thomas' Hospital, London & Mr Tom Walton, Nottingham University Hospitals NHS Trust

Point-counterpoint debate - Prostate biopsy is not required for PIRADs 1 and 2 cases

For: Mrs Caroline Moore, University College Hospital, London

Against: Mr Paul Cathcart, Guy's & St Thomas' Hospital, London

Using biomarkers to predict urothelial cancer response to neoadjuvant chemotherapy

Professor Trinity Bivalacqua, Professor of Urology, Director of Urologic Oncology Johns Hopkins University, Baltimore, USA

Oligometastatic prostate cancer: do we really need to "catch 'em all"?

Associate Professor Declan Murphy, Peter MacCallum Cancer Centre, Melbourne, Australia

0845-1020

Boisdale

ePoster Session 4: Andrology, Reconstruction, Penile Cancer and Male Infertility

Chairs: Raj Persad & Vaibhav Modgil

Please see page 52 for the ePosters

0900-1010

Alsh

ePoster Session 5: History of Urology

Chairs: Jonathan Goddard & Adam Cox

Please see page 55 for the ePosters

1015-1045

Lomond Auditorium

BAUS Guest Lecture: Communication with Men about Prostate Surgery: Are numbers useful?

Professor Sir David Spiegelhalter, Winton Professor of the Public Understanding of Risk at Faculty of Mathematics, University of Cambridge

Introduced by Mr Kieran O'Flynn, BAUS President

David Spiegelhalter is Winton Professor for the Public Understanding of Risk and Fellow of Churchill College at Cambridge University, and as Chair of the Winton Centre for Risk and Evidence Communication, he works to improve the way in which risk and statistical evidence are taught and discussed in society. He gives many presentations to schools and others, advises organisations on risk communication, and is a regular commentator on risk issues. He presented the BBC4 documentaries 'Tails you Win: The Science of Chance' and the award-winning 'Climate Change by Numbers'. He was elected FRS in 2005, awarded an OBE in 2006, and was knighted in 2014 for services to medical statistics. In 2011 he came 7th in an episode of Winter Wipeout.

1045-1115

Refreshments, Exhibition and ePoster viewing in Hall 4

Tuesday 27 June

1115-1200

Lomond Auditorium

President's Address and Presentation of the St Paul's Medal and John Anderson Award

President's Address

Mr Kieran O'Flynn, BAUS President

St Paul's Medal

The St. Paul's Medal is awarded by BAUS Council to distinguished colleagues from overseas whose contributions to BAUS in particular, or to urology in general, Council particularly wishes to appreciate and honour. presented the Association with the die for the medal in 1989. Mr Richard Turner Warwick (President, 1988-1990)

Presented to: **Professor Anthony J Costello**, Royal Melbourne Hospital, Australia

Citation by: **Mr Ben Challacombe**, Guy's and St Thomas' Hospital, London

John Anderson Award

This award was instigated by John's family and BAUS to recognise an outstanding trainee or consultant. The selection criteria are based around a single outstanding event and/or consistent commitment to high quality patient care.

Presented to: **Mr Ben Eddy**, Kent & Canterbury Hospital

1200-1230

Lomond Auditorium

BJU International Guest Lecture

Health, Life Sciences and Industrial Strategy

Lord Prior, Parliamentary Under Secretary at the Department for Business, Energy and Industrial Strategy in the House of Lords

Introduced by: **Professor Krishna Sethia**, Chairman of BJU International

1200-1300

Hall 1

PCNL - a maximalist vs minimalist approach

Chairs: **Mr Daron Smith**, University College Hospital, London & **Mr Ranan Dasgupta**, St Mary's Hospital, London

Supine PCNL vs Prone PCNL

Mr Michael Kimuli, St James's University Hospital, Leeds vs **Mr Marco Bolgeri**, St George's Hospital, London

Maxi PCNL vs Mini PCNL

Mr Jonathan Glass, Guy's & St Thomas' Hospital Trust, London vs **Ms Zara Gall**, Stepping Hill Hospital, Stockport

Nephrostomy vs no nephrostomy

Miss Sian Allen, University College Hospital, London vs **Mr Simon Mackie**, Eastbourne District General Hospital

Single Track vs Multi-Track

Mr Ben Turney, Churchill Hospital, Oxford vs **Mr Subu Subramonian**, Queen Elizabeth Hospital Birmingham

Tuesday 27 June

1200-1335

Alsh

ePoster Session 6: Prostate Cancer Diagnosis

Chairs: Peter Ryan & Elizabeth Waine

Please see page 56 for the ePosters

1200-1335

Boisdale

ePoster Session 7: Female Urology and Bladder Dysfunction

Chairs: Joby Taylor & Andrew Harris

Please see page 58 for the ePosters

1230-1345

Lunch, Exhibition and ePoster viewing in Hall 4

1300-1330

Hall 4, Stand 240

History Talks

Sir John Thomson Walker

Mr Peter Thompson, King's College Hospital

The History of Urology in Glasgow

Mr Bernard Ferrie, Retired Consultant Urologist, formally of Walsall Hospital

1330-1430

Hall 1

Challenging Cases in Andrology and Reconstruction

Chairs: Mr Ian Pearce, Manchester Royal Infirmary and Mr Marc Lucky, University Hospital Aintree

Male genital surgery in the bariatric patient

Mr Oily Kayes, St James's Hospital, Leeds

Salvage surgery for Peyronies Disease

Mr David Ralph, University College Hospital, London

Failed varicocele intervention - reasons for failure and how to manage

Mr CJ Shukla, Western General Hospital, Edinburgh

1315-1530

Dochart

Inaugural BAUS Meeting for Core Trainees in Urology

1315-1320

Introduction

Mr Dominic Hodgson, Queen Alexandra Hospital, Portsmouth

1320-1350

BAUS sub-specialty sections: What's happening in the section and career options

Academic Urology

Mr Jon Aning, Freeman Hospital, Newcastle upon Tyne

Andrology & Genito-Urethral Surgery

Mr Marc Lucky, University Hospital, Aintree

Tuesday 27 June

Female, Neurological & Urodynamic Urology
Miss Tamsin Greenwell, University College Hospital, London

Oncology
Mr Ben Challacombe, Guy's and St Thomas' Hospital, London & Mr Joe Jelski,
Southmead Hospital, Bristol

Endourlogy
Mr Jonathan Glass, Guy's and St Thomas' Hospital, London

1350-1400

Audit recipe book

Mr Dominic Hodgson, Queen Alexandra Hospital, Portsmouth

1400-1500

BAUS FY & CT Audit / QuIP Competition presentations

8 oral presentations

7 submissions will be displayed as posters

1500-1520

SURG and surviving as a Urology Specialist Trainee

Mr Luke Forster, King George Hospital, Ilford

1520-1525

Welcome to Urology

Mr Kieran O'Flynn, BAUS President

1525-1530

Concluding remarks

Mr Dominic Hodgson, Queen Alexandra Hospital, Portsmouth

1345-1430

Lomond Auditorium

When Things Aren't Going Well

Chair: Mr Kieran O'Flynn, BAUS President

The impact of adverse events

Mr Kevin Turner, Royal Bournemouth Hospital

Burnout in urologists

Mr John Thornhill, The Adelaide & Meath Hospital, Dublin

1400-1535

Alsh

ePoster Session 8: Renal Cancer

Chairs: Joseph Jelski & Raj Pal

Please see page 60 for the ePosters

1430-1530

Lomond Auditorium

Using Non-technical Skills to Enhance Surgical Performance

Mr Craig McIlhenny, Forth Valley Royal Hospital

Mr Simon Paterson-Brown, Consultant General & Upper Gastrointestinal Surgeon, Royal Infirmary of Edinburgh

Tuesday 27 June

1430-1530

Hall 1

FNUU Quandaries

Chairs: Professor Emmanuel Jean Chartier-Kastler, Sorbonne Universités, UPMC, Academic Hospital Pitié-Salpêtrière, AP-HP, Paris, France & Mr Chris Harding, Freeman Hospital, Newcastle upon Tyne

1430-1450

Female retention

Miss Magda Kujawa, Stepping Hill Hospital, Stockport

1450-1510

OAB in men

Mr Altaf Mangera, Royal Hallamshire Hospital, Sheffield

1510-1530

UI in elderly

Ms Siobhan Woolsey, Belfast City Hospital

1530-1545

Refreshments, Exhibition and ePoster viewing in Hall 4

1545-1645

Lomond Auditorium

University Challenge: Consultants vs SURG

Chair: Professor Roger Kirby, The Prostate Centre, London

Consultants Team:

Mr Ian Pearce, Manchester Royal Infirmary

Mr Dominic Hodgson, Queen Alexandra Hospital, Portsmouth

Professor Alan McNeill, Western General Hospital, Edinburgh

Professor Marcus Drake, Bristol Urological Institute

SURG Team:

Miss Louise Olson, Royal Blackburn Hospital

Mr Jonathon Noël, The Lister Hospital, Stevenage

Miss Dora Moon, Royal Blackburn Hospital

Mr Taimur Shah, Whittington Hospital, London

1645-1700

Refreshments, Exhibition and ePoster viewing in Hall 4

Tuesday 27 June

1700-1800

Lomond Auditorium



Astellas Oncology Satellite Session

Optimising the patient journey at the point of disease progression

This symposium is organised and funded by Astellas Pharma Ltd.

This symposium will examine the rationale behind treatment decisions in mCRPC post-ADT progression, and will touch on the resultant increased burden on prostate cancer services. Through presentation of practical clinical case studies, our expert faculty will discuss how to streamline mCRPC services in order to ease these pressures and optimise the patient experience.

Faculty

Mr Jonathan Aning, Consultant Urological Surgeon, Freeman Hospital (Chair)

Dr Hilary Glen, Consultant in Medical Oncology, The Beatson West of Scotland Cancer Centre

Gillian Barmack, Senior Cancer Care Pharmacist, The Beatson West of Scotland Cancer Centre

Date of preparation: June 2017 XTD17009UKd

1800-1930

Hall 1

Meeting of SURG and BAUS Trainee Members

Chairs: Mr Jonathan Noël, Lister Hospital, East & North Hertfordshire NHS Trust & SURG Chair
Mr James Dyer, Health Education North West & SURG Secretary

Award of the Silver Cystoscope - Sponsored by Karl Storz Endoscopy UK

Presented by: **Mr Jonathan Noël**, Lister Hospital, East & North Hertfordshire NHS Trust & SURG Chair

Awarded to: **Mr Shamim Khan**, Guy's Hospital, London

Keeping up their interest? Medical students to urology specialist trainees

Mr Toby Page, The Newcastle Upon Tyne Hospitals NHS Foundation Trusts & Education Lead

Urology Training Updates & the Brexit effect on training

Mr Roland Morley, Charing Cross Hospital, London & Chair of the SAC in Urology

'Improving Surgical Training' - live vote from the audience

Wednesday 28 June

Registration Desk Open 0730-1415, Hall 4
Exhibition Open 0800-1415, Hall 4

0900-1000

Lomond Auditorium

From Evidence to Guidelines - Research Driving Excellence in Clinical Care

Chair: Mr Vincent Gnanapragasam, Addenbrooke's Hospital, Cambridge & Professor James N'Dow, Aberdeen Royal Infirmary

0900-0905

Welcome and introduction

Mr Vincent Gnanapragasam, Addenbrooke's Hospital, Cambridge

0905-0920

Embedding research into clinical practice: Improving care and helping your department

Professor Jim Catto, Sheffield Teaching Hospitals

0920-0935

Leave no stone unturned - lessons learnt from endourology

Professor Sam McClinton, University of Aberdeen

0935-0950

Clinical relevance in trial design and assessment of evidence

Professor Howard Kynaston, Cardiff School of Medicine

0950-1000

Questions and Answers

0900-1000

Hall 1

Post-Brexit Oncology: New Horizons in the NHS

Chairs: Mr Grenville Oades, Queen Elizabeth University Hospital, Glasgow & Mr Ed Rowe, Southmead Hospital, Bristol

Renal cancer management

Miss Archie Fernando, Guy's & St Thomas's Hospital, London

Bladder cancer management

Mr Param Mariappan, Western General Hospital, Edinburgh

Prostate cancer management

Mr Declan Cahill, Royal Marsden Hospital, London

What the urologist needs to know about uro-oncology

Dr Simon Hughes, Guy's & St Thomas's Hospital, London

0900-1025

Alsh

ePoster Session 9: Management, Governance and Education

Chairs: Dave Shackley & Will Green

Please see page 62 for the ePosters

Wednesday 28 June

0900-1035

Boisdale

ePoster Session 10: General, LUTS and Emergency Urology

Chairs: Tev Aho & Stella Roushias

Please see page 64 for the ePosters

1000-1030

Lomond Auditorium

The Urology Foundation Guest Lecture

Crouching Tigers, Hidden Dragons: Navigating the World of Medico-Legal Reporting

James Badenoch QC

Introduced by: Professor John Kelly, Chairman of The Urology Foundation Scientific & Education Committee

Announcement of the winner of The Urology Foundation Research Scholarship Medal

1000-1100

Hall 1

Balloon Debate: New concepts in the surgical management of BPH

Chairs: Professor Sri Sriprasad, Darent Valley Hospital, Dartford & Mr Jonathan Glass, Guy's & St Thomas' Hospital, London

Greenlight

Mr Neil Barber, Frimley Park Hospital, Camberley

Urolift

Mr Oliver Kayes, St James's University Hospital, Leeds

Waterjet

Mr Andy Thomas, Princess of Wales Hospital, Bridgend

TURP

Miss Rebecca Tregunna, Heart of England NHS Trust

Embolisation

Mr Mark Harris, University Hospital Southampton

HOLEP

Mr Freddie Banks, Watford General Hospital

1030-1100

Refreshments, Exhibition and ePoster viewing in Hall 4

1100-1200

Lomond Auditorium

Joint Session: Endourology and Oncology: Upper Urinary Tract Dilemmas: an MDM

Chairs: Mr Peter Rimington, Eastbourne District General Hospital & Mr Sunjay Jain, St James's University Hospital, Leeds

Panel:

Mr Nitin Shrotri, Kent and Canterbury Hospital

Mr Jon Cartledge, St. James's University Hospital

Wednesday 28 June

Mr Pieter le Roux, St Helier Hospital, Carshalton
Mr Alistair Henderson, Maidstone Hospital

1100-1200

Hall 1

Paediatric Urology - Past, Present and Future

Chair: Professor Peter Cuckow, Consultant Paediatric Urologist, Great Ormond Street Hospital, London

The history of paediatric urology

Mr Robert Whitaker, founder member and past president of BAPU and ESPU, Lecturer and Demonstrator in Anatomy, Cambridge University

Hypospadias surgery - where are we now?

Mr Sengamalai Monoharan, Consultant Paediatric Urologist, Southampton University Hospital

The contribution of the laparoscope to paediatric urology practice

Mr Abraham Cherian, Consultant Urologist, Great Ormond Street Hospital, London

Research in congenital bladder anomalies - better the bladder you know?

Professor Chris Fry, Head of the School of Physiology, Pharmacology and Neuroscience, Bristol University

Bladder Exstrophy, a patient perspective

Mr Elliott Manwaring, student

1200-1230

Lomond Auditorium

JCU Guest Lecture:

The importance of robust clinical research for British urology

Professor Rob Pickard, Freeman Hospital, Newcastle upon Tyne

Introduced by: Mr Ian Pearce, Manchester Royal Infirmary

1200-1355

Alsh

ePoster Session 11: Prostate Cancer Treatment

Chairs: Anthony Costello & Ben Eddy

Please see page 66 for the ePosters

1230-1415 Lunch, Exhibition and ePoster viewing in Hall 4

1230-1315

Hall 1

Urolink

Chairs: Mrs Suzie Venn, St Richard's Hospital, Chichester & Mr Graham Watson, Eastbourne District General Hospital

Endourology in the developing world: Challenges and Opportunities

Professor Srinath Chandrasekera, University of Sri Jayawardhanapura, Sri Lanka

TURP camps at Kisiizi Hospital, Uganda - better than the day job

Mr Adam Jones, Royal Berkshire Hospital, Reading

Wednesday 28 June

1345-1415

Lomond Auditorium

AGM

Chair: Mr Kieran O'Flynn, BAUS President

The AGM Agenda will be available to Members via the BAUS website.

Any other business - if possible, written questions should be submitted in advance of the AGM or handed to the Registration Desk by 1030 on Tuesday 27 June.

Karl Storz Harold Hopkins Golden Telescope Award

This award is given to BAUS Members within 10 years of their first consultant appointment who have made a significant and lasting contribution to urology.

Presented to: **Mr Oliver Wiseman**, Addenbrooke's Hospital, Cambridge

1415-1615

Lomond Auditorium

Updates and Breaking News

Chair: Miss Jo Cresswell, James Cook University Hospital, Middlesbrough

Andrology and Urethral

Mr Andy Baird, University Hospital Aintree, Liverpool

Mr Marc Lucky, University Hospital Aintree, Liverpool

Endourology

Mr Rob Calvert, Broadgreen Hospital, Liverpool

Mr Snehal Patel, Arrowe Park Hospital, Wirral

Female and LUTS

Ms Sheilagh Reid, Royal Hallamshire Hospital, Sheffield

Mr Nadir Osman, Sheffield Teaching Hospitals

Bladder Cancer

Miss Alex Colquhoun, Addenbrooke's Hospital, Cambridge

Miss Hazel Warburton, University Hospital of South Manchester

Prostate Cancer

Mr Jon Aning, Freeman Hospital, Newcastle upon Tyne

Mr Kenneth MacKenzie, Freeman Hospital, Newcastle upon Tyne

Renal Cancer

Mr Hasan Qazi, St George's University Hospital, London

Miss Maxine Tran, Royal Free Hospital, London

Breaking News: Another game changer from the STAMPEDE trial?

Professor Noel Clarke, Christie Hospital, Manchester

Live Feedback

Mr Kieran O'Flynn, BAUS President

BJU INTERNATIONAL AT

THE BAUS 2017 ANNUAL MEETING

BJUI John Blandy Prize Presentation and Lecture

BJU International Prize for the Best Paper at BAUS 2017

BJU International Guest Lecture – Lord Prior of Brampton

Under Secretary at the Department for Business, Energy and Industrial Strategy

BJU International Teaching Course – Challenges for new Consultants

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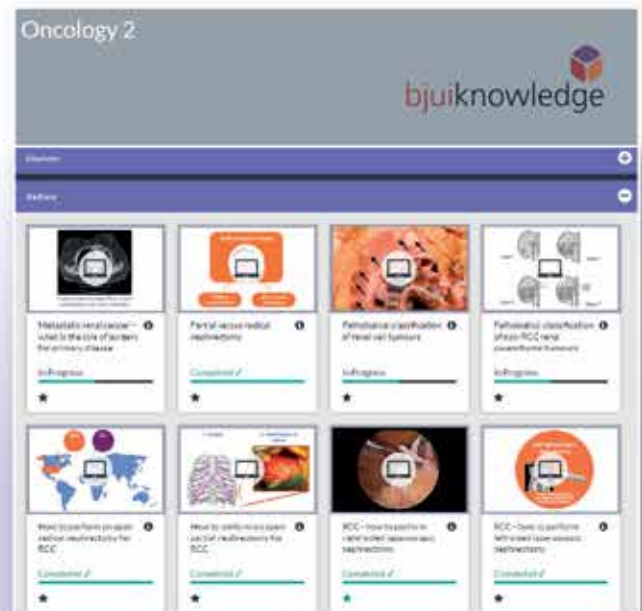


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LOOK OUT FOR MEET THE EDITOR EVENTS

Medal Winners Biographies



Gold Medal Winner

Steve Payne

Steve has played innumerable important roles in UK Urology and in BAUS, serving as Chairman of UROLINK (2001 - 2006), Honorary Treasurer, (2011-2013), Trustee (2009-2013) and Chairman, Data and Audit Committee (2012 - 2013).

Steve's career has been characterised by a tenacity and determination to strive to continually improve the clinical services offered to the patients under his care, a commitment to improve the educational opportunities to the many junior colleagues who have been influenced by him, and a desire to ensure that robust standards of assessment should be developed and used to assess clinicians aspiring to independent clinical practice both in the UK and overseas. Not completing, or achieving the best outcome with regard to, something he took on has never been an option.

Steve has excelled in supporting training both nationally and internationally. He played a pivotal role in the development of the urology syllabus, subsequently the basis for the urology ISCP, and adopted by the GMC in 2010. Having been a lead trainer in the North West, and a member of the SAC in Urology, he has successfully mentored, supported and influenced a new generation of urologists in the North West, and beyond. Steve has been unstinting in providing practical support for colleagues at home and abroad throughout their consultant careers.

As the lead genitourinary reconstructive surgeon and andrologist in the North West, Steve attracted complex tertiary referrals for treatment of erectile dysfunction and male-factor infertility, as well as urethral and genital reconstruction from throughout the region, nationally and internationally. He remains much sought after as an expert speaker, and opinion leader, due to his innate ability to articulate complex ideas in a clear and logical fashion. His desire to support the development of the craft of urethral surgery led him to being one of the founder members of the British Association of Genito-urinary Reconstructive Surgeons (BAGURS), single-handedly co-ordinating the early audits for this group which has led to the urethroplasty audit being part of the Consultant Outcome Publication (COP).

He continues to support audit work for BAGURS and BAUS and he has led the production of much sought after patient information leaflets about reconstructive urethral surgery.

As Chairman of the Intercollegiate Board in Urology Steve has moved the FRCS (Urol) to a higher educative level, ensuring that the exam was a thorough, robust and fair assessment of the urology syllabus, and of the trainees' knowledge to allow them to function as confident independent practitioners. His success in that role led to his appointment as Chair of the international Joint Surgical Colleges Fellowship Examination (JSCFE) in Urology in 2014. Consequent upon his extensive experience in the assessment of urological trainees, Steve recognised the poor availability of knowledge about emerging technological changes in the practise of urology and he co-authored the first urological textbook on this topic, distilling many disparate themes into a single volume. His 25 book chapters, and 70 peer-reviewed publications attest to Steve's contributions to urological practice, and education provision, in the UK. He is a very worthy recipient of the BAUS Gold Medal.

Medal Winners Biographies



St Paul's Medal Winner

Professor Anthony J Costello AM MD FRACS FRCS(I) MB BS

After completion of the Australian Surgical Fellowship, Professor Tony Costello trained as a fellow

in genitourinary cancer surgery at the prestigious MD Anderson Cancer Centre in Houston, Texas. Following this, he was appointed Senior Lecturer at the Royal London Hospital and led the bladder and prostate cancer surgical programmes there.

He then became Consultant Urologist and subsequently Head of the Urology Unit at St Vincent's Hospital in Melbourne. After a sabbatical year at MD Anderson Hospital, Texas, he pioneered the introduction of laser energy to treat benign prostatic enlargement. He was the first urologist in the world to treat patients with prostatic obstruction using laser energy. He published the first ever description of the surgical technique. Laser prostatic surgery now is practised in most centres worldwide. Following the introduction of laser surgery, he completed a doctorate by thesis on his work at the University of Melbourne in 1998.

In 1999, he became Professor and Director of Urology at the Royal Melbourne Hospital and Professorial Fellow at the University of Melbourne, Department of Surgery.

In 2003, he introduced telerobotic surgery to Australia at the Epworth Hospital in Melbourne. He was the first to perform robotic surgery in Australia and has now trained over 50 international fellows in the art of robotic surgery for genitourinary cancer. This has placed the Royal Melbourne Hospital Urology Department as a preeminent international centre in genitourinary surgery.

In 2004, he established a fully annotated prostate cancer tissue bank, which is the cornerstone of prostate cancer research at the Royal Melbourne Hospital. Recently in 2015 as a result of this work, publications in Nature Communications and the journal Cell were accepted.

Since 2007, he has received over \$32 million in federal government funding for dedicated prostate cancer research. Initially, he established a centre in Melbourne

and now there are centres in Brisbane (QUT) and Sydney (Garvan Institute).

He helped found the Prostate Cancer Foundation of Australia in 2002 and served on the national board for nine years. Recently in 2012, he established the Australian Prostate Cancer Research Centre (APCR). In 2015, this was the first Australian centre dedicated to the diagnosis and treatment of prostate cancer. The centre is located in North Melbourne adjacent to the Royal Melbourne Hospital and provides a unique clinical model for men's healthcare, which provides excellence for all men, particularly for those without health insurance.

He has been an invited lecturer in many countries and regularly teaches in the United States, Europe and Asia. He was elected in 2004 to the American Association of Genitourinary Surgeons, a body of only 75 US and international urologists and he is the only Australian elected thus far. In 2010 he was elected to the most prestigious Honorary Fellowship of the Royal College of Surgeons in Ireland. In 2016 he was made the first Honorary Life member of the Irish Association of Urology. In 2017 he will be awarded the St. Paul's medal from the British Association of Urology for outstanding achievement in global Urology

In year 2000, he initiated the first annual Australian prostate cancer conference. In 2014, over 1000 delegates gathered in Melbourne for the first World congress in prostate cancer. This meeting is now the largest multidisciplinary meeting of its kind in the world.

Professor Costello has published over 240 peer reviewed journal articles, 17 book chapters and holds several surgical and pharmaceutical patents.

In his spare time, he plays reasonable golf and exercises regularly. He received a Full Blue from the University of Melbourne for Australian Rules Football and has completed the Melbourne Marathon.

In 2015, the Australian Government awarded him the Medal of the Order of Australia for services to medical education and cancer research.

Medal Winners Biographies



St Peter's Medal

Professor Robert Pickard

Clinical Career

After having his interest in the specialty kindled as an SHO in Stafford, Rob trained in urology in the Northern Deanery with elective periods

learning reconstructive urology at the Institute of Urology London, Sahlgrenska Hospital, Gothenburg and the centre for urethral reconstruction in Arezzo, Italy. He was appointed as consultant urologist to Freeman Hospital, Newcastle upon Tyne in 1996. He developed a practice predominantly focused on patients with functional lower urinary tract problems with surgical expertise concentrating on bladder and urethral reconstruction. As a consultant, he had further training in psychosexual aspects of urology qualifying with a Diploma from the Institute of Psychosexual Medicine in 2000. Rob also acted as President of the Newcastle branch of the Urostomy Association and as an adviser to Bladder Health UK (formerly COB).

Teaching and Training

Rob has always been an enthusiastic trainer in urology recognised by award of the 'Silver Cystoscope' by SURG in 2016. He acted as Education lead, Programme Director and Chair of Training Committee for the Northern Deanery from 1997 - 2008. He led the question writing panel for FRCS (Urol) from 2005-2010 ensuring that the exam was a valid, reliable and appropriate test of urological knowledge prior to consultant appointment. He was also examiner for MRCS and FRCS (Urol). More recently Rob had roles as personal tutor and lead for urology teaching for the Newcastle MBBS degree programme.

Research

Involvement in research has been a constant part of Rob's career as a urologist. He switched from an NHS to a University appointment as Senior Lecturer in 2003 and was promoted to Professor of Urology at Newcastle University in 2009. He has co-supervised 24 candidates for MD/PhD degrees. His publications are frequently cited with an 'h-index' of 33. His research record led him to being included as Principal Investigator in

the Newcastle University submission for Research Excellence Framework in 2014. Rob has led or co-led basic science research focusing on UTI, clinical research including large clinical trials and secondary research by systematic review and health economic analysis. He is a contributor and editor for the Cochrane Collaboration and a past or present member of the EAU Guidelines panels for incontinence and urological infections.

BAUS

Throughout his career Rob has contributed to BAUS through participation in Annual Meetings and as Secretary and Chair of the Section of Academic Urology. He represented BAUS on the RCS (Eng) Research Board and RCS Research Fellowship Programme, acted as Trustee for the BJUI and as a member of the TUF Scientific Committee.

Medal Winners Biographies



John Anderson Award

Mr Ben Eddy FRCS(Urol), MBBS, BSc - Biography for the BAUS

Ben is a Consultant Urologist at Kent and Canterbury Hospital, East Kent Hospitals University Trust (EKHUFT) and Honorary

Senior Lecturer at Canterbury Christ Church University.

He trained in the South Thames region and completed a fellowship in robotic and laparoscopic surgery in Adelaide, Australia in 2008/09, at the time 1 of only 3 robots in the country. Following one year as a Consultant in Southmead, Bristol he took up his substantive post in Canterbury and with the support of his colleagues set up the country's first post fellowship robotic programme, now establishing it as one of the UK's highest volume centres. The service was set up not only with an emphasis on a safe clinical implementation but with a strong emphasis on clinical governance, safety in training, accurate and complete data collection and complete reporting of outcomes, and, to maximise outcomes, consistency in all areas. He currently performs around 150 cases a year and has performed over 1000 robotic prostatectomy's. Ben is a very keen teacher and education is important to him. He is an educational supervisor to KSS trainees, he is a national proctor for Intuitive Surgical and has trained Consultants in Canterbury and in many centres around the UK. Over the last few years he has established a successful robotic fellowship programme based on ERUS standards. In 2016 Canterbury became one of only five national Urology Foundation training centres for robotic surgery.

The robotic programme was the first to benefit from the Urology Foundation's team preceptorships leading to a clinical visit to the Vanderbilt University Hospital, Nashville under Professor Joseph Smith and through this Ben has established strong links with TUF, organising multiple charity events. He has organised 4 cycle events, having only just completed Bike 4 TUF from London to Amsterdam and established the first Bike 2 BAUS in 2015. He has so far raised around

£80,000 for the foundation. For his next adventure he is currently helping organise a transatlantic row as part of the extraordinary Talisker transatlantic Challenge to start in December 2018, all proceeds raised are to go to TUF, please lend support by visiting www.atlanticseamen.co.uk.

Ben is married to Ali who has been a huge support in developing his career, and has 3 children Lily, James and Archie. He lives just outside Canterbury and when not on his bike tries to watch any sport going.

It is with great pleasure and a true honour to receive the 2017 John Anderson Award - he would like to thank his colleagues at Kent and Canterbury for this nomination and the support they have given.



SIU 2017
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Centro de Congressos de Lisboa **OCTOBER 19–22, 2017**



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Featuring the SIU-ICUD Joint Consultation on Bladder Cancer, the 3rd SIU Nurses' Educational Symposium, and the SIU Live Surgery GU-RECON Workshop



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Best Academic Paper Session

There will be 10 minutes for each presentation:

6 minutes for presentation

4 minutes for Q&A / turnaround

Monday 26 June, 0900-1000, Alsh

Chair: Howard Kynaston

- 1 The relationship between surgeon volume and outcome of laparoscopic renal surgery using the British Association of Urological Surgeons (BAUS) nephrectomy database**
Bromage S¹, Williams M², Fowler S³, Joyce A⁴, Keeley F⁵
¹Stepping Hill Hospital, United Kingdom, ²Heart of England NHS Trust, United Kingdom, ³BAUS. Royal College of Surgeons, London, United Kingdom, ⁴St. James's Hospital, Leeds, United Kingdom, ⁵Bristol Urology Institute, Bristol, United Kingdom
- 2 Long term review of urological complications following pelvic exenteration**
Bozin M¹, Lamb A¹, Nair R¹, Geurts N¹, Naik A¹, Vu T¹, Simpson A¹, Lawrentschuk N¹, Moon D¹, McCormick J¹, Warriar S¹, Lynch C¹, Heriot A¹, Murphy D¹
¹Peter MacCallum Cancer Centre, Melbourne, Australia
- 3 First results of A-PREDICT: A Phase II Study of Axitinib in patients with metastatic renal cell cancer (RCC) unsuitable for nephrectomy**
Stewart G¹, Morden J², Boleti E³, Vasudev N⁴, Michael A⁵, Thistlethwaite F⁶, Kilburn L², Lewis R², Nicol D⁷, Pyle L⁷, Snowdon C², Todd R², Tregellas L², Turajlic S⁸, Swanton C⁸, Bliss J², Larkin J⁷
¹University of Cambridge, ²Clinical Trials and Statistics Unit at The Institute of Cancer Research (CTSU), London, ³Royal Free Hospital, London, ⁴Leeds Institute of Oncology, ⁵Royal Surrey County Hospital, Guildford, ⁶The Christie, Manchester, ⁷Royal Marsden Hospital, London, ⁸The Francis Crick Institute, London
- 4 Blood transfusion requirement but not preoperative anaemia is associated with perioperative complications following robotic assisted radical cystectomy with intracorporeal urinary diversion**
Tan W^{1,2}, Lamb B², Khetrapal P^{1,2}, Tan M³, Tan M², Sridhar A^{1,2}, Cervi E², Rodney S^{1,2}, Busuttill G², Nathan S^{1,2}, Hines J², Shaw G², Mohammed A², Baker H², Briggs T², Klein A⁴, Richards T^{1,2}, Kelly J^{1,2}
¹Division of Surgery and Interventional Science, London, United Kingdom, ²University College London Hospitals, London, United Kingdom, ³University of Glasgow, Glasgow, United Kingdom, ⁴Papworth Hospital, Papworth, United Kingdom
- 5 Medium term outcomes of ventral - onlay buccal mucosa graft substitution urethroplasty for urethral stricture in females**
Mukhtar B¹, Spilottors M¹, Malde S¹, Pakzad M¹, Hamid R¹, Ockrim J¹, Greenwell T¹
¹University College London Hospital, London, United Kingdom
- 6 Single incision mid urethral sling for urinary incontinence: small tape for a big problem**
Hilmy M¹, Heaton S¹, Urwin G¹
¹York Teaching Hospital, York, United Kingdom

There will be 5 minutes for each ePoster presentation:

3 minutes for presentation

2 minutes for Q&A / turnaround

ePoster Session 1: Bladder Cancer

Monday 26 June, 1000-1200, Boisdale

Chairs: Trinity Bivalacqua & Kate Warren

- P1-1** **The implications of rejecting referrals for asymptomatic non-visible haematuria prospectively for one year: an innovative interpretation of NICE guidance for 'urgent suspected cancer' (NG12)**
Cox A¹, Jefferies M¹, Kamarizan M¹, Hunter M¹, Wilson J¹, Painter D¹, Carter A¹
¹Royal Gwent Hospital, Newport, United Kingdom
- P1-2** **Intravesical thermo-chemotherapy using the combined antineoplastic thermotherapy bladder recirculation system (COMBAT BRS) for patients with high risk, superficial bladder cancer - early results**
Lavan L¹, Austin T, Greaves E, Wilby D
¹Queen Alexandra Hospital, Portsmouth, United Kingdom
- P1-3** **Is hyperthermic mitomycin an effective second line treatment in non-muscle invasive bladder cancer?**
Vedanayagam M¹, Elliott A¹, Madaan S¹
¹Darent Valley Hospital, Kent, United Kingdom
- P1-4** **Pilot study - 10,000 step challenge as a tool for prehabilitation for radical cystectomy**
Marsdin E¹, Ramsden C¹, Gilbert H¹
¹Cheltenham General Hospital, Cheltenham, United Kingdom
- P1-5** **Blood transfusion requirement but not preoperative anaemia is associated with perioperative complications following robotic assisted radical cystectomy with intracorporeal urinary diversion**
Tan W^{1,2}, Lamb B², Khetrpal P^{1,2}, Tan M³, Tan M², Sridhar A^{1,2}, Cervi E², Rodney S^{1,2}, Busuttill G², Nathan S^{1,2}, Hines J², Shaw G², Mohammed A², Baker H², Briggs T², Klein A⁴, Richards T^{1,2}, Kelly J^{1,2}
¹Division of Surgery and Interventional Science, London, United Kingdom, ²University College London Hospitals, London, United Kingdom, ³University of Glasgow, Glasgow, United Kingdom, ⁴Papworth Hospital, Papworth, United Kingdom
- P1-6** **Enhanced recovery augments ability of intracorporeal robotic assisted radical cystectomy to reduce length of stay making comparisons between open and robotic cystectomy meaningless outside of a randomised trial**
Tan W^{1,2}, Lamb B², Tan M³, Sridhar A^{1,2}, Mohammed A², Baker H², Nathan S^{1,2}, Briggs T², Tan M², Kelly J^{1,2}
¹Division of Surgery and Interventional Science, University College London, London, United Kingdom, ²University College London Hospitals, London, United Kingdom, ³University of Glasgow, Glasgow, United Kingdom

ePoster Sessions

P1-7 Open radical cystectomy in the enhanced recovery era: Are the gains attributed to robotic approach over-rated?

Roushias S^{1,2}, Carter A¹, Wilson J¹, Marty J¹, Bagwell A¹

¹Royal Gwent Hospital, Newport, United Kingdom, ²University Hospital of Wales, Cardiff, UK

P1-8 Towards a 4-day length of stay after radical cystectomy: Introducing enhanced recovery program in a new robotic cystectomy service

Moschonas D¹, Soares R¹, Pavlakis P¹, Kusuma M¹, Roodhouse A¹, Jones C², Mostafid H¹, Woodhams S³, Swinn M⁴, Perry M¹, Patil K¹

¹Department of Urology, Royal Surrey County Hospital NHS Foundation Trust, Guildford, United Kingdom, ²Departments of Anaesthetics, Royal Surrey County Hospital NHS Foundation Trust, Guildford, United Kingdom, ³Department of Urology, Western Sussex Hospitals NHS Foundation Trust, Worthing, United Kingdom, ⁴Department of Urology, Surrey and Sussex Healthcare NHS Trust, Redhill, United Kingdom

P1-9 Urine diagnostic testing for bladder cancer using imaging flow cytometry

Khawaja Z¹, Lai K¹, Chana P², Thurairaja R³, Khan M³, Dasgupta P¹, Chandra A⁴, Yamamoto H¹

¹Guy's Hospital, King's College London, MRC Centre for Transplantation, London, United Kingdom, ²Guy's Hospital, Biomedical Research Centre, Flow Cytometry Core, London, United Kingdom, ³Guy's Hospital, Department of Urology, London, United Kingdom, ⁴Guy's Hospital, Department of Histopathology, London, United Kingdom

P1-10 Molecular characterisation of bladder cancer mutations using plasma cell-free DNA through chemotherapy and radical cystectomy

Khetrupal P¹, Wong Y², Tan W¹, Rodney S¹, Lamb B¹, Sridhar A¹, Briggs T¹, Kelly J¹, Feber A²

¹University College London Hospital, London, United Kingdom, ²UCL Cancer Institute, London, United Kingdom

P1-11 The BAUS radical cystectomy audit 2014/2015 - an update on current practice and an analysis of the effect of centre and surgeon case volume

Khadhoury S¹, Miller C, Cresswell J, Rowe E, Hounsome L, Fowler S, McGrath J

¹Exeter Surgical Health Services Research Unit (HeSRU), Exeter, United Kingdom

On behalf of the BAUS Section of Oncology

P1-12 A United Kingdom multicentre study of radical cystectomy outcomes in the over eighties (RCOES)

Kommu S¹, Yeong T¹, Macneal P², Saad S², Samateh L¹, Jaun J¹, Tay A³, Larner T⁴, Abdelmoteleb H⁵, Mitchell K¹, Moschonas D⁶, Ayres B³, Issa R³, Thurairaja R², Persad R⁵, Edwards R¹, Perry M⁶, Patil K⁶, Khan S², Rimington P¹

¹Eastbourne District General Hospital: East Sussex Healthcare NHS Trust, Eastbourne, United Kingdom, ²Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom, ³St George's University Hospitals NHS Foundation Trust, London, United Kingdom, ⁴Brighton and Sussex University Hospitals NHS Trust, Brighton, United Kingdom, ⁵University Hospitals Bristol NHS Foundation Trust, United Kingdom, ⁶Royal Surrey County Hospital, United Kingdom

P1-13 Withdrawn

- P1-14 Does the diagnosis of 'carcinoma in situ' at the time on initial TURBT have an impact on oncological response in patients treated with neoadjuvant chemotherapy followed by radical cystectomy? - Results of an international consortium**
Vasdev N¹, Zagar H, Noel J, Veeratterapillay R, Thorpe A, Black P
¹Department Of Urology, Stevenage, United Kingdom
- P1-15 A prospective study of the causes of upper tract obstruction following radical cystectomy: a single institution experience over 10 years**
Yuen K¹, Molokwu C¹, Anwar A¹, Singh R¹, Chahal R¹
¹Bradford Royal Infirmary, Bradford, United Kingdom
- P1-16 Urethral recurrence post radical cystoprostatectomy - Experience from a high volume UK tertiary referral centre**
Sproson C¹, Yeung M¹, Pang K^{1,2}, Morgan S¹, Catto J^{1,2}, Rosario D^{1,2}, Noon A¹
¹Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, United Kingdom, ²University of Sheffield Academic Urology Department, Sheffield, United Kingdom
- P1-17 Can we challenge the norm of routine post-cystectomy surveillance with imaging?**
Omar K¹, Smekal M¹, Parsons B¹, Nair R¹, Thurairaja R¹, Khan S¹
¹Guy's Hospital, London, United Kingdom
- P1-18 Quality of life outcome in bladder cancer patients after robotic radical cystectomy and intracorporeal urinary diversion**
Abozaid M^{1,3}, Zahran M², Alserafy F¹, Tan W⁴, Baker H³, Kelly J^{3,4}
¹Department of urology, Menoufia University, Menoufia, Egypt, ²Urology and nephrology center, Mansoura University, Mansoura, Egypt, ³Department of urology, University College London Hospitals NHS foundation trust, London, United Kingdom, ⁴Division of Surgery and Interventional Science, University College London, London, United Kingdom
- P1-19 Long Term Review of Urological Complications Following Pelvic Exenteration**
Bozin M¹, Lamb A¹, Nair R¹, Geurts N¹, Naik A¹, Vu T¹, Simpson A¹, Lawrentschuk N¹, Moon D¹, McCormick J¹, Warriar S¹, Lynch C¹, Heriot A¹, Murphy D¹
¹Peter MacCallum Cancer Centre, Melbourne, Australia
- P1-20 Long term review of urological complications following pelvic exenteration**
Omar K¹, Parsons B¹, Smekal M¹, Nair R¹, Thurairaja R¹, Khan S¹
¹Guy's Hospital, London, United Kingdom

ePoster Sessions

ePoster Session 2: Endourology - Upper Tract, Imaging and Obstruction

Monday 26 June, 1400-1510, Boisdale

Chairs: Graham Watson & Vimo Arumham

P2-1 **Withdrawn**

P2-2 **Immunoglobulin G4-related retroperitoneal fibrosis (IgG4-RPF) - understanding a new clinical entity**

Fernando A¹, Horsfield C¹, Pattison J¹, O'Brien T¹
¹Guy's And St Thomas' Hospital, London, United Kingdom

P2-3 **Retrograde ureteroscopic manipulation in patients with ileal conduit urinary diversion is challenging but achievable**

Olson L¹, Satherley H, Cleaveland P, Zelhof B, Mokete M, Neilson D, Srirangam S
¹Stepping Hill Hospital, Stockport, United Kingdom

P2-4 **Conventional polymeric ureteric stenting for the long-term management of chronic ureteric obstruction. A service evaluation study**

Elamin S¹, Ahmad A¹, Linley-Adams L¹, Joshi H¹
¹University Hospital Wales, Cardiff, United Kingdom

P2-5 **Factors Predicting Poor Outcome Following Nephrostomy Insertion in Acute Malignant Ureteric Obstruction**

Gandiya T¹, Veeratterapillay R¹, Thorpe A¹
¹Freeman Hospital, Newcastle, United Kingdom

P2-6 **Patient morbidity and costs of long-term indwelling nephrostomy tubes: Benefits of a urology led service**

Elbaroni W¹, Woolsey S¹, Thompson T¹, Connolly D¹
¹Belfast Health and Social Care Trust, Belfast, United Kingdom

P2-7 **Endo-urologically deployed extra-anatomical stents (EAS) - Experience in a tertiary referral center**

Saad S¹, Kommu S¹, Watson G¹, Mackie S¹
¹Eastbourne District General Hospital, Eastbourne, United Kingdom

P2-8 **Are we over-radiating our patients? An audit of CT KUB scan length**

Simson N¹, Stonier T¹, Kaur Sekhon Inderjit Singh H¹, Coscione A¹, Qteishat A¹
¹Princess Alexandra Hospital, Harlow, United Kingdom

P2-9 **A study of occupational radiation dosimetry during fluoroscopically guided simulated surgery in the lithotomy position**

Horsburgh B¹, Higgins M²
¹Royal Liverpool and Broadgreen University Hospitals NHS Trust, Liverpool, UK, ²Integrated Radiological Services, Liverpool, UK

P2-10 Is limited non-contrast pelvic CT really indicated for asymptomatic patients with small distal ureteric calculi?

Hicks N¹, Burgess N¹

¹Norfolk And Norwich University Hospital, Norwich, United Kingdom

ePoster Session 3: Stones

Monday 26 June, 1530-1640, Boisdale

Chairs: Daron Smith & Rob Calvert

P3-1 The geography of urolithiasis in England. A ten-year review of trends in prevalence by locality, ethnicity, gender and age

Ni Raghallaigh H¹, Ellis D¹, Symes A²

¹Frimley Park Hospital, Surrey, United Kingdom, ²Brighton & Sussex medical School, Brighton, United Kingdom,

³Brighton & Sussex University Hospitals NHS Trust, Brighton, United Kingdom

P3-2 The financial burden of stone disease management: How much does urolithiasis cost the clinical commissioning groups (CCGs) in England?

Srirangam S¹, Moon D¹, Wells D¹

¹Department Of Urology, Blackburn, United Kingdom

P3-3 Acute ureteric / renal colic - A UK snapshot June 2015-2016

Marsden T¹, Turney B², Shotri N³, Bultitude M⁴, Rogers A⁵, Gordon S⁶, Keeley F⁷, Wiseman O⁸, Smith D¹

¹Institute Of Urology, UCH, London, United Kingdom, ²Oxford, UK, ³East Kent, UK, ⁴Guys, UK, ⁵Newcastle, UK, ⁶Epsom, UK, ⁷Bristol, UK, ⁸Cambridge, UK

P3-4 Shock wave lithotripsy is an efficacious modality for obese patients with upper ureteric calculi: A matched-pair analysis from a dedicated centre treating patients with a skin-to-stone distance of more than 14cm

Sharma A¹, Mains E¹, Blackmur J², Gietzman W¹, El-Mokadem I¹, Stephenson C¹, Wallace S¹, Phipps S¹, Thomas B¹, Tolley D¹, Cutress M¹

¹Scottish Lithotripter Centre, Edinburgh, United Kingdom, ²MRC Human Genetics Unit, University of Edinburgh, Edinburgh, United Kingdom

P3-5 Primary ureteroscopy in the definitive management of ureteric stones - Experience at a UK tertiary referral stone centre

Wanis M¹, Mackie S¹, Ahmed S¹, Watson G¹

¹Eastbourne District General Hospital, Eastbourne, United Kingdom

P3-6 Does ureterorenoscopic stone clearance successfully treat urinary tract infection (UTI)? Prospective outcomes following endoscopic stone removal in patients with pre-operative UTI or positive urine culture

Oliver R¹, Ghosh A¹, Moore S¹, Somani B¹

¹University Hospital Southampton NHS Foundation Trust, Southampton, United Kingdom

ePoster Sessions

P3-7 The impact of obesity on PCNL outcome: Analysis of a UK national database

Armitage J¹, Fowler S², Withington J³, Burgess N⁴, Finch W⁴, Irving S⁴, Glass J⁵, Wiseman O¹

¹Addenbrooke's Hospital, Cambridge, United Kingdom, ²British Association of Urological Surgeons, London, United Kingdom, ³The Whittington Hospital, London, United Kingdom, ⁴Norfolk and Norwich University Hospitals NHS Foundation Trust, Norwich, United Kingdom, ⁵Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom

P3-8 Percutaneous nephrolithotomy in patients with spina bifida and spinal injury: A comparative analysis of over 4000 patients, from the BAUS PCNL registry

Withington J¹, Armitage J², Fowler S³, Finch W⁴, Irving S⁴, Glass J⁵, Burgess N⁴, Wiseman O²

¹Royal Free Hospital, London, United Kingdom, ²Addenbrooke's Hospital, Cambridge, United Kingdom, ³British Association of Urological Surgeons, London, United Kingdom, ⁴Norfolk and Norwich Hospital, Norwich, United Kingdom, ⁵Guy's and St Thomas' Hospitals, London, United Kingdom

P3-9 The value of the immediate post-operative CT in spina bifida patients undergoing PCNL

Arumham V¹, Dale R¹, Fish J¹, Allen C¹, Allen S¹, Choong S¹, Smith D¹

¹Institute Of Urology, Stone and Endourology Department, London, United Kingdom

P3-10 Lateral percutaneous nephrolithotomy: An alternative approach

Gan J¹, Gan J¹, Gan J², Lee K³

¹University College London, London, United Kingdom, ²Walsall Manor Hospital, Walsall, United Kingdom, ³Puteri Specialist Hospital, Johor Bahru, Malaysia

ePoster Session 4: Andrology, Reconstruction, Penile Cancer and Male Infertility

Tuesday 27 June 2017, 0845-1020, Boisdale

Chairs: Raj Persad & Vaibhav Modgil

P4-1 The incidence of ischaemic priapism in men with stuttering priapism and its effect on erectile function

Johnson M¹, Johnson T², Kalejaiye O¹, Raheem A¹, Muneer A¹, Ralph D¹

¹University College London Hospital, London, United Kingdom, ²University of Leeds, United Kingdom

P4-2 Erectile dysfunction clinic: An opportunity to identify sleep apnoea?

Kalejaiye O¹, Moubasher A¹, Capece M¹, Raheem A¹, McNeillis S¹, Muneer A¹, Christopher N¹, Garaffa G¹, Ralph D¹

¹University College Hospital London, London, United Kingdom

- P4-3 Outcomes of double-barrelled wet colostomy (DBWC) for urinary and faecal - Single centre experience**
Kim L¹, Parkash B¹, Thompson A¹, Kumar P¹
¹Royal Marsden, London, United Kingdom
- P4-4 Does the use of recreational ketamine pose a challenge on bladder reconstruction?**
Sihra N¹, Rajendran S¹, Ockrim J¹, Wood D¹
¹University College London Hospital, London, United Kingdom
- P4-5 Open repair of bladder neck contractures (BNC) with or without adjuvant radiotherapy**
Ivaz S¹, Bugeja S¹, Frost A¹, Dragova M¹, Andrich D¹, Mundy A¹
¹Institute of Urology, University College London Hospitals NHS Foundation Trust, London, United Kingdom
- P4-6 Long term outcome following bladder neck artificial urinary sphincter implantation (AUS)**
Bugeja S¹, Ivaz S¹, Frost A¹, Dragova M¹, Andrich D¹, Mundy A¹
¹Institute of Urology, University College London Hospitals NHS Foundation Trust, London, United Kingdom
- P4-7 Magnetic resonance imaging (MRI) in pelvic fracture urethral injuries to evaluate urethral gap: A new point of technique**
Joshi P¹, Iyer S¹, Desai D¹, Surana S¹, Orabi H¹, Kulkarni S¹
¹Kulkarni Reconstructive Urology Centre, Pune, India
- P4-8 The long-term results of non-transecting bulbar urethroplasty**
Ivaz S¹, Bugeja S¹, Frost A¹, Dragova M¹, Andrich D¹, Mundy A¹
¹Institute of Urology, University College London Hospitals NHS Foundation Trust, London, United Kingdom
- P4-9 Comparison of the male sub-urethral sling versus the artificial urinary sphincter for treatment of stress urinary incontinence**
Dockray J¹, Chang R¹, Archer M¹, Rees R¹
¹University Hospitals Southampton, Southampton, United Kingdom
- P4-10 Does residual penile intraepithelial neoplasia (PeIN) require adjuvant chemotherapy after surgical excision?**
Ziada M¹, Parnham A¹, Christodoulidou M¹, Freeman A¹, Muneer A¹, Bunker C¹
¹University College London Hospital, London, United Kingdom
- P4-11 Impact of lymphoedema on quality of life following radical lymph node dissection for penile cancer**
Yan S¹, Minter J¹, Lam W¹, Sharma D¹, Watkin N¹, Ayres B¹
¹St George's Hospital, London, United Kingdom

ePoster Sessions

P4-12 Micro-TESE: The gold standard for non-obstructive azoospermia

Lee J¹, Grewal A², Sangster P³, Dajani Y⁴, Ahmed K³, Briggs K³, Khalaf Y⁴, Kopeika J⁴, Shabbir M³

¹Guy's, King's & St Thomas' School of Medical Education, King's College London, London, United Kingdom, ²University of Southampton School of Medicine, Southampton, United Kingdom, ³Andrology & Genito-Urethral Reconstructive Urology Team, Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom, ⁴Assisted Conception Unit, Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom

P4-13 Microdissection TESE (mTESE) outcomes following adult orchidopexy for intra-abdominal and inguinal testicles

Christodoulidou M¹, Ziada M¹, Castiglione F¹, Parnham A¹, Williamson E¹, Freeman A¹, Kelly J¹, Dawas K¹, Muneer A¹

¹University College London Hospital, London, United Kingdom

P4-14 Salvage mTESE after previous failed mTESE: results and predictors for success

Moubasher A¹, Kalejaiye O¹, Raheem A¹, Chiriaco G¹, Capece M¹, Sangstar P¹, Christopher N¹, Muneer A¹, Garaffa G¹, Ralph D¹

¹University College Hospital London, London, United Kingdom

P4-15 Testicular cancer and male fertility: Abnormalities detected and aetio-pathogenesis

Almekaty K¹, Poullis C¹, Williamson E¹, Zahran M², Blecher G¹, Yap T³, Minhas S¹

¹University College London Hospital, London, United Kingdom, ²Mansoura Urology & Nephrology Centre, Egypt, Mansoura, Egypt, ³St George's Hospital, London, UK, London, United Kingdom

ePoster Session 5: History of Urology

Tuesday 27 June, 0900-1010, Alsh

Chairs: Jonathan Goddard & Adam Cox

P5-1 The earliest concept of penile preserving surgery for penile cancer: Hugh Hampton Young (1870-1945)

Manjunath A¹, Robertson I, Yan S, Ayres B, Watkin N

¹St George's Hospital, London, United Kingdom

P5-2 Edward Martin: The father of clinical andrology

Jones A¹, Ghobara T¹, Wharton I¹

¹University Hospital of Coventry & Warwickshire, Coventry, United Kingdom

P5-3 Norman Gibbon: A revolutionist in neuropathic bladder management

Jones A¹, Wharton I¹

¹University Hospital of Coventry & Warwickshire, Coventry, United Kingdom

P5-4 'The club of distinguished prostates' - The Bowery series

Lloyd P¹, Thurtle D^{1,2}, Gnanapragasam V^{1,2}

¹Cambridge University Hospitals NHSFT, Cambridge, United Kingdom, ²Academic Urology Group, Department of Surgery, University of Cambridge, Cambridge, United Kingdom

ePoster Sessions

P5-5 The Aero-urethroscope

Ravindra P¹, Goddard J¹

¹University Hospitals of Leicester NHS Trust, Leicester, United Kingdom

P5-6 The force awakens: the history of LASER in urology

Jones R¹, Patel C¹, Patel S¹

¹Wirral University Teaching Hospital, Birkenhead, United Kingdom

P5-7 How the unbelievable becomes routinely believable: Advancements in peri-operative management and enhanced recovery in urology since the Eighties

Paramore L¹, Roushias S¹

¹University Hospital of Wales, Cardiff, United Kingdom

P5-8 The progression of medical research in urology

Reed O³, Hodgson D¹, Auer A¹, Thompson P²

¹QAH, Portsmouth, United Kingdom, ²King's College Hospital, London, United Kingdom, ³Southampton Medical School, Southampton, United Kingdom

P5-9 History of Sri Lankan urology

Kathirgamathamby V¹

¹Kings College Hospital, London, United Kingdom

P5-10 The rise of French urology: 1870-1919

Carrie A¹, Miller M¹

¹Northampton General Hospital NHS Trust, Northampton, United Kingdom

ePoster Session 6: Prostate Cancer Diagnosis

Tuesday 27 June, 1200-1335, Alsh

Chairs: Peter Ryan & Elizabeth Waine

P6-1 The accuracy of magnetic resonance imaging (mpMRI) guided transperineal fusion prostate biopsies (TPFB) to evaluate lesions on prostate mpMRI using prostatectomy specimens as a validation tool

Macchi A^{1,2}, Lloyd T^{1,2}, Hansen N^{1,2,3,4}, Whittington L^{1,2}, Gnanapragasam V^{1,2,5}, Koo B^{1,3}, Saeb-Parsy K^{1,2}, Shaida N^{1,3}, Warren A^{1,6}, Bratt O^{1,2}, Shah N^{1,2}, Barrett T^{1,3}, Kastner C^{1,2}

¹CampARI Prostate Cancer Group, Cambridge, United Kingdom, ²Department of Urology, Cambridge University Hospitals, Cambridge, United Kingdom, ³University Department of Radiology, University of Cambridge, Cambridge, United Kingdom, ⁴University Hospitals RWTH Aachen, Department of Diagnostic and Interventional Radiology, Aachen, Germany, ⁵Academic Urology Group, University of Cambridge, Cambridge, United Kingdom, ⁶Department of Pathology, Cambridge University Hospitals, Cambridge, United Kingdom

P6-2 Can PSA density identify which men with PiRADs 3 lesions on MP-MRI require a prostate biopsy?

Costello D¹, Challacombe B¹, Elhage O^{1,2}, Namdarian B¹, Atal Y¹, Catterwell R¹, Popert R¹, Cathcart P¹

¹The Urology Centre, Guy's and St Thomas NHS Foundation Trust, London, United Kingdom, ²MRC centre for Transplantation, King's College College London, London, United Kingdom

ePoster Sessions

- P6-3 Multicentre evaluation of magnetic resonance imaging guided transperineal prostate biopsy as first biopsy in patients with a suspicion of prostate cancer**
Kleverlaan T^{1,2}, Pepdjonovic L³, Hansen N^{1,2,4,5}, Ryan A⁶, Warren A^{1,4}, O'Sullivan R⁷, Bonekamp D⁵, Barrett T^{1,3}, Hadaschik B⁸, Grummet J³, Kastner C^{1,2}
¹CamPARI Prostate Cancer Group, Cambridge, United Kingdom, ²Department of Urology, Cambridge University Hospitals, Cambridge, United Kingdom, ³Australian Urology Associates, Monash University, Melbourne, Australia, ⁴University Department of Radiology, University of Cambridge, Cambridge, United Kingdom, ⁵Department of Diagnostic and Interventional Radiology, University Hospital RWTH Aachen, Aachen, Germany, ⁶Department of Pathology, Monash University, Melbourne, Australia, ⁷Department of Radiology, Monash University, Melbourne, Australia, ⁸Department of Urology, University Hospital Heidelberg, Heidelberg, Germany
- P6-4 Absence of evidence is not evidence of absence: Normal areas on MRI could harbour significant tumour in patients with prostate cancer**
Sridhar A¹, Lamb B¹, Busuttil G¹, Zahran M³, Zaccai K¹, Davari M², Ahmad I⁴, Mohammed A¹, Shaw G¹, Rajan P¹, Nathan S¹, Briggs T¹, Ramachandran N¹, Allen C¹, Kelly J¹
¹University College London Hospital NHS Trust, London, United Kingdom, ²University College London, London, United Kingdom, ³Mansoura University, Mansoura, Egypt, ⁴University of Glasgow, Glasgow, United Kingdom
- P6-5 A single-centre prospective analysis of the diagnostic accuracy of multiparametric MRI in men undergoing transperineal prostate mapping biopsy for confirmed or suspected prostate cancer**
Pal R¹, Trecarten S¹, Voss J¹, Ahmad R¹, Bazo A¹, Walton T¹
¹Nottingham City Hospital, Nottingham, United Kingdom
- P6-6 The Promise of pre-biopsy MRI in a District General Hospital (DGH) setting**
Tailor K¹, Barrass B¹, Khan F¹, Mohammed A¹, Alam A¹, Saleemi A¹, Taneja S
¹Luton And Dunstable Hospital, Luton, United Kingdom
- P6-7 MRI/TRUS fusion prostate biopsy: can we omit concurrent systematic biopsies?**
Dinneen E¹, Gresty H¹, Goode A¹, Train M¹, Grant L¹, Marcus A¹, Smith G¹, Singh P¹
¹Royal Free Hospital, London, United Kingdom
- P6-8 The changing face of prostate diagnostics: Are targeted biopsies sufficient?**
Rewhorn M¹, Day E¹, Gurun M¹, Meddings R¹, Nair B¹, McLaughlin G¹, Chanock D¹, Clark R¹
¹Ayr University Hospital, Ayr, United Kingdom
- P6-9 The Smart Target trial: A prospective paired blinded trial with randomisation comparing visual-estimation and image-fusion targeted prostate biopsies**
Hamid S¹, Donaldson I¹, Barrat D², Hu Y², Rodell R², Villarini B², Bonmatti-Coll E², Martin P², Hawkes D², MCCartan N³, Potyka I³, Williams N³, Brew-Graves C³, Moore C¹, Emberton M¹, Ahmed H¹
¹UCL Division of Surgery and Interventional Medicine, London, United Kingdom, ²Centre of Medical Imaging, London, United Kingdom, ³Surgical Interventional Trials Unit, London, United Kingdom
- P6-10 Outcomes of cognitive MRI targeted TRUS biopsy of prostate**
Downey A¹, Linton K²
¹Royal Hallamshire Hospital, Sheffield, United Kingdom, ²Chesterfield Royal Hospital, Chesterfield, United Kingdom

- P6-11 Pilot results from the CADMUS trial: Multiparametric ultrasound versus multiparametric MRI in the diagnosis of clinically significant prostate cancer**
Grey A¹, Scott R¹, Charman S², van der Meulen J², Frinking P³, Acher P⁴, Liyanage S⁴, Madaan S⁵, Constantinescu G⁵, Shah B⁶, Brew-Graves C⁶, Freeman A⁷, Jameson C⁷, Ramachandran N⁷, Emberton M¹, Arya M¹, Ahmed H⁸
¹Division of Surgery and Interventional Science, University College London, London, United Kingdom, ²London School of Hygiene and Tropical Medicine, London, United Kingdom, ³Bracco Suisse S.A., Geneva, Switzerland, ⁴Southend University Hospital, Southend, United Kingdom, ⁵Darent Valley Hospital, Dartford, United Kingdom, ⁶Surgical and Interventional Trials Unit, University College London, London, United Kingdom, ⁷University College London Hospital, London, United Kingdom, ⁸Division of Surgery, Department of Surgery and Cancer, Imperial College London, London, United Kingdom
- P6-12 One-stop prostate clinic incorporating same-day multi-parametric prostate MRI and prostate biopsies: initial experience and impact on pathway compliance**
Cohen D¹, Roy A¹, McCarthy F¹, Goode A¹, Train M¹, Marcus A¹, Grant L¹, Smith G¹, Singh P¹
¹Royal Free London NHS Foundation Trust, London, United Kingdom
- P6-13 Evaluation of a front-door multi-parametric magnetic resonance imaging (mpMRI) based assessment pathway for patients with first suspicion of prostate cancer**
Macchi A¹, Whittington L¹, Hansen N², Lloyd T¹, Gnanapragasam V¹, Koo B¹, Saeb-Parsy K¹, Shaida N¹, Warren A¹, Bratt O¹, Barrett T¹, Kastner C¹
¹Cambridge University Hospitals, Cambridge, United Kingdom, ²University Hospital RWTH Aachen, Aachen, Germany
- P6-14 Rectal swab cultures and targeted prophylactic antimicrobials for transrectal prostate biopsy: Do they help reduce the risk of sepsis?**
Hadjipavlou M¹, Mulhem W¹, Eragat M¹, Kenny C¹, Wood C¹, Dall'Antonia M¹, Hammadeh M¹
¹Queen Elizabeth Hospital, Woolwich, United Kingdom
- P6-15 Prostate biopsy in the elderly: Is it really necessary?**
Gan J¹, Jewkes S², Booth E³, Dawson C⁴, Sur H⁵
¹Walsall Manor Hospital, Walsall, United Kingdom, ²Queen's Hospital Burton, Burton on Trent, United Kingdom, ³Good Hope Hospital, Birmingham, United Kingdom, ⁴Birmingham Heartlands Hospital, Birmingham, United Kingdom, ⁵New Cross Hospital, Wolverhampton, United Kingdom

ePoster Session 7: Female Urology and Bladder Dysfunction

Tuesday 27 June, 1200-1335

Chairs: Joby Taylor & Andrew Harris

- P7-1 Using Uromune® as a novel treatment in women with recurrent urinary tract infections: First experience in the United Kingdom**
Yang B¹, Foley S¹
¹Royal Berkshire Hospital, Reading, United Kingdom

ePoster Sessions

- P7-2 Prophylactic Gentamicin with sedation-free cystoscopic injection of Botox-A: No demonstrable adverse extra-vesical neuromuscular effect**
Feyisetan O¹, Stewart H¹, Omar A¹, Samsudin A¹, Thelwell L¹, Sherman A¹
¹St. Helens & Knowsley Hospitals NHS Trust, Liverpool, United Kingdom
- P7-3 Interstitial cystitis and painful bladder syndrome: Where are we now? The UK picture**
Douglas-Moore J¹, Goddard J¹
¹Leicester General Hospital, Leicester, United Kingdom
- P7-4 Concordance of urodynamic definitions of female bladder outlet obstruction**
Solomon E¹, Yasmin H¹, Duffy M¹, Ockrim J¹, Greenwell T¹
¹University College London Hospital, London, United Kingdom
- P7-5 Medium term outcomes of ventral - Onlay buccal mucosa graft substitution urethroplasty for urethral stricture in females**
Mukhtar B¹, Spilotors M¹, Malde S¹, Pakzad M¹, Hamid R¹, Ockrim J¹, Greenwell T¹
¹University College London Hospital, London, United Kingdom
- P7-6 The management and outcome of urodynamic stress urinary incontinence in women with urethral diverticulum**
Barratt R¹, Pakzad M¹, Hamid R¹, Ockrim J¹, Greenwell T¹
¹University College London Hospital, London, United Kingdom
- P7-7 Single incision mid urethral sling for urinary incontinence: Small tape for a big problem**
Hilmy M¹, Heaton S¹, Urwin G¹
¹York Teaching Hospital, York, United Kingdom
- P7-8 The surgical management of mesh-related complications following stress incontinence or prolapse surgery in women**
Sihra N¹, Malde S², Rashid T³, Hamid R¹, Ockrim J¹, Greenwell T¹
¹University College Hospital London, London, United Kingdom, ²Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom, ³Imperial College Healthcare NHS Trust, London, United Kingdom
- P7-9 The use of adjustable tapes in complex male incontinence: a single centre series**
Jelley C¹, Foley S¹
¹Royal Berkshire Hospital, Reading, United Kingdom
- P7-10 Results of artificial urinary sphincter in complex post prostatectomy incontinence**
King T¹, McDonald S¹, Smith Y¹, Belal M¹, Almallah Z¹
¹University Hospitals Birmingham, Birmingham, United Kingdom

ePoster Sessions

- P7-11 Urodynamic evaluation of bladder dysfunction in patients with postural orthostatic tachycardia syndrome (POTS)**
Faure Walker N¹, Feuer J², Taylor C¹
¹Guys Hospital, London, United Kingdom, ²Kings College Hospital, London, United Kingdom
- P7-12 Withdrawn**
- P7-13 Difference in duration of response between 200U and 300U of onabotulinum toxin A in neurogenic detrusor overactivity (NDO) after spinal cord injury (SCI)**
Gunawant S¹, Suman D¹
¹Indian Spinal Injuries Centre, New Delhi, India
- P7-14 Sacral neuro-stimulation in neurogenic detrusor overactivity**
Hughes D¹, Itam S¹, Jenks J¹, Hamid R¹, Greenwell T¹, Ockrim J¹, Pakzad M¹
¹University College London Hospital, London, United Kingdom
- P7-15 Macroplastique injection is effective in the management of neurogenic vesicoureteric reflux (VUR) in spinal cord injury (SCI) population**
Sakalis V¹, Caygill P¹, Davies M¹
¹Salisbury NHS Foundation Trust & Duke of Cornwall Spinal Injuries Unit, Salisbury, United Kingdom

ePoster Session 8: Renal Cancer

Tuesday 27 June, 1400-1535, Alsh

Chairs: Joseph Jelski & Raj Pal

- P8-1 The relationship between surgeon volume and outcome of laparoscopic renal surgery using the British Association of Urological Surgeons (BAUS) nephrectomy database**
Bromage S¹, Williams M², Fowler S³, Joyce A⁴, Keeley F⁵
¹Stepping Hill Hospital, United Kingdom, ²Heart of England NHS Trust, , United Kingdom, ³BAUS. Royal College of Surgeons, London, United Kingdom, ⁴St. James's Hospital, Leeds, United Kingdom, ⁵Bristol Urology Institute, Bristol, United Kingdom
- P8-2 Does nephrometry predict surgical outcomes? Prospective study of 100 partial nephrectomies**
Forster L^{1,2}, Jelley C^{2,3}, Bardgett H², Singh R², Addla S^{1,4}
¹King George Hospital, Ilford, Essex, United Kingdom, ²Bradford Teaching Hospitals NHS Trust, ³Royal Berkshire Hospital, Thames Valley Deanery, ⁴Apollo Cancer Institutes, Apollo Health City, Jubilee Hills, Hyderabad, India
- P8-3 A multicentre study of early surgical outcomes and oncological results of robotic assisted partial nephrectomy**
Veeratterapillay R¹, Addla S, Jelley C, Bailie J, Rix D, Bromage S, Oakley N, Weston R, Soomro N
¹Freeman Hospital, Newcastle Upon Tyne, United Kingdom

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P8-4 The evolution of robotic assisted partial nephrectomy: Maintaining the trifecta in advanced tumours

Rajangam A¹, Namdarian B¹, Altal Y¹, De Luyk N¹, Catterwell R¹, Kooiman G¹, Fernando A¹, Challacombe B¹
¹Guy's Hospital, London, United Kingdom

P8-5 Is retro the way forward? Retroperitoneal robotic-assisted partial nephrectomy

Hussain M¹, Oakley J¹, Muller G¹, Emara A¹, Barber N¹
¹Frimley Park Hospital, Surrey, United Kingdom

P8-6 Is biopsy of T1b or greater renal masses ever useful?

Tanabalan C¹, Tran M¹, Mumtaz F¹, Webster G¹, Patki P¹, Aitchison M¹, Barod R¹
¹Specialist Renal Cancer Centre, Royal Free Hospital, London, United Kingdom

P8-7 Contemporary surgical management of renal oncocytomas in the UK: BAUS national audit data from 2013 to 2015

Neves J^{1,2}, Withington J¹, Fowler S³, Mumtaz F¹, O'Brien T^{3,4}, Aitchison M¹, Tran M^{1,2}
¹Royal Free London NHS Foundation Trust, London, United Kingdom, ²Division of Surgery and Interventional Science, University College London, United Kingdom, ³BAUS, The Royal College of Surgeons of England, , United Kingdom, ⁴Guy's and St Thomas' NHS Foundation Trust, United Kingdom

P8-8 Management of renal oncocytoma - Evolving practice within a UK tertiary referral centre

Withington J¹, Neves J¹, Tran-Dang M¹, Patki P¹, Mumtaz F¹, Barod R¹, Aitchison M¹, Tran M^{1,2}
¹Royal Free Hospital, London, United Kingdom, ²University College London, London, United Kingdom

P8-9 Routine use of biopsy in the management of the small renal mass

Tanabalan C¹, Tadtayev S¹, Raman A¹, Al-Akkra M¹, Webster G¹, Patki P¹, Mumtaz F¹, Tran M¹, Aitchison M¹, Barod R¹
¹Specialist Renal Cancer Centre, Royal Free Hospital, London, United Kingdom

P8-10 Is laparoscopic cryoablation of small renal tumours obsolete?

Baston E¹, Tuck J¹, Bradley A¹, Warburton H¹
¹University Hospital of South Manchester NHS Foundation Trust, Manchester, United Kingdom

P8-11 Withdrawn

P8-12 Analysis of renal function after cryoablation of small renal tumours (SRMs) in patients with solitary kidneys: a European registry for renal cryoablation (EuRECA) multi-institutional study

Farrag K¹, Nielsen T², Sriprasad S¹, Lagerveld B³, Keeley F⁴, Lughezzani G⁵, Barber N⁶, Hansen L², Buffi N⁵, Guazzoni G⁵, van der Zee J³, Ismail M⁴, Emara A⁶, Lund L^{7,8}, Østraat Ø², Borre M², Rudd I¹
¹Darent Valley Hospital, Dartford, United Kingdom, ²Department of Urology, Aarhus University Hospital, Aarhus, Denmark, ³Department of Urology, Onze Lieve Vrouwe Gasthuis, Amsterdam, the Netherlands, ⁴Bristol Urological Institute, Bristol, UK, ⁵Department of Urology, Istituto Clinico Humanitas IRCCS, Clinical and Research Hospital, Milano, Italy, ⁶Department of Urology, Frimley Park Hospital, Camberley, UK, ⁷Department of Urology, Odense University Hospital, Odense, Denmark, ⁸Department of Urology, Viborg Regional Hospital, Viborg, Denmark

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P8-13 Renal function outcomes in patients with risk factors for chronic kidney disease undergoing partial nephrectomy

Gallagher K¹, Donaldson J¹, Leow A¹, Carter J¹, Grossart C¹, O'Connor K¹, Leung S¹, McNeill A¹, Stewart G²
¹Department of Urology, Western General Hospital, Edinburgh, United Kingdom, ²University of Cambridge, Cambridge, United Kingdom

P8-14 The role of platelet-lymphocyte ratio in predicting prognosis in patients undergoing nephrectomy for renal cell carcinoma

Hannan C¹, Grimes N, Tyson M, Thwaini A
¹Belfast City Hospital, Department of Urology, Belfast, United Kingdom

P8-15 First results of A-PREDICT: A phase II study of Axitinib in patients with metastatic renal cell cancer (RCC) unsuitable for nephrectomy

Stewart G¹, Morden J², Boleti E³, Vasudev N⁴, Michael A⁵, Thistlethwaite F⁶, Kilburn L², Lewis R², Nicol D⁷, Pyle L⁷, Snowdon C², Todd R², Tregellas L², Turajlic S⁸, Swanton C⁸, Bliss J², Larkin J⁷
¹University of Cambridge, ²Clinical Trials and Statistics Unit at The Institute of Cancer Research (CTSU), London, ³Royal Free Hospital, London, ⁴Leeds Institute of Oncology, ⁵Royal Surrey County Hospital, Guildford, ⁶The Christie, Manchester, ⁷Royal Marsden Hospital, London, ⁸The Francis Crick Institute, London,

ePoster Session 9: Management, Governance and Education

Wednesday 28 June, 0900-1025, Alsh

Chairs: Dave Shackley & Will Green

P9-1 Stone pathway key performance indicators (KPIs) - Are we achieving our benchmarks?

Kumar A¹, Leung H¹, Datta S¹, Rix G¹, Maan Z¹
¹Colchester Hospital University NHS Foundation Trust, Colchester, United Kingdom

P9-2 Trend and impact of nephrectomy centralisation

Hsu R¹, Barclay M², Lyratzopoulos G³, Gnanapragasam V¹, Armitage J⁴
¹Academic Urology Group, University of Cambridge, Cambridge, United Kingdom, ²Department of Public Health and Primary Care, University of Cambridge, Cambridge, United Kingdom, ³Institute of Epidemiology and Health Care, University College London, London, United Kingdom, ⁴Department of Urology, Addenbrooke's Hospital, Cambridge, United Kingdom

P9-3 Outcomes of total pelvic exenteration within a contemporary multi-disciplinary service

Thurtle D¹, Turner W¹, Wheeler J¹, Hall N¹, Powar M¹, Davies R¹, Fearnhead N¹, Colquhoun A¹
¹Cambridge University Hospitals NHSFT, Cambridge, United Kingdom

P9-4 The effect of consultant outcome publication on urology training: The consultant urologist perspective

Williams M¹, Cotterill N², Drake M², Keeley F²
¹Heart Of England NHS Trust, Birmingham, United Kingdom, ²Bristol Urology Institute, Bristol, United Kingdom

ePoster Sessions

P9-5 Investigation of visible haematuria - Differences in the outpatient and Inpatient pathway

Veeratterapillay R¹, Fuge O, Morton H, Harding C, Thorpe A

¹Freeman Hospital, Newcastle Upon Tyne, United Kingdom

P9-6 Pre-referral radiological imaging for undescended testis - Wasteful and potentially harmful

Cho A², Thomas J¹, Schmid A², Nathan A², Mishra P², Desai D², Mushtaq I², Cuckow P², Smeulders N², Cherian A²

¹University College London Hospital, London, United Kingdom, ²Great Ormond Street Hospital, London, United Kingdom

P9-7 Delivering a urology referral management scheme within the local NHS infrastructure

Dutton T¹, Percy R¹

¹Plymouth Hospitals NHS Trust, Plymouth, United Kingdom

P9-8 Health and wellbeing clinic - Introducing a 'prostate school' to prepare patients for radical prostatectomy

Khadhoury S¹, Bracey M, Billing J, Turner C, Waine E, Goldstraw M, Mason R, Burns-Cox N, McGrath J

¹Exeter Surgical Health Services Research Unit (HeSRU), Exeter, United Kingdom

P9-9 A nurse led NHS clinic for suspected prostate cancer can be safe, cost and time efficient, and cut costs

Madhavan S¹, Drudge-coates L¹, Khati V¹, Ballesteros R¹, Brown C¹, Martyn-Hemphill C¹, Green J², Challacombe B³, Muir G¹

¹Kings College Hospital NHS Foundation Hospital Trust, London, United Kingdom, ²Barts Health NHS Trust, Whipps Cross University Hospital NHS Trust, London, United Kingdom, ³Guys and St Thomas NHS Foundation Trust, London, United Kingdom

P9-10 Consent in urology requires more to be effective

Khastgir J¹, Khan S², Garg S², Ganta S²

¹Abertawe Bro Morgannwg University NHS Health Board, Swansea, United Kingdom, ²Walsall Healthcare NHS Trust, Walsall, United Kingdom

P9-11 Consent: what do patients want to know?

Khastgir J¹, Khan S², Ganta S²

¹Abertawe Bro Morgannwg University NHS Health Board, Swansea, United Kingdom, ²Walsall Healthcare NHS Trust, Walsall, United Kingdom

P9-12 Review of flexible cystoscopy images by a consultant improves theatre utilisation slots

Sahibzada I¹, Batura D¹, Kavia R¹, Hellawell G¹

¹London North West Healthcare NHS Trust, London, United Kingdom

P9-13 Design, implementation and evaluation of a novel curriculum to teach TURP

Jaffer A¹, Kailavasan M², Rai B⁶, Myatt A⁴, Nabi G⁵, Jain S¹, Biyani S¹

¹St James' Teaching Hospital, Leeds, England, ²Royal Derby Hospital, Derby, England, ³James Cook University Hospital, Middlesbrough, England, ⁴Castle Hill Hospital, Hull, England, ⁵Ninewells Hospital, Dundee, Scotland, ⁶The Lister Hospital, Stevenage, England

ePoster Session 10: General, LUTS and Emergency Urology

Wednesday 28 June, 0900-1035, Boisdale

Chairs: Tev Aho & Stella Roushias

P10-1 Use of a new urethral catheterisation device (UCD) to reduce the risks of urethral trauma due to urethral catheterisation

Bugeja S¹, Yim I², Tamimi A², Roberts N², Mundy A¹, Frost A¹

¹Institute of Urology, University College London Hospitals NHS Foundation Trust, London, United Kingdom, ²The Heart Hospital, UCLH NHS Foundation Trust, London, United Kingdom

P10-2 Day-case transurethral resection of the prostate (TURP) is feasible for the majority of men. A single centre study of 700 cases

Kyriazis G¹, Austin T¹, Lentchou Mbiadjeu D¹, Gormley R¹, Lavan L¹, Hodgson D¹

¹Queen Alexandra Hospital, Portsmouth, United Kingdom

P10-3 Aquablation of the prostate for the surgical treatment of LUTS/BPH

Thomas J¹, Barber N², Aho T³

¹Department of Urology, Princess of Wales Hospital, Bridgend, United Kingdom, ²Department of Urology, Frimley Park Hospital, Frimley, United Kingdom, ³Department of Urology, Cambridge University Hospitals, Cambridge, United Kingdom

P10-4 The UroLift procedure: efficacy and cost-effectiveness when performed under local anaesthesia

Collins T¹, Al Kadhi O¹, Manley K¹, Natarajan M¹, Rochester M¹

¹Norfolk And Norwich University Hospital, Norwich, United Kingdom

P10-5 Comparative study of monopolar versus bipolar transurethral resection of the prostate versus thulium laser vaporesction of the prostate (ThuVaRP) in patients with benign prostatic hyperplasia and urinary retention: Randomized multicenter study

Nasution P¹, Nur Budaya T¹, Duarsa G², Prasetyawan W³, Laksono K⁴, Wijaya C⁴, Hakim L¹

¹Soetomo Hospital, Airlangga University, Surabaya, Indonesia, ²Sanglah Hospital, Denpasar, Indonesia, ³Kanujoso Hospital, Balikpapan, Indonesia, ⁴Sidoarjo Hospital, Sidoarjo, Indonesia

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P10-6 Prostate artery embolisation: the bigger the better?

Drake T¹, Maclean D¹, Modi S¹, Dyer J¹, Hacking N¹, Bryant T¹, Harris M¹

¹University Hospital Southampton, Southampton, United Kingdom

P10-7 A retrospective study of immunotherapy treatment with Uro-Vaxom® (OM-89) for prophylaxis of recurrent urinary tract infections

McCauley N², Brodie A¹, Jour I², Foley C², Hanbury D²

¹Bedford Hospital, Bedford, United Kingdom, ²Lister Hospital, Stevenage, United Kingdom

P10-8 Is urinary leucocyte-esterase a predictor of urinary tract infection following flexible cystoscopy?

Trail M¹, McWilliam F¹, Kalima P¹, Donat R¹, Mariappan P¹

¹Western General Hospital, Edinburgh, United Kingdom

P10-9 Surgical site infections in patients undergoing major upper urinary tract surgery: The role of anti-gram-positive preoperative prophylaxis

Tadtayev S¹, Manson-Bahr D¹, Mussadaq B¹, Sullivan K¹, Tanabalan C¹, Raman A¹, Patki P¹, Mumtaz F¹, Tran M¹, Al-Alraa M¹, Webster G¹, Barod R¹, Balakrishnan I¹, Aitchison M¹

¹Specialist Centre for Kidney Cancer, Royal Free London NHS Foundation Trust

P10-10 Transitional care practice amongst paediatric urologists and surgeons in the UK

Faure Walker N¹, Smeulders N², Wood D³, Couchman A¹

¹Kingston Hospital NHS Foundation Trust, London, United Kingdom, ²Great Ormond Street Hospital for Children NHS Foundation Trust, London, United Kingdom, ³University College London Hospitals NHS Foundation Trust, London, United Kingdom

P10-11 Outcomes of general paediatric surgery undertaken by adult urologist's in regional centres

Teichmann D¹, Hart Prieto M², Jones P³

¹Royal Glamorgan Hospital, Llantrisant, United Kingdom, ²Royal Gwent Hospital, Newport, United Kingdom, ³Morrison Hospital, Swansea, United Kingdom

P10-12 Contemporary management of penetrating renal injuries: Experience from two urban major trauma centres

Hadjipavlou M¹, Grouse E¹, Gray R², Sharma D¹

¹St Georges' Hospital, London, United Kingdom, ²King's College Hospital, London, United Kingdom

P10-13 A review of renal injury in a major trauma centre in Liverpool

Torrance R¹, Kwok A¹, Mathews D¹, Lucky M¹

¹Aintree University Hospital, Liverpool, United Kingdom

P10-14 Renal function preservation following high grade blunt renal trauma: A major trauma centre experience

Osman B¹, Aboumarzouk O¹, Thompson J¹, Albuheissi S¹

¹Southmead Hospital, Bristol, United Kingdom

P10-15 Long-term outcome of visible and non-visible haematuria: Prospective large cohort with long-term follow-up

Mishriki S¹

¹Aberdeen Royal Infirmary, Aberdeen, United Kingdom

ePoster Session 11: Prostate Cancer Treatment

Wednesday 28 June, 1200-1355, Alsh

Chairs: Anthony Costello & Ben Eddy

P11-1 The BAUS radical prostatectomy audit 2014-15 - an update on current practice and outcomes by centre and surgeon case volume

Khadhoury S¹, Miller C, McNeill A, Hounsome L, Fowler S, McGrath J¹

¹Exeter Surgical Health Services Research Unit (HeSRU), Exeter, United Kingdom

On behalf of the BAUS Section of Oncology

P11-2 Radical prostatectomy for high-risk prostate cancer: analysis of surgeon-reported practice from the BAUS dataset in 2014-15

Aning J¹, Reilly G², Fowler S³, McGrath J⁴, Sooriakumaran P^{5,6}

¹Freeman Hospital, Newcastle, United Kingdom, ²Centre for Statistics in Medicine, University of Oxford, Oxford, United Kingdom, ³British Association of Urological Surgeons, London, United Kingdom, ⁴Royal Devon and Exeter Hospital, Exeter, United Kingdom, ⁵University College London Hospital, London, United Kingdom, ⁶Nuffield Department of Surgical Sciences, University of Oxford, Oxford, United Kingdom

P11-3 Current national trends in the management of locally advanced prostate cancer with radical therapies: Results from the English National Prostate Cancer Audit

Sujenthiran A¹, Nossiter J¹, Charman S¹, Aggarwal A², Cathcart P³, Payne H⁴, Clarke N⁵, van der Meulen J¹

¹Clinical Effectiveness Unit, Royal College of Surgeons, London, United Kingdom, ²London School of Hygiene and Tropical Medicine, London, United Kingdom, ³Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom, ⁴University College London Hospitals, London, United Kingdom, ⁵The Christie and Salford Royal NHS Foundation Trusts, London, United Kingdom

P11-4 Impact of type of radical prostatectomy (RP) on outcomes reported by men with prostate cancer 18 months' post-diagnosis: Results from the English National Prostate Cancer Audit (NPCA)

Nossiter J¹, Sujenthiran A¹, Charman S¹, Cathcart P², Aggarwal A³, Payne H⁴, Clarke N⁵, van der Meulen J³

¹Clinical Effectiveness Unit, Royal College of Surgeons of England, London, United Kingdom, ²Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom, ³London School of Hygiene and Tropical Medicine, London, United Kingdom, ⁴University College London Hospitals, London, United Kingdom, ⁵The Christie and Salford Royal NHS Foundation Trusts, Manchester, United Kingdom

ePoster Sessions

- P11-5 Current national trends in the management of low-risk localised prostate cancer with radical therapies: Results from the English National Prostate Cancer Audit**
Sujenthiran A¹, Nossiter J¹, Charman S¹, Aggarwal A², Cathcart P⁵, Payne H³, Clarke N⁴, van der Meulen J²
¹Clinical Effectiveness Unit, London, United Kingdom, ²London School of Hygiene and Tropical Medicine, United Kingdom, ³University College London Hospitals, London, United Kingdom, ⁴The Christie and Salford Royal NHS Foundation Trusts, Manchester, United Kingdom, ⁵Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom
- P11-6 External validation of a new clinical prognostic grouping to improve prediction of disease mortality at diagnosis in primary non-metastatic prostate cancer**
Gnanapragasam V¹, Bratt O², Stattin P³, Lee L⁴, Huang H⁴, Muir K⁵, Lophtananon A⁵
¹Academic Urology Group, University of Cambridge, Cambridge, United Kingdom, ²Department of Urology, Cambridge, United Kingdom, ³Umea University, Umea, Sweden, ⁴Singapore General Hospital, Singapore, ⁵University of Manchester, Manchester, United Kingdom
- P11-7 Outcomes after open retropubic and robot-assisted radical prostatectomy: results from the prospective LAPPRO trial**
Sooriakumaran P^{1,2}, Pini G², Nyberg T², Derogar M², Carlsson S², Stranne J³, Bjartell A⁴, Hugosson J³, Steineck G^{2,3}, Wiklund P²
¹University College Hospital London, London, United Kingdom, ²Karolinska Institutet, Stockholm, Sweden, ³University of Gothenburg, Gothenburg, Sweden, ⁴Lund University, Lund, Sweden
- P11-8 External validation of the neurosafe approach to nerve sparing in robotic assisted radical prostatectomy in a British setting - A prospective observational comparative study**
Mirmilstein G¹, Rai B¹, Agarwal S¹, Lane T¹, Vasdev N¹, Adshead J¹
¹Lister Hospital, Stevenage, England, UK, Stevenage, United Kingdom
- P11-9 Retzius-sparing robotic radical prostatectomy - the initial UK series**
Moschonas D¹, Soares R¹, Eden C¹
¹The Royal Surrey County Hospital, Guildford, United Kingdom
- P11-10 Urinary complications following radical prostatectomy: A comparative study of robot-assisted, laparoscopic and retropubic open radical prostatectomy**
Sujenthiran A¹, Charman S^{1,2}, Nossiter J¹, van der Meulen J², Dasgupta P⁵, Clarke N³, Cathcart P⁴
¹Clinical Effectiveness Unit, Royal College of Surgeons, London, United Kingdom, ²London School of Hygiene and Tropical Medicine, London, United Kingdom, ³The Christie and Salford Royal NHS Foundation Trusts, Manchester, United Kingdom, ⁴Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom, ⁵MRC Centre for Transplantation, King's College London, London, United Kingdom

P11-11 An IDEAL Phase I study of 3D printing for robotic surgery

Chandak P¹, Elhage O^{1,2}, Lynch H³, Allen C³, Byrne N^{4,5}, Newton V⁴, Rottenberg G⁶, Chen R⁶, Chandra A⁷, Dasgupta P^{1,2,8,9,10}

¹MRC Centre for Transplantation, King's College London / Guy's Hospital, London, London, United Kingdom, ²The Urology Centre, Guy's and St Thomas NHS Foundation Trust, London, United Kingdom, ³Nuada Medical, London, United Kingdom, ⁴Department of Medical Physics, Guy's and St. Thomas. NHS Foundation Trust, London, United Kingdom, ⁵Division of Imaging Sciences and Biomedical Engineering, King's College London, London, United Kingdom, ⁶Department of Radiology, Guy's and St Thomas NHS Foundation Trust, London, United Kingdom, ⁷Department of Pathology, Guy's and St Thomas NHS Foundation Trust, London, United Kingdom, ⁸NIHR Biomedical Research Centre, Guy's and St Thomas NHS Foundation Trust, London, United Kingdom, ⁹King's College London Vattikuti Institute of Robotic Surgery, London, United Kingdom, ¹⁰The London Clinic, London, United Kingdom

P11-12 Salvaging focal therapy failures: Outcomes following salvage robotic assisted laparoscopic radical prostatectomy

Cathcart P¹, Ahmed H³, Arya M², Moore C², Emberton M²

¹Guys & St Thomas Hospital, London, United Kingdom, ²University College Hospital London, London, United Kingdom, ³Imperial College London, London, United Kingdom

P11-13 Primary focal cryotherapy: A prospective multicenter UK registry study of 135 patients

Shah T^{1,2,7}, Hosking-Jervis F¹, McCartan N¹, Thomas B¹, Dudderidge T³, Hindley R⁴, Viridi J⁵, Valerio M^{1,6}, McCracken S⁷, Greene D⁸, Arya M^{1,5,7}, Ahmed H^{1,7,8,9}

¹University College London (UCL), London, United Kingdom, ²Whittington Hospital NHS Trust, London, United Kingdom, ³University Hospital Southampton NHS Foundation Trust, Southampton, United Kingdom, ⁴Hampshire Hospitals NHS Foundation Trust, Basingstoke, United Kingdom, ⁵Princess Alexandra Hospital NHS Trust, Harlow, United Kingdom, ⁶Department of Urology, Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland, ⁷Newcastle University, Newcastle upon Tyne, United Kingdom, ⁸Sunderland Royal Hospital, Sunderland, United Kingdom, ⁹University College London Hospital NHS Foundation Trust, London, United Kingdom, ¹⁰Imperial College Healthcare NHS Trust, London, United Kingdom, ¹¹Imperial College London, London, United Kingdom

P11-14 Identification of a protein signature of radioresistance in a prostate cancer model

Inder S¹, McDermott N², Schneider J³, Erdmann G³, Taylor J⁴, Finn S⁵, Manecksha R¹, Lynch T¹, Marignol L²

¹Department of Urology, St James Hospital, Dublin, Ireland, ²Radiobiology and Molecular oncology, Applied Radiation Therapy Trinity, Discipline of Radiation Therapy, Institute of Molecular Medicine, Trinity College Dublin, Dublin, Ireland, ³NMI TT Pharmaservices, Berlin, Germany, ⁴Department of International Health, Mount Sinai School of Medicine, New York, USA, ⁵Department of Histopathology, St James's Hospital, Dublin, Ireland

P11-15 The clinical outcome of prostate ductal adenocarcinoma: A matched cohort comparative study

Kiberu Y², Khan N², Elhage O^{1,2}, Suleman M², Kim W², Chandra A³, Dasgupta P^{1,2}

¹MRC Centre for Transplantation, King's College London / Guy's Hospital, London, London, United Kingdom, ²The Urology Centre, Guy's and St Thomas NHS Foundation Trust, London, United Kingdom, ³Department of pathology, Guy's and St Thomas NHS Foundation Trust, United Kingdom

P11-16 Introducing mpMRI into contemporary UK active surveillance for localised prostate cancer

Bryant R¹, Yang B¹, Philippou Y¹, Lam K¹, Obiakor M¹, Ayers J¹, Gleeson F², MacPherson R², Verrill C³, Roberts I³, Leslie T¹, Crew J¹, Sooriakumaran P¹, Hamdy F¹, Brewster S¹

¹Urology Department, Oxford University Hospitals NHS Foundation Trust, Oxford, United Kingdom, ²Radiology Department, Oxford University Hospitals NHS Foundation Trust, Oxford, United Kingdom, ³Pathology Department, Oxford University Hospitals NHS Foundation Trust, Oxford, United Kingdom

ePoster Sessions

P11-17 Impact of introducing an intensive mpMRI based protocol on active surveillance outcomes

Thurtle D^{1,2}, Thankappan-Nair V¹, Barrett T¹, Koo B¹, Warren A¹, Kastner C¹, Saeb-Parsy K¹, Kimberley-Duffell J^{1,2}, Gnanapragasam V^{1,2}

¹Cambridge University Hospitals NHSFT, Cambridge, United Kingdom, ²Academic Urology Group, Department of Surgery, University of Cambridge, Cambridge, United Kingdom

P11-18 The impact of repeat prostate biopsy after MP-MRI on subsequent management of patients on active surveillance for low risk prostate cancer

Gallagher K¹, Christopher E¹, Cameron A¹, Perumal R¹, Little S¹, Laird A¹, Keanie J¹, Bollina P¹, McNeill A¹

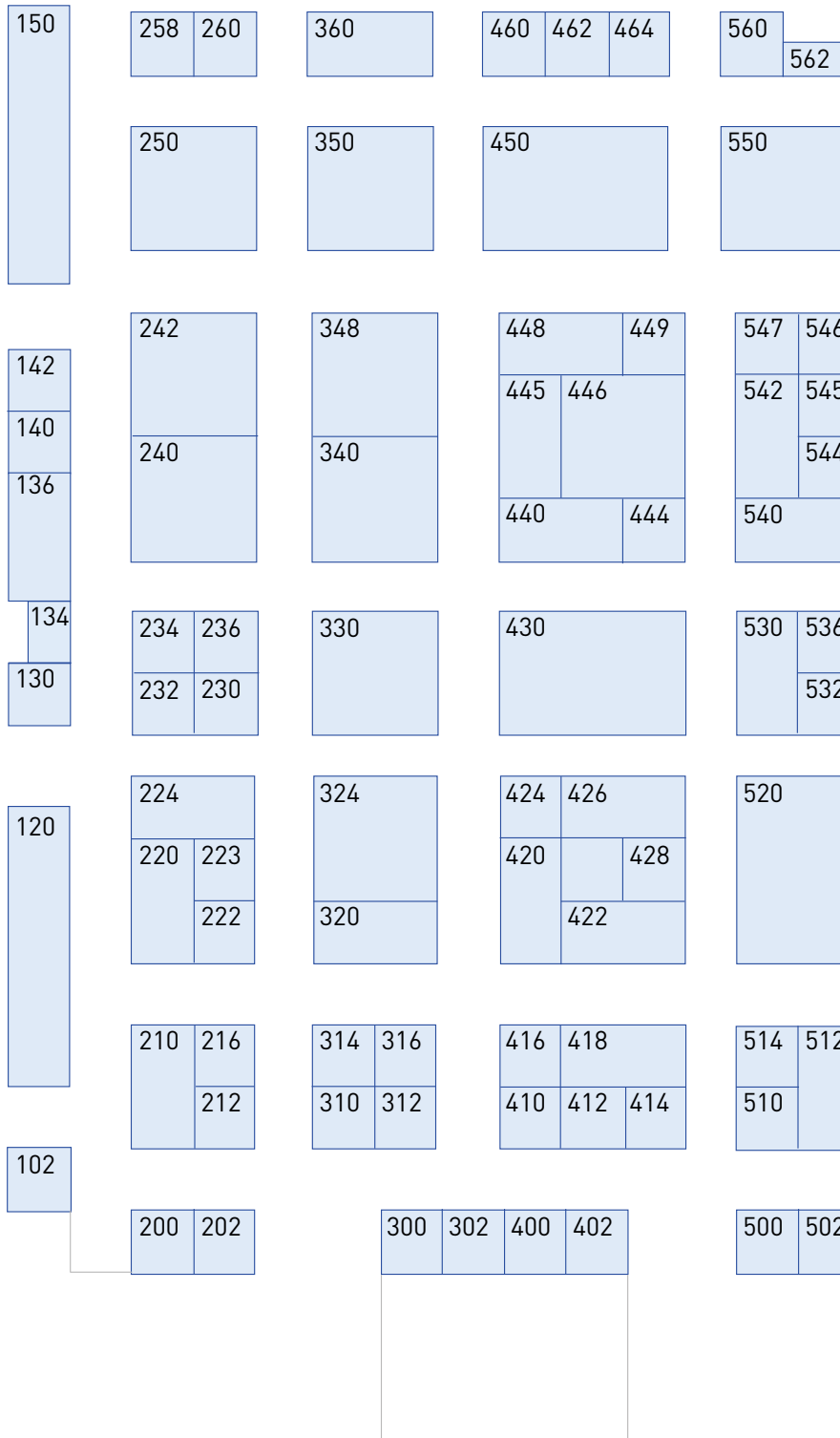
¹Western General Hospital, Edinburgh, United Kingdom, ²University of Cambridge, Cambridge, United Kingdom

P11-19 Assessing Decipher[®] for predicting lymph node positive disease among men diagnosed with intermediate risk disease treated with prostatectomy and ePLND

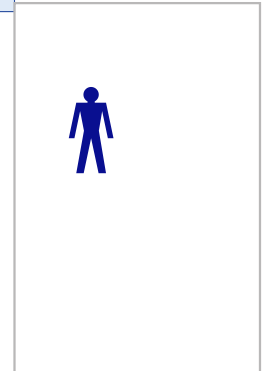
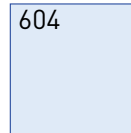
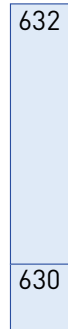
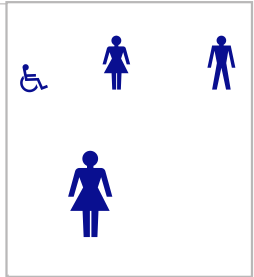
Davis J¹, Achim M¹, Matin S¹, Chapin B¹, Troncoso P¹, Li Ning Tapia E¹, Guerreo M¹, Prokhorova I¹, Olson A², Haddad Z², Margrave J², Chelliserry J², Lam L², Yousefi K², Buerki C², Davicioni E²

¹MD Anderson Cancer Center, Houston, United States, ²Genome DX, San Diego, USA

Exhibition Plan



SEC Hall 4



List of Exhibitors

<i>Company</i>	<i>Stand No</i>
Allergan	224
Aquilant	260
Aspire Pharma Ltd	514
Astellas	430
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Bayer	414
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Biosignatures	462
BJU International	445
B-K Ultrasound	420
Boston Scientific Ltd	450
BXTAccelyon	460
Catering	150, 120, 550
Catering Seating	330, 350
CJ Medical	130
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Combat Medical Ltd	410
Cook Medical	540
Daax	428
Dantec Dynamics Limited	510
Device Technologies	449
DK Technologies GmbH	502
ePosters	250
Erbe Medical	234
Evolan	532
Ferring	348
Fight Bladder Cancer	402
Genesis Medical Ltd	448
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Hitachi Medical	426
Hospital Services Limited	536
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Intuitive Surgical Sàrl	136, 320
Invivo	223
Ipsen Limited	216
Janssen	210
Karl Storz Endoscopy (UK) Ltd	340

<i>Company</i>	<i>Stand No</i>
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Kidney Cancer Scotland	200
Laborie Medical	220
Lawmed	236
Logixx Pharma	102
Medical Defense Union	416
Mediplus	314
Medtronic Ltd.	560
Mentoring Sessions	544, 545, 546
Mobile Health Systems (UK) Ltd	202
NeoTract	310
Nuada Medical HIFU Ltd	212
Olympus Medical	520
Orasoptic	232
Paramount Medical Solutions	258
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Premium Medical Protection	512
Procept BioRobotics	500
Promed Limited	424
Prostate Cancer UK	142
Prostate Scotland	602
Relay Screen	604
Richard Wolf UK Ltd	360
Sigmacon	418 & 422
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Speciality European Pharma Ltd	312
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Synergo-Medical Enterprises Ltd	530
Syner-Med	542
Takeda UK	140
The Urology Foundation	400
University of Edinburgh	134
Urology News	300
Venn	444
Working Area	446
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THE FIRST EMA-APPROVED INJECTABLE MEDICINE FOR PEYRONIE'S DISEASE



Let's get things straighter

Proven efficacy:

Xiapex shows a significant improvement in penile curvature¹

Non-surgical treatment:

Xiapex is not associated with any loss of penis length¹

Patient Improvement:

Xiapex is effective at treating the physical and psychological aspects of Peyronie's Disease¹

ABBREVIATED PRESCRIBING INFORMATION

XIAPEX[®] Abbreviated Prescribing Information (Peyronie's Disease):

(See XIAPEX Summary of Product Characteristics for full Prescribing Information)

Presentation: Powder and solvent for injection. The vial of powder contains 0.9 mg collagenase clostridium histolyticum.

Indications: The treatment of adult men with Peyronie's disease with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy.

Dosage: Xiapex must be administered by a physician appropriately trained in the correct administration of the product and experienced in the diagnosis and treatment of male urological diseases. The recommended dose of Xiapex is 0.58 mg per injection administered into a Peyronie's plaque. The volume of reconstituted Xiapex to be administered into the plaque is 0.25 ml. If more than one plaque is present, only the plaque causing the curvature deformity should be injected. A treatment course consists of a maximum of 4 treatment cycles. Each treatment cycle consists of two Xiapex injections and one penile modelling procedure. The second Xiapex injection is administered 1 to 3 days after the first injection. A penile modelling procedure is performed 1 to 3 days after the second injection of each treatment cycle. The interval between treatment cycles is approximately six weeks.

Contraindications: Hypersensitivity to the active substance or to any of the excipients. Treatment of Peyronie's plaques that involve the penile urethra, due to potential risk to this structure.

Warnings and Precautions: Allergic reactions - Following Xiapex injection, severe allergic reaction could occur, and patients should be observed for 30 minutes before leaving the clinic in order to monitor for any signs or symptoms of a serious allergic reaction. Patients should be instructed to consult a doctor immediately if they experience any of these signs or symptoms. Emergency medication for treatment of potential allergic reactions should be available. Corporal rupture was

reported as a serious adverse event after Xiapex injection in 5 out of 1044 patients (0.5%) in the controlled and uncontrolled clinical trials. In other Xiapex-treated patients (9 of 1044; 0.9%), a combination of penile ecchymoses or haematoma, sudden penile detumescence, and/or a penile "popping" sound or sensation was reported, and in these cases, a diagnosis of corporal rupture cannot be excluded. Severe penile haematoma was also reported as an adverse reaction in 39 of 1044 patients (3.7%). Signs or symptoms that may reflect serious injury to the penis should be promptly evaluated in order to assess for corporal rupture or severe penile haematoma. Use in patients with coagulation disorders - Xiapex must be used in caution in patients with coagulation disorders or those taking anticoagulants. See SmPC for details. Immunogenicity - As with any non-human protein medicinal product, patients may develop antibodies to the therapeutic protein. Special penile conditions/diseases not studied in clinical trials - Xiapex treatment in patients having a calcified plaque that could have interfered with the injection technique, chordee in the presence or absence of hypospadias, thrombosis of the dorsal penile artery and/or vein, infiltration by a benign or malignant mass resulting in penile curvature, infiltration by an infectious agent, such as in lymphogranuloma venereum, ventral curvature from any cause and isolated hourglass deformity of the penis has not been studied and treatment in these patients should be avoided. Long-term safety - Long-term safety of Xiapex is not fully characterised. The impact of treatment with Xiapex on subsequent surgery, if needed, is not known.

Drug Interactions: Use of Xiapex in patients who have received tetracycline antibiotics e.g. doxycycline, within 14 days prior to receiving an injection of Xiapex is not recommended.

Pregnancy & Lactation: Peyronie's disease occurs exclusively in

adult male patients and hence no relevant information for use in females.

Driving and operating machinery: Minor influences on the ability to drive and use machines include dizziness, paresthesia, hypoesthesia, and headache. Patients must be instructed to avoid potentially hazardous tasks.

Side Effects: Most adverse reactions were local events of the penis and groin and the majority of these events were of mild or moderate severity, and most (79%) resolved within 14 days of the injection. Very common ($\geq 1/10$): Penile haematoma, swelling, pain, ecchymosis. Common ($\geq 1/100$ to $< 1/10$): Blood blister, Skin discolouration, Penile blister, Pruritus genital, Painful erection, Erectile dysfunction, Dyspareunia, Penile erythema. Injection site vesicles, pruritus, Localised oedema, Nodule Suprapubic pain, Procedural pain. For further information refer to summary of product characteristics.

Legal Category: POM.

Marketing Authorisation Holder: Swedish Orphan Biovitrum AB (publ), SE-112 76 Stockholm, Sweden
Package Quantities, Marketing Authorisation Numbers and Basic NHS Price: XIAPEX 0.9mg powder and solvent for solution for injection, EU/1/11/671/001, £650.00.

Eire List Price: Available on request.

Further information is available on request from: Swedish Orphan Biovitrum Ltd Suite 2, Riverside 3, Granta Park, Great Abington, Cambridgeshire, CB21 6AD Tel: +44 (0) 1223 891854
Date of Preparation: September 2016
Company Reference: PP-1679

Adverse events should be reported. Reporting forms and information can be found at: www.mhra.gov.uk/yellowcard and in Ireland they can be found at www.hpra.ie - Adverse events should also be reported to Swedish Orphan Biovitrum Ltd by email: drugsafety@sobi.com

For more information please visit www.xiapex.co.uk

To request a visit from your local representative please contact Sobi head office on +44 (0) 1223 891854

PP-1827 - Date of preparation: November 2016



Swedish Orphan Biovitrum Ltd

Suite 2, Riverside 3, Granta Park, Great Abington,
Cambridgeshire, CB21 6AD, United Kingdom

www.sobi-uk.co.uk

Teaching Courses

Courses at a glance

<i>No.</i>	<i>Course Title</i>	<i>Location</i>	<i>Time</i>	<i>No. Of Spaces</i>	<i>Cost</i>	<i>Course Director</i>
MONDAY 26 JUNE						
1	BJU International Course - Challenges for New Consultants	Carron 1	1330-1530	30	Free Sponsored by BJU International	Professor Krishna Sethia
2	MPS - Medico Legal Course	Carron 2	1330-1530	30	£30	Dr James Thorpe
TUESDAY 27 JUNE						
3	The Modern Management of Urinary Stone Disease	Carron 1	0845-1045	30	£30	Mr Daron Smith
4	Robotic Urology - Safely Starting Pelvic and Upper Tract Procedures	Carron 2	1000-1200	30	£30	Mr Jim Adshead
5	Paediatric Urology	Carron 1	1130-1430	30	£30	Professor Peter Cuckow
WEDNESDAY 28 JUNE						
6	Practical Andrology for the General Urologist	Carron 1	0900-1100	30	£30	Mr Asif Muneer & Mr Rowland Rees
7	Prosthetic Surgery in Urology	Carron 1	1145-1345	30	£30	Mr Asif Muneer

*Course fees are charged to cover all venue & administration costs. MPS are kindly contributing to the conference at no cost to BAUS with no direct financial gain.

Teaching Courses

Course outlines

Teaching Course 1 Monday 26 June, 1330-1530, Carron 1

BJU International Sponsored Course: Challenges for New Consultants

Course Director - Professor Krishna Sethia, Norfolk & Norwich Hospital

Outline

This course is aimed at senior trainees and consultants within 5 years of appointment. It will address some of the practical problems that are often encountered and will suggest strategies to help the new consultant manage his or her early years in post.

The topics addressed will be:

- Dealing with difficult colleagues
- Planning and implementing a new service
- Managing complaints
- 'Numismaticodynamics' outside the NHS

Faculty

- Mr Tim O'Brien, Guy's Hospital, London
- Mr John-Paul Garside, Head of Legal Services, Norfolk and Norwich University Hospitals
- Mr Keith Parsons, Liverpool

Teaching Course 2 Monday 26 June, 1330-1530, Carron 2

MPS - Medico Legal Course

Course Director - Dr James Thorpe, The Medical Protection Society

Outline

Medical Protection in association with the British Association of Urological Surgeons are pleased to present this 2-hour workshop which will highlight the ethical and legal challenges facing urological surgeons.

This interactive session will feature urology cases from the Medical Protection archive with a particular focus on informed consent in view of the recent Supreme Court judgment in *Montgomery v Lanarkshire Health Board*. In addition, a number of ethical dilemmas commonly encountered in modern urological practice will be presented and discussed.

Faculty

- Ms Hilary Steele - Solicitor Advocate and Claims Lead for Scotland, Northern Ireland and Republic of Ireland
- Ms Sara Grewar - Solicitor and Claims Manager for Scotland, Northern Ireland and Republic of Ireland

*Course fees are charged to cover all venue & administration costs. MPS are kindly contributing to the conference at no cost to BAUS with no direct financial gain.

Teaching Courses

Course outlines

Teaching Course 3 Tuesday 27 June, 0845-1045, Carron 1

The Modern Management of Urinary Stone Disease

Course Director - Mr Daron Smith, University College Hospital, London

Outline

To provide insights into the current “state of the art” intra-operative treatment of urolithiasis and guidance for post-operative management including metabolic screening and preventative therapy.

The course will be focused on “what would you do next and why” - to illustrate surgical decision making, including “tips and tricks” to help avoid intra-operative complications and to discuss options to deal with them when they occur.

This will be delivered through interactive “as live” case presentations from each of the faculty, and through round-table discussion of case scenarios, encouraging audience participation throughout

Faculty

- Mr Robert Calvert, Royal Liverpool and Broadgreen Hospitals
- Mr Jonathan Glass, Guy’s & St Thomas’ Hospital, London
- Mr Oliver Wiseman, Addenbrooke’s Hospital, Cambridge
- Mr Daron Smith, University College Hospital, London

Objectives

To provide insights into the current “state of the art” intra-operative treatment of urolithiasis and guidance for post-operative management including metabolic screening and preventative therapy.

The course will be focused on “what would you do next and why” - to illustrate surgical decision making, including “tips and tricks” to help avoid intra-operative complications and to discuss options to deal with them when they occur.

This will be delivered through interactive “as live” case presentations from each of the faculty, and through round-table discussion of case scenarios, encouraging audience participation throughout.

Teaching Course 4 Tuesday 27 June, 1000-1200 Carron 2

Robotic Urology - Safely Starting Pelvic and Upper Tract Procedures

Course Director - Mr Jim Adshead, Lister Hospital, Stevenage

Suitability

This course is suitable for registrars and appointed consultants looking to develop or start robotic surgery in any of the areas of prostatectomy, partial nephrectomy, pyeloplasty or cystectomy. It will also be suitable for specialist registrars who are about to start first assisting at a robotic centre as part of their training or are hoping to start fellowship training in robotics as a career option.

Teaching Courses

Course outlines

Outline

The delegates will leave with a good grounding in safe set up of an NHS robotic program. They will also have an understanding of safe patient positioning as well as how to avoid patient and surgical complications when starting pelvic and upper tract robotics. The aim will be to teach those techniques that avoid complications when commencing a programme or fellowship and will be suited to all those wishing to start as console surgeons or first assistants. Topics will include setup of the robot system, patient preparation, procedural tips, instrumentation, troubleshooting and postoperative management. Specific procedures covered include robotic prostatectomy, partial nephrectomy, pyeloplasty and bladder surgery by UK consultants with experience in the field of robotics. With the skilled faculty we have there will be an opportunity to ask questions about technical issues as well as hear the latest evidence for robotics

Faculty

- Mr Jim Adshead, Consultant Urologist, Lister Hospital, Stevenage
- Professor John Kelly, Consultant Urologist, University College London
- Mr Ed Rowe, Consultant Urologist, Southmead Hospital, Bristol
- Mr Ben Challacombe, Consultant Urologist, Guy's and St Thomas' Hospital, London
- Mr Declan Cahill, Consultant Urologist, Royal Marsden Hospital, London

Objectives

At the end of this course participants should have a good understanding of starting with:

- Safe patient positioning for robotics
- Techniques for your first 10 RALPs
- Techniques for speeding at RALP once proficient
- Robotic cystectomy: Ablation and ePLND
- Starting Intracorporeal Ileal conduit
- Starting Intracorporeal Neobladder
- Upper tract robotics: positioning and technique
- Latest evidence

Teaching Course 5

Tuesday 27 June, 1130-1430, Carron 1

Paediatric Urology

Course Director - Professor Peter Cuckow, Great Ormond Street

Outline

The aim of this course is to reinforce and support the practice of paediatric urology outside a specialist unit. We are grateful that we can continue to provide a focus on children within the BAUS meeting and an opportunity for established Consultants and interested trainees to meet.

There will also be didactic mini lectures on key topics, each led by a paediatric urologist and illustrated by appropriate clinical scenarios.

Teaching Courses

Course outlines

We do hope, as usual, to provide a 3-hour interactive feast that will leave delegates better equipped - be it for forthcoming exams or their next paediatric clinic.

Faculty

- Professor Peter Cuckow, Consultant Urological Surgeon, Great Ormond Street Hospital for Children NHS Trust, London
- Ms Naima Smeulders, Consultant Urological Surgeon, Great Ormond Street Hospital for Children NHS Trust, London
- Mr Abraham Cherian, Consultant Urological Surgeon, Great Ormond Street Hospital for Children NHS Trust, London
- Mr Divyesh Desai Consultant Urological Surgeon, Great Ormond Street Hospital for Children NHS Trust, London
- Mr Yazan Rawashdeh - Consultant Paediatric Urologist, Aarhus University Hospital, Denmark

Teaching Course 6

Wednesday 28 June, 0900-1100, Carron 1

Practical Andrology for the General Urologist

Course Directors: Mr Asif Muneer, University College Hospital, London & Mr Rowland Rees, University Hospital Southampton

Outline

This course aims to both teach and update clinicians on the practical aspects of diagnosing and managing general andrology conditions. The course is aimed at both trainee and consultant urologists with an interest in andrology. The course includes tips on how to set up and deliver an andrology service. It will focus on the commonest andrology conditions encountered within a general urology practice. Assessment and management of men with penile curvature, male factor infertility, erectile dysfunction and sexual dysfunction will be covered together with an overview of specialised imaging techniques. Microsurgical techniques used in the management of male factor infertility will also be covered with guidance on learning the surgical skills.

Faculty

- Mr Asif Muneer, Consultant Urological Surgeon and Andrologist, University College London Hospital
- Mr Rowland Rees, Consultant Urological Surgeon, University Hospital Southampton
- Mr David Ralph, Consultant Urological Surgeon, University College London Hospital
- Mr Ian Eardley, Consultant Urological Surgeon, St James's University Hospital, Leeds

Objectives

The course will focus on the practical aspects related to each condition. At the end of the course participants should have a good understanding of:

- How to set up and offer an andrology service
- Avoiding pitfalls with common procedures such as circumcision and vasectomy
- Investigation and treatment of erectile dysfunction and managing pharmacological treatment failures with surgery
- Assessment and surgical management of penile curvature including the role of Doppler imaging and penile MRI and non-surgical treatment options

Teaching Courses

Course outlines

- Microsurgical and endoscopic techniques for male infertility and the use of ultrasonography and seminal vesiculography as diagnostic techniques
- Treatment options in men with sexual dysfunction including ejaculatory disorder

Teaching Course 7

Wednesday 28 June, 1145-1345, Carron 1

Prosthetic Surgery in Urology

Course Director - Mr Asif Muneer, University College Hospital, London

Outline

This course aims to cover the main areas of prosthetic surgery in urology using a video based platform. The course is aimed at trainees preparing for the FRCS(Urol) examination, post CCT fellows wishing to develop a specialist interest in prosthetic surgery as well as consultant surgeons wanting to gain an update and surgical tips in this area. For the established prosthetic surgeon, the course will include tips on avoiding perioperative pitfalls and salvage surgery for complications.

Faculty

- Mr Asif Muneer, Consultant Urological Surgeon and Andrologist
- Mr Arie Parnham, Consultant Urological Surgeon
- Miss Tina Rashid, Consultant Urological Surgeon
- Mr James Moore, Consultant Urological Surgeon
- Mr Ian Pearce, Consultant Urological Surgeon

Objectives

Surgical techniques with the aid of surgical videos will be a focus of this course. At the end of the course participants should have a good understanding of:

- Minimising the risk of prosthesis infection and biofilms
- Theatre preparation and set up for prosthetic surgery
- Patient selection and techniques for male slings and artificial urinary sphincters
- Prosthetics in females - injectables, sacral neuromodulation, female tapes
- Penile prosthesis surgery - surgical techniques and dealing with complications

BAUS 2017 ePosters

How to view the ePosters from your device

In order to view the ePosters on your smartphone or tablet, you will need to create an account with Multilearning:

Create an account:

<https://baus.multilearning.com/baus/register>

If you already have an account but do not recall your login details, please visit the following site:

<http://baus.multilearning.com/baus/lostpassword>

Once you have created an account please download the poster on the go app from the Apple or Android app store and login with your Multilearning account details.

The BAUS 2017 ePosters will be available to view directly before the meeting.



BAUS Events 2017/18

7-8 September 2017

BAUS Section of Endourology Annual Meeting

The Carriageworks Theatre, Leeds

The meeting will include plenary sessions covering the following:

- The Multidisciplinary Approach to Chronic Loin Pain
- The Management of the Calyceal Diverticular Stone
- The Metabolic Stone MDT
- LUTS - a new technological frontier
- "Exoluminal EndoUrology": Subtleties / Nuances for the perfect Lap Nephrectomy

As always, there will be an update on the current endoUrology Audits (PCNL, URS, Nephrectomy and ESWL) and a proposal for a new TURP audit, as well as the poster presentations on Friday morning.

Particular highlights include The Malcolm Coptcoat Lecture, to be delivered by Professor Hans-Goran Tiselius on "A current view on calcium stone formation: does an increased understanding of this process expand our possibilities to prevent recurrent stones?" and a Valedictory Address by Mr Adrian Joyce.

The programme will be available via the BAUS website at www.baus.org.uk; we will look forward to seeing you there!

Registration via the BAUS website will be available at www.baus.org.uk



18-22 September 2017

FRCS (Urol) Revision Course

CentrEd at ExCeL, London

This course is aimed at those clinicians who have passed the MCQ / EMQ part of the FRCS (Urol) exam, with the afternoon sessions being devoted to mock vivas and examination technique. The course is split into different types of activities:

- Seminars from experts
- Mock viva examinations
- Microteaching sessions

Dinner: On Thursday 21 September 2017, there will be a course dinner on the Sunborn Yacht.

Course fees

Member Fees

5 Nights Sun-Fri = £1125
4 Nights Mon-Fri = £1085
Non-Residential = £725

Non-Member Fees

5 Nights Sun-Fri = £1400
4 Nights Mon-Fri = £1310
Non-Residential = £950

Registration is open via the BAUS website at www.baus.org.uk



15-18 January 2018

Core Urology Course

College Court, Leicester

This is an introductory course for trainees embarking on a career in urology.

The course runs over four days and consists of lectures from experts in all elements of urological practice. It provides an unrivalled opportunity to meet with experienced clinicians who can help with your development as a urologist. The course is aimed at those of ST3 grade, or those intending to apply for training in urology in the next round of national selection.

There will be opportunities for individual reviews of portfolios/CV with Consultants and hands-on training with Urological Kit. Finally, on Wednesday 17 January 2018, there will be a complimentary course dinner in Leicester City Centre.

Registration will open shortly via the BAUS website at www.baus.org.uk



Photo: College Court

BAUS Events 2017/18

22-23 November 2017

BAUS Section of Oncology Annual Meeting

John McIntyre Conference Centre, Edinburgh

Renal and Rarer Urological Tumours

Join us for some R and R: A Meeting with something for every Uro-oncologist and trainee.

The meeting will include plenary sessions covering the following:

- Renal Cell Carcinoma: New approaches to diagnostics, biopsy and screening
- Minimally Invasive Treatments for RCC: Robotic or Not: where do we draw the line?
- Percutaneous treatments: RFA and Cryotherapy vs surgery
- New Frontiers in Advanced Kidney Cancer

In addition, there will be a session on a range of rarer urological tumours which we all come across but may not know how to best manage including:

- Ductal prostate cancer
- SCC/Adenocarcinoma of the bladder
- Adrenal pathology
- Penile and Testis Cancer

NEW: This year an 'Applied Anatomy for Urological Surgery' teaching session will take place, which is a must for all FRCS (Urol) candidates!

Finally, there will be an update on the BAUS Oncology audits as well as a range of Poster Sessions.

The Social Dinner will be held at the Scotch Whisky Experience on Tuesday 22 November.

The programme will be available via the BAUS website at www.baus.org.uk; we will look forward to seeing you there.

Abstract submission & Registration will open shortly via the BAUS website at www.baus.org.uk



25-28 June 2018

BAUS 2018 Annual Meeting

BT Convention Centre, Liverpool

Call for Abstracts

Submission of abstracts for the BAUS 2018 Annual Meeting will open November 2017 and are welcomed on a variety of topics.



BAUS 2017 APP

Please note that we will be populating the App content between now and BAUS 2017

How to download the App to your device from your App store



To access and download the App, simply open the App store on your device, then search for 'BAUS 2017'

Follow the on-screen instructions on how to download it to your device.

Downloading the App to your device will allow you to:

- View documents and posters within the app
- Receive notifications from the organisers
- Receive notifications when another attendee sends you a message

You can then use the App to:

- View the main programme
- Plan your week
- View Overseas Speaker, Guest Lecturer and Award Winner profiles
- View Paper and Poster Abstracts
- View the Exhibition Plan and Exhibitor Details
- Ask questions within the Main Auditorium
- Provide session feedback
- Find out further information about the Meeting and Social Events



Supporting your research, education and training

The Urology Foundation believe that by investing in you, the professional, patients with urological diseases will have access to the most advanced treatment and management options that gives them the best possible outcomes.

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Emergency Procedures

Fire

The SEC has a comprehensive fire detection system which is complemented by sprinkler protection. Alarm points are located at or near fire exits and vehicle doors.

Fire System Testing

- Weekly Fire Alarm Testing ~ every Wednesday morning between 0500hrs to 0600hrs.
- Six monthly ~ Full system functioning test, when building is not in use.

If you discover a fire:

- Break the glass on the nearest manual call point.
- Advise other persons in the vicinity of the emergency.
- Telephone the Control Room (extension 888), giving the location of the fire, or inform a member of SEC staff in the vicinity.
- Do not attempt to extinguish the fire unless it is safe to do so and you are competent to use a fire extinguisher.

The automatic alarm may also be activated if the smoke or heat detectors come into operation. The fire alarm takes the form of a pre-recorded announcement over the Public Address System as follows;

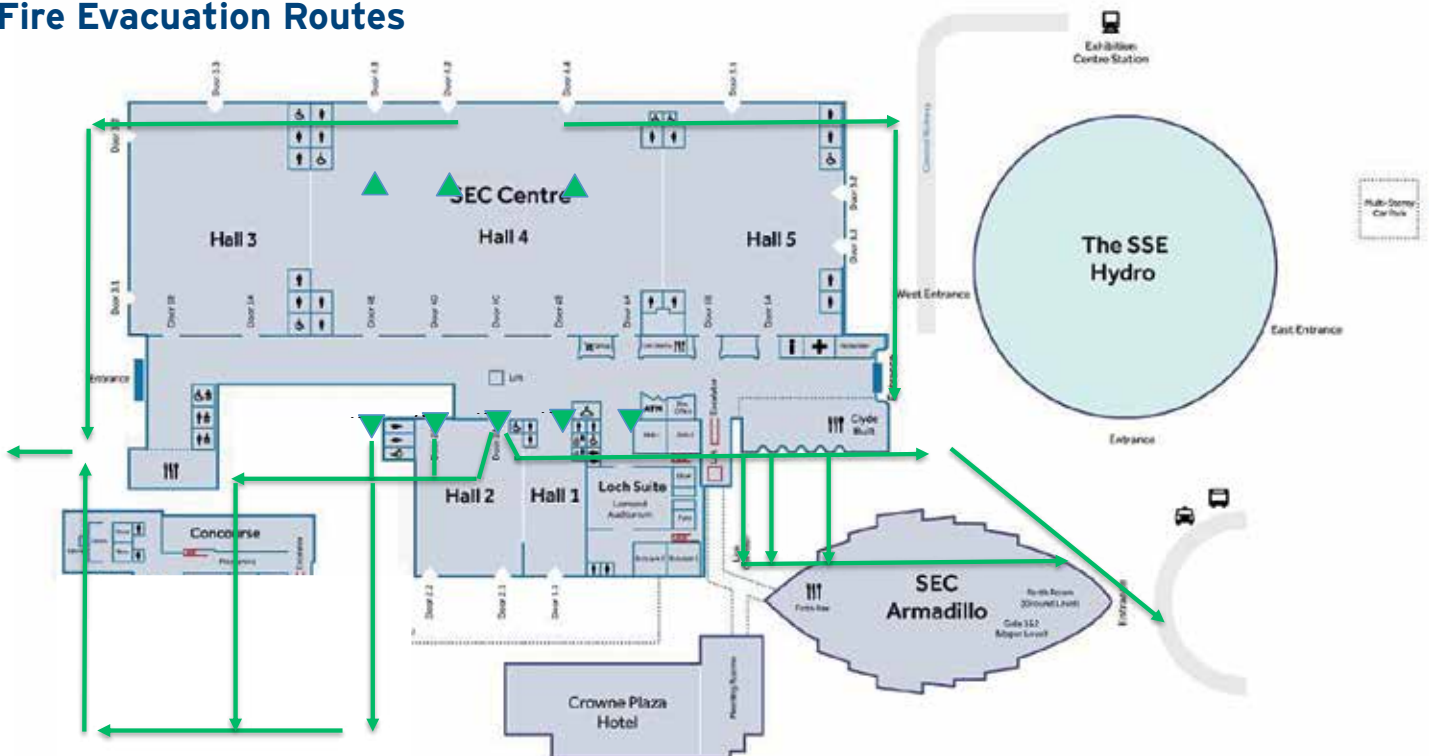
“Attention please, Attention please. An emergency situation has arisen within the building. Please remain calm and follow stewards’ instructions; they will direct you to the nearest emergency exit, do not use the lifts”

Fire Extinguishers

Fire extinguishers are positioned throughout the premises and should not be used except in an emergency to aid escape from the building.

Under No Circumstances are they to be moved or used to block open doors.

Fire Evacuation Routes





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Emergency Procedures

Terrorist Activity

Bomb Threat

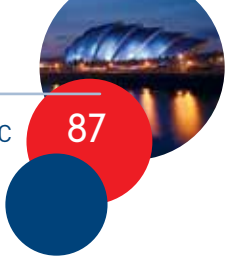
The Public Address System may broadcast the message: "ATTENTION PLEASE STAFF CALL 100", to signify that a bomb threat has been received. Persons responsible for their construction area must carry out a thorough search to ascertain whether there are any suspicious packages. Should any suspicious item(s) be found, move away from the location and notify a SEC staff member immediately. Otherwise await further instructions and information.

If the threat appraisal concludes that an element of danger exists an announcement shall be made providing evacuation instructions and assembly point locations, this shall be followed by the pre-recorded announcement over the Public Address System. This message will continue to be broadcast until the building has been evacuated. All persons must follow the directions from Stewards. When the emergency has passed and normal working conditions can be resumed the following message will be broadcast.

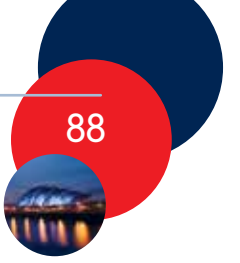
"ATTENTION PLEASE CANCEL STAFF CALL 100"

Weapons Attack

- Personal Actions ~ Stay Safe
 - Under immediate GUN FIRE - take cover initially, but leave the area as soon as possible if safe to do so.
 - Nearby GUN FIRE
- Leave the area immediately, if possible and it is safe to do so.
- Leave your belongings behind.
- Do not congregate at evacuation points.
- IF YOU CAN'T ESCAPE
 - Consider locking yourself in a room or cupboard.
 - Barricade the door then stay away from it.
 - If possible, choose a room where escape or further movement is possible.
 - Silence any sources of noise, such as mobile phones, that may give away your presence.
- Act
 - Secure your immediate environment and other vulnerable areas.
 - Keep people out of public areas, such as corridors and foyers.
 - Move away from the door and remain quiet until told otherwise by appropriate authorities or if you need to move for safety reasons, such as a building fire.



Notes



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The logo features the text 'BAUS 2017' in a large, bold, blue sans-serif font, with 'glasgow' in a smaller, lowercase, white sans-serif font below it. A blue curved line arches over the text.

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26-28 June 2017

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A large red circle containing the text 'THE BEST OF British Urology' in a white sans-serif font.

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