KSS/London South Regional Meeting incorporating the annual Derek Packham Memorial Medial and inaugural Bill Choi award.

Tuesday 20th November 2018

Postgraduate Education Centre, Frimley Park Hospital, Surrey GU16 7UJ.

Convenors: Mr Ahmed Ali, Mr Muddassar Hussain, Mr Andrew Chetwood

Programme:

1000	Arrival and Coffee:
1030-1230	KSS STC meeting (consultants and trainee reps)
1230-1300	Joint KSS/London South Meeting
1300-1400	Lunch (Including sponsors exhibits)
1400-1530	Trainee presentations, Session 1 (Uro-oncology)
1530-1600	Coffee (including sponsors exhibits)
1600-1730	Trainee Presentations, Session 2 (Benign urology)
1730-1800	Presentation from Mr Ian Eardley, Consultant Urologist, Leeds Teaching Hospitals and Vice President, Royal College of Surgeons.
1800-1815	BAUS Q&A with Mr Tim O'Brien, Vice President of BAUS
1815-1830	Training updates, Award of Derek Packham Memorial Medal, Prizes and the inaugural Bill Choi award
1830-1930	Drinks and canapes in the PGEC with dinner afterwards at Villa Bianca, Frimley High Street GU16 7JF (5mins walk from hospital)

We look forward to welcoming you to Frimley Park for a great day of presentations and academic discussion. Each presentation will be 7mins with 3mins for questions. Please contact any of us with questions about the day and please contact one of us to confirm your attendance for dinner.

Nearest mainline station: Farnborough Main (35 mins to Waterloo), Frimley (1 hours to waterloo via Ascot)

Hope to see you on the 20th

With best wishes

Ahmed, Muddassar and Andrew.

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Session 1 – Uro-oncology

14.00 Oncological and Functional Outcomes following Salvage High-Intensity Focused Ultrasound (HIFU): A single centre evaluation 10 years later. Down C, Malthouse T, Sturch P, White E, Larner T., Brighton & Sussex University NHS Trust **Presenting author: Chris Down**

14.10 Robotic assisted radical prostatectomy after focal therapy: oncological, functional outcomes and predictors of recurrence. T. Stonier, L. Marconi, R. Tourinho-Barbosa, C. Moore, M. Emberton, HU Ahmed, X. Cathelineau, R. Sanchez-Salas, P. Cathcart, Guy's and St. Thomas' NHS Foundation Trust **Presenting author**: **Thomas Stonier**

14.20 Concordance of clinical T3 stage as reported on multi-parametric magnetic resonance imaging to final pathological staging of radical prostatectomy specimen. M Stanowski, MK Quraishi, I Morrison, E Streeter and B Eddy, East Kent University Hospitals NHS Foundation Trust **Presenting author**: MK Quraishi

14.30 PSA Screening Tsunami - The Stephen Fry Effect? Matt Stanowski and Ben Eddy. East Kent University Hospitals NHS Foundation Trust **Presenting author**: Matt Stanowski

14.40 TREXIT - one year on. Can we make a clean break from the trans-rectal biopsy? Stroman L, Neale A, El Hage O, Challacombe B, Cathcart P, O'Brien TS, Popert R, Guy's and St. Thomas' NHS Foundation Trust **Presenting author**: **Luke Stroman**

14.50 Long term evaluation of quality assurance and learning curve for dynamic sentinel inguinal lymph node biopsy in penile cancer. Toomey, D, Yan S, Harrison J, Ager M, Heenan S, Ayres B, Horenblas S, Watkin N, St George's Hospital **Presenting author**: **Sylvia Yan**

15.00 Is Age an Independent Predictor for Survival Outcomes in Penile Cancer. English CL, Afshar M, Pickering L, Tree A, Ayres B, Watkin N., St George's Hospital, St George's University Hospitals NHS Foundation Trust **Presenting author**: **Dr Caroline Louise English**

15.10 Retroperitoneal robotic-assisted partial nephrectomy in in patient with high BMI. Roxanne Georgiou, Manar Malki, Muddassar Hussain, Neil Barber. Frimley Health NHS Foundation Trust **Presenting author**: **Roxanne Georgiou**

15.20 Specialist MDT for Upper Tract Urothelial Carcinoma – does it change anything? Tay LJ, Chatterton K, Colemeadow J, Amery S, Polson A, Chandra A, Prezzi D, Rottenberg G, Nair R, Bultitude M, Thomas K, Guy's and St. Thomas' NHS Foundation Trust **Presenting author**: **June Tay**

Session 2 – Benign urology

16.00 Is vitamin B6 supplementation needed for cystinuric patients taking Penicillamine? Naeema Farrah, Linda Ross, Hayley Wells, David Game, Kay Thomas, Matthew Bultitude. Guy's and St. Thomas' NHS Foundation Trust. **Presenting author**: **Naeema Farrah**

16.10 Totally Tubeless Ultra-mini Percutaneous Nephrolithotomy in the Management of Renal Calculi: A Single Centre UK Experience. Gabriel J, Pai A, Wai H, Theaker M, Ali M, Mackie S, Watson G. Eastbourne District General Hospital**. Presenting author**: **Joseph Gabriel**

16.20 Investigating ureteric colic: are the BAUS guidelines feasible? A. Brown, A. White, A. Sujenthiran, Dr R. Bendor-Samuel, N. Wijesekera, S. Dutta, F. Mugabe, Miss R. Singh. Kingston Hospital. **Presenting author**: **Andrew Brown**

16.30 Is the answer in their genes? Phenotype of first-degree relatives with cystinuria. F. Kum, K. Wong, R. Mein, M. Bultitude, K. Thomas. Guy's and St. Thomas' NHS Foundation Trust**. Presenting author: Francesca Kum**

16.40 Initial single centre experience of 4D prostatic Urethral lift (Urolift): A minimally invasive technique for symptomatic benign prostatic hyperplasia (BPH). Raghav Verma, Keng Ng, Neil Barber. Frimley Health HNS Foundation Trust. **Presenting author: Raghav Verma**

16.50 Bacterial Prostatitis is a significant finding in patients with symptomatic urethral stricture disease Toomey D, Harrison J, Adimonye A, Bendig J, Patel P, Watkin N. St George's University NHS Trust **. Presenting author: Delia Toomey**

17.00 Patient satisfaction and service evaluation following post prostatectomy stress urinary incontinence surgery. Youssef Chedid, Kieran Sheimar, Claire Taylor, Sachin Malde, Arun Sahai. Guy's and St Thomas' NHS Foundation Trust**. Presenting author**: Youssef Chedid

17.10 Intravesical Botulinum Toxin A Injections in patients on anti-platelet and anticoagulation therapy. Elsie Ellimah Mensah, Bogdan Toia, Andrew Brown, Linh Trang Nguyen, Rizwan Hamid, Mahreen Pakzad, Roger Walker, Jeremy Ockrim, Davendra Sharma, Tharani Nitkunan, Tamsin Greenwell, Jai Seth . St Georges Healthcare NHS Trust. **Presenting author: Elsie Mensah**

17.20 The Development of a Validated Patient Reported Outcome Measure (PROM) for Penile Curvature Surgery. D. Akiboye, P. Patel, A.A. Campbell, N. Watkin. Epsom & St Helier University Hospital NHS Trust, London. **Presenting author: Deji Akiboye**

Title of presentation
Oncological and Functional Outcomes following Salvage High-Intensity Focused Ultrasound (HIFU): A single centre evaluation 10 years later

Authors
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Presenting author
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Abstract

Introduction

Biochemical failure following radical radiotherapy for localised prostate cancer remains high. Traditionally these patients are offered androgen deprivation therapy which is non-curative and has notable side effects. Salvage HIFU is a minimally-invasive treatment option for these patients with comparable oncological outcomes to radical treatments, with improved functional results. We aim to assess the oncological and functional outcomes of salvage HIFU in our centre over the past decade.

Methods

Seventy-two patients with biochemical recurrence following radical radiotherapy for prostate cancer treated with HIFU in a single institution were followed up for functional and oncological outcomes.

Results

Seventy-two patients with a mean age of 73.1 years underwent salvage HIFU for prostate cancer between 2006-17. Median PSA pre-HIFU was 5.1 (1.1 – 17.7) ng/ml. Patients were classified as having low- 22.2% (16/72), intermediate- 57.0% (41/72) and high-risk disease 20.8% (15/72). The median time to recurrence following radiotherapy was 8 (2-16) years. Median follow-up was 4 years (1 – 10 years).
Regarding incontinence; 15.2%, 0%, and 2.8% of patients had Grade 1, 2, and 3 stress incontinence respectively. 6.9% experienced urge incontinence. Erectile dysfunction affected 16.7% of patients. Complications included urinary tract infections (8.3%), urethral stricture (5.6%), prostate necrosis (2.8%) and bleeding (1.4%).
Median PSA (ng/ml) at 1, 3 and 5 years post-HIFU were 0.77, 1.02 and 1.27. Overall biochemical recurrence free survival was 75%.

Discussion

Salvage HIFU is an emerging minimally-invasive treatment option for localised prostate cancer. HIFU offers lower rates of morbidity, with encouraging short- to medium- term oncological outcomes.

Title of presentation
Robotic assisted radical prostatectomy after focal therapy: oncological, functional outcomes and predictors of recurrence

Authors
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Abstract
Background: Following prostate Focal Therapy(FT), a proportion of patients will develop recurrent disease and, some of them will ultimately require salvage treatment. The toxicity of salvage radical treatments after FT is not clearly understood. Robotic Assisted Radical Prostatectomy after FT (S-RALP) is one of the options for the management of recurrent disease after FT however very scarce data exists concerning the perioperative, oncological and functional outcomes of this procedure
Objective: Describe the surgical technique and characterize the perioperative, oncologic and functional outcomes after S-RALP. Determine the risk factors for S-RALP failure.
Design, Setting, and Participants: Multi-centre cohort study of 82 patients submitted to S-RALP post FT. We included patients with a life expectancy of at least 10 years, prostate specific antigen (PSA) <30ng/ml and histological confirmation of residual/recurrent prostate cancer (after FT) within the six months previous to radical prostatectomy. In all patients metastatic disease was excluded with a pelvic MRI, bone scan and/or PET-CT.
Intervention(s): S-RALP
Outcome Measurements and Statistical Analysis: The primary outcome was Progression Free Survival (PFS). Secondary outcomes were perioperative and functional outcomes.
Results and Limitations: PFS was 73.9%, 48% and 36.2% at 12, 24 and 36 months, respectively. The recurrence rate in the high and intermediate risk groups was 64.3% and 34.4%, respectively. The continence rate - defined by the use of no pads - at most recent follow up was 83.1%. On multivariate analysis, only Infield Recurrence (HR[95%CI]=4.88[1.3-18.34]; p=0.019) and pT3b stage (HR[95%CI]=3.96 [1.22-12.82]; p=0.02) were independent predictors of recurrence. Major limitations are the retrospective design and absence of a comparative arm.
Conclusions: Robotic Radical Prostatectomy post FT is safe with arguably excellent urinary continence outcomes. Men identified as having infield recurrence after FT appear to have phenoypically aggressive disease should be counselled accordingly regarding the potential need for a multimodal therapeutic approach.

Title of presentation
Concordance of clinical T3 stage as reported on multi-parametric magnetic resonance imaging to final pathological staging of radical prostatectomy specimen

Authors
M Stanowski, MK Quraishi, I Morrison, E Streeter and B Eddy

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Abstract
Introduction and Objective
Multi-parametric magnetic resonance imaging (mpMRI) of the prostate has developed into a vital instrument in the armamentarium of the urologist. It is increasing being used pre-biopsy for targeting, and as an adjunct to guide operative technique in order to attain safe oncological margins.
We are retrospectively comparing the concordance of pre-biopsy mpMRIs of the prostate reported as T3 to the pathological stage of the final radical prostatectomy specimen from our series.

Materials and Methods
We undertook a retrospective audit of 422 mpMRI studies (1.5 or 3T) performed at a single institution between 2011 and 2018 that were reported as having T3 disease. These were compared to the pathological T stage reported for each radical prostatectomy specimen.

Results

Of 422 mpMRIs, 74.2% (313) had positive concordance cT3 (all) to pT3 (all).
Of the 109 mpMRIs (25.8%) which had negative concordance, most (102) were downgraded to pT2.
Direct T stage concordance (cT3a to pT3a, cT3b to PT3b) was present in 61.6% of cases (260 of 422).

Conclusion

We have shown that mpMRI of the prostate at our centre conveys a reasonable level of accuracy when used to predict pT3 disease. However, it is less reliable in predicting the exact pathological T stage of the disease. This information could be used in counselling patients in regards to their individualised oncological risk of nerve sparing.
We aim to progress this further and learn our positive predictive value for pT3 disease based on mpMRI.

Title of presentation
PSA Screening Tsunami - The Stephen Fry Effect?

Authors
Matt Stanowski and Ben Eddy

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Abstract
Introduction

In February this year, the news that Stephen Fry had been treated for prostate cancer was made public. Shortly after this, Bill Turnbull announced he had been diagnosed with metastatic prostate cancer.

We aim to assess and report the impact of increased media attention and awareness of Prostate Cancer on a tertiary urological service.

Methods

We have assessed the volume of new PSA Rapid Access referrals, Diagnostic Investigations – PSA pathology test, multi-parametric Magnetic Resonance Imaging of the Prostate (mpMRI) and transrectal ultrasound guided biopsy of prostate (TRUSBx), diagnosis of new prostate cancers, volume of Robotic Assisted Radical Prostatectomies (RALPs) and impact on cancer targets from January 2017 to August 2018.

Results:

Following the increased media attention there was a sudden rise of 60% in the total volume of PSA tests ordered across the East Kent Trust. This was sustained for around 2 months and there were approximately 3000 additional PSA tests than usual performed in this period.

New rapid access PSA referrals, mpMRIS and TRUSBx more than tripled in the following weeks. There was a doubling of new prostate cancer diagnoses in this period.

Conclusions

There was a sharp rise in PSA testing in the East Kent region following the increased media awareness. This resulted in a “tsunami” of patients being referred through the rapid access pathway. The flow on effect of this tsunami was recordable through each step of the diagnostic pathway. It is likely that the East Kent experience was mirrored in other centres in the United Kingdom.

Title of presentation
TREXIT - one year on. Can we make a clean break from the trans-rectal biopsy?

Authors
Stroman L, Neale A, El Hage O, Challacombe B, Cathcart P, O'Brien TS, Popert R

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Introduction
On 1st September 2017 at Guy's Hospital in London, we declared our intention to move to a prostate biopsy pathway involving only TP approaches. We termed this day, TREXIT, viz, a complete & clean divorce from trans-rectal prostate biopsy. We hypothesised that our strategy might be successful if we could minimise the need for general anaesthetic (GA) and maximise utilisation of freehand TP biopsies performed under local anaesthetic (LA) or IV sedation (IVS) done in either day surgery or outpatient clinic.

Patients and Methods
All consecutive patients undergoing TP biopsy over a one year time period were analysed for method of anaesthetic and location. TP biopsies were done either using a cognitive freehand technique or stepper with or without MRI fusion technology. Complications were gathered retrospectively from electronic patient note records, morbidity and mortality meetings and A&E attendances.

Results
678 men underwent TP biopsy 1st September 2017 – 31st August 2018. 0 men underwent TRUS biopsy. Median age was 60.5 (range 44-88). LA biopsies were performed in 395 (58%) of which 168 (42% of LA) were performed in the outpatient clinic. GA was used in 205 (30%) and IVS in 78 (11%). Proven post-operative urinary tract infection was seen in two patients, of which one (0.15%) was admitted with post-operative sepsis which settled with IV antibiotics and fluids. One patient was admitted for clot retention and settled with irrigation. Urinary retention was seen in 4 (0.5%) and all passed TWOC. Vasovagal episodes which self resolved were seen in 7 (1%) patients. There were no Clavien 3 or above complications.

Conclusion
A switch to a TP only biopsy strategy has proved feasible and has been delivered with low complication rates. Using modern techniques, nearly 60% of these TP biopsies can be delivered under LA.

Title of presentation
Long term evaluation of quality assurance and learning curve for dynamic sentinel inguinal lymph node biopsy in penile cancer

Authors
Toomey, D, Yan S, Harrison J, Ager M, Heenan S, Ayres B, Horenblas S, Watkin N

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Abstract
Introduction
The role of dynamic sentinel inguinal node biopsy (DSNB) in the staging of intermediate and high risk cN0 squamous carcinoma of the penis (SCCp) is established. However, variability in sensitivity and concern over false negative studies has limited the adoption of the technique worldwide. There is also a need to establish an acceptable non-visualisation rate (N-VR) for tracer uptake for quality assurance of a unit. For these reasons, we evaluated our prospective cohort to determine whether there is a learning curve and establish a bench mark for N-VR.

Methods
A prospective study of DSNB in our unit has been undertaken from 2003-2018. Regular review of (N-VR) of inguinal basins and close monitoring of false negative study outcomes has been performed. At the onset of the study, the unit had not performed any mentored procedures but had adopted the technique of a collaborating high volume unit. The nuclear medicine department had considerable experience with other tumour DSNB procedures. The methodology has remained unchanged with the same dosage and site of injection of nannocolloid, gamma probe, image reporting, surgical approach, surgical team and histological reporting throughout. We have analysed the incidence of our false negative procedures and any variation in N-VR in consecutive cohorts.
Results
1500 inguinal studies were performed. Each cohort of 250 cases confirmed a mean N-VR of 0.4%, 99% CI [0.16-0.5%]; there was no statistically significant difference between any cohort. The false negative studies occurred at random throughout the 15 years observation with a mean sensitivity rate of 99.1% (Range 98.8-99.6%) in each cohort. In the first cohort the false negative procedures were no. 15, 98 and 201.
Conclusion
This is the largest study reporting long term outcome of the performance of DSNB for SCCp. We have not demonstrated any learning curve and consistent performance of the test over the long term. We have confirmed a benchmark for quality assurance and see no reason to prevent penile cancer units adopting this technique.

Title of presentation
Is Age an Independent Predictor for Survival Outcomes in Penile Cancer

Authors
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Introduction:
Penile cancer is most commonly being diagnosed in men >60 years. However, there is a non-validated commonly held presumption that younger patients have a more aggressive phenotype with higher risk of progression and death.

Methods:
A prospectively collected database of patients with penile cancer between 2002-2017 referred to our supra-regional centre, was interrogated. Patients were split into three age groups: <55, 55-74, and >74 years, straddling the median age.
Survival was calculated from date of index surgery/referral to date of death. Cause of death was collected, and cancer specific mortality calculated. Hazard ratios for death were corrected for T-stage, grade and lymph node status.
Statistical analysis was performed using IBM SPPS 25. The Kaplan Meier method was used to analyse survival, and Cox regression tables to analyse hazard ratios for death. Patients were followed up to 5 years.

Results:
900 patients were included in the study. The median age was 63 (range 19-91). 270 patients were in Group 1, 438 patients in Group 2, and 192 patients in Group 3.
Kaplan-Meier curves show a clear disparity in survival rates (Log Rank $p<0.027$). A greater proportion of patients in the older age groups had higher stage/grade of disease and N2/N3 disease. However, when corrected for stage, grade and nodal status, the hazard ratio for death between groups was still significant at 1.44 ($p=0.03$)

Discussion:
This study shows that penile cancer specific survival is incrementally worse with increasing age, and factors other than recognised prognostic indicators are involved. We postulate that with increasing age and co-morbidity, patients may have less access to radical and adjuvant treatment.

Title of presentation

Retroperitoneal Robot-Assisted Partial Nephrectomy in obese patients

Authors

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Institution

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Introduction:

Obesity has a strong association with an increased risk of renal cancer. Nephron sparing surgery is the gold standard treatment for clinically diagnosed T1a tumours. There are a number of studies in the literature reporting the outcomes of transperitoneal robot-assisted partial nephrectomy in obese patients. However, there is paucity in the literature about the role retroperitoneal RAPN in obese patients.

In this study, we report our experience with retroperitoneal robot-assisted partial nephrectomy (RAPN) in obese patients.

Methods:

Obesity is defined as person with body mass index (BMI) ≥ 30 kg/m². From April 2012 to July 2018, 109 patients with BMI ≥ 30 kg/m² underwent RAPN, of whom 96 patients has retroperitoneal RAPN. We reviewed patients' demographic, operative data, peri-operative and postoperative complications, postoperative histology.

Results

The average BMI was 34.51 kg/m² (range 30 - 56.02). The average age of the patients was 57.96 years (range 27- 79). The median histological size of tumour was 32mm (range 8 - 65). The median total surgical time was 127.5 minutes (range 64 - 255) with median warm ischaemia time of 22.0 minutes. The location of the tumour in more one third of patients was anterior. Median R.E.N.A.L nephrometry score was 6. The median estimated blood loss (EBL) is 20 mL (range 0 - 2000). Three cases were converted to open partial nephrectomy because of bleeding (3.1%). Two patients needed peri-operative blood transfusion because of bleeding. The median length of stay was 2 days (range 1 - 12).

BMI did not have an impact on the total operating time (p=0.735), warm ischaemia time (p=0.5), post-operative complications and length of stay (p=0.178). On univariate analysis, obese patients (BMI class III, class II and class I) had higher estimated mean blood loss (296.7 mL, 148.33 mL and 43 mL respectively) (p=0.036).

Our total surgical time, estimated blood loss and post-operative complication rate were favourable when compared to the outcomes of transperitoneal studies (table 1).

Conclusions:

Retroperitoneal RAPN is feasible in patients with high BMI and provides good surgical access to treat non-anterior renal masses. Retroperitoneal RAPN is associated with less blood loss, shorter surgical time when compared to transperitoneal RAPN studies.

Title of presentation
Specialist MDT for Upper Tract Urothelial Carcinoma – does it change anything?

Authors
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Presenting author
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Abstract
Introduction

Upper Tract Urothelial Carcinoma(UTUC) remains a challenging condition to treat due to multiple co-morbidity, radiological uncertainty, difficulty with biopsy to grade and stage, concern about false negatives, potential for seeding and delays to treatment. To improve quality of care, we created a specialist UTUC multidisciplinary team meeting(SMDT) with endourologists and upper tract oncological surgeons within our bladder cancer MDT at our tertiary referral centre.

Methods
Data of the patients discussed in the SMDT was prospectively recorded between January and September 2018. Clinical, radiological and pathological factors were analysed.

Results
Of 893 cases in the bladder cancer MDT, 167 cases(100 patients) were discussed in SMDT(mean 4.4 cases/meeting). Mean age 67 years(range 28-92), with 63 men. From the SMDT, 48 patients with suspected upper tract malignancy had either a diagnostic ureteroscopy and/or biopsy, of which 22(45.9%) were benign and 26(54.1%) were malignant. The remaining 52 patients had their diagnosis based on imaging(benign n=15;malignant n=22;previous UTUC on surveillance n=4) and urine tuberculosis culture(n=1). Nine are awaiting further diagnostic investigations and one patient had a non-urological malignancy. 25 patients underwent 26 radical nephroureterectomy(RNU). Of these, we proceeded without prior ureteroscopy or biopsy in 12 patients based on MDT discussion. All who underwent RNU had malignant pathology. Two patients underwent ureteroscopic treatment and surveillance. Four underwent distal ureterectomy: two had ureteric strictures, two had distal tumours with associated bladder malignancy. Thirteen patients were managed expectantly for upper tract malignancy due to disease burden and associated co-morbidities. Two patients are undergoing chemotherapy:one for metastatic disease arising from a renal carcinoma, and another for consideration of palliative nephroureterectomy. Three patients declined surgery.

Conclusion
Introduction of an SMDT for UTUC has led to streamlined care with less resort to ureteroscopic confirmation and treatment reducing time to definitive surgery without compromising oncological outcomes as no benign pathology on final RNU.

Title of presentation
Is vitamin B6 supplementation needed for cystinuric patients taking Penicillamine?

Authors
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Abstract
INTRODUCTION:

D-Penicillamine is a cystine chelator that forms a disulphide complex with cysteine to increase its solubility. Studies have suggested it can cause vitamin B6 deficiency and some recommend routine supplementation with pyridoxine. We assessed our patient cohort to see if supplementation is required.

METHODS:

We analysed our prospective database of patients with cystinuria and identified patients recorded as taking or previously taken penicillamine. We analysed blood counts renal/liver function, vitamin B6 levels, urinary dipstick for proteinuria and protein:creatinine ratio where available. We recorded side-effects and reason for drug cessation.

RESULTS:

From 175 patients in our database,30 patients have used penicillamine. Of these 17 are currently still taking the medication for variable duration(4 for 0-5 years;4 for 6-10 years;4 for 11-20 years;5 for >21 years). None of these patients have experienced haematological side-effects or significant proteinuria All patients have had their Vitamin B6 levels assessed and only 1 had a mildly reduced level (27.4 (nmol/L)) and was offered supplementation. No patients reported signs or symptoms of vitamin B6 deficiency. 1 patient reports chronic skin changes after 30 years of drug use.

13 patients are no longer on penicillamine;8 stopped due to side-effects;2 had only taken temporarily due to tiopronin shortage;3 had taken penicillamine historically with no information available. Of these 13 patients,4 now take tiopronin.

CONCLUSIONS:

We have only 1 patient found to have reduced vitamin B6 levels. Thus we feel this does not justify routine supplementation for all patients and we advocate testing serum levels and only offering supplements if required. Cessation of penicllamine due to other side-effects is common. Patients intolerant to penicillamine can successfully be trialled on tiopronin (and vice-versa).

Title of presentation
Totally Tubeless Ultra-mini Percutaneous Nephrolithotomy in the Management of Renal Calculi: A Single Centre UK Experience.

Authors
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Abstract

Introduction

There is emerging evidence that miniaturised tract size, with an 11-13Fr tract, is associated with reduced morbidity and acceptable outcomes in Percutaneous Nephrolithotomy (PCNL). There is however an understandable reticence within the United Kingdom to subject patients with smaller stone burden to the invasive nature of PCNL. Our single centre study evaluates the outcomes of Ultra-mini Percutaneous Nephrolithototmy (umPCNL) in the management of small to moderate volume renal calculi.

Methods

We performed a retrospective analysis of 44 patients who were treated with umPCNL at our institution over a three year period. All patients underwent umPCNL using a 3Fr nephroscope, 7.5Fr inner sheath and 13Fr outer metallic sheath. We used a holmium YAG laser and used a basket for stone retrieval if necessary.

Results

Median stone size was 9mm (range 7 to 17mm). 35 patients were treated in the supine position, with 9 prone. Stone free rates were 98% (n = 43). One patient in the umPCNL group was left with a percutaneous nephrostomy; all other patients were left tubeless. The mean operative time was 55 minutes. The minor complication rate was 15%. There were no major complications. Median length of stay was one day.

Conclusion

umPCNL is safe and has excellent stone free rates. It is a useful addition to the armamentarium of treatment options for smaller volume renal calculi.

Title of presentation
Investigating ureteric colic: are the BAUS guidelines feasible?

Authors
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Abstract
Introduction
Ureteric colic is common. BAUS guidelines recommend NSAIDs as 1st line analgesia, that calcium and urate are measured and a CT KUB is performed within 14 hours.

Methods
The primary aim of this audit was to evaluate whether CT KUB was performed within 14 hours of acute presentation in our Trust. We audited the use of NSAID analgesia and the measurement of calcium and urate. Retrospective data collection and initial audit January - February 2018. The renal colic pathway was updated and a re-audit performed July - August 2018. All patients who had a CT KUB organised by A&E to aid diagnosis were included

Results
120 patients were included in the initial audit (30% confirmed urolithiasis) and 164 in the re-audit (50% confirmed urolithiasis).
The average time to CT KUB improved from 1 day, 2 hours and 23 minutes to 18 hours and 46 minutes.
Time to CT KUB was significantly longer if patients were sent home to await an out-patient scan, this improved by 10 hours.
The number of patients with calcium and urate measured on initial presentation was poor (7.5% and 15%) as was NSAID usage (32% and 23%).

Conclusion
The time to CT KUB improved, although the average time is still outside that recommended. Mitigating factors may include inability to contact patients awaiting outpatient investigation and prioritising clinical work load. Given the low yield of positive scans, it would be more cost effective to measure calcium and urate only in patients with confirmed stones.

Title of presentation

Is the answer in their genes? Phenotype of first-degree relatives with cystinuria

Authors
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Abstract
Introduction:
There are 2 genes responsible for the different modes of inheritance of cystinuria; SLC3A1 (autosomal recessive) and SLC7A9 (autosomal dominant, with incomplete penetrance). Over 150 mutations are known, hence analyzing the genotype:phenotype correlation is challenging. Studying first-degree relatives in isolation may offer us a better insight.

Methods:
30 first-degree relatives, including 3 twin pairs (1 identical) were identified from our cohort of 160 genotyped patients with cystinuria. Mutations were detected with DNA sequencing. Phenotypic data were collected prospectively.

Results:
All first-degree relatives had the same mutation. Median age was 37years (18-73). The gender distribution was M:F 2:1, which is different from our entire clinic cohort (M:F, 1:1). There was an equal split of SLC3A1 and SLC7A9 genes, unlike the 2:1 ratio of SLC3A1:SLC7A9 seen in our clinic cohort and reported literature. Amongst a variety of mutations, c.1400T>C p.(Met467Thr) and duplication of exons 5 to 9 were the two most commonly found mutations in SLC3A1. None of the patients had the same phenotype as their relative for stone formation, medications, surgical interventions, renal function, urinary cystine levels or kidney loss.

Conclusion:
Though it seems logical that sharing a genotype in first-degree relatives would lead to similar disease severity, we were unable to demonstrate this, even in the identical twin pair. The complexity of multiple factors may result in the variances in stone formation. Further research into disease epigenetics may provide a better insight into predicting phenotypic differences. This could facilitate individualized treatment based on a prediction of patients' disease severity.

Title of Presntation

Initial single centre experience of 4D prostatic Urethral lift (Urolift): A minimally invasive technique for symptomatic benign prostatic hyperplasia (BPH).

Authors

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Abstract

Introduction:

UroLift is a transurethral, minimally invasive procedure used to hold the prostatic lateral lobes away from urethral lumen for patients suffering with symptomatic BPH. It has been shown to be effective in relieving lower urinary tract symptoms in BPH while maintaining good sexual function. 4D Urolift is a new technique in implant delivery used to maximally widen the prostatic urethra at bladder neck.

Methods:

Prospective and retrospective data of fifty patients who underwent 4D UroLift from September 2017 to September 2018 were collected: pre and post-operative International Prostate Symptomatic Score (IPSS) and Quality of Life (QoL) questionnaires, sexual function (IIEF and MSHQ-EjD) questionnaires and pre and post uroflowmetry data. Statistical analysis was completed using Paired t-test.

Results:

There was 54% reduction in mean IPSS from 22.3 +/- 7.2 to 11.9 +/- 6.9 ($p < 0.001$). Significant QoL scores improved from 4.6 +/- 1.1 to 2.1 +/- 1.8 ($p < 0.001$). Improvement in Qmax from 10.1 +/- 2.6 to 14.6 +/- 6.4 mls/sec (p 0.002) was noted. There were no reports of worsening sexual function and retrograde ejaculation, with the average MSHQ-EjD post 4D Urolift being 11.5 +/- 3.7. These improvement in results were comparable to previous studies (average results at 1 year) – Graph 1.

Conclusion:

Initial results from 4D Urolift has shown good comparable, if not better outcome, with improvement of lower urinary tract symptoms without compromising sexual function.

Title of presentation
Bacterial Prostatitis is a significant finding in patients with symptomatic urethral stricture disease

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Abstract

Introduction

Urinary tract infections are commonly associated with urethral strictures, but the evidence for bacterial prostatitis is limited to one brief report over 30 years ago.(1) Urethral stricture symptoms and prostatitis-like symptoms are similar and we considered that undiagnosed bacterial prostatitis may be contributing to the patient's presentation.

Methods

A 3 year prospective observational study was conducted. Male patients with symptomatic penile and bulbar urethral strictures, who were being assessed for urethroplasty, consented to prostate cultures using the modified Meares-Stamey technique. Patients with concurrent positive urine cultures were excluded. Patients underwent cystoscopic assessment, stricture dilatation, clean catch urine and prostate massage. Prostate fluid was collected along with first void urine. Samples were individually cultured by a dedicated microbiologist. Results were compared with cultures obtained from a control group of patients with prostatitis-like symptoms over the same time period with no history or evidence of stricture. NIH-prostatitis symptom scores were recorded in both groups. Significance of the cultures was assessed by the microbiologist who was blinded from the patient's clinical presentation. Statistical significance was assessed by Chi square.

Results

100 patients underwent the 3 pot culture. 57 (Group 1) had a confirmed stricture (15% penile, 56% bulbar, 29% panurethral). 43 (Group 2) had no evidence of stricture. Mean prostatitis symptom scores were 7 for pain, 5 for urinary and 5 for bother in both groups respectively. In Group 1, 47% of patients had a uniquely positive bacterial culture with a recognised uropathogen. In Group 2, 21% of patients had positive bacterial cultures. 15 % group1, and 2.56% of Group 2 had positive clean catch urine. The findings were statistically significant (p=0.0087).

Conclusion

This study has shown for the first time in contemporary practice, that bacterial prostatitis is present in a large number of symptomatic patients with urethral strictures. It is also confirmed to be a statistically significantly higher incidence than in a cohort of patients with clinical prostatitis alone. We recommend validation of our findings and suggest that patients with urethral strictures should be screened for bacterial prostatitis before any urethral reconstructive surgery is undertaken.

Title of presentation
Patient satisfaction and service evaluation following post prostatectomy stress urinary incontinence surgery

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Abstract
Aims: To evaluate patient experience and satisfaction following post prostatectomy stress incontinence surgery using validated patient reported experience and outcome measures.

Methods: In this single centre study, patients who received treatment with a male sling (MS; AdVance XP™) or artificial urinary sphincter (AUS; AMS 800™) with a minimum of a 1 year follow up were contacted and completed 2 questionnaires; the client satisfaction questionnaire (CSQ-8), and treatment benefit scale (TBS). Higher CSQ-8 scores indicate better service evaluation. Lower TBS showed better patient satisfaction with treatment.

Results: 79 procedures were undertaken on 78 patients (34 MS, 45 AUS) with at least 1 year follow up. 8 patients were lost to follow up, leaving 71 procedures (31 MS, 40 AUS) in 70 patients. Bothersome stress incontinence was as a result of radical prostatectomy in 92% of cases. The mean follow up was 34 months (range 13 to 60). The mean CSQ-8 score was 29.8 (S.D. 3.70) out of 32. The mean TBS score was 1.55 (S.D. 0.86) out of 4. Sixty patients (85%) gave a score of at least 1 or 2 showing that the treatment improved or greatly improved their condition.

Conclusion: Response rates were high at 90%. Mean CSQ-8 scores were high, along with individual domains indicating a very high service evaluation from the study cohort. TBS scores were low indicating high patient satisfaction with treatment. Patient reported experience measures in addition to patient reported objective measures should be more widely utilised to fully capture the patient experience.

Title of presentation
Intravesical Botulinum Toxin A Injections in patients on anti-platelet and anticoagulation therapy

Authors
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Abstract
Introduction
There is little evidence regarding the safety of Intravesical botulinumToxin-A(Botox) injections in patients on anticoagulant/anti-platelet (AC/ACP) medication. The cessation of which may predispose to thromboembolic or ischaemic events. We reviewed significant bleeding events after Botox injection with concurrent AC/AP use.

Methods
A retrospective review of all patients having Botox in 3 London hospitals was conducted between January 2016-July 2018 to examine those with continued AC/AP therapy. Demographic data, indication for injection, and side-effects of significant bleeding requiring intervention were recorded.

Results
532 patients had Botox injections during this time. 63 patients [mean age 69 years(range 19-89), had a total of 114 separate rounds of Botox injections whilst on treatment dose AC/AP therapy. Each patient had between 1-7 repeat Botox injections. AC/AP use included; aspirin 44, clopidogrel 37, warfarin 19, NOAC(novel/non-vitamin K oral anticoagulant) 14. Patients on warfarin who had point of care testing all had INR < 3.
There was 1/114(0.88%) episode of post-injection haematuria requiring overnight admission resolving spontaneously, with catheterisation. This patient, on rivaroxiban had 300U of Botox injected through 20 sites, on a background of previous prostate radiotherapy. There was no report of bladder washout under anaesthesia or transfusion.

Conclusions
Very few significant bleeding events occurred despite continuation of AC/AP therapy during intravesical Botox treatment. Some patients within this group may have other factors that further increase bleeding risk. This is an important consideration during patient counselling, and when treating patients who have high risk of thrombosis with AC/AP.

Title of presentation
The Development of a Validated Patient Reported Outcome Measure (PROM) for Penile Curvature Surgery

Authors

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Abstract

Introduction and Objectives

Subjective measures of successful penile curvature surgery are poorly defined. We describe a 6 year prospective study of the development of a PROM for patients with stable Peyronie's disease (PD) undergoing surgery in a single centre.

Methods

Structured interviews identified four domains for assessment - penile appearance (PA), erectile function (EF), sexual relationships and generic quality of life (GQoL). A RAND consensus group of UK andrologists defined PROM 1. PA questions were created de-novo. EF and GQoL questions were based on IIEF and EQ5-D questionnaires respectively. PROM 1 was piloted on all patients undergoing PD surgery with test-retest design. A second iteration PROM 2 was created after statistical analysis and patient feedback, and retested. Internal consistency was assessed using Cronbach's alpha (CRα). Wilcoxon Signed Rank test was used to assess test and retest consistency. Variability and bias was assessed using a Bland Altman plot.

Results

PROM 2 was completed pre-operatively by 88 men with response rates >90%. CRα for PA construct showed consistency (0.66) omitting length and pain questions. ED and sexual relationship constructs showed consistency (CRα = 0.86, 1.46). GQoL construct was not consistent (0.56). GQol pain/anxiety questions coupled with erectile pain questions from PA construct showed consistency (CRα = 0.98).

Wilcoxon Signed Rank test for PA indicated no significant difference between test and re-test scores (P>0.126). Variability remained consistent for increasing PA scores.

Conclusions

Relationship and ED questions were answered consistently and demonstrated content validity and reliability. Pain, length and GQoL questions were inconsistently answered. Generalised pain/anxiety affected penile sensation. Interestingly, length is minimally bothersome. We are now able to confirm a final validated PROM 3 for external testing.