

70 YEARS OF THE **NHS**



ANNUAL MEETING

25-27 June 2018

LIVERPOOL BT CONVENTION CENTRE

CONFERENCE PROGRAMME

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BAUS ANNUAL MEETING

Incorporating Meetings of the Sections of:
Academic Urology
Andrology & Genito-Urethral Surgery
Female, Neurological & Urodynamic Urology
and Teaching Courses

25-27 June 2018

LIVERPOOL
BT CONVENTION
CENTRE

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Welcome from the President

On behalf of BAUS Council I am delighted to welcome you to the 2018 Annual Scientific Meeting. The feedback we received about the new format for BAUS last year was excellent and 2018 sees us build on this success. The meeting programme aims to be relevant to all of us in our working lives – the subjects cover both clinical issues as well as ones that support our health and well-being.

It is the 70th anniversary of the NHS this year and we have a session on Tuesday 26 June which will mark this milestone. While those of us on the front line continue to be challenged by the resources available to us to support the delivery of care, our patients have undoubtedly benefitted from innovations in the specialty and Professor Tony Young is leading a session on this important subject. James Green's session on quality improvement continues this theme and Simon Harrison will be giving an update on the Getting it Right First Time (GIRFT) project for Urology in his JCU address.

In addition to state of the art papers we are delighted, once again, to have a number of key opinion leaders joining us for the meeting. Professor Robert Wachter (Professor and Chair of the Department of Medicine, University of California in San Francisco) will be giving the BJUI Guest Lecture. Professor Wachter chaired the National Advisory Group on Health Information Technology in England which resulted in the publication of the Wachter Review advising the National Health Service on its digital strategy – a session definitely not to be missed. We are also delighted to welcome Professor Alan Partin, the 2018 St Paul's Medal winner, and Professor Sanjay Kulkarni, who will be receiving Honorary Membership of BAUS. They will both be speakers in the 'Global Urological Practice – Similarities and Differences' session being led by Duncan Summerton as well as participating in sessions throughout the week. We are grateful to all our international speakers for taking the time to travel to Liverpool and for their contributions to the scientific programme: confirmed speakers include Professor Ben Chew (Vancouver, Canada), Dr Matt Neilsen (Chapel Hill, North Carolina, USA), Dr Andre van der Merwe (Stellenbosch, South Africa), Dr Andrea Saloni (Milan, Italy), Dr Howard Goldman (Cleveland, Ohio, USA) and Dr Frank van der Aa (Leuven, Belgium).

Last year we had a session entitled 'When things go wrong' which focused on the impact of adverse events. This year's BAUS Guest Lecturer is Mr David Sellu who has agreed to share his experiences with us – this promises to be a very thought provoking lecture. Professor Kevin Turner then brings us a session on 'AUR – Adverse Events, Urologists & Resistance' which will be relevant to all of us in our working lives.

The Academic Urology, Andrology (AGUS) and Female (FNUU) Sections will be holding their annual meetings on Monday 25 June. There will be a joint session between Andrology (AGUS) and Female (FNUU) sections on Monday afternoon. On Wednesday Dominic Hodgson (Education Lead for FYs and CTs) is convening a meeting for core trainees in urology and we will also hope to welcome our first medical student members to our Annual Meeting – this new (non-voting) membership category was agreed by the BAUS Trustees in February and we are delighted they will become part of our very special Association.





The programme of courses will run again this year and, as ever, we advise if you plan to attend a Teaching or Skills Course - please book early as places are limited; we expect they will prove to be popular. We will be introducing a new Skills Course on MRI and Target Biopsy as well as new Teaching Courses on Research Methodology and the Urology Finishing School.

The meeting concludes on Wednesday afternoon with a session giving updates from each of the Sections and breaking news. This is a 'must attend' session and promises to give a fantastic overview of recent publications and developments in Urology over the past year.

The main social event of the meeting is a drinks reception held on Monday 25 June in the iconic Liver Building. This is a great opportunity to catch up with friends and colleagues.

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.

I would like to thank Paul Jones (Honorary Secretary) and Asif Muneer (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, to Mr Sam Hampson for proof reading the abstracts, to Maelstrom, our Exhibition Managers and, most importantly, to Hannah Doyle (Events Manager) and Harry Heald (Events Co-ordinator) in the BAUS Office for the enormous amount of work they have put into planning this meeting.

'Scouse BAUS' always proves to be popular - and I am glad you will be joining me for my second, and final, meeting as BAUS President. I will be handing over the Presidency to Duncan Summerton at the meeting and would like to wish him every success in this most prestigious role. I look forward to seeing you at the meeting.

Kieran O'Flynn

President BAUS

THE BAUS 2018 ANNUAL MEETING

BJU International John Blandy Prize Presentation and Lecture

BJU International Prize for the Best Paper at BAUS 2018

BJU International Guest Lecture

Achieving the Promise of Digital Health: Are We There Yet? If Not, When... and How? **Robert Wachter**

BJU International Teaching Course


Quality Improvement led by **James Green**

BJUI
BJU International

Official journal of
BAUS



www.bjui.org


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The CPD portal for
Urologists



www.bjuiknowledge.org

LOOK OUT FOR **MEET THE EDITOR** EVENTS AT STAND 430



Introduction by the Honorary Secretary

This year's annual meeting celebrates the 70th Year anniversary of the NHS and our programme is packed with fresh and diverse subject matter, delivered by experts in their fields.

Last year's trial meeting of 3 days gained 80% positive affirmation (with over 600 respondents) to retain the shorter meeting duration, and we have kept to this preferred format for 2018.

The 'Best of British' theme was similarly well-received and we have endeavoured to organise a programme with wide appeal that encompasses aspects of general urology that is of special interest to UK urology.

This year's main auditorium programme includes NHS Innovations, Quality Improvement, MDTs functionality, a Medico-legal debate on Consent, Emotional resilience and the history of our NHS.

The Tuesday afternoon trainee and medical student session enjoyed widespread acclaim last year and it promises an even more engaging agenda which has been organised by Dominic Hodgson.

We are privileged to invite Mr David Sellu FRCS to deliver this year's BAUS guest lecture entitled 'My journey through gross negligence criminal manslaughter' and are equally grateful to the BJUI and JCU for organisation of their guest lectures on Artificial Intelligence and GIRFT respectively.

On a lighter note Duncan Summerton will be chairing this year's University Challenge where trainees take on trainers in a broad and light-humoured test of their knowledge

This year's Highlights session on Wednesday afternoon concludes the meeting with a different format where the section representatives are going to undertake a 10-minute synopsis on the best of Liverpool BAUS and include a 15-minute 'Best of the previous twelve months' overview.

We have scheduled times into the programme to allow you to visit the exhibition, I hope that you will take this time to speak to our colleagues from Industry who have so generously supported the meeting.

I would urge you to provide as much feedback on the meeting as possible which will inform the programme committee on the strength and weaknesses of the meeting and what you think could be added, removed or improved.

All suggestions for BAUS Glasgow 2019 will be well-received.

Paul Jones
Honorary Secretary





General Information

Abstract Book

Abstracts will be available online in the Conference Edition of the JCU.

Badge Scanning

This year we will again be using badge scanning as lead retrieval. Exhibitors and Satellite Session Sponsors are able to 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.

You will receive 1 CME point for attending a Satellite Session and getting your badge scanned, again, Badge scanning by Satellite Session sponsors is not compulsory. If you DO NOT wish to disclose this information to Satellite Sponsors then do not allow your badge to be scanned.

Cloakroom

The Cloakroom is located on the ground level and will be open at the following times:

Monday 25 June 0730 - 1830

Tuesday 26 June 0715 - 1945

Wednesday 27 June 0715 - 1630

Please note that there is a charge of £1 per item.

Conference Catering

Complimentary drinks will be provided in the Exhibition Hall from Monday to Wednesday. Lunch will be available for purchase within the Exhibition, Hall 2.

Continuing Medical Education

This meeting has been accredited with CME points as follows:

Monday 25 June 6 points

Tuesday 26 June 6 points

Wednesday 27 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 2018 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 located in Hall 2 will be open at the following times:

Monday 25 June 0800 - 1800

Tuesday 26 June 0800 - 1800

Wednesday 27 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.

Local Information

For information on visiting Liverpool, please visit: www.accliverpool.com/visiting-us/destination-liverpool/

Email: info@accliverpool.com

Media Check

Media Check In will be located outside the Exhibition in the Hall 2 Foyer. Full AV information will be sent to all speakers well in advance of the meeting.

Any queries prior to the meeting should be directed to the Events Team at BAUS on: events@baus.org.uk.

Paper and ePoster Sessions

Full details of the presenters and ePosters will be available on the meeting app.

Prayer Room

Backstage Room 1 will be available to delegates throughout the conference for private religious observance, please ask the registration team for further details.



Programme

For the first time we will not have a printed programme at BAUS 2018. Delegates should instead use the meeting app or save a copy of the Final Programme PDF to a tablet.

Registration Desk

All relevant conference documentation should be collected from the BAUS Registration Desk. The desk will be situated inside the Exhibition, Hall 2. It will be open at the following times:
Monday 25 June 0800 - 1800
Tuesday 26 June 0730 - 1800
Wednesday 27 June 0730 - 1415

Satellite Sessions

Satellite Sessions will be held in Hall 1A

Scientific Session Access

Scientific sessions are only open to registered delegates. **Please note that delegate registration and entry to the conference or exhibition is NOT available to personnel from commercial companies who do not have an exhibition stand.**

Travel and Parking

For travel and parking information, please visit: <http://www.accliverpool.com/visiting-us/travelling-here>

Twitter

BAUS 2018 is on Twitter:
@BAUSurology
#BAUS18

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

Venue

The BT Convention Centre
Kings Dock
Liverpool Waterfront
Liverpool
L3 4FP
Tel: +44 (0)151 475 8888

WiFi

Free WiFi is available throughout The BT Convention Centre

1. Enable the wireless function on your device
2. Connect to the Free_Wifi SSID (wireless network)
3. Browse to a web site of your choice eg. www.accliverpool.com
4. You will be re-directed to the ACC Liverpool Landing Page
5. Click on the 'FREE WI-FI ACCESS' button
6. The page of your choice will then load

Diary Dates

6-7 September 2018

BAUS Section of Endourology Annual Meeting, Keble College, Oxford

17-21 September 2018

BAUS FRCS(Urol) Revision Course, St Catherine's College, Oxford

6-7 December 2018

BAUS Section of Oncology Annual Meeting, University of York

7-10 January 2019

BAUS Core Urology Course, College Court, Leicester

2019 BAUS Annual Meeting

SEC, Glasgow 24-26 June 2019

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.



Registration Fees

	Early Rate - Up until 31 May		Standard Rate - From 1 June - 10:00 BST on 22 June		Onsite Rate - From 10:00 BST on 22 June
	<i>Monday / Tuesday / Wednesday (per day)</i>	<i>Whole Meeting</i>	<i>Monday / Tuesday / Wednesday (per day)</i>	<i>Whole Meeting</i>	<i>Monday / Tuesday / Wednesday (per day)</i>
BAUS Members					
Full, Overseas, Associate / Associate Urological Specialist	185	520	235	670	255
Trainee	70	175	235	670	255
Medical Students	n/a	15	n/a	30	30
Honorary & Senior	No Fee	No Fee	No Fee	No Fee	No Fee
	<i>Monday / Tuesday / Wednesday (per day)</i>	<i>Whole Meeting</i>	<i>Monday / Tuesday / Wednesday (per day)</i>	<i>Whole Meeting</i>	<i>Monday / Tuesday / Wednesday (per day)</i>
Non-Members					
Urologist / Other (not appearing in categories below)	215	610	255	730	275
Urology Trainee	135	370	255	730	275
Health Care Professional (Nurses, Administrators, Radiographers. etc.)	135	370	255	730	275
Scientist (registered PhD Student/Post-Doctorate Fellows)	40	90	70	170	90
Exhibition Only (Healthcare professionals, no access to conference areas)	50	n/a		n/a	



Registration Information

Badge Scanning

This year we will again be using badge scanning as lead retrieval. Exhibitors and Satellite Session Sponsors are able to 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.

You will receive 1 CME point for attending a Satellite Session and getting your badge scanned, again, Badge scanning by Satellite Session sponsors is not compulsory. If you DO NOT wish to disclose this information to Satellite Sponsors then do not allow your badge to be scanned.

Cancellations

Fees for both the conference and the Office of Education teaching and skills courses cannot be refunded on any cancellations after 31 May 2018. Cancellations before this date must be confirmed in writing and will be subject to a 10% administration charge.

Exhibition-Only Registration

For a small daily fee, health care professionals can register to view the exhibition only (no admittance to conference sessions). Exhibition-only registrations will only be accepted until 23:59 (BST) on 31 May 2018.

Exhibition-only registration will not be available on-site.

Accompanying Persons

Registration

There is no registration fee for partners of delegates but badges will be issued. Accompanying persons are invited to attend the Liver Building on Monday 25 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 26 June.

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

The Bravest Urology Fundraisers You've Ever Seen

Four courageous men from the UK are taking the Talisker Whiskey Atlantic Challenge. They are going to row over 3000 miles, unaided, across the rough seas of the Atlantic Ocean to raise money for urological research and training.



Join us at the TUF stand and take part in our rowing challenge to show your support



We've been leading the fight against urology disease since 1995.

By funding the kind of innovative research and training that will drive the urological field forward, we work to bring about positive change for urologists and patients alike.



Find out how we can support your career this week.
Come and see us at our stand.

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The Urology Foundation is a registered charity 1128683



The Museum of Urology @ BAUS 2018

Jonathan Goddard
Curator of the Museum of Urology

BAUS 2018 is back on the banks of the Mersey in Liverpool once again, a city steeped in urological history. The Museum of Urology will be there to snatch you from the modern world of urology and show you how we all got to where we are today.

Once again the Editor and team at the Journal of Clinical Urology have graciously allowed me to include a historical article in your abstract book. This year we are looking at the amazing story of Harold Hopkins (1918 - 1994), the scientist who by a series of coincidences and chance meetings opened up the world of modern endourology (*figure 1*). One of those meetings was with Jim Gow (1917 - 2001) (*figure 2*) a Liverpool urologist, born in the city and who worked at both Sefton General and Wrightington Hospitals. Gow's interest in photography and desire to take cystoscopic photographs led him to Hopkins and to a partnership that ended in a true 'sea-change' in urology. In writing this article I've come to realise that Gow's place in this story has been somewhat overlooked. It's a great story; I'd encourage you to read it.

As always the Museum of Urology welcomes you to their stand in the Exhibition Hall. Always a great place to meet, relax and have your coffee whilst learning about the history of urology. The cabinets will show some of the latest artefacts that have been donated or loaned to the Museum this year as well as some themed exhibits.

This year the Museum of Urology is focussing more on Time than Place, 2018 sees the centenary of the end of the First World War, called the Great War or the War to End all Wars it consumed the early years of the Twentieth Century. In 2014 the Museum of Urology looked at some well known urologists who were caught up in that conflict. This year we are revisiting that theme but with new, updated information gleaned from research carried out over the past four years (*figure 3*).

2018 is also the 70th anniversary of the National Health Service (*figure 4*) and for the first time at BAUS there will be a History of Urology lecture to celebrate this. The urologists and the urology departments in Great Britain saw a huge change in 1948 in the medical service which was still to some extent based on Eighteenth and Nineteenth Century models.



Figure 1: Harold Hopkins



Figure 2: James Gow

The Museum of Urology @ BAUS 2018 - continued

BAUS was born out of the plans for the NHS and the changes that occurred spurred many hospitals to create or modernise their urology departments in the following years. Centralisation also had its problems, many of which, especially around money, seem no different to today.

This last year has been very active for the Museum in terms of expanding the rooms on the website and also of donations and acquisitions. We have been in contact with several families of well known British urologists who have been very generous (and very happy) to donate information and artefacts. Many of these objects will be on display at BAUS 2018. This year we will be focussing on one man in particular, Sir Eric Riches. Sir Eric was a well known urologist in the last century. He was very active in BAUS and indeed it was in his house that the first meeting of like minds took place which led to BAUS being created. Linking with the other museum themes of the First World War and endourology, Riches was a decorated hero of the War [figure 3] and was later instrumental in creating a 'British Universal Cystoscope'. When you visit the display you will see Sir Eric's own cystoscope.

The History Posters this year again present an astonishing array of topics. It's great to see so many urology trainees submitting historical research to BAUS. The session is not moderated this year so please make sure you view the posters; there's a lot of work there and a lot of fascinating things to learn. 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.

www.baus.org.uk/museum
@urology_history

Enjoy the meeting!

Jonathan Goddard

Curator,
The Museum of Urology, BAUS.



Figure 3:
Eric Riches in WW1 uniform

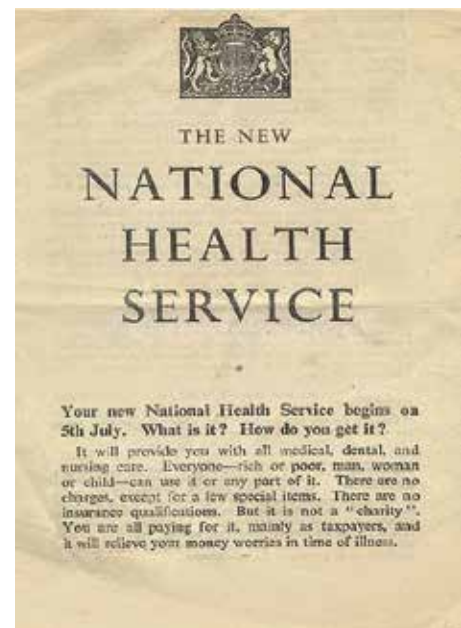


Figure 4: 1948 NHS leaflet



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**You can also speak to us
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Social Programme

Welcome Reception - The Liver Building

Monday 25 June, 1830

Time to get together with old friends and colleagues to enjoy a glass of wine. Hosted by Council Members. This year's social event will be a Drinks Reception at The Liver Building.

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 BAUS Registration desk for ticket availability.

The **BAUS Gold Medal** will be awarded at the Drinks Reception:

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: **Professor Sam McClinton**, Aberdeen Royal Infirmary

Citation by: **Mr Ken Anson**, St George's Hospital, London

Accompanying Persons - The Pullman Hotel

Tuesday 26 June, 1030

Muireann O'Flynn, the wife of the BAUS President Mr Kieran O'Flynn, invites you to meet her for a coffee morning in the Connectivity Lounge of the Pullman Hotel at 1030.

A blue badge tour guide will be in attendance to recommend attractions and plan a tour of the City.



Satellite Sessions

Each Satellite Session will take place in Hall 1A and has been accredited with 1 CME point.



Monday 25 June 1200-1230

Boston Scientific

Life after Prostate Cancer: A Charity's Perspective

Presented by the Movember Foundation

Speaker: **Paul Villanti**, Executive Director, Programmes

Monday 25 June 1700-1800



Astellas satellite symposium

This house believes that five years after the launch of an alternative treatment class, patients with OAB are still not benefitting from increased treatment choice

Does real-world data point the way to a different pathway and improved patient outcomes?

Join our esteemed faculty as they make a case for the treatment pathway they believe would most likely benefit patients with overactive bladder.

Making a case for:

A tried and tested antimuscarinic-led pathway for patients

SPEAKER

Mr Nikesh Thiruchelvam
Urologist, Cambridge

Making a case for:

An individualised approach to OAB treatment choice

SPEAKER

Mr Steve Foley
Urologist, Reading

In the end, only you can decide.

BET18005UK(1)g | May 2018

This promotional symposium has been fully funded and organised by Astellas Pharma Ltd and Astellas products will be discussed.



Tuesday 26 June 0800-0830

Prostate Cancer UK

Active Surveillance - What we can learn from the experiences and views of men

Active surveillance is shown to be a very important treatment option, especially for men with low-risk localised prostate cancer. Prostate Cancer UK set out last year to better understand the experiences and views of men with localised prostate cancer who had been offered and were on active surveillance. This was with the aim of finding out which approaches result in the best outcomes for these men, and should therefore be recommended to clinicians. We worked with researcher Liz Hetherington to carry out a piece of qualitative research with men. We also conducted a survey alongside this work that captured the views of around 400 men. The research is helping to inform a wider piece of work we're doing to achieve a clinical consensus on the best practice approach to active surveillance in the UK. The important piece of research will also be used to inform Prostate Cancer UK's Education and Health Information so that men with prostate cancer, who are thinking about active surveillance as a treatment option, are well-informed and supported during this critical time. This session will explore the importance of clinician / patient discussions when it comes to considering active surveillance as a treatment option for men with low-risk, localised prostate cancer.

Prostate Cancer UK is a registered charity in England and Wales (1005541) and in Scotland (SC039332).
Registered company 02653887.



Tuesday 26 June 1245-1330

Olympus

PLASMA BPH - As a Day Case?

- 1245-1250 **Welcome and Introduction**
Mr Simon Woodhams, Consultant Urologist, Clinical Director Cancer Services, Western Sussex Hospitals NHS Foundation Trust
- 1250-1305 **What is the Value of PLASMA for BPH as a Day Case?**
Mr Simon Woodhams, Consultant Urologist, Clinical Director Cancer Services, Western Sussex Hospitals NHS Foundation Trust
- 1305-1315 **What Pathway Changes are Needed to Achieve Day Case?**
Miss Helena Burden, Consultant Urologist, Superficial Bladder Cancer Co-lead, North Bristol NHS Trust.
- 1315-1330 **PLASMA Enucleation: A New Gold Standard for BPH Treatment**
Mr Jay Khastgir, Consultant Urologist & Senior Lecturer, Abertawe Bro, Morgannwg University NHS Health Board, Swansea & Swansea University School of Medicine.



Tuesday 26 June 1715-1800

Bayer

The Window of Opportunity: Treatment of Metastatic Castration-Resistant Prostate Cancer

- 1715-1720 **Chair's Introduction**
Phil Cornford, Consultant Urological Surgeon and Clinical Director for Urology, Royal Liverpool and Broadgreen University Hospital NHS Trust
- 1720-1730 **Treatment of mCRPC: a historical perspective**
Phil Cornford, Consultant Urological Surgeon and Clinical Director for Urology, Royal Liverpool and Broadgreen University Hospital NHS Trust
- 1730-1740 **Multidisciplinary Management of mCRPC Treatment**
Professor Rob Jones, Honorary Consultant in Medical Oncology, University of Glasgow & Professor Valerie Lewington, Consultant Nuclear Medicine Physician, Guy's and St Thomas' Hospital NHS Foundation Trust
- 1740-1750 **Panel Debate**
All
- 1750-1800 **Q&A Session**
All

Bayer products may be discussed at this meeting. Prescribing information will be available at this meeting.



Wednesday 27 June 1000-1030

Astellas Oncology

Practical aspects of managing patients with prostate cancer: interactive case studies

Chair: Mr Mark Speakman, Consultant Urological Surgeon, Taunton
Speakers: Mr Ben Challacombe, Consultant Urological Surgeon, Guy's and St Thomas' Hospitals
 Dr Simon Crabb, Associate Professor in Medical Oncology, University of Southampton Faculty of Medicine

Objective: This symposium will utilise patient case studies in order to discuss the use of multi-parametric Magnetic Resonance Imaging (mpMRI) pre-biopsy and challenges in metastatic castration-resistant prostate cancer (mCRPC). Focus will be placed on delegate participation with management or surgical options positioned as interactive questions to the audience.

Time	Session	Speakers
10.00	Welcome & Introduction	Mark Speakman, Chair
	<ul style="list-style-type: none"> • Overview of the agenda and objectives • Welcome to the faculty 	
	Case Study 1: Use of multi-parametric Magnetic Resonance Imaging (mpMRI) pre-biopsy	Ben Challacombe
	<ul style="list-style-type: none"> • Presentation, discussion and audience questions 	
	Case Study 2: Challenges in metastatic castration-resistant prostate cancer (mCRPC)	Simon Crabb
	<ul style="list-style-type: none"> • Presentation, discussion and audience questions 	
	Meeting summary	Mark Speakman
10.30	Meeting Close	

Astellas products will be discussed at this symposium. This symposium is funded and organised by Astellas Pharma Ltd.

Job code: XTD18003UKa Date of preparation: May 2018



Monday 25 June

BAUS Section of Academic Urology Annual Meeting

0855-1700

Room 3B

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 Liverpool.

For BAUS 2018, we are continuing the very popular 'Best Academic Paper Session' and giving a select group of young researchers the opportunity to present their work, which has been chosen by the Abstract Committee, to an audience of critical friends.

This is followed by a lecture from the recipient of this year's John Blandy Prize, which I am sure will once again 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.

Mr Ian Pearce, Editor of the JCU, will then be announcing the winners of the competitive medical student essay and CT audit prizes.

The late morning and afternoon session will follow a new format for BAUS 2018 and is intended to bring together all of the Sections and the broad membership of BAUS to have an interactive discussion on the role of data and audit in improving urological care. Mr Kieran O'Flynn, President of BAUS, will set the scene and discuss the on-going work to review data and audit activities across BAUS.

We are then delighted to welcome Professor Eva Morris, Professor of Cancer Epidemiology at the Leeds Institute of Cancer and Pathology. Professor Morris will describe her work leading a £3.4m Cancer Research UK programme that is establishing a UK wide colorectal cancer data repository. CORECT-R will bring together all of the datasets that are relevant to colorectal cancer and securely link them to produce the high-quality cancer intelligence needed to improve outcomes.

In the afternoon, representatives from all Sections and also the generality of BAUS, will outline their views on what data and audit activity they think is key to improving their professional practice and clinical care of patients in their daily practice. Voting will be available to the audience so I would really encourage you to join us and help inform the discussion on this important topic for UK urology.

We end the day with the BURST session, where our younger colleagues will update us on the ever increasing growth of the trainee research collaborative. We end the day with the BURST session, where opportunities for multi-centre collaborative work will be discussed by Mr Veeru Kasivisvanathan. An overview of the activities of the world-leading trainee-led BURST research collaborative will be given, with updates on the IDENTIFY project. We will end with a Dragon's Den where trainees or consultants will pitch their ideas for the next big national research collaborative idea and will be appraised by a panel of experts.

So the Academic Section Meeting at BAUS 2018 is for everyone - clinical or scientific, trainee or consultant and I would really encourage colleagues to join us for the day. I am anticipating highly relevant and engaging sessions with excellent speakers and a chance for you to help shape the future of data and audit to drive improvements in patient care.

Room 3B
0855-0900

Chair's Welcome and Introduction

Mr John McGrath, Royal Devon & Exeter NHS Trust

Room 3B
0900-1000

Best Academic Paper Session – BJU International Prize for the Best Paper at BAUS 2018

Chairs: Trinity Bivalacqua & John McGrath

See page 54 for details

Room 3B
1000-1025

John Blandy Prize and Lecture

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

The role of re-transurethral resection in the management of high risk NMIBC

Dr Francesca Pisano, MD, PhD Student, Dept. of Urology, A.O Città della Salute e della Scienza, University of Turin, Italy

Room 3B
1025-1030

Medical Student Best Essay and Audit Prizes

Presented by: **Mr Toby Page**, Freeman Hospital, Newcastle-upon-Tyne

Medical Student Best Essay Winner

Mr Sacha Moore, University of Southampton

Mr Mikolaj Kowal, University of Manchester (not attending)

BAUS Audit / Quip Competition Winners

Mr Ricky Ellis, Nottingham City Hospital & **Mr George Hill**, Southmead Hospital, Bristol

Announcement of Winner of Best Paper session

1030-1045 Refreshments, Exhibition and ePoster viewing in Hall 2

Room 3B
1045-1200

What Purpose does Data Collection Serve?

Chair: **Professor Howard Kynaston**, Cardiff University

1045-1050 **Introduction**
Mr Professor Howard Kynaston, Cardiff University

1050-1115 **BAUS Data and Audit – all change?**
Mr Kieran O'Flynn, President of BAUS



1115-1145 **Registry Data to Drive Research and Improved Care – lessons from colorectal cancer**

Professor Eva Morris, Professor of Cancer Epidemiology, Leeds Institute of Cancer and Pathology

1145-1200 **Discussion, Questions and Answers**

Hall 1A

1200-1230

Satellite Session – Boston Scientific

See page 17 for details

1200-1330

Lunch Break, Exhibition and ePoster Viewing

Room 3B

1330-1530

Debate:

Targeted Data for Research, Audit or Registries - what should BAUS's focus be?

Chairs: **Tharani Nitkunan**, Epsom and **Rashmi Singh**, Kingston and South West London

1330-1340 **Introduction**

Mr John McGrath, Royal Devon & Exeter NHS Trust

1340-1355 **Representing the Section of Oncology**

Mr Krishna Narahari, University Hospital of Wales, Cardiff

1355-1410 **Representing the Section of Female, Neurological & Urodynamic Urology**

Mr Nikesh Thiruchelvam, Addenbrooke's Hospital, Cambridge

1410-1425 **Representing the Section of Endourology**

Mr Jonathan Glass, Addenbrooke's Hospital, London

1425-1440 **Representing the Section of Andrology**

Mr Rowland Rees, University Hospital Southampton

1440-1455 **Representing the Generality of Urology**

Mr Henry Lazarowicz, Broadgreen Hospital, Liverpool

1455-1530 **Discussion**

Room 3B

1530-1700

BURST session:

Dragon's Den for new Multi-Centre Collaborative Projects, Opportunities for Trainees and Updates on Progress

Chairs: **Mr Veeru Kasivisvanathan**, University College Hospital, London & **Mr Taimur Shah**, Imperial Health NHS Trust

1530-1540 **Overview of BURST Research Collaborative and Opportunities for Trainees**

Mr Veeru Kasivisvanathan, University College Hospital, London



- 1540-1550 **Update on IDENTIFY**
Mr Sinan Khadhour, Royal Devon & Exeter Hospital
- 1550-1600 **The Future of IDENTIFY**
Mr Kevin Gallagher, Western General Hospital, Edinburgh
- 1600-1610 **Updates from BURST Committee on Progress Throughout the Year**
BURST Committee Members
- 1610-1700 **Dragon's Den: Presentations for new National Multi-Centre Collaborative Projects**
Panel:
Professor Graeme MacLennan, Mr Jon Aning, Mr John McGrath, Taimur Shah, Veeru Kasivisvanathan, Kevin Gallagher
Presenters:
Simon Morton, Joseph Norris, Nikita Bhatt

Hall 1A

1700-1800

Astellas Satellite Session

See page 17 for details



Monday 25 June

BAUS Section of Andrology and Genito-Urethral Surgery Annual Meeting

0900-1445

Hall 1A

1500-1700

Joint Session: Andrology & Genito-Urethral Surgery and Female, Neurological & Urodynamic Urology

Introduction

Mr Rowland Rees, Chairman, BAUS Section of Andrology and Genito-Urethral Surgery

On behalf of the section's executive committee, it gives me huge pleasure to invite you all to our annual section meeting at this year's BAUS meeting in Liverpool. Male genital conditions are a common feature of every Urologist's practise, and our aim is to update all of you in what is going on in Andrology and genito-urethral surgery. This dynamic field is going through significant changes, and I hope you can join us for an update.

We will start with Monday morning with our popular 'Updates' session -highlighting recent changes and advances in the fields of Erectile dysfunction, Peyronie's disease and male infertility. All three speakers are fully immersed in both the clinical and academic aspects of their subjects and are eminently qualified to update us.

The next session - 'Andrological Challenges' focuses on three areas that are not always optimally managed in everyday practise. Male fertility considerations can often be overlooked during the diagnosis and treatment of urological cancer, storing up yet another blow to survivors who may then have difficulty conceiving. Majid Shabbir, who spans large fertility and oncology centres will outline what is best practise in this situation.

As andrologists, we are asked to see men whose circumcision has not met with expectations, and there is no doubt that central obesity is a risk factor for a poor outcome. I will consider causation, but also how to counsel, avoid and salvage problems relating to circumcision in the obese.

One of the most challenging problems in andrological surgery is advanced Peyronie's disease - causing complex deformities, penile shortening and complete ED. So, for our 3rd challenge, David Ralph will share his wealth of experience and opinion on the role of grafts, implants and other interventions to salvage such situations.

To conclude our morning, we are privileged to welcome Professor André van der Merwe from South Africa, who has successfully led a penile transplant programme at Stellenbosch University. His tale of the related social and ongoing medical challenges is both moving and inspiring, and I am sure you will enjoy it.

After lunch we move over to Urethral surgery - and we start with Daniela Andrich outlining the exciting developments in the field of stem cell research in urethral stricture disease. Following that we have two of the greats of Urethral surgery in the world - Sanjay Kulkarni from Pune will tell us of his vast experience of repairing posterior urethral injuries in India, followed by Professor Mundy on the management and outcome of the rising epidemic of uro-rectal fistulae.

We will then join the FNUU section for a joint session on reconstructive urology, and I would like to thank the section's chair, Chris Harding, for help in putting that together. Training is a topical issue in British urology, and Sanjay Kulkarni will return to the stage to tell us how he manages to teach urethroplasty in India. This will be followed by Tamsin Greenwell, who will help us understand decision-making and outcomes when treating incontinence after radiotherapy.



To complete a packed and exciting day, Amar Alhasso and Mark Lucky will remind us on how to manage the urinary and sexual complications in cauda equina syndrome and the neurologically compromised. I'm sure that many will find this update on neuro-urology useful.

Finally – I should add that the AGUS section will also be running a session on Tuesday afternoon of the main meeting, with some distinguished speakers covering the latest evidence on how treating sexual dysfunction can benefit general health. There is also our poster session on Wednesday, and of course our regular courses.

I do hope that all of above and your trip to Liverpool will leave you appropriately updated, give you a chance to catch up with colleagues, and most of all to enjoy yourselves.

Hall 1A

0900-0920

Chair's Welcome

Mr Rowland Rees, University Hospital Southampton

Hall 1A

0920-1020

Andrology Updates

Chairs: **Mr Gareth Brown**, Royal Glamorgan Hospital, Wales and **Mr Richard Pearcy**, Derriford Hospital, Plymouth

0920-0940 **Non-invasive Treatment Options for Peyronie's Disease**

Mr CJ Shukla, Western General Hospital, Edinburgh

0940-1000 **Investigation and Treatment of the Infertile Male – Role of the Urologist**

Mr Kevin McEleny, Freeman Hospital, Newcastle-upon-Tyne

1000-1020 **Erectile Dysfunction – Update on UK and European Guidelines**

Mr Asif Muneer, University College Hospital, London

Hall 1A

1020-1120

Andrological Challenges

Chairs: **Professor Raj Persad**, Southmead Hospital, Bristol and **Mr Duncan Summerton**, Vice-President of BAUS & Leicester General Hospital

1020-1040 **Fertility Preservation in Patients with Cancer**

Mr Maj Shabbir, Guy's & St Thomas' Hospital, London

1040-1100 **Circumcision in the Obese**

Mr Rowland Rees, University Hospital Southampton

1100-1120 **Penile Prosthesis Insertion - The Future Challenges**

Mr David Ralph, University College Hospital, London

Hall 1A

1120-1200

Guest Lecture

Introduced by **Mr Rowland Rees**, University Hospital Southampton

Penile Transplantation

Professor André van der Merwe, Stellenbosch University, South Africa



Hall 1A

1200-1230

Satellite Session – Boston Scientific

See page 17 for details

1200-1330 Lunch Break, Exhibition and ePoster Viewing in Hall 2

Hall 1A

1330-1430

Urethral Reconstruction Update

Chairs: **Mr Trevor Dorkin**, Freeman Hospital, Newcastle-upon-Tyne and **Mr Paul Anderson**, Russells Hall Hospital, Dudley

1330-1350 **Regenerative Medicine and Urethroplasty**
Miss Daniela Andrich, University College Hospital, London

1350-1410 **Posterior Urethral Injury**
Dr Sanjay Kulkarni, Kulkarni Reconstructive Urology Center, Pune, India

1410-1430 **Management of Uro-rectal Fistulae**
Professor Tony Mundy, University College Hospital, London

1430-1500 Refreshments, Exhibition and ePoster viewing in Hall 2

Hall 1A

1500-1700

Joint Session: Andrology & Genito-Urethral Surgery and Female, Neurological & Urodynamic Urology

Chairs: **Ms Sheilagh Reid**, Royal Hallamshire Hospital, Sheffield & **Mr Rowland Rees**, University Hospital Southampton

1500-1530 **Urethroplasty Training Outside Europe**
Dr Sanjay Kulkarni, Kulkarni Reconstructive Urology Center, Pune, India

1530-1600 **Incontinence Surgery after Radiotherapy: Options and Outcomes**
Miss Tamsin Greenwell, University College Hospital, London

1600-1700 **Urological Management of Cauda Equina Syndrome**

1600-1620 **Bladder**
Mr Ammar Alhasso, Western General Hospital, Edinburgh

1620-1640 **Erectile Dysfunction in Neurological Disease**
Mr Marc Lucky, University Hospital Aintree

1640-1700 **Cauda Equina Syndrome – Case Presentations / MDT**

Panel:

Mrs Mahreen Pakzad, University College Hospital, London

Mr Chris Harding, Freeman Hospital, Newcastle-upon-Tyne

Mr Asif Muneer, University College Hospital, London

Hall 1A
1700-1800

Astellas Satellite Session

See page 17 for details





Monday 25 June

BAUS Section of Female, Neurological and Urodynamic Urology Annual Meeting

Room 3A
0900-1445

Hall 1A
1500-1700 **Joint Session: Andrology and Genito-Urethral Surgery & Female, Neurological and Urodynamic Urology**

Introduction

Mr Chris Harding, Chairman, Section of Female, Neurological and Urodynamic Urology

I am delighted to welcome you to FNUU at BAUS 2018. The FNUU Subsection Committee; Sheilagh Reid (Sheffield), Nikesh Thiruchelvam (Cambridge), Mary Garthwaite (Middlesbrough), Tamsin Greenwell (London), Mo Belal (Birmingham), Suzanne Biers (Cambridge), Richard Parkinson (Nottingham), Rizwan Hamid (London), Arun Sahai (London) and Sophia Cashman (SpR representative) have put together an educational, topical and varied programme for this year's annual meeting. The agenda includes our annual subsection meeting on Monday which will start with the newly conceived "Updates" session, which I hope will become a regular feature for this meeting. Marcus Drake, Vibhash Mishra, Tina Rashid and Roland Morley will provide a summary of developments over the last year in each of the following areas; research and clinical trials, publications, politics and training. The remainder of the morning will be devoted to a discussion on Nocturia from Arun Sahai followed by an interesting debate on the future of reconstructive urology where Raj Kavia will look at the relative merits of Ileal Conduit urinary diversion versus bladder reconstruction and Nikhil Vasdev and Tamsin Greenwell will debate open versus robotic reconstruction.

For Monday afternoon we are delighted to welcome two internationally-renowned guests to deliver "State of the Art" lectures - they are Professor Howard Goldman from the Cleveland Clinic and Professor Frank van der Aa from Leuven. Professor Goldman will talk about new developments in the field of OAB management and Professor van der Aa will give us his insight on surgical treatments for Stress Incontinence. The remainder of the afternoon will be a joint session with the section of Andrology and Genito-urethral Surgery with talks on urethroplasty training, reconstructive surgery after radiotherapy and the MDT management of Cauda Equina syndrome. We are delighted to welcome another international speaker, Dr Sanjay Kulkarni for this session.

In the main part of the conference programme on Tuesday we debate a topic which is commonly encountered by most if not all Urologists - Urinary Tract Infection. We will look at the controversies in diagnostics with Ased Ali and then explore the evidence for various preventative treatments - pills, potions and procedures. In addition on Tuesday we have the first of the FNUU poster session and later on Richard Parkinson will speak at the Core Trainees session on behalf of the sub-section of FNUU.

Wednesday sees the second FNUU poster session chaired by Neil Harris and Shahzad Shah and finishes off with Mo Belal summing up the highlights of the conference from an FNUU perspective. I look forward to seeing you all at the meeting and hope that the programme we have planned will be enjoyable, useful and informative.

Room 3A
0900-0910

Chair's Welcome

Mr Chris Harding, Freeman Hospital, Newcastle-upon-Tyne

Room 3A
0910-1010

FNUU Updates

Chairs: **Miss Suzanne Biers**, Addenbrooke's Hospital, Cambridge & **Mr Richard Parkinson**, Nottingham City Hospital

- 0910-0925 **FNUU Trials & Research Update**
Professor Marcus Drake, Southmead Hospital, Bristol
- 0925-0940 **FNUU Publications Update**
Mr Vibhash Mishra, Royal Free Hospital, London
- 0940-0955 **FNUU Politics Update**
Miss Tina Rashid, Charing Cross Hospital, London
- 0955-1010 **FNUU Training Update**
Mr Roland Morley, Charing Cross Hospital, London

Room 3A
1010-1030

Perspectives on Nocturia

Mr Arun Sahai, Guy's Hospital, London

1030-1100 Refreshment Break, Exhibition and ePoster Viewing in Hall 2

Room 3A
1100-1200

Reconstructive Urology

Chairs: **Mr Chris Harding**, Freeman Hospital, Newcastle-upon-Tyne & **Mr Sachin Malde**, Guy's Hospital, London

- 1100-1120 **Ileal Conduit vs Bladder Reconstruction**
Mr Rajesh Kavia, Northwick Park Hospital, Harrow
- 1120-1140 **The Case for Open Reconstruction**
Miss Tamsin Greenwell, University College Hospital, London
- 1140-1200 **The Case for Robotic Reconstruction**
Mr Nikhil Vasdev, Lister Hospital, Stevenage

Hall 1A
1200-1230

Satellite Session – Boston Scientific

See page 17 for details

1200-1330 Lunch Break, Exhibition and ePoster Viewing in Hall 2



Room 3A
1330-1430

State of the Art Lectures

Chairs: **Mr Mo Belal**, Queen Elizabeth Hospital, Birmingham & **Miss Tamsin Greenwell**, University College Hospital, London

1330-1400 **New Devices and New Technologies for OAB Management**

Professor Howard Goldman, Cleveland Clinic, Ohio, USA

1400-1430 **Current Perspectives in SUI Surgery**

Professor Frank van der Aa, University of Leuven, Belgium

1430-1500

Refreshments, Exhibition and ePoster Viewing in Hall 2

Hall 1A
1500-1700

Joint Session: Andrology & Genito-Urethral Surgery and Female, Neurological & Urodynamic Urology

Chairs: **Ms Sheilagh Reid**, Royal Hallamshire Hospital, Sheffield & **Mr Rowland Rees**, University Hospital Southampton

1500-1530 **Urethroplasty Training Outside Europe**

Dr Sanjay Kulkarni, Kulkarni Reconstructive Urology Center, Pune, India

1530-1600 **Incontinence Surgery after Radiotherapy: Options and Outcomes**

Miss Tamsin Greenwell, University College Hospital, London

1600-1700 **Urological Management of Cauda Equina Syndrome**

1600-1620 **Bladder**

Mr Ammar Alhasso, Western General Hospital, Edinburgh

1620-1640 **Erectile Dysfunction in Neurological Disease**

Mr Marc Lucky, University Hospital Aintree

1640-1700 **Cauda Equina Syndrome - Case Presentations / MDT**

Panel:

Mrs Mahreen Pakzad, University College Hospital, London

Mr Chris Harding, Freeman Hospital, Newcastle-upon-Tyne

Mr Asif Muneer, University College Hospital, London

Hall 1A
1700-1800

Astellas Satellite Session

See page 17 for details



Monday 25 June

Room 4

1030-1200

ePoster Session 1: Bladder Cancer

Chairs: **Matthew Nielsen & Alex Colquhoun**

See page 57 for the ePosters



Tuesday 26 June

Hall 1A

0800-0830

Prostate Cancer UK Satellite Session

See page 18 for details

Room 4

0830-1000

ePoster Session 2: Management, Governance and Quality Improvement

Chairs: **Luke Forster** & **Nikhil Vasdev**

See page 60 for the ePosters

Room 12

0830-1000

ePoster Session 3: Andrology, Reconstruction, Penile Cancer and Male Infertility

Chairs: **Raj Persad** & **Ayman Younis**

See page 62 for the ePosters

Hall 1A

0845-0930

MDTs in Urology - where are we in 2018?

Chair: **Mr Ken Anson**, St George's Hospital, London

The NHS Perspective

Professor Hashim Ahmed, Chair of NHS England CEG for Prostate Cancer and Imperial Healthcare NHS Trust

The Reality at the Coalface

Ms Jo Cresswell, James Cook University Hospital, Middlesbrough and Section of Oncology Chair

What Might the Future Look Like?

Mr Bill Dunsmuir, Ashford and St Peter's Hospitals, Chertsey

Room 3A/B

0900-1000

The Management of the Obstructed Infected Kidney: My role and what it adds

Chairs: **Mr Richard Napier-Hemy**, Manchester Royal Infirmary & **Mr Daron Smith**, University College Hospital, London

Diagnosis and Nephrostomy Drainage

Ms Rosemina Ahmad, Consultant Radiologist, University Hospitals of Leicester NHS Trust

Retrograde Drainage and Timeframes

Mr Jake Patterson, Royal Hallamshire Hospital, Sheffield



Microbiological Aspects

Dr Bruce Macrae, Consultant Microbiologist, University College Hospital, London

Basic Sepsis Science

Professor Mervyn Singer, Professor of Intensive Care Medicine, University College London

ITU Management

Dr Anthony Wilson, Consultant in Critical Care, Manchester Royal Infirmary

Questions and Answers

Hall 1A

0930-1000

70th Anniversary of the NHS

Mr Jonathan Goddard, Leicester General Hospital

Introduced by: **Mr Kieran O'Flynn**, BAUS President

Hall 11A

1015-1230

Bouncing Back: Support, Mentorship and advice for those unsuccessful in Urology ST3 National Selection

Organiser: **Mr Luke Forster**, SPR London, SURG/BAUS Section of Trainees Core Representative

Each year there are good candidates who are unsuccessful at the Urology ST3 National Selection day. This may be because of lack of urology experience, communication skills, research/audit and quality improvement achievements or poor performance on the day.

This group of trainees have great potential but may need support, advice and mentoring in deciding their next career move, re-inspiring them to pursue urology as a career and training to improve any deficiencies. We need to keep the best trainees in Urology!

Aim

1. Offer support to trainees unsuccessful in National selection at a difficult time
2. Keep the best quality candidates interested in Urology as a career

Hall 1A

1000-1030

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 1700 on Monday 25 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 Asif Muneer**, University College Hospital, London

BAUS Honorary Membership

Honorary Membership is given to "persons who have achieved outstanding prominence in the field of medicine related to urology either in the UK or abroad."

Presented to: **Dr Sanjay Kulkarni**, Kulkarni Reconstructive Urology Center, Pune, India



1000-1100

Refreshment Break, Exhibition and ePoster Viewing in Hall 2

Room 3A/B

1030-1200

Prostate Cancer: Navigating Decision-Making

Chairs: **Mr Ben Challacombe**, Guy's Hospital, London & **Mr David Douglas**, Raigmore Hospital, Inverness, Scotland

The Section of Oncology Guest Lecture: Prostate Diagnostics and Prognostics in 2017

Professor Alan Partin, The Brady Urological Institute, The Johns Hopkins Medical Institution, Baltimore, USA

Shared Decision Making and Decision Aids in Uro-oncology: Option Grids

Mr Nick Burns-Cox, Musgrove Park Hospital, Taunton

Individualising Prognostic Prediction in Prostate Cancer: The PREDICT: Prostate Cambridge Model

Mr Vincent J Gnanapragasam, Cambridge University

Technological Aids to Patient Decision Making

Mr Jonathan Makanjuola, Kings College Hospital, London

National Prostate Cancer Audit

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

Discussion

Room 4

1030-1200

ePoster Session 4: Stones, Imaging and Upper Tract Disorders

Chairs: **Ben Chew** & **Matt Bultitude**

See page 64 for the ePosters

Room 12

1030-1200

ePoster Session 5: Female, Neurological & Urodynamic Urology 1

Chairs: **Angela Birnie** & **Ased Ali**

See page 67 for the ePosters

Hall 1A

1100-1200

Innovations

Chair: **Professor Tony Young**, National Clinical Lead for Innovation NHS England & Southend University Hospital

Introduction and Welcome

Professor Tony Young, National Clinical Lead for Innovation NHS England & Southend University Hospital



How Technology is Disrupting Medicine Globally

Dr James Mault, CMO at Qualcomm Life

Innovation to Transform the NHS

Professor Tony Young, National Clinical Lead for Innovation NHS England & Southend University Hospital

The Cancer Clinic at your Fingertips

Mr Jani Ahonala, CEO Noona

Transforming Surgery through Augmented Reality

Ms Nadine Hachach-Haram, Co-Founder Proxime

4 x 1-minute NHS England Clinical Entrepreneur Pitches

Mr Sam Folkard, Mr William Gallagher, Dr Harry Thirkettle & Dr Elliot Street

Questions and Answers

Hall 1A

1200-1245

President's Address & Presidential Handover

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. Mr Richard Turner Warwick (President, 1988-1990) presented the Association with the die for the medal in 1989.

Presented to: **Professor Alan Partin**, The Brady Urological Institute, The Johns Hopkins Medical Institution, Baltimore, USA

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

St Peter's Medal

The St. Peter's Medal is awarded to any subject of the British Isles or Commonwealth who has made a notable contribution to the advancement of urology. Mr Bernard Ward (Vice President, 1945-1947) presented the Association with the die for the medal in 1948.

Presented to: **Professor Noel Clarke**, The Christie Hospital, Manchester

Citation by: **Mr Kieran O'Flynn**, BAUS President

Presidential Handover

Investiture of **Mr Duncan Summerton** as President of BAUS

Hall 1A

1245-1330

Olympus Satellite Session

See page 18 for details

1245-1345

Lunch, Exhibition and ePoster Viewing in Hall 2

Room 11A
1330-1630

BAUS Meeting for Core Trainees in Urology

- 1330-1335 **Introduction**
Mr Dominic Hodgson, Queen Alexandra Hospital, Portsmouth
- 1335-1345 **Welcome to Urology**
Mr Kieran O'Flynn, BAUS President
- 1345-1410 **BAUS sub-specialty sections: What's happening in the section and career options**
- Endourology**
Mr Jonathan Glass, Guy's and St Thomas' Hospital, London
- Andrology & Genito-Urethral Surgery**
Miss Phillippa Sangster, University College Hospital, London
- Academic Urology**
Mr Jon Aning, Freeman Hospital, Newcastle upon Tyne
- Female, Neurological & Urodynamics Urology**
Mr Richard Parkinson, Nottingham City Hospital
- Oncology**
Mr Sunjay Jain, St James's University Hospital & **Mr Joe Jelski**, Southmead Hospital, Bristol
- 1410-1500 **BAUS FY & CT Audit / QuIP Competition presentations**
Oral presentations (see page 83)
- 1500-1545 **BAUS FY & CT Audit / QuIP Competition posters**
ePoster presentations (see pages 83-84)
- 1545-1605 **How to get ahead in Urology**
Mr Luke Forster, Whipps Cross Hospital, London
- 1605-1625 **Opportunities Innovation and Technological Advancement in the NHS - A Vision of the Next Decade**
Professor Tony Young, Southend University Hospital NHS Foundation Trust & National Clinical Lead for Innovation at NHS England
- 1625-1630 **Concluding Remarks**
Mr Dominic Hodgson, Queen Alexandra Hospital

Hall 1A
1345-1445

BJU International Guest Lecture: Achieving the Promise of Digital Health: Are We There Yet? If Not, When... and How?

Professor Robert Wachter, Professor and Chair of the Department of Medicine at the University of California, San Francisco, USA

Introduced by: **Professor Krishna Sethia**, Norfolk and Norwich Hospital



Room 3A/B

1345-1445

Preventative Andrology – Can Treating Male Sexual Dysfunction Improve Life Expectancy?

Chairs: **Mr Maj Shabbir**, Guy's & St Thomas' Hospital, London and **Mr Richard Percy**, Derriford Hospital, Plymouth

Male Infertility as a Barometer for Health and Disease

Associate Professor Andrea Salonia, Università Vita-Salute San Raffaele, Milan, Italy

Endothelial Dysfunction and PDE5i use – Cardiovascular Risk, Health and Mortality Risk

Mr Arie Parnham, The Christie Hospital, Manchester

Effect of Testosterone Replacement on Long-term Morbidity and Mortality – What is the Evidence

Professor Geoff Hackett, Good Hope Hospital, Birmingham

Room 4

1400-1545

ePoster Session 6: Prostate Cancer

Chairs: **Alan Partin** & **Prasanna Sooriakumaran**

See page 69 for the ePosters

Room 12

1400-1500

ePoster Session 7: General Urology 1

Chairs: **David Thomas** & **Andrew Moon**

See page 73 for the ePosters

Hall 1A

1445-1530

Embedding Total Quality Improvement in Urology: Using Implementation Science and Educational Research

Chair: **Mr James Green**, Bart's Health NHS Trust, Clinical Lead for EQUiP

A Trainee's Story

Dr Katie Percival, CT1 Doctor in Acute Care Common Stem (ACCS) - Acute Medicine, Queen Elizabeth University Hospital, Glasgow

The Patient's Perspective

Katrine Kirk, Patient Engagement Expert

The Management Angle

Tracey Power, Managing Director of Maudsley International, Programme Lead for King's Improvement Science

The Educational Angle

Mr Roland Morley, Imperial College Healthcare NHS Trust, Chair of Urology SAC



The Scientific Angle

Professor Nick Sevdalis, Professor of Implementation Science & Patient Safety, Health Services & Population Research, King's College London. Academic Lead for EQUiP

The Trainee Angle

Mr Luke Forster, Whipps Cross Hospital, London

Room 3A/B

1445-1545

Urinary Tract Infections

Chairs: **Professor Howard Goldman**, Cleveland Clinic, Ohio, USA & **Miss Sophia Cashman**, Luton and Dunstable Hospital

1445-1500 **Diagnosis of UTI – Controversies**

Mr Ased Ali, Pinderfields Hospital, Wakefield

1500-1515 **Pills.....**

Mr Chris Harding, SFNUU Chair, Freeman Hospital, Newcastle-upon-Tyne

1515-1530 **Potions.....**

Professor Frank van der Aa, University of Leuven, Belgium

1530-1545 **Procedures....**

Mr Ian Beckley, Pinderfields Hospital, Wakefield

Hall 1A

1530-1600

JCU Guest Lecture: Getting It Right First Time in Urology

Introduced by: **Mr Ian Pearce**, Manchester Royal Infirmary

Lecture by: **Mr Simon Harrison**, Pinderfields General Hospital, Wakefield

1600-1615

Refreshment Break, Exhibition and ePoster Viewing in Hall 2

Hall 1A

1615-1700

University Challenge: Consultants vs SURG

Chair: **Mr Duncan Summerton**, Leicester General Hospital

Consultant's Team:

Professor Raj Persad, Southmead Hospital, Bristol (Team Captain)

Ms Jo Cresswell, James Cook University Hospital, Middlesbrough

Mr Richard Napier-Hemy, Manchester Royal Infirmary

Mrs Caroline Moore, University College Hospital, London

SURG Team:

Mr Joe Jelski, Southmead Hospital, Bristol (Team Captain)

Miss Sarah Tang, The Whittington Hospital, London

Mr Ian Rudd, St George's Hospital, London

Miss Helen Teixeira, Maidstone and Tunbridge Wells



1700-1715

Refreshment Break, Exhibition and ePoster Viewing in Hall 2

Hall 1A

1715-1800

Bayer Satellite Session

See page 19 for the details

Room 3A/B

1730-1800

SURG AGM

Room 3A/B

1800-1930

Meeting of SURG and BAUS Trainee Members

1800 - 1815 **Introduction by Meeting Chairs**

Mr Jonathan Noël, Royal Marsden NHS Foundation Trust/SURG Chair

Miss Sophia Cashman, Luton & Dunstable Hospital/SURG FNUU Representative

1815 - 1830 **Silver Cystoscope & Urological Training: what matters to SpRs?**

Awarded to **Mr Oliver Wiseman**, Cambridge University Hospitals NHS Foundation Trust

1830 - 1845 **Innovation & Entrepreneurship in Urology**

Professor Tony Young, Southend University Hospital NHS Foundation Trust & National Clinical Lead for Innovation

1845 - 1915 **Training Updates & Indicative Number Challenges**

(5 minutes maximum per panel member to allow audience Q&A)

Specialist Advisory Committee: Mr Roland Morley, Imperial College Healthcare NHS Trust

Andrology: Mr Asif Muneer, University College London Hospitals NHS Foundation Trust

FNUU: Miss Suzanne Biers, Cambridge University Hospitals NHS Foundation Trust

Paediatrics: Mr Roland Morley, Imperial College Healthcare NHS Trust

Simulation Training: Mr Kamran Ahmed, University College London Hospitals NHS Foundation Trust

1915 - 1930 **Undermining & bullying: the effect on the patient, the professional & the team**

Miss Alice Hartley, Newcastle University and City Hospitals Sunderland NHS Foundation Trust



Wednesday 27 June

Hall 1A

0800-0900

Consenting to Death

Debate: This house believes it is correct that patients having a circumcision are consented for death

Chair: **Mr Kieran O'Flynn**, BAUS President

Proposer: **Mr John Reynard**, The Churchill Hospital, Oxford

Seconder: **David Cranston**, The Churchill Hospital, Oxford

Opposer: **Mr Jonathan Glass**, Guy's & St Thomas' Hospital Trust

Seconder: **Mr Mark Speakman**, Taunton & Somerset NHS Trust

Room 3A/B

0800-0900

Haematuria: Controversies in Everyday Practice

Chairs: Mr John McGrath, Royal Devon & Exeter NHS Trust & **Mrs Rachel Morrison**, Harrogate District Hospital

Haematuria - CT for All? A Risk stratified protocol

Dr Matthew Nielsen, UNC Lineberger Cancer Center, North Carolina, USA

DETECT and IDENTIFY: Current UK Practice

Can Ultrasound Renal Tract Replace CT Urogram in Patients Investigated for Non-Visible Haematuria?

Mr Wei Shen Tan, University College Hospital, London

IDENTIFY and the BURST Collaborative

Mr Veeru Kasivisvanathan, University College Hospital, London

Hall 1A

0900-0930

BAUS Guest Lecture

Introduced by **Mr Kieran O'Flynn**, BAUS President

My Journey through a Gross Negligence Manslaughter Conviction

Mr David Sellu, Honorary Consultant Surgeon, St Mark's Hospital, London

Hall 1A

0930-1000

AUR - Adverse Events, Urologists and Resilience

Introduced by **Mr Kieran O'Flynn**, BAUS President

Professor Kevin Turner, Royal Bournemouth Hospital & Bournemouth University

Hall 1A

1000-1030

Astellas Oncology Satellite Session

See page 20 for details



1030-1100

Refreshment Break, Exhibition and ePoster Viewing in Hall 2

Hall 1A

1100-1130

The Urology Foundation Guest Lecture A Journey Through my Prostate

Professor Roger Kirby, The Prostate Centre, London

Introduced by: **Louise de Winter**, The Urology Foundation Chief Executive

Award of the TUF Research Scholar Medal

Mr David Eldred-Evans, Academic Clinical Research Fellow, Imperial College NHS Trust

For the following research:

The PROSTAGRAM trial: A prospective cross-sectional study assessing the feasibility of novel imaging techniques to screen for prostate cancer

Room 3A/B

1100-1200

Optimising your Patient, Optimising Yourself

Chairs: **Jonathan Glass**, Guy's & St Thomas' Hospital Trust & **Mr Ben Turney**, Churchill Hospital, Oxford

Peri-operative Optimisation

Dr David Walker, University College Hospital, London

Surgical Rehearsal

Dr Jean Nehme, Co-founder and CEO, Touch Surgery

Mindfulness and Self-Control

Ms Archie Fernando, Guy's & St Thomas' Hospital Trust

Enhanced Recovery

Mr John McGrath, Royal Devon & Exeter NHS Trust

Teamwork

Mr Craig McIlhenny, Forth Valley Royal Hospital

Questions and Answers

Room 4

1100-1200

ePoster Session 8: General Urology 2

Chairs: **Mark Speakman** & **Nick Campaign**

See page 75 for the ePosters

Room 12

1100-1230

ePoster Session 10: Female, Neurological & Urodynamic Urology 2

Chairs: **Shahzad Shah** & **Neil Harris**

See page 80 for the ePosters



Hall 1A

1130-1230

Global Urological Practice – Similarities and Differences

Chair: **Mr Duncan Summerton**, Vice-President of BAUS & Leicester General Hospital

A Comparison of the UK and the EU

Professor James N'Dow, University of Aberdeen

US Perspective

Professor Alan Partin, The Brady Urological Institute, The Johns Hopkins Medical Institution, Baltimore, USA

Sanjay Kulkarni: Indian Perspective

Dr Sanjay Kulkarni, Kulkarni Reconstructive Urology Center, Pune, India

Room 3A/B

1200-1230

The Fate of Fragments and the Science of Stents

Associate Professor Ben Chew, University of British Columbia & Vancouver General Hospital, Canada

Room 4

1200-1330

ePoster Session 9: Renal Cancer and Testis Cancer

Chairs: **David Nicol** & **Archie Fernando**

See page 77 for the ePosters

Room 3A/B

1230-1315

Urolink

Chairs: **Mrs Suzie Venn**, St Richard's Hospital & **Mr Paul Anderson**, Russells Hall Hospital, Dudley

Urolink Update

Mrs Suzie Venn, St Richard's Hospital & **Mr Paul Anderson**, Russells Hall Hospital, Dudley

Urological Training in Africa

Dr Charles Mabedi, Kamuzu Central Hospital, Lilongwe, Malawi

Training LMIC Urologists in the UK

Dr Abubacarr Jah, Sharab Medical Centre, Serrekunda, The Gambia

1230-1400

Refreshment Break, Exhibition and ePoster Viewing in Hall 2



Hall 1A

1400-1615

Highlights of the Year, BAUS 2018 & Breaking News

Chair: **Miss Suzanne Biers**, Addenbrooke's Hospital, Cambridge

Endourology

Mr Frank Keeley, Southmead Hospital, Bristol

Female, Neurological and Urodynamic Urology

Mr Mo Belal, Queen Elizabeth Hospital, Birmingham

Andrology & Genito-Urethral Surgery

Mr Arie Parnham, The Christie Hospital, Manchester

Oncology

Mr Tom Walton, Nottingham City Hospital

Breaking News: Precision Trial

Mr Veeru Kasivisvanathan, University College Hospital, London

Hall 1A

1615-1630

Closing remarks/overview and invitation to BAUS 2019

Mr Duncan Summerton, Vice-President of BAUS & Leicester General Hospital

IT TAKES MEANINGFUL INNOVATION TO TRANSFORM PATIENTS' LIVES.

**WE PUT MORE INTO THE SCIENCE
SO YOU CAN MAKE MORE OF A DIFFERENCE.**



**To learn more about our meaningful innovation,
come and see us at our booth.**



Speaker Biographies

St Paul's Medal Winner

Alan W. Partin, M.D., Ph.D

The Jakurski Family Director and Professor

Chairman

Urologist-in-Chief

The James Buchanan Brady

Urological Institute

Johns Hopkins Medicine

Alan W. Partin, M.D., Ph.D., is the author or co-author of more than 500 scientific articles, serves on numerous editorial boards and is editor-in-chief of Urology Case Reports and editor of the Campbell-Walsh urology text. He has been honored with many awards, including the Hopkins Young Investigators Award, the Pfizer Scholars in Urology Award in 1996, and the "Gold-Cystoscope" award in 2001. In 2004, Dr. Partin was named director of the Department of Urology at the Brady Urological Institute and urologist-in-chief of The Johns Hopkins Hospital.

Dr. Partin is an expert in assessing prognosis and making predictions for men with prostate cancer. The creation of The Partin Tables, which can predict with 95 percent accuracy a man's likelihood of being cured by treatment, made his research famous. Dr. Partin's laboratories and clinical and surgical interests focus on developing and testing new and existing methods for predicting the aggressiveness of prostate cancers so that rational treatment decisions can be made by both patients and physicians.

Dr. Partin's laboratories have investigated many new "PSA-like" serum tests, some of which are soon to become available for the diagnosis of prostate cancer as well as basic science investigation of new proteins—which may help in detection—and staging of prostate cancer. In addition, Dr. Partin has an academic and clinical interest in treatment of benign prostatic hyperplasia with an emphasis on minimally invasive techniques for treatment of this common disease in men.

Dr. Partin received his undergraduate degree in chemistry from the University of Mississippi where he was an Academic All-American football player.



He received his medical degree and his Ph.D. in pharmacology and molecular sciences from Johns Hopkins University where he continued his post-doctoral training.

St Peter's Medal Winner

Professor Noel W Clarke MBBS ChM FRCS(Urol)

Noel Clarke has been a Consultant Urological Surgeon at the Christie and Salford Royal Hospitals, Manchester, since 1993, and Honorary Professor of Urological Oncology at Manchester University since 2007. He completed his MBBS in London in 1981, his FRCS(Eng) in 1985, his ChM in Manchester 1990 and his urological accreditation and FRCS(Urol) in 1991. Since that time he has specialised in secondary and tertiary referral complex pelvic and retroperitoneal surgery, research in to Genito-Urinary malignancy and the delivery of Cancer treatment in health care systems. He is a nationally and internationally recognised expert in the diagnosis and treatment of cancers of the prostate, bladder, kidney and testis in addition to providing UK regional and supra-regional surgical provision for complex and rare abdomino-pelvic tumours.

Professor Clarke has held the positions of Director of Urology at Salford Royal Hospitals and Director of Surgery at the Christie Hospital, served 2 terms on the BAUS executive and was one of the founding group developing the BAUS section of Oncology. He was one of 2 Urologists involved in the development and publication of the "Improving Outcomes Guidance", a plan for delivery of Urological Cancer in England from 2002 to 2005 and he Chaired the Manchester and Cheshire Urological Cancer Network between 2002 and 2010.

In research he was Chairman of the UK National Cancer Research Institute Prostate Clinical Studies Group between 2003 and 2009, was integrally



involved in the development of the STAMPEDE, RADICALS and PATCH trials and Co-Chaired the EORTC GU group. He is currently Director of the Manchester University GU Cancer Research Group, the pan-Manchester biobank and clinical lead for the Manchester / Belfast FASTMAN national centre of Excellence for prostate cancer research. He is the joint clinical lead and BAUS representative for the National Prostate Cancer Audit in England and Wales. He is a Co-PI of the STAMPEDE and Radicals trials, two of the world's largest prostate cancer trials and has been involved extensively in national and international cancer trial planning, coordination and data analysis. Professor Clarke's research interests encompass basic/translational science and Phase I, II, and III trials in urological cancer. He has authored 225 peer-reviewed papers and 9 book chapters on urology and urological cancer during the course of supervising/ training >30 PhD/MD students from a wide range of medical and scientific disciplines.

BAUS Gold Medal Winner

Professor Sam McClinton

Sam McClinton graduated from Trinity College, Dublin in 1980 and did his houseman jobs in St James's Hospital in Dublin. He then trained in Belfast, Dumfries and Aberdeen before taking up a Consultant post in Aberdeen in 1993. He has held a number of management roles locally, from Head of Service for Urology to the role of Associate Medical Director. He had a long-standing involvement in medical ethics and was chairman of the NHS Grampian Clinical Ethics Committee for ten years.



He was always interested in training and teaching and became the local program director for Urology training in Aberdeen and was a founder member of the East of Scotland training rotation. He was an examiner for the Intercollegiate Membership Exam (FRCS/MRCS) and served on the RCSEd Examinations Committee. From 2005 to 2010 he was an examiner for the Intercollegiate Fellowship examination in Urology (FRCS Urol) and went on to become chairman of the Intercollegiate Surgical Board in Urology and a member of the Joint Committee for Intercollegiate Examinations (JCIE) serving from 2010 to 2015.

He was the BAUS regional representative for the East of Scotland, was elected as President of the Scottish Urology Society and was Specialty Advisor for Urology to the Chief Medical Officer of Scotland. He was an elected member of BAUS Council and a member of the British Society for Endourology (taking on the role as its first Treasurer). He subsequently became secretary of the BAUS Section of Endourology and was then elected as the Chairman of the Section.

He is the Chief Investigator of three National Institute for Health Research Health Technology Assessment (NIHR HTA) national multicentre randomised controlled trials in Endourology. The first of these (SUSPEND) has now been completed and the results were published in the Lancet 2016.

He was co-founder and past Chairman of a local charity, called UCAN, which aimed to improve the delivery of care for patients with urological cancers and support their families. To date UCAN has raised £5.6 million and has funded and developed an integrated UCAN Cancer Care Centre that was opened in January 2008 and more recently funded new integrated operating theatres and a Da Vinci robot system at Aberdeen Royal Infirmary (2015).

Join the debate

Monday 25 June • 17.00–18.00 • Hall 1A

This house believes that five years after the launch of an alternative treatment class, patients with OAB are still not benefitting from increased choice

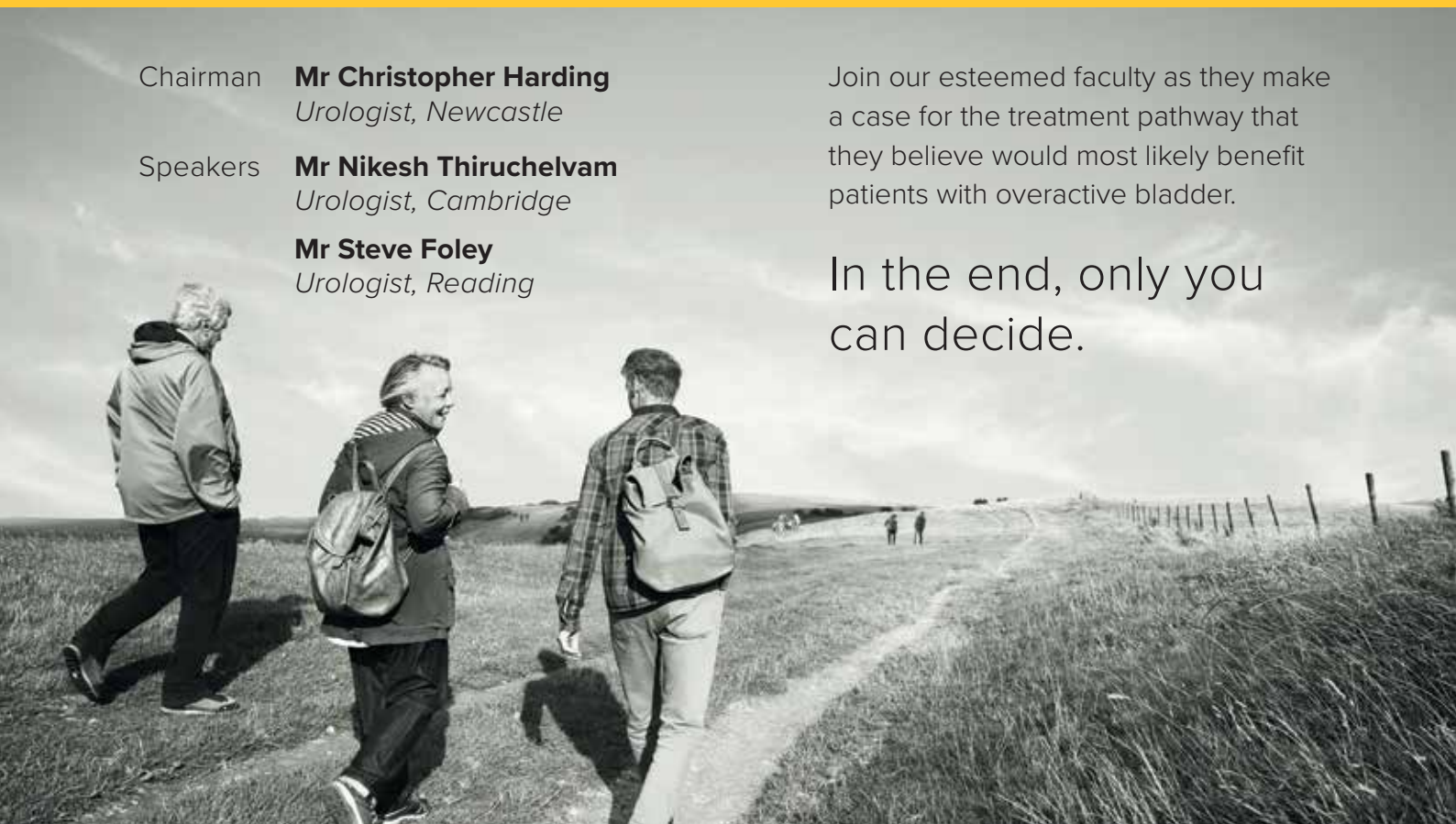
Chairman **Mr Christopher Harding**
Urologist, Newcastle

Speakers **Mr Nikesh Thiruchelvam**
Urologist, Cambridge

Mr Steve Foley
Urologist, Reading

Join our esteemed faculty as they make a case for the treatment pathway that they believe would most likely benefit patients with overactive bladder.

In the end, only you can decide.



This promotional symposium has been fully funded and organised by Astellas Pharma Ltd and Astellas products will be discussed.

Prescribing information: Betmiga™ (mirabegron)

For full prescribing information, refer to the Summary of Product Characteristics (SPC)

Presentation: Betmiga prolonged-release tablets containing 25 mg or 50 mg mirabegron.

Indication: Symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with overactive bladder (OAB) syndrome.

Posology and administration: The recommended dose is 50 mg orally once daily in adults (including elderly patients). Mirabegron should not be used in paediatrics. A reduced dose of 25 mg once daily is recommended for special populations (please see the full SPC for information on special populations). The tablet should be taken with liquids, swallowed whole and is not to be chewed, divided, or crushed. The tablet may be taken with or without food.

Contraindications: Hypersensitivity to the active substance or to any of the excipients listed in section 6.1 of the SPC. Severe uncontrolled hypertension defined as systolic blood pressure ≥ 180 mm Hg and/or diastolic blood pressure ≥ 110 mm Hg.

Warnings and Precautions: **Renal impairment:** Betmiga has not been studied in patients with end stage renal disease (GFR < 15 mL/min/1.73 m² or patients requiring haemodialysis) and, therefore, it is not recommended for use in this patient population. Data are limited in patients with severe renal impairment (GFR 15 to 29 mL/min/1.73 m²); based on a pharmacokinetic study (see section 5.2 of the SPC) a dose reduction to 25 mg is recommended in this population. This medicinal product is not recommended for use in patients with severe renal impairment (GFR 15 to 29 mL/min/1.73 m²) concomitantly receiving strong CYP3A inhibitors (see section 4.5 of the SPC). **Hypertension:** Mirabegron can increase blood pressure. Blood pressure should be measured at baseline and periodically during treatment with mirabegron, especially in hypertensive patients. Data are limited in patients with stage 2 hypertension (systolic blood pressure ≥ 160 mm Hg or diastolic blood pressure ≥ 100 mm Hg). **Patients with congenital or acquired QT prolongation:** Betmiga, at therapeutic doses, has not demonstrated clinically relevant QT prolongation in clinical studies (see section 5.1 of the SPC). However, since patients with a known history of QT prolongation or patients who are taking medicinal products known to prolong the QT interval were not included in these studies, the effects of mirabegron in these patients is unknown. Caution should be exercised when administering mirabegron in these patients. **Patients with bladder outlet obstruction and patients**

taking antimuscarinic medicinal products for OAB: Urinary retention in patients with bladder outlet obstruction (BOO) and in patients taking antimuscarinic medicinal products for the treatment of OAB has been reported in postmarketing experience in patients taking mirabegron. A controlled clinical safety study in patients with BOO did not demonstrate increased urinary retention in patients treated with Betmiga; however, Betmiga should be administered with caution to patients with clinically significant BOO. Betmiga should also be administered with caution to patients taking antimuscarinic medicinal products for the treatment of OAB.

Interactions: Caution is advised if mirabegron is co-administered with medicinal products with a narrow therapeutic index and significantly metabolised by CYP2D6. Caution is also advised if mirabegron is co-administered with CYP2D6 substrates that are individually dose titrated. In patients with mild to moderate renal impairment or mild hepatic impairment, concomitantly receiving strong CYP3A inhibitors, the recommended dose is 25 mg once daily. For patients who are initiating a combination of mirabegron and digoxin (P-gp substrate), the lowest dose for digoxin should be prescribed initially (see the SPC for full prescribing information). The potential for inhibition of P-gp by mirabegron should be considered when Betmiga is combined with sensitive P-gp substrates. Increases in mirabegron exposure due to drug-drug interactions may be associated with increases in pulse rate.

Pregnancy and lactation: Betmiga is not recommended in women of childbearing potential not using contraception. This medicinal product is not recommended during pregnancy. Betmiga should not be administered during breastfeeding.

Undesirable effects: **Summary of the safety profile:** The safety of Betmiga was evaluated in 8433 patients with OAB, of which 5648 received at least one dose of mirabegron in the phase 2/3 clinical program, and 622 patients received Betmiga for at least 1 year (365 days). In the three 12-week phase 3 double blind, placebo controlled studies, 88% of the patients completed treatment with this medicinal product, and 4% of the patients discontinued due to adverse events. Most adverse reactions were mild to moderate in severity. The most common adverse reactions reported for patients treated with Betmiga 50 mg during the three 12-week phase 3 double blind, placebo controlled studies are tachycardia and urinary tract infections. The frequency of tachycardia was 1.2% in patients receiving Betmiga 50 mg. Tachycardia led to discontinuation in 0.1% patients receiving Betmiga 50 mg. The frequency of urinary tract infections was 2.9% in patients receiving Betmiga 50 mg. Urinary tract infections led to discontinuation in none of the patients receiving Betmiga 50 mg. Serious adverse reactions included atrial fibrillation (0.2%). Adverse reactions observed during the 1-year (long term) active controlled (muscarinic

antagonist) study were similar in type and severity to those observed in the three 12-week phase 3 double blind, placebo controlled studies. **Adverse reactions:** The following list reflects the adverse reactions observed with mirabegron in the three 12-week phase 3 double blind, placebo controlled studies. The frequency of adverse reactions is defined as follows: very common ($\geq 1/10$); common ($\geq 1/100$ to $< 1/10$); uncommon ($\geq 1/1,000$ to $< 1/100$); rare ($\geq 1/10,000$ to $< 1/1,000$); very rare ($< 1/10,000$) and not known (cannot be established from the available data). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness. The adverse events are grouped by MedDRA system organ class. **Infections and infestations:** Common: Urinary tract infection, Uncommon: Vaginal infection, Cystitis. **Psychiatric disorders:** Not known (cannot be estimated from the available data): Insomnia*. **Nervous system disorders:** Common: Headache*, Dizziness*. **Eye disorders:** Rare: Eyelid oedema. **Cardiac disorders:** Common: Tachycardia, Uncommon: Palpitation, Atrial fibrillation. **Vascular disorders:** Very rare: Hypertensive crisis*. **Gastrointestinal disorders:** Common: Nausea*, Constipation*, Diarrhoea*, Uncommon: Dyspepsia, Gastritis, Rare: Lip oedema. **Skin and subcutaneous tissue disorders:** Uncommon: Urticaria, Rash, Rash macular, Rash papular, Pruritus, Rare: Leukocytoclastic vasculitis, Purpura, Angioedema*. **Musculoskeletal and connective tissue disorders:** Uncommon: Joint swelling. **Renal and urinary disorders:** Rare: Urinary retention*. **Reproductive system and breast disorders:** Uncommon: Vulvovaginal pruritus. **Investigations:** Uncommon: Blood pressure increased, GGT increased, AST increased, ALT increased.*signifies adverse reactions observed during post-marketing experience. Prescribers should consult the SPC in relation to other adverse reactions.

Overdose: Treatment for overdose should be symptomatic and supportive. In the event of overdose, pulse rate, blood pressure, and ECG monitoring is recommended.

Basic NHS Cost: Betmiga 50 mg x 30 = £29, Betmiga 25 mg x 30 tablets = £29

Legal classification: POM

Marketing Authorisation number(s): EU/1/12/809/001 – 018

Marketing Authorisation Holder: Astellas Pharma Europe B.V. Sylviusweg 62, 2333 BE Leiden, The Netherlands.

Date of Preparation of Prescribing information: December 2017

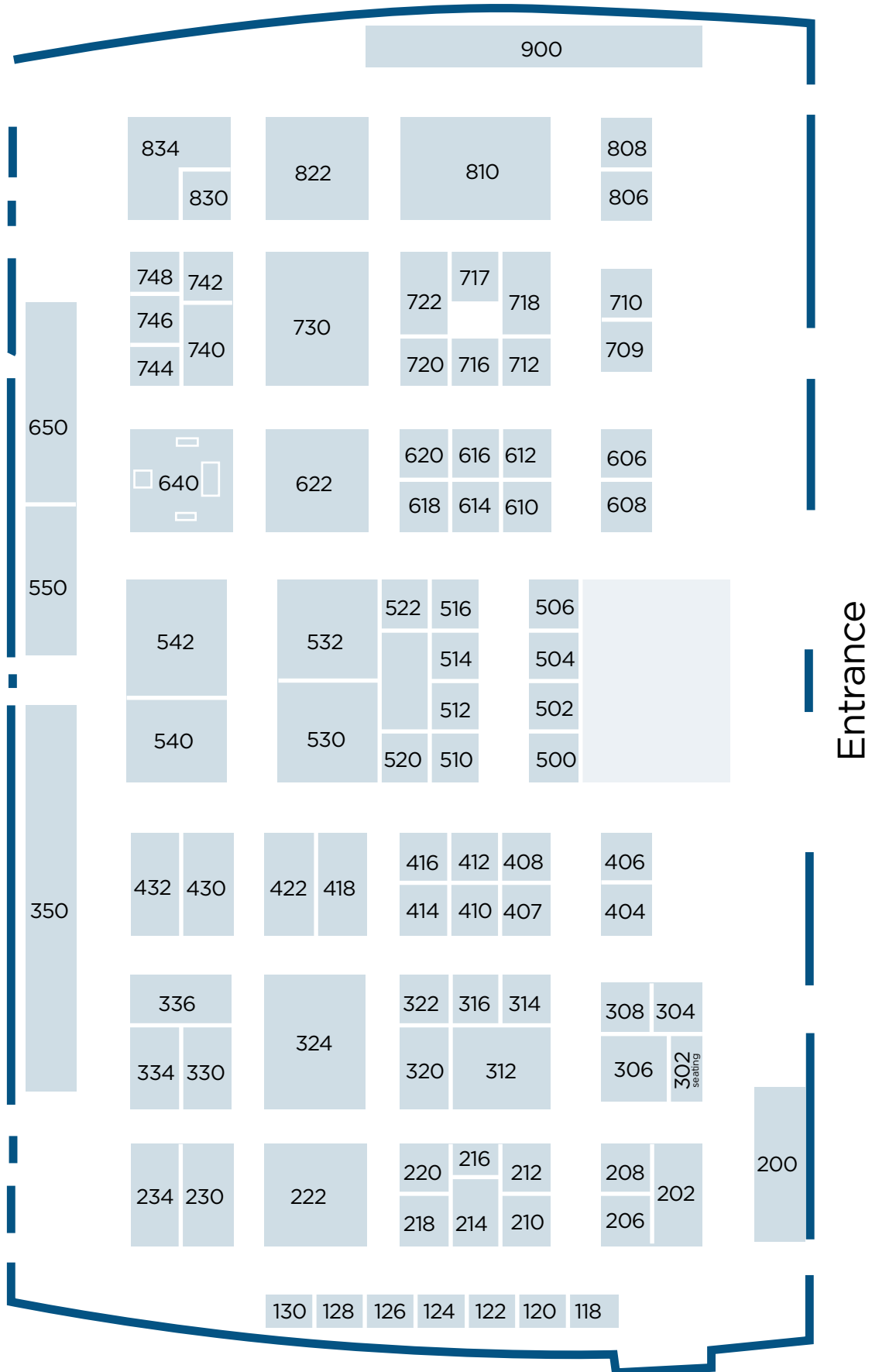
Job bag number: PRE17013UK(1) Further information available from: Astellas Pharma Ltd, 2000 Hillwood Drive, Chertsey, KT16 0RS. Medical Information: 0800 783 5018.

For full prescribing information, please see the Summary of Product Characteristics, which may be found at www.medicines.org.uk

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 on 0800 783 5018



Exhibition Plan





Exhibition List

Company	Stand	Company	Stand
Abbott Molecular	616	Intuitive Surgical	418
Accident & Emergency Agency Ltd	406	Invivo	504
Albyn Medical Ltd	330	Janssen	306
Allergan	522	Karl Storz Endoscopy (UK) Ltd	810
Alpha Laboratories Ltd	128	Kebomed	422
Angiodynamics	742	KeyMed (Olympus Medical & Industrial Equipment) Ltd	324
Aquilant Ltd	806	Koelis	614
Aspire Pharma Ltd	608	Laborie Medical Technologies	516
Astellas Pharma Ltd	730	Logixx Pharma	404
Augmenix UK Limited	710	Mddus	720
BAUS & JCU	542	Mediplus	407
Bayer	408	Medtronic	130
Bespoke Medical Indemnity	220	Meeting Room	334
Biocompatibles UK Ltd	412	Mentoring 1	744
BJU International	430	Mentoring 2	746
Bk Ultrasound	722	Mentoring 3	748
Boston Scientific	530	Mobile Health Systems	320
British Association of Urological Nurses	316	Neotract	500
BXTAccelyon Ltd	206	Nuada Medical Prostate Care Ltd	322
Catering	900 & 350	Oncology Systems Limited	126
Catering Seating	202, 302, 222, 234, 432, 822 & 834	Oneview Healthcare	512
CJ Medical	118	Partners For Endoscopy Limited	218
Class Medical	120	PNN Medical A/S	717
Coffee bar	200	Premium Medical Protection	416
Coloplast	622	Procept Biorobotics	314
Combat Medical	510	Promed Ltd	414
Contura	610	Prostate Cancer UK	716
Cook Medical	336	Richard Wolf	230
D&k Technologies	410	Rocamed	718
ePosters	640	Sigmacon (UK) Ltd	312 & 216
Erbe Medical UK	308	Smarttarget Limited	606
Evolan Pharma AB	208	Surgical Holdings	618
Exact Imaging	520	Synergo - Medical Enterprises	712
Ferring Pharmaceuticals	808	Syner-Med (PP) Ltd	740
Fight Bladder Cancer	620	The Urology Foundation	550
Fresenius Kabi	709	Trials	650
Genesis Medical Ltd	514	UK Medical Limited	210
History of Urology	540	University of Edinburgh	506
Hitachi Medical Systems UK Ltd	532	Urology News	212
Hospital Services Limited	122	Visit Glasgow	502
Ideal Medical Solutions	612	Working Area	214
iMEDicare Ltd	304	ZSI, Zephyr Surgical Implants	830
Incision Indemnity (Paragon Insurance Brokers)	124		

BAUS Events 2018/19

6-7 September 2018

BAUS Section of Endourology Annual Meeting

The meeting will include plenary sessions covering the following:

- Ureteric Colic Management - What is the best marker of success?
- A Question of Sport: Endoluminal Team vs Exoluminal Team
- Complex Renal Mass in Solitary Functioning Kidney
- Cutting the Stone: Bladder Stone Management
- Audit Updates



Keble College, Oxford

- The Best Evidence for What I Do
- Paper Presentations & Video Tips of the Trade
- How Social Media Affects Endourology

The Social Dinner will be held at Keble College on Thursday 6 September.

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

17-21 September 2018

FRCS (Urol) Revision Course

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 20 September 2018, there will be a course dinner in Oxford City Centre.



St Catherine's College, Oxford

Course fees

Member Fees

5 Nights Sun-Fri = £1180
4 Nights Mon-Fri = £1080
Non-Residential = £775

Non-Member Fees

5 Nights Sun-Fri = £1405
4 Nights Mon-Fri = £1305
Non-Residential = £1000

All registrations (residential & non-residential) include breakfast, lunch & refreshments throughout the week. Registrations with accommodation include dinner Monday - Wednesday. Registration is open via the BAUS website at www.baus.org.uk

9-10 November 2018 Consultant and Associate Urological Specialists Refresher Course

This year, we are re-launching the popular refresher course for consultants, with a new programme informed by the feedback from the previous, very successful course run by Shamim Khan in 2016. Aimed at those who wish to keep up to date with the latest issues in contemporary urological practice - or those who just want to make sure that they are practising in a sensible and effective way - this course will provide a broad update on many areas.

The clinical topics covered will include overviews in the investigation and management of stone disease, haematuria, erectile dysfunction, urosepsis, novel BPH therapies and female incontinence. There will

Clayton Hotel, Birmingham



also be a debate on prostate imaging and biopsy methods, the modern treatment of metastatic prostate cancer, and of the latest therapies for Non Muscle-invasive bladder cancer. As well as the clinical component, and due to popular demand, we will also cover the recent changes in urological and surgical training, revalidation, job planning and provide pointers on how to avoid litigation and to start up and manage a private practice.

All the talks will be delivered by proven UK experts and accomplished speakers so that your time is spent in the most effective way possible with high quality assured.

As ever, there will be a chance for networking and informal discussion during session breaks and at the evening dinner on Friday 9 November. Places are limited to BAUS Members only on a first-come, first-served basis. CME certificates will be issued.

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

6-7 December 2018 BAUS Section of Oncology Annual Meeting

Join us for the BAUS Oncology Meeting on 'urological pelvic malignancy' in the beautiful and historic City of York. This will be a meeting with something for every Uro-oncologist and trainee interested in pelvic cancers. The meeting will include plenary sessions covering the following:

- New approaches in the management of superficial bladder cancer
- Minimally invasive radical cystectomy and reconstruction techniques
- The optimal imaging in prostate cancer staging
- New approaches to robotic radical prostatectomy



York University Exhibition Centre

- The management of oligometastatic and recurrent prostate cancer
- Invited plenary speakers from USA and Europe will contribute to an excellent British faculty

This year an 'Interpreting MRI in early prostate cancer' teaching course, run by Caroline Moore 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 with prizes for Trainees. The Social Dinner will be held at the National Railway Museum on Thursday 6th December. 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

BAUS Events 2018/19

7-10 January 2019 Core Urology Course

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.

Portfolio Review Sessions

On Tuesday 8 January, there will be portfolio/interview activity sessions with ST3s & Registrars.

This session is a chance for core trainees to sit down, one-to-one, to review their portfolios and for ST3s to offer any tips on improving their portfolio and interview skills.

All delegates will receive lunch & refreshments throughout the week. Registrations with accommodation include breakfast; dinner will not be provided on Tuesday 8 January. Registration will open in September 2018 via the BAUS website at www.baus.org.uk



College Court, Leicester

Hands-on Simulator Training

Running concurrently with the portfolio reviews will be hands-on training workshops, with simulators supplied by Kit Companies. This will be an excellent opportunity to trial equipment. Consultants will be based in the room to guide you through the equipment.

Course fees

Member Fees

4 nights' accommodation - £820
3 nights' accommodation - £740
Non-residential: £530

Non-Member Fees

4 nights' accommodation - £980
3 nights' accommodation - £900
Non-residential: £690

24-27 June 2019 BAUS Annual Meeting

Call for Abstracts

Submission of abstracts for the BAUS 2019 Annual Meeting will open November 2018 and are welcomed on a variety of topics.

Abstract submission will open in November 2018 and be available on the BAUS website at www.baus.org.uk



SEC Glasgow



Best Academic Paper Session

Monday 25 June, 0900-1000, Room 3B

Chairs: Trinity Bivalacqua & John McGrath

Each presenter will have 10 minutes:

6 minutes for the presentation, 4 minutes Q&A and turnaround

1 The utility of plasma cell-free DNA mutations in detecting metastatic recurrence in patients after radical cystectomy for bladder cancer

Khetrapal P¹, Dong L², Wong Y², Tan W¹, Rodney S¹, Lamb B¹, Briggs T¹, Thompson J¹, Sridhar A¹, Kelly J¹, Feber A¹

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

2 MIMIC study: does the size and location of ureteric stones have an impact on the effectiveness of medically expulsive therapy in improving spontaneous stone passage in patients presenting with acute ureteric colic?

Assaf N¹⁹, Shah T¹, Gao C¹, O'Keefe A², Manning T³, Peacocke A⁴, Cashman S¹, Nambiar A¹, Lamb B¹, Cumberbatch M¹, Ivin N⁸, Maw J⁸, Ali Abdaal C⁸, Al Hayek S⁸, Christidis D⁹, Bolton D⁹, Lawrentschuk N⁹, Khan S¹⁰, Demirel S¹⁰, Graham S¹⁰, Koschel S¹¹, Badgery H¹¹, Brennan J¹¹, Wang L¹², Nzenza T¹², Ruljancich P¹², Begum R¹³, Hamad S¹³, Shetty A¹³, Swallow D¹³, Abboudi H¹⁴, Jalil R¹⁴, DasGupta R¹⁴, Ho C¹⁵, Parwaiz I¹⁵, Davenport K¹⁵, Cameron F¹⁶, Shingles C¹⁶, Morrow J¹⁷, Curry D¹⁷, Young M¹⁷, MacKenzie K¹⁸, Reid K¹⁸, Bordenave M¹⁸, Oyekan A¹⁹, Sriprasad S¹⁹, Hayat Z²⁰, Morrison-Jones V²⁰, Laird A²¹, Sharma A²¹, Phipps S²¹, Ngweso S²², Nyandoro M²², Hayne D²², Hendry J²³, Kerr L²³, McIlhenny C²³, Harris A²⁴, Rogers A²⁴, Rodger F²⁵, Docherty E²⁵, Ng G²⁵, Seaward L²⁵, Abdelmoteleb H²⁶, Hawary A²⁶, Eldred-Evans D²⁷, Bultitude M²⁷, Stonier T²⁸, Simson N²⁸, Singh H²⁸, Hatem E²⁸, Arya M²⁸, Tregunna R²⁹, Ibrahim H²⁹, McGrath S³⁰, O'Brien J³⁰, Campbell A³¹, Cronbach P³¹, Bdesha A³¹, Tait C³², Sakthivel A³², Suraparaju L³³, O'Brien J³³, Gupta S³³, Pankhania R³⁴, Al-Qassim Z³⁴, Foley R³⁵, Akintimehin A³⁵, Khan A³⁵, Rezacova M³⁶, Edison E³⁶, Sandhu S³⁶, Nkwam N³⁷, Grice P³⁷, Khan M³⁷, Kashora F³⁸, Nehikhare O³⁸, McCauley N³⁸, Mason-Bahr D³⁸, Bycroft J³⁸, Tailor K³⁹, Saleemi A³⁹, Luk A⁴⁰, Pearce I⁴⁰, Steen C⁴¹, Alberto M⁴¹, Rujancich P⁴¹, Olivier J⁴², Tay J⁴², Cannon A⁴², Coode-Bate J⁴³, Natarajan M⁴³, Irving S⁴³, Akman J⁴⁴, Hussain Z⁴⁴, Murtagh K⁴⁵, Carrie A⁴⁵, Miller M⁴⁵, Bedi N⁴⁶, Kavia R⁴⁶, Malki M⁴⁷, Burge F⁴⁷, Ratan H⁴⁷, Sadien I⁴⁸, Miakhil I⁴⁸, Sharma S⁴⁸, Nethercliffe J⁴⁸, Olaniyi P⁴⁹, Stammeijer R⁴⁹, Mason H⁴⁹, Symes A⁴⁹, Lavan L⁵⁰, Rowbotham C⁵⁰, Wong C⁵¹, Al-Shakhshir S⁵¹, Belal M⁵¹, Al-Dhahir W⁵², Yousif M⁵², O'Rourke J⁵², Tay L⁵³, Ward A⁵³, Parys B⁵³, McKay A⁵⁴, Graham J⁵⁴, Simmons L⁵⁵, Khadhour S⁵⁵, Cottrell A⁵⁵, Withington J⁵⁶, Ajayi L⁵⁶, Min J⁵⁷, Evans S⁵⁷, Liew M⁵⁸, Simpson R⁵⁸, Ross D⁵⁸, Cumberbatch M⁵⁹, Pang K⁵⁹, Patterson J⁵⁹, Adams R⁶⁰, Mirza A⁶⁰, Acher P⁶⁰, Tam J⁶¹, Tudor E⁶¹, Probert J⁶¹, Gallagher M⁶², Premakumar Y⁶², Ager M⁶², Ayres B⁶², Kozan A⁶³, Jaffer A⁶³, Din W⁶³, Biyani C⁶³, Matanhelia M⁶⁴, Moyles G⁶⁴, Quinlan D⁶⁴, Ness D⁶⁵, Gowardhan B⁶⁵, Bateman K⁶⁶, Wozniak S⁶⁶, Clements J⁶⁷, Hann G⁶⁷, Gilmore C⁶⁷, Gray S⁶⁷, Ellis G⁷, Derbyshire L⁶⁸, Chow K⁶⁸, Mosey R⁶⁹, Osman B⁶⁹, Kynaston H⁶⁹, Yassaie O⁷⁰, Weeratunga G⁷⁰, Udovicich C⁷¹, O'Connell H⁷¹, Lee S⁷², Hussain A⁷², Goh M⁷², Mbuvi J⁷³, Stewart H⁷³, Samsudin A⁷³, Hughes-Hallett A⁶, Rezvani S⁷⁴, Sheng S⁷⁴, Husain J⁷⁴, Kum F⁷⁵, Symes R⁷⁵, Frymann R⁷⁵, Ahmed I⁷⁶, Shergill I⁷⁶, Pickard R⁵, Erotocritou P⁶, Smith D⁷, Kasivisvanathan V¹

¹British Urology Researchers in Surgical Training, Department of Urology, London, United Kingdom, ²University College London, Dept. of Statistical Science, London, United Kingdom, ³Australian Young Urology Researchers Organisation (YURO), Australia, ⁴Information Services Division, University College London (UCL), United Kingdom, ⁵Newcastle University, Dept. of Urology, Newcastle, United Kingdom, ⁶Whittington Hospital, Dept. of Urology, London, United Kingdom, ⁷University College London Hospital, Dept. of Urology, London, United Kingdom, ⁸Addenbrooke's Hospital, Cambridge, United Kingdom, ⁹Austin Hospital, Heidelberg, Australia, ¹⁰Barts Health, Whipps Cross and the Royal London, London, United Kingdom, ¹¹Bendigo Health, Australia,



¹²Box Hill Hospital, Melbourne, Australia, ¹³Broomfield Hospital, Chelmsford, United Kingdom, ¹⁴Charing Cross Hospital, London, United Kingdom, ¹⁵Cheltenham General Hospital, Cheltenham, United Kingdom, ¹⁶Chester Hospital, Mersey, United Kingdom, ¹⁷Craigavon Area Hospital, Northern Ireland, ¹⁸Cumberland Infirmary, Carlisle, United Kingdom, ¹⁹Darent Valley Hospital, Dartford, United Kingdom, ²⁰Dorset County Hospital, Dorchester, United Kingdom, ²¹Edinburgh, United Kingdom, ²²Fiona Stanley Hospital, Western Australia, ²³Forth Valley Royal Hospital, United Kingdom, ²⁴Freeman hospital, Newcastle, United Kingdom, ²⁵Glasgow Royal Infirmary, United Kingdom, ²⁶Great Western Hospital, Swindon, United Kingdom, ²⁷Guys Hospital, London, United Kingdom, ²⁸Princess Alexandra Hospital, Harlow, United Kingdom, ²⁹Heart of England NHS Foundation Trust, Birmingham, United Kingdom, ³⁰Heidelberg Repatriation Hospital, Australia, ³¹High Wycombe Hospital, United Kingdom, ³²James Cook University Hospital, Middlesbrough, United Kingdom, ³³James Paget University Hospital, Great Yarmouth, United Kingdom, ³⁴Kettering General Hospital, United Kingdom, ³⁵King's College Hospital, London, United Kingdom, ³⁶Kingston Hospital, Surrey, United Kingdom, ³⁷Leicester General Hospital, United Kingdom, ³⁸Lister Hospital, Stevenage, United Kingdom, ³⁹Luton and Dunstable Hospital, United Kingdom, ⁴⁰Manchester Royal Infirmary, United Kingdom, ⁴¹Maroondah Hospital, Eastern Health, Australia, ⁴²Musgrove Park Hospital, Taunton, United Kingdom, ⁴³Norfolk and Norwich Hospital, United Kingdom, ⁴⁴North Manchester General Hospital, United Kingdom, ⁴⁵Northampton General Hospital, United Kingdom, ⁴⁶Northwick Park / Central Middlesex Hospital, United Kingdom, ⁴⁷Nottingham University Hospitals, United Kingdom, ⁴⁸Peterborough City Hospital, United Kingdom, ⁴⁹Princess Royal Hospital, Haywards Heath, United Kingdom, ⁵⁰Queen Alexandra Hospital, Portsmouth, United Kingdom, ⁵¹Queen Elizabeth Hospital, Birmingham, United Kingdom, ⁵²Queen Elizabeth Hospital, Kings Lynn, United Kingdom, ⁵³Rotherham General Hospital, United Kingdom, ⁵⁴Royal Alexandria Hospital, Paisley, United Kingdom, ⁵⁵Royal Devon and Exeter Hospital, United Kingdom, ⁵⁶Royal Free Hospital, London, United Kingdom, ⁵⁷Royal United Hospitals, Bath, United Kingdom, ⁵⁸Salford Royal Hospital, Greater Manchester, United Kingdom, ⁵⁹Sheffield Teaching Hospital, United Kingdom, ⁶⁰Southend University Hospital, United Kingdom, ⁶¹Southmead Hospital, Severn, United Kingdom, ⁶²St George's Hospital, London, United Kingdom, ⁶³St James's University Hospital, Leeds, United Kingdom, ⁶⁴St Vincent's University Hospital, Dublin, Ireland, ⁶⁵Sunderland Royal Hospital, United Kingdom, ⁶⁶Torbay and South Devon NHS Foundation Trust, United Kingdom, ⁶⁷Ulster Hospital, Belfast, Northern Ireland, ⁶⁸University Hospital of South Manchester, United Kingdom, ⁶⁹University Hospital Wales, United Kingdom, ⁷⁰Wellington Hospital, New Zealand, ⁷¹Western Health, Australia, ⁷²Weston General Hospital, Weston Super Mare, United Kingdom, ⁷³Whiston Hospital, Merseyside, United Kingdom, ⁷⁴Wigan Infirmary, Wigan, United Kingdom, ⁷⁵Worthing Hospital, Western Sussex NHS Trust, United Kingdom, ⁷⁶Wrexham Maelor Hospital, United Kingdom

3 **A Genome-wide association study of kidney stone disease reveals 5 novel susceptibility loci**

Howles S¹, Wiberg A², Furness D², Turney B¹

¹Nuffield Department of Surgical Sciences, University of Oxford, United Kingdom, ²Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford, United Kingdom

4 **Optimal surgical treatment of T1 renal tumours correlates with nephrectomy volume**

Tran M^{1,2}, Aben K³, Neves J¹, Fowler S⁵, Sullivan M⁷, Stewart G⁶, Challacombe B⁸, Mahrous A², Patki P², Mumtaz F², Barod R², Aitchison M², Bex A^{2,4}

¹UCL Division of Surgery and Interventional Science, London, United Kingdom, ²Specialist Centre for Kidney Cancer, Royal Free Hospital, London, United Kingdom, ³Netherlands Comprehensive Cancer Centre, Netherlands, ⁴Netherlands Cancer Institute, Netherlands, ⁵BAUS, United Kingdom, ⁶Cambridge University Hospitals, Addenbrookes Hospital, Cambridge, United Kingdom, ⁷Oxford University Hospitals, Churchill Hospital, Oxford, United Kingdom, ⁸Guy's Hospital and King's College London, United Kingdom

5 **Results of POUT - A phase III randomised trial of peri-operative chemotherapy versus surveillance in upper tract urothelial cancer (UTUC)**

Birtle A¹, Johnson M², Kocklebergh R³, Keeley F⁴, Catto J⁵, Bryan R⁶, Jones R⁷, Chester J⁸, Hill M⁹, Donovan J¹⁰, French A¹¹, Harris C¹², Powles T¹³, Todd R⁹, Tregellas L⁹, Wilson C¹⁰, Winterbottom A¹⁴, Lewis R⁹, Hall E⁹

¹Royal Preston Hospital, United Kingdom, ²Newcastle upon Tyne Hospitals NHS Trust, United Kingdom, ³University Hospitals Leicester, United Kingdom, ⁴North Bristol NHS Trust, United Kingdom, ⁵The University of Sheffield, United Kingdom, ⁶University of Birmingham, United Kingdom, ⁷Beatson West of Scotland Cancer Centre, Glasgow, United Kingdom, ⁸Cardiff University, United Kingdom, ⁹Clinical Trials and Statistics Unit, Institute of Cancer Research, London, United Kingdom, ¹⁰University of Bristol, United Kingdom, ¹¹Southend University Hospital NHS Foundation Trust, United Kingdom, ¹²Consumer Representative, London, United Kingdom, ¹³St Barts & the London NHS Trust, United Kingdom, ¹⁴Fight Bladder Cancer, Chinnor, United Kingdom



6 Is it safe to carry out flexible cystoscopy when urinary dipstick is positive for 'infection'? Results of a prospective clinical study

Trail M¹, Cullen JM¹, Dick L¹, Fulton E¹, MacGregor E¹, Clayton F¹, Kalima P², Donat R¹, Mariappan P¹

¹Department of Urology, Western General Hospital, Edinburgh, United Kingdom, ²Department of Medical Microbiology and Virology, Western General Hospital, Edinburgh, United Kingdom



ePoster Sessions

Each presenter will have 5 minutes:

3 minutes for the presentation, 2 minutes Q&A and turnaround

ePoster Session 1: Bladder Cancer

Monday 25 June 25, 1030 - 1200, Room 4

Chairs: **Matthew Nielsen & Alex Colquhoun**

Each presenter will have 5 minutes:

3 minutes for the presentation, 2 minutes Q&A and turnaround

P1-1 Long term oncological outcomes following the randomised controlled cystectomy: open, robotic and laparoscopic (CORAL) trial

Omar K¹, Nair R¹, Thurairaja R¹, Rimington P², Dasgupta P¹, Khan S¹

¹Guy's Hospital, London, United Kingdom, ²Eastbourne District General Hospital, United Kingdom

P1-2 Role of preoperative urinary cytology and ureteroscopy in the management of upper tract urothelial tumours treated by laparoscopic radical nephroureterectomy: a single centre experience

Panwar P¹, Thursby H¹, Kalyanasundaram K¹, Golash A¹, Fernando H¹

¹University Hospitals of North Midlands, Stoke on Trent, United Kingdom

P1-4 Is it safe to proceed directly to nephro-ureterectomy without diagnostic ureteroscopy in patients with suspected upper tract urothelial cancer on CT urogram?

Trail M¹, Waheed-Rahman S¹, Broadhurst W¹, Phipps S¹, Thomas B¹, Cutress M¹, McNeill A¹, O'Donnell M¹, Leung S¹, Laird A¹

¹NHS Lothian University Hospitals, Edinburgh, United Kingdom

P1-5 Results of POUT - A phase III randomised trial of peri-operative chemotherapy versus surveillance in upper tract urothelial cancer (UTUC)

Birtle A¹, Johnson M², Kocklebergh R³, Keeley F⁴, Catto J⁵, Bryan R⁶, Jones R⁷, Chester J⁸, Hill M⁹, Donovan J¹⁰, French A¹¹, Harris C¹², Powles T¹³, Todd R⁹, Tregellas L⁹, Wilson C¹⁰, Winterbottom A¹⁴, Lewis R⁹, Hall E⁹

¹Royal Preston Hospital, United Kingdom, ²Newcastle upon Tyne Hospitals NHS Trust, United Kingdom, ³University Hospitals Leicester, United Kingdom, ⁴North Bristol NHS Trust, United Kingdom, ⁵The University of Sheffield, United Kingdom, ⁶University of Birmingham, United Kingdom, ⁷Beatson West of Scotland Cancer Centre, Glasgow, United Kingdom, ⁸Cardiff University, Cardiff, United Kingdom, ⁹Clinical Trials and Statistics Unit, Institute of Cancer Research, London, United Kingdom, ¹⁰University of Bristol, United Kingdom, ¹¹Southend University Hospital NHS Foundation Trust, United Kingdom, ¹²Consumer Representative, London, United Kingdom, ¹³St Barts & The London NHS Trust, United Kingdom, ¹⁴Fight Bladder Cancer, Chinnor, United Kingdom

P1-6 Who should be investigated for haematuria? A prospective observational study of 3556 patients

Tan W¹, Feber A¹, Sapong R¹, Khetrupal P¹, Rodney S¹, Williams N¹, Brew-Graves C¹, Kelly J¹, DETECT investigators

¹University College London, London, United Kingdom



- P1-7 Can CT intravenous urogram be replaced with renal tract ultrasound for non-visible haematuria?**
Tan W¹, Feber A¹, Sarpong R¹, Rodney S¹, Williams N¹, Brew-Graves C¹, Kelly J¹, DETECT I investigators
¹University College London, United Kingdom
- P1-8 Outpatient flexible cystoscopy and transurethral laser ablation (TULA) for urothelial tumours using the 1470 nm diode laser: Our experience so far**
 Bedi N, **Stefanova I**, Shamsuddin A
¹Northwick Park Hospital, London, United Kingdom
- P1- 9 The value of photodynamic diagnosis (PDD) in combination with dedicated TURBT training – a controlled study evaluating outcomes**
Dooher M¹, Simpson H, Gietzmann W, Smith H, Mains E, Mistry K, Mariappan P
¹Western General Hospital, Edinburgh, United Kingdom
- P1-10 Day case primary transurethral resection of bladder tumour (TURBT) as standard protocol in a single UK centre -should this be the new standard?**
Austin T¹, Robinson R¹, Forshaw C¹, Hodgson D¹, Hall S¹, Wilby D¹
¹Urology Department, Portsmouth, United Kingdom
- P1-11 10-year experience of RITE thermochemotherapy for high risk non-muscle invasive bladder cancer that has failed BCG**
Ayres B¹, Backhouse C¹, John B¹, Thakkar R¹, Pulikal A¹, Perry M¹, Bailey M¹, Issa R¹
¹St George's Hospital, London, United Kingdom
- P1-12 Hyperthermic intravesical chemotherapy using the combat BRS system for BCG-unresponsive non-muscle invasive bladder cancer – A multicentre study**
Ashton A¹, de Jong J², Hendricksen K³, Rosier M², Boormans J², Mostafid H⁴
¹St Richard's Hospital, Chichester, United Kingdom, ²Erasmus MC Cancer Institute, Rotterdam, Netherlands, ³Netherlands Cancer Institute – Antoni van Leeuwenhoek Hospital, Amsterdam, Netherlands, ⁴Royal Surrey County Hospital, Guildford, United Kingdom
- P1-13 Results of CALIBER: A phase II randomised feasibility trial of chemoablation versus surgical management in low risk non-muscle invasive bladder cancer (NMIBC)**
Mostafid H¹, Cresswell J², Griffiths L³, Kelly J⁴, Knight A⁵, Catto J⁶, Davenport K⁷, Feber A⁴, Knowles M⁸, McGrath J⁹, Cooke P¹⁰, Masood S¹¹, Goubar A¹², Penegar S¹², Porta N¹², Wiley L¹², Lewis R¹², Hall E¹²
¹Royal Surrey County Hospital NHS Foundation Trust, Guildford, United Kingdom, ²South Tees Hospitals NHS Foundation Trust, Middlesbrough, United Kingdom, ³University Hospitals of Leicester NHS Trust, United Kingdom, ⁴University College London Hospitals NHS Foundation Trust, United Kingdom, ⁵Patient Representative, Hampshire, United Kingdom, ⁶University of Sheffield, United Kingdom, ⁷Gloucestershire Hospitals NHS Foundation Trust, Cheltenham, United Kingdom, ⁸Leeds Teaching Hospitals NHS Trust, United Kingdom, ⁹Royal Devon and Exeter NHS Foundation Trust, United Kingdom, ¹⁰The Royal Wolverhampton Hospitals NHS Trust, United Kingdom, ¹¹Medway NHS Trust, Gillingham, United Kingdom, ¹²The Institute of Cancer Research, London, United Kingdom



- P1-14 Discharge of low-risk non-muscle-invasive bladder cancer: A national survey of adherence to NICE guidelines in the UK**
Malde S¹, Mostafid H², Mir-Kohler A¹, Bagnall P³, Taylor J⁴, Creswell J⁵, Catto J⁶
¹Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom, ²Royal Surrey County Hospital, Guildford, United Kingdom, ³North Tyneside General Hospital, United Kingdom, ⁴Salford Royal Foundation Trust, United Kingdom, ⁵South Tees Hospitals NHS Foundation Trust, United Kingdom, ⁶Royal Hallamshire Hospital, Sheffield, United Kingdom
- P1-15 Current radiotherapy practice of muscle invasive bladder cancer: assessment of diagnosis and management within the UK**
Varughese M¹, Treece S, Drinkwater K³, McAleese J⁴
¹Beacon Centre, Musgrove Park Hospital, Taunton, United Kingdom, ²Peterborough and Stamford Hospitals NHS Foundation Trust, United Kingdom, ³Royal College of Radiologists, London, United Kingdom, ⁴Belfast City Hospital, Belfast, United Kingdom
- P1-16 British Association of Urological Surgeons (BAUS) cystectomy database 2015-2016: Pre-operative cardiopulmonary exercise testing (CPET) and its impact on cystectomy outcomes on behalf of the BAUS section of oncology**
Moore M¹, Rowe E², Cresswell J³, Fowler S⁴, McGrath J¹
¹Royal Devon And Exeter NHS Foundation Trust, United Kingdom, ²North Bristol NHS Trust, United Kingdom, ³James Cook University Hospital, Middlesbrough, United Kingdom, ⁴British Association of Urological Surgeons, United Kingdom
- P1-17 British Association of Urological Surgeons (BAUS) cystectomy database 2015-2016: the impact of pre-operative renal failure (RF) and / or hydronephrosis on the outcome of radical cystectomy (RC) on behalf of the BAUS section of oncology**
Moore M¹, Rowe E², Cresswell J³, Fowler S⁴, McGrath J¹
¹Royal Devon and Exeter NHS Foundation Trust, Exeter, United Kingdom, ²North Bristol NHS Trust, United Kingdom, ³James Cook University Hospital, Middlesbrough, United Kingdom, ⁴British Association of Urological Surgeons, London, United Kingdom
- P1-18 The utility of plasma cell-free DNA mutations in detecting metastatic recurrence in patients after radical cystectomy for bladder cancer**
Khetrapal P¹, Dong L², Wong Y², Tan W¹, Rodney S¹, Lamb B¹, Briggs T¹, Thompson J¹, Sridhar A¹, Kelly J¹, Feber A¹
¹University College Hospital Urology Department, London, United Kingdom, ²UCL Cancer Institute, London, United Kingdom
- P1-3 The utility of pre-operative CT urography in the diagnosis of patients with suspected upper tract urothelial cancer**
Ellis R¹, Scriven S¹, Lloyd J², Ratan H¹
¹Department of Urology, Nottingham City Hospital, United Kingdom, ²Department of Radiology, Nottingham City Hospital, Nottingham, United Kingdom



ePoster Session 2: Management, Governance, Education and Quality Improvement

Tuesday 26 June, 0830 - 1000, Room 4

Chairs: **Luke Forster & Nikhil Vasdev**

- P2-1** **Development, delivery and theory-driven evaluation of an evidence-based quality improvement training module for urology trainees**
Pallari E¹, Khadjesari Z¹, Biyani S², Jain S², Sevdalis N¹, **Green J³**
¹King's College London, United Kingdom, ²Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom, ³Barts NHS Health Trust, London, United Kingdom
- P2-2** **Subspecialty urology - can we predict where gaps will be in 7 years' time? Results from the BAUS workforce survey**
Manson R¹, Palmer M
¹Queen Elizabeth University Hospital, Glasgow, United Kingdom, ²Glasgow Royal Infirmary, United Kingdom, ³On behalf of BAUS and the Specialist Advisory Committee in Urology,
- P2-3** **Urologist workload - an up to date picture. Results from the BAUS workforce survey**
Manson R^{1,2,3}, Palmer M
¹Queen Elizabeth University Hospital, Glasgow, United Kingdom, ²Glasgow Royal Infirmary, United Kingdom, ³On behalf of BAUS and the Specialist Advisory Committee in Urology,
- P2-4** **Do regional meeting presentations add value to the wider scientific community? A review of the outcomes of abstracts presented at the South Thames urology regional meeting**
Malthouse T¹, Sturch P, Symes A, Larner T
¹Brighton & Sussex University Hospitals NHS Trust, United Kingdom
- P2-5** **The urology cancer MDT: what can be improved?**
Warner R¹, Pottle E², Taylor C³, Green J¹
¹Whipps Cross University Hospital, London, United Kingdom, ²School of Medical Education, King's College London, United Kingdom, ³School of Health Sciences, University of Surrey, United Kingdom
- P2-6** **Urology low fidelity simulation teaching - clinically observed medical education training (COMET)**
Megson M¹, Singh S
¹George Eliot Hospital, Nuneaton, United Kingdom
- P2-7** **Mobile apps for lower urinary tract symptoms**
Foster L¹, Warner R¹, Bastianpillai C¹, Green J¹
¹Department of Urology, Whipps Cross University Hospital, London, United Kingdom
- P2-8** **A patient centred, self-management app providing digital support and follow up care for citizens with prostate cancer**
Elves A¹, **Dunk S¹**, Perry S¹, Srihari N¹, Pope R², Khanduri S¹, Redgrave R¹
¹Shrewsbury and Telford NHS Trust, United Kingdom, ²Dynamic Health Systems, United Kingdom



- P2-9 A prospective clinical, cost and environmental analysis of a clinician-led urology virtual clinic**
Miah S¹, Dunford C¹, Eldred-Evan D², Edison M¹, Gan C¹, Aldiwani M¹, Shah T¹, Ahmed H², Gibbons N¹, Hrouda D¹
¹Charing Cross Hospital, London, United Kingdom, ²Imperial Collage, London, United Kingdom
- P2-10 Cost benefit analysis of a disposable flexible cystoscope for ureteric stent removal**
Donato P¹, Honore M¹, Rukin N¹, Bowes W¹, Pokorny M¹
¹Redcliffe Hospital, Queensland, Australia
- P2-11 A one-stop prostate cancer diagnostic clinic incorporating same-day multiparametric MRI and prostate biopsies; assessment of sustainability over a one-year period**
 Reid J¹, McCarthy F¹, Goode A¹, Marcus A¹, Train M¹, Grant L¹, Volanis D¹, Smith G¹, Singh P¹, **Roy A**¹
¹The Royal Free Hospital, London, United Kingdom
- P2-12 Significant cost savings achievable with diagnostic pathway for prostate cancer based on PROMIS data**
Gill N¹, Carter A¹, Wilson J¹
¹Royal Gwent Hospital, Newport, United Kingdom
- P2-13 Is the “two-week wait” cancer pathway in urology fit for use, or open to abuse?**
Kulkarni M¹, Addow A, Fernando A
¹Guy’s and St Thomas’ Foundation Trust, London, United Kingdom
- P2-14 Urologists beware - A study of the patterns of litigation in urology throughout the UK over the last decade**
Hadjipavlou M¹, Fernando A¹
¹The Urology Centre, London, United Kingdom
- P2-15 Collaborating with geriatricians to improve care for frail patients on a urology ward**
Hall S¹, Evans B¹, Tuckwood L¹, Gordon A¹, Williams S¹
¹Royal Derby Hospital, United Kingdom
- P2-16 Spare the scope. Guideline-based flexible cystoscopy safely improves capacity with cost savings**
Habib A¹, Batura D¹, Hellowell G¹
¹London North West University Healthcare NHS Trust, United Kingdom



ePoster Session 3: Andrology, Reconstruction, Penile Cancer and Male Infertility

Tuesday 26 June, 0830 - 1000, Room 12

Chairs: Raj Persad & Ayman Younis

- P3-1 The emergency management of priapism in the United Kingdom: a survey of current practice**
Bullock N¹, **Bennett A**¹, Steggall M², Brown G^{1,2,3}
¹Department of Urology, Royal Glamorgan Hospital, Llantrisant, United Kingdom, ²Faculty of Life Sciences and Education, University of South Wales, Pontypridd, United Kingdom, ³Section of Andrology and Genito-Urethral Surgery, British Association of Urological Surgeons, London, United Kingdom
- P3-2 How to do a circumcision, when the foreskin is welded to the glans. The ROLOCS (restoration of the lost obscured coronal sulcus) procedure**
Skrodzka M¹, Ayers J², Rea A², Hadway P², Britnell W², Muneer A¹, **Malone P**^{1,2}
¹University College Hospital of London, London, United Kingdom, ²The Royal Berkshire Hospital, Reading, United Kingdom
- P3-3 Glanspexy for floppy glans - outcomes and patient satisfaction**
Skrodzka M¹, Blecher G¹, Moubasher A¹, **Johnson M**¹, Garaffa G¹, Ralph D¹
¹University College Hospital of London, London, United Kingdom
- P3-4 Oncological outcomes of 100 glans resurfacing procedures for superficial invasive penile cancer**
Sujenthiran A¹, Yan S², Ager M², Corbishley C², Tinwell B², Ayres B, Watkin N
¹Kingston Hospital NHS Foundation Trust, London, United Kingdom, ²St Georges Healthcare NHS Trust, London, United Kingdom
- P3-5 Does the type of surgical procedure for inguinal lymph node management affect survival rates for patients with squamous cell carcinoma of the penis?**
Alnajjar H¹, Christodoulidou M¹, Nigam R¹, Malone P¹, Mitra A², Alifrangis C², Ralph D¹, Muneer A³
¹Department of Urology, University College London Hospitals, London, United Kingdom, ²Department of Oncology, University College London Hospitals, London, United Kingdom, ³UCLH and University College London, NIHR Biomedical Research Centre, London, United Kingdom
- P3-6 Management of the clinically negative contralateral groin when the ipsilateral groin is clinically and pathologically positive in squamous cell carcinoma of the penis**
Ager M¹, Manjunath A¹, Yan S¹, Lam W¹, Tinwell B¹, Corbishley C¹, Ayres B¹, Watkin N¹
¹St George's University Hospital, London, United Kingdom
- P3-7 Role of modern imaging in reducing false negative rate of dynamic sentinel node biopsy (DSNB) in penile cancer- a prospective study over an 8-year period in >100 patients**
Kumar V¹, Natarajan M¹, Sethia K¹
¹Norfolk and Norwich University Hospital, Norwich, United Kingdom



P3-8 Bulbar urethral strictures after the treatment of prostate cancer (CaP)

Bugeja S¹, Ivaz S¹, **Frost A**¹, Dragova M¹, Andrich D¹, Mundy A¹

¹University College London Hospitals, NHS Foundation Trust, London, United Kingdom

P3-9 Evaluation of patient reported outcome methods (PROM) in patients undergoing different approaches to bulbar urethroplasty

Bugeja S¹, Ivaz S¹, Dragova M¹, Campos Juanatey F¹, Frost A¹, Andrich D¹, Mundy A¹

¹University College London Hospitals, NHS Foundation Trust, London, United Kingdom

P3-10 Aetiology, presentation and initial evaluation of urethral disease in the United Kingdom

Payne S¹, Fowler S¹, Mundy T²

¹BAUS, London, United Kingdom, ²University College Hospital London, United Kingdom

P3-11 Contemporary surgical management of urethral disease in the United Kingdom

Payne S¹, Fowler S¹, Mundy T²

¹BAUS, London, United Kingdom, ²University College Hospital London, United Kingdom

P3-12 Is there a role for salvage or redo micro-dissection testicular sperm extraction in non-obstructive azoospermia?

Morris S¹, Yap T¹, Alkematy K², Bhandari C², Garraffa G², Sangster P², Shabbir M¹, Minhas S²

¹Guy's and St. Thomas' NHS Foundation Trust, London, United Kingdom, ²University College Hospital, London, United Kingdom

P3-13 A UK multicentre study analysing the surgical sperm retrieval rates in men with non-mosaic klinefelter's syndrome undergoing mTESE

Hallerstrom M¹, Johnson M¹, Sangster P¹, Raheem A¹, Zainal Y¹, Poselay S¹, Johnson T¹, Mohammadi Amr Moubasher B¹, Hafez K¹, Bhandari C¹, Vincens A¹, Yap T¹, Shabbir M¹, Minhas S¹, Ralph D¹

¹University College London Hospital, United Kingdom

P3-14 Novel measures of sperm DNA damage increase its usefulness to diagnose male infertility and predict live births following both IVF and ICSI

Vicens-Morton A¹, Nicopoullou J², Lewis S³, Lee K⁴, Larsen P⁵, Ramsay J⁶, Minhas S⁷, Yap T¹

¹Urology Department - Guy's and St Thomas' NHS trust, London, United Kingdom, ²The Lister Hospital Fertility Clinic, London, United Kingdom, ³Queens University Hospital - Fertility Unit, Belfast, United Kingdom, ⁴SpermComet - Fertility Unit, Belfast, United Kingdom, ⁵Cryos Fertility - Department of Pathology, Aarhus, Denmark, ⁶Imperial College Healthcare NHS Trust - Male fertility Unit, London, United Kingdom, ⁷University College London Hospital, United Kingdom



ePoster Session 4: Stones, Imaging and Upper Tract Disorders

Tuesday 26 June, 1030 - 1200, Room 4

Chairs: Ben Chew & Matt Bultitude

P4-1 Does the genotype in first-degree relatives with cystinuria relate to their phenotype?

Kum F¹, Wong K¹, Mein R¹, Bultitude M¹, Thomas K¹
¹Guy's and St. Thomas' Hospitals, London, United Kingdom

P4-2 A genome-wide association study of kidney stone disease reveals 5 novel susceptibility loci

Howles S¹, Wiberg A², Furness D², Turney B¹
¹Nuffield Department of Surgical Sciences, University of Oxford, United Kingdom, ²Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford, United Kingdom

P4-3 Renal papillary biopsy & lithogenesis - an insight

Bhat A¹, Ahmed B¹, Bhat M¹, Bhat A², Khandelwal N²
¹Dr S.N Medical College Jodhpur, India, ²S.P.Medical College Bikaner, India WITHDRAWN

P4-4 MIMIC Study: Does the size and location of ureteric stones have an impact on the effectiveness of medically expulsive therapy in improving spontaneous stone passage in patients presenting with acute ureteric colic?

Assaf N¹⁹, Shah T¹, Gao C¹, O'Keefe A², Manning T³, Peacocke A⁴, Cashman S¹, Nambiar A¹, Lamb B¹, Cumberbatch M¹, Ivin N⁸, Maw J⁸, Ali Abdaal C⁸, Al Hayek S⁸, Christidis D⁹, Bolton D⁹, Lawrentschuk N⁹, Khan S¹⁰, Demirel S¹⁰, Graham S¹⁰, Koschel S¹¹, Badgery H¹¹, Brennan J¹¹, Wang L¹², Nzenza T¹², Ruljancich P¹², Begum R¹³, Hamad S¹³, Shetty A¹³, Swallow D¹³, Abboudi H¹⁴, Jalil R¹⁴, DasGupta R¹⁴, Ho C¹⁵, Parwaiz I¹⁵, Davenport K¹⁵, Cameron F¹⁶, Shingles C¹⁶, Morrow J¹⁷, Curry D¹⁷, Young M¹⁷, MacKenzie K¹⁸, Reid K¹⁸, Bordenave M¹⁸, Oyekan A¹⁹, Sriprasad S¹⁹, Hayat Z²⁰, Morrison-Jones V²⁰, Laird A²¹, Sharma A²¹, Phipps S²¹, Ngweso S²², Nyandoro M²², Hayne D²², Hendry J²³, Kerr L²³, McIlhenny C²³, Harris A²⁴, Rogers A²⁴, Rodger F²⁵, Docherty E²⁵, Ng G²⁵, Seaward L²⁵, Abdelmoteleb H²⁶, Hawary A²⁶, Eldred-Evans D²⁷, Bultitude M²⁷, Stonier T²⁸, Simson N²⁸, Singh H²⁸, Hatem E²⁸, Arya M²⁸, Tregunna R²⁹, Ibrahim H²⁹, McGrath S³⁰, O'Brien J³⁰, Campbell A³¹, Cronbach P³¹, Bdesha A³¹, Tait C³², Sakthivel A³², Suraparaju L³³, O'Brien J³³, Gupta S³³, Pankhania R³⁴, Al-Qassim Z³⁴, Foley R³⁵, Akintimehin A³⁵, Khan A³⁵, Rezacova M³⁶, Edison E³⁶, Sandhu S³⁶, Nkwam N³⁷, Grice P³⁷, Khan M³⁷, Kashora F³⁸, Nehikhare O³⁸, McCauley N³⁸, Mason-Bahr D³⁸, Bycroft J³⁸, Tailor K³⁹, Saleemi A³⁹, Luk A⁴⁰, Pearce I⁴⁰, Steen C⁴¹, Alberto M⁴¹, Rujancich P⁴¹, Olivier J⁴², Tay J⁴², Cannon A⁴², Coode-Bate J⁴³, Natarajan M⁴³, Irving S⁴³, Akman J⁴⁴, Hussain Z⁴⁴, Murtagh K⁴⁵, Carrie A⁴⁵, Miller M⁴⁵, Bedi N⁴⁶, Kavia R⁴⁶, Malki M⁴⁷, Burge F⁴⁷, Ratan H⁴⁷, Sadien I⁴⁸, Miakhil I⁴⁸, Sharma S⁴⁸, Nethercliffe J⁴⁸, Olaniyi P⁴⁹, Stammeijer R⁴⁹, Mason H⁴⁹, Symes A⁴⁹, Lavan L⁵⁰, Rowbotham C⁵⁰, Wong C⁵¹, Al-Shakhshir S⁵¹, Belal M⁵¹, Al-Dhahir W⁵², Yousif M⁵², O'Rourke J⁵², Tay L⁵³, Ward A⁵³, Parys B⁵³, McKay A⁵⁴, Graham J⁵⁴, Simmons L⁵⁵, Khadhoury S⁵⁵, Cottrell A⁵⁵, Withington J⁵⁶, Ajayi L⁵⁶, Min J⁵⁷, Evans S⁵⁷, Liew M⁵⁸, Simpson R⁵⁸, Ross D⁵⁸, Cumberbatch M⁵⁹, Pang K⁵⁹, Patterson J⁵⁹, Adams R⁶⁰, Mirza A⁶⁰, Acher P⁶⁰, Tam J⁶¹, Tudor E⁶¹, Probert J⁶¹, Gallagher M⁶², Premakumar Y⁶², Ager M⁶², Ayres B⁶², Kozan A⁶³, Jaffer A⁶³, Din W⁶³, Biyani C⁶³, Matanhelia M⁶⁴, Moyles G⁶⁴, Quinlan D⁶⁴, Ness D⁶⁵, Gowardhan B⁶⁵, Bateman K⁶⁶, Wozniak S⁶⁶, Clements J⁶⁷, Hann G⁶⁷, Gilmore C⁶⁷, Gray S⁶⁷, Ellis G⁶⁷, Derbyshire L⁶⁸, Chow K⁶⁸, Mosey R⁶⁹, Osman B⁶⁹, Kynaston H⁶⁹, Yassaie O⁷⁰, Weeratunga G⁷⁰, Udovicich C⁷¹, O'Connell H⁷¹, Lee S⁷², Hussain A⁷², Goh M⁷², Mbuvi J⁷³, Stewart H⁷³, Samsudin A⁷³, Hughes-Hallett A⁶, Rezvani S⁷⁴, Sheng S⁷⁴, Husain J⁷⁴, Kum F⁷⁵, Symes R⁷⁵, Frymann R⁷⁵, Ahmed I⁷⁶, Shergill I⁷⁶, Pickard R⁵, Erotocritou P⁶, Smith D⁷, Kasivisvanathan V¹



¹British Urology Researchers in Surgical Training, Department of Urology, London, United Kingdom, ²University College London, Dept. of Statistical Science, United Kingdom, ³Australian Young Urology Researchers Organisation (YURO), Australia, ⁴Information Services Division, University College London (UCL), United Kingdom, ⁵Newcastle University, Dept. of Urology, United Kingdom, ⁶Whittington Hospital, Dept. of Urology, London, United Kingdom, ⁷University College London Hospital, Dept. of Urology, United Kingdom, ⁸Addenbrooke's Hospital, Cambridge, United Kingdom, ⁹Austin Hospital, Heidelberg, Australia, ¹⁰Barts Health, Whipps Cross and the Royal London, United Kingdom, ¹¹Bendigo Health, Australia, ¹²Box Hill Hospital, Melbourne, Australia, ¹³Broomfield Hospital, Chelmsford, United Kingdom, ¹⁴Charing Cross Hospital, London, United Kingdom, ¹⁵Cheltenham General Hospital, Cheltenham, United Kingdom, ¹⁶Chester Hospital, Mersey, United Kingdom, ¹⁷Craigavon Area Hospital, Northern Ireland, ¹⁸Cumberland Infirmary, Carlisle, United Kingdom, ¹⁹Darent Valley Hospital, Dartford, United Kingdom, ²⁰Dorset County Hospital, Dorchester, United Kingdom, ²¹Edinburgh, United Kingdom, ²²Fiona Stanley Hospital, Western Australia, ²³Forth Valley Royal Hospital, United Kingdom, ²⁴Freeman Hospital, Newcastle, United Kingdom, ²⁵Glasgow Royal Infirmary, United Kingdom, ²⁶Great Western Hospital, Swindon, United Kingdom, ²⁷Guys Hospital, London, United Kingdom, ²⁸Princess Alexandra Hospital, Harlow, United Kingdom, ²⁹Heart of England NHS Foundation Trust, Birmingham, United Kingdom, ³⁰Heidelberg Repatriation Hospital, Australia, ³¹High Wycombe Hospital, United Kingdom, ³²James Cook University Hospital, Middlesbrough, United Kingdom, ³³James Paget University Hospital, Great Yarmouth, United Kingdom, ³⁴Kettering General Hospital, United Kingdom, ³⁵King's College Hospital, London, United Kingdom, ³⁶Kingston Hospital, Surrey, United Kingdom, ³⁷Leicester General Hospital, United Kingdom, ³⁸Lister Hospital, Stevenage, United Kingdom, ³⁹Luton and Dunstable Hospital, United Kingdom, ⁴⁰Manchester Royal Infirmary, United Kingdom, ⁴¹Maroondah Hospital, Eastern Health, Australia, ⁴²Musgrove Park Hospital, Taunton, United Kingdom, ⁴³Norfolk and Norwich Hospital, United Kingdom, ⁴⁴North Manchester General Hospital, United Kingdom, ⁴⁵Northampton General Hospital, United Kingdom, ⁴⁶Northwick Park / Central Middlesex Hospital, United Kingdom, ⁴⁷Nottingham University Hospitals, United Kingdom, ⁴⁸Peterborough City Hospital, United Kingdom, ⁴⁹Princess Royal Hospital, Haywards Heath, United Kingdom, ⁵⁰Queen Alexandra Hospital, Portsmouth, United Kingdom, ⁵¹Queen Elizabeth Hospital, Birmingham, United Kingdom, ⁵²Queen Elizabeth Hospital, Kings Lynn, United Kingdom, ⁵³Rotherham General Hospital, United Kingdom, ⁵⁴Royal Alexandria Hospital, Paisley, United Kingdom, ⁵⁵Royal Devon and Exeter Hospital, United Kingdom, ⁵⁶Royal Free Hospital, London, United Kingdom, ⁵⁷Royal United Hospitals, Bath, United Kingdom, ⁵⁸Salford Royal Hospital, Greater Manchester, United Kingdom, ⁵⁹Sheffield Teaching Hospital, United Kingdom, ⁶⁰Southend University Hospital, United Kingdom, ⁶¹Southmead Hospital, Severn, United Kingdom, ⁶²St George's Hospital, London, United Kingdom, ⁶³St James's University Hospital, Leeds, United Kingdom, ⁶⁴St Vincent's University Hospital, Dublin, Ireland, ⁶⁵Sunderland Royal Hospital, United Kingdom, ⁶⁶Torbay and South Devon NHS Foundation Trust, United Kingdom, ⁶⁷Ulster Hospital, Belfast, Northern Ireland, ⁶⁸University Hospital of South Manchester, United Kingdom, ⁶⁹University Hospital Wales, United Kingdom, ⁷⁰Wellington Hospital, New Zealand, ⁷¹Western Health, Australia, ⁷²Weston General Hospital, Weston Super Mare, United Kingdom, ⁷³Whiston Hospital, Merseyside, United Kingdom, ⁷⁴Wigan Infirmary, United Kingdom, ⁷⁵Worthing Hospital, Western Sussex NHS Trust, United Kingdom, ⁷⁶Wrexham Maelor Hospital, United Kingdom

P4-5 Proximal-to-distal ureteric ratio (PDUR): a novel predictor of spontaneous ureteric stone passage

Sandoval Barba H¹, Scallan N¹, Chithiramohan A¹, Subramonian K¹
¹Queen Elizabeth Hospital, Birmingham, United Kingdom

P4-6 Ureteric stones and acute kidney injury: What predicts progression?

Sandoval Barba H¹, Haque R¹, King T¹, Subramonian K¹
¹Queen Elizabeth Hospital, Birmingham, United Kingdom

P4-7 Outcomes of elective ureteroscopy and stone treatment in patients with prior urosepsis and emergency drainage

Pietropaolo A¹, Kyriakides R¹, **Jones P¹**, Geraghty R¹, Oliver R¹, Somani B K¹
¹University Hospital Southampton NHS Foundation Trust, United Kingdom

P4-8 Urinary stones and intervention quality of life (USIQOL): Development of a new comprehensive patient reported outcome measure

Joshi H¹, Raja A², Teleb H¹, Bratt D², Bolomytis S³, Philip J³, Biyani C², Wood F⁴
¹University Hospital of Wales, Cardiff, United Kingdom, ²St. James University Hospital, Leeds, United Kingdom, ³Soutmead Hospital and BUI, Bristol, United Kingdom, ⁴Cardiff University, United Kingdom



P4-9 Outcomes of ureteroscopy (URS) for kidney stone disease (KSD) in patients with spinal cord injury (SCI)

Oliver R¹, New F¹, Davies M¹, Brewin J¹

¹Salisbury NHS Foundation Trust, United Kingdom

P4-10 Calyceal diverticula (CD): diagnosis and management options in the era of non-contrast CT KUB

Abushamma F¹, Ito H, Aboumarzouk O, Harding R, Philip J, Timoney A, Keeley F

¹North Bristol NHS Trust, United Kingdom

P4-11 Local anaesthetic flexible ureterorenoscopy: painful for all involved?

Kadhim H¹, Pai A¹, Wai H¹, Chan K¹, Mackie S¹, Watson G¹

¹Department of Urology, Eastbourne, United Kingdom

P4-12 Risk factors for blood transfusion following percutaneous nephrolithotomy in the UK

Althaus A¹, **Withington J²**, Finch W³, Smith D⁴, Turney B⁵, Fowler S⁶, Armitage J¹, Irving S³, Burgess N³, Wiseman O¹

¹Addenbrooke's Hospital, Cambridge, United Kingdom, ²Royal Free Hospital, London, United Kingdom, ³Norfolk and Norwich University Hospital, United Kingdom, ⁴University College Hospital, London, United Kingdom, ⁵Oxford University Hospitals, United Kingdom, ⁶The British Association of Urological Surgeons, London, United Kingdom

P4-13 Is PCNL changing in the UK - analysis of 9500 cases from the BAUS PCNL registry

Finch W¹, Armitage J², Withington J⁴, Irving S¹, Fowler S³, Burgess N¹, Wiseman O²

¹Norfolk and Norwich University Hospitals, United Kingdom, ²Addenbrookes Hospital, Cambridge, United Kingdom, ³BAUS, ⁴Guy's Hospital, London, United Kingdom

P4-14 The outcomes of ureterolysis during complex rectovaginal endometriosis surgery in stented patients

Mikhail M¹, Fisher G², Arumuham V¹, Tasleem A¹, Choong S¹, Allen S¹, Vashisht A², Saridogan E², Cutner A², Smith D¹

¹Institute of Urology, University College London Hospitals NHS Foundation Trust, United Kingdom, ²UCLH Endometriosis Centre, University College London Hospitals NHS Foundation Trust, United Kingdom

P4-15 Fate of the antegrade ureteric stent - An observational study and quality improvement project

Raju J¹, Thursby H¹, Muthoveloe D¹, George C¹, Fernando H¹, Liu S¹

¹University Hospitals of North Midlands, Stoke-on-Trent, United Kingdom

P4-16 Non-operative management of pelvi-ureteric obstruction (PUJO)

Hanah M¹, Mann G¹

¹Nottingham University Hospitals, United Kingdom, ²Rotherham General Hospital, United Kingdom



ePoster Session 5: Female, Neurological and Urodynamic Urology 1

Tuesday 26 June, Room 12, 1030 - 1200

Chairs: **Angela Birnie & Ased Ali**

- P5-1** **Paraurethral cysts in adult women – symptoms, urodynamic findings and outcomes of complete excision**
Fenner V¹, Kocadeg H¹, O'Connor E¹, Pakzad M¹, Hamid R¹, Ockrim J¹, Greenwell T¹
¹University College Hospital at Westmoreland Street, United Kingdom
- P5-2** **Is routine Martius flap interposition required in female urethral diverticula repair?**
Rizvi I¹, Suliman A¹, Almallah Z¹, Belal M¹
¹Queen Elizabeth Hospital, Birmingham, United Kingdom
- P5-3** **Percutaneous tibial nerve stimulation in overactive bladder - A prospective study**
Moghul M¹, Green L¹, Dadswell R¹, McDonald J¹
¹North Middlesex Hospital, London, United Kingdom
- P5-4** **The clinical and cost effectiveness of acupuncture for symptomatic idiopathic detrusor overactivity**
Jenks J¹, Paras J¹, **Itam S¹**, Pakzad M¹, Ockrim J¹, Hamid R¹, Greenwell T¹
¹University College Hospital at Westmoreland Street, London, United Kingdom
- P5-5** **The urological assessment of patients with postural orthostatic tachycardia syndrome**
Martyn-Hemphill C¹, Feuer J¹, Taylor C¹
¹Kings College Hospital, London, United Kingdom
- P5-6** **Time to re-think urinary retention in women?**
Harbias A¹, Olateju A¹, Montague R¹, Gunendran T¹
¹Manchester Foundation Trust - University Hospital South Manchester, United Kingdom
- P5-7** **Does chondroitin sulphate play an active role in barrier formation by normal human urothelial cell cultures?**
Phillips R¹, Smith N², Southgate J³
¹Pinderfields Hospital, Wakefield, United Kingdom, ²Hull & East Yorkshire Hospitals, United Kingdom, ³Jack Birch Unit for Molecular Carcinogenesis, University of York, United Kingdom
- P5-8** **Exploring the use of patients own fat to stimulate tissue regeneration in the pelvic floor**
Mironska E¹, Roman S¹, Chapple C², MacNeil S¹
¹Department of Materials Science and Engineering, University of Sheffield, United Kingdom, ²Royal Hallamshire Hospital, Sheffield, United Kingdom



- P5-9 Detailed characterisation of severe incontinence after robotic-assisted radical prostatectomy using urodynamics and patient reported outcome measures**
Mackenzie K¹, Davis J¹, Harding C¹, Aning J¹
¹Newcastle Upon Tyne Hospitals NHS Foundation Trust, United Kingdom
- P5-10 Patient global impression of change (PGIC) and ICIQ – urinary incontinence scoring systems demonstrate poor reliability of pad weight assessments following male sling surgery**
Itam S¹, Seth J¹, Solomon E², Pakzad M¹, Hamid R¹, Greenwell T¹, Ockrim J¹
¹University College Hospital at Westmoreland Street, London, United Kingdom, ²St Guy's and Thomas' Hospital, London, United Kingdom
- P5-11 A cadaveric pilot study of bulkamid injections for the treatment of post prostatectomy incontinence**
Fenner V¹, O'Connor E¹, Solomon E², Ockrim J¹, Greenwell T¹
¹University College Hospital at Westmoreland Street, London, United Kingdom, ²Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom
- P5-12 Autologous rectus fascia pelvic organ prolapse repair: a mesh free solution for POP?**
Seth J¹, Toia B¹, Ecclestone H¹, Pakzad M¹, Hamid R¹, Greenwell T¹, Ockrim J¹
¹University College London Hospital, United Kingdom
- P5-13 Still safe and successful? Long term results of 100 consecutive transobturator tapes**
Croghan S¹, MacCraith E¹, Costigan G, Niall O¹, Lennon G¹
¹St. Vincent's Hospital Group, Dublin, Ireland
- P5-14 Efficacy of the autologous fascial sling in the neuropathic population**
Downey A¹, Reid S¹
¹Princess Royal Spinal Injuries Unit, Sheffield, United Kingdom
- P5-15 Bladder neck artificial urinary sphincter (BN AUS) for recurrent urodynamically proven stress urinary incontinence and mixed urinary incontinence - outcomes of implantation**
Fenner V¹, Kocadeg H¹, Benamer D¹, O'Connor E¹, Andrich D¹, Ockrim J¹, Greenwell T¹, Mundy A¹
¹University College Hospital at Westmoreland Street, London, United Kingdom



ePoster Session 6: Prostate Cancer

Tuesday 26 June, 1400 - 1545 Room 4

Chairs: Alan Partin & Prasanna Sooriakumaran

P6-1 An intratumoural cytotoxic immunotherapy approach in a syngeneic murine model of prostate cancer

Papaevangelou E¹, Smolarek D¹, **Elhage O**¹, Smith R¹, Dasgupta P¹, Galustian C¹

¹King's College London, United Kingdom

P6-2 White blood cells from prostate cancer patients carry distinct chromosome conformations

Pchejetski D², **Shah T**^{1,4}, Alshaker H⁵, Ramadass A³, Hunter E³, Akoulitchev A³, Winkler M^{1,4}

¹Charing Cross Hospital, Imperial College Healthcare NHS Trust, London, United Kingdom, ²School of Medicine, University of East Anglia, Norwich, United Kingdom, ³Oxford BioDynamics Limited, United Kingdom,

⁴Department of Surgery and Cancer, Imperial College London, London, United Kingdom, ⁵Department of Pharmacology and Biomedical Sciences, Faculty of Pharmacy and Medical Sciences, Petra University, Amman, Jordan

P6-3 An innovative prostate cancer screening clinic in the community

Shah J¹, **Minns S**¹

¹Burton Hospitals NHS Foundation Trust, Burton Upon Trent, Staffordshire, United Kingdom

P6-4 Image fusion targeted prostate biopsy in 740 men at risk: a multicentre evaluation showing low diagnostic yield of significant cancer in non-targeted biopsies

Miah S¹, Eldred-Evans D², Shah T¹, Hosking-Jervis F², Laniado M³, Hindley R³, Doherty A³, Sinclair A³, Burke D³, Bhardwa J³, Karim O³, Montgomery B³, Bott S³, Barber N³, Winkler M¹, Allen C⁴, Ahmed H²

¹Charing Cross Hospital, London, United Kingdom, ²Imperial College, London, United Kingdom, ³Nuada Medical, London, United Kingdom, ⁴University College London Hospital, United Kingdom

P6-5 The PRECISION study: Prostate evaluation for clinically important disease, sampling using image-guidance or not? (NCT02380027)

Kasivivanathan V¹, Rannikko A², Borghi M³, Panebianco V⁴, Mynderse L⁵, Vaarala M⁶, Briganti A⁷, Budäus L⁸, Hellawell G⁹, Hindley R¹⁰, Roobol M¹¹, Eggen S¹², Ghei M¹³, Villers A¹⁴, Bladou F¹⁵, Villeirs G¹⁶, Viridi J¹⁷, Boxler S¹⁸, Robert G¹⁹, Singh P²⁰, Venderink W²¹, Hadaschik B²², Ruffion A²³, Hu J²⁴, Margolis D²⁴, Crouzet S²⁵, Klotz L²⁶, Taneja S²⁷, Pinto P²⁸, Gill I²⁹, Allen C¹, Giganti F¹, Freeman A¹, Morris S¹, Punwani S¹, Williams N³⁰, Brew-Graves C³⁰, Takwoingi Y³¹, Emberton M¹, Moore C¹

¹University College London and University College Hospital London, United Kingdom, ²Helsinki University and Helsinki University Hospital, Finland, ³Centro de Urologia CDU, Argentina, ⁴Sapienza University, Italy, ⁵Mayo Clinic, Rochester, MN, USA, ⁶University of Oulu and Oulu University Hospital, Finland, ⁷San Raffaele Hospital, Italy, ⁸Martini Klinik, Germany, ⁹London North West Healthcare NHS Trust, United Kingdom, ¹⁰Hampshire Hospitals NHS Foundation Trust, United Kingdom, ¹¹Erasmus University Medical Center, the Netherlands, ¹²University of Chicago, USA, ¹³Whittington Health NHS Trust, United Kingdom, ¹⁴CHU Lille, France, ¹⁵Jewish General Hospital, Canada, ¹⁶Ghent University Hospital, Belgium, ¹⁷Princess Alexandra Hospital NHS Trust, United Kingdom, ¹⁸University Hospital Bern, Switzerland, ¹⁹Bordeaux Pellegrin University Hospital, France, ²⁰Royal Free London NHS Foundation Trust, United Kingdom, ²¹Radboud UMC, the Netherlands, ²²University Hospital Essen, Germany, ²³Hospices Civils de Lyon, Centre Hospitalier Lyon Sud, France, ²⁴Weill Cornell Medicine New York-Presbyterian Hospital, USA, ²⁵Hospices Civils de Lyon of the Hôpital Edouard Herriot, France, ²⁶Sunnybrook Health Sciences Centre, Canada, ²⁷New York University Langone Medical Centre, USA, ²⁸National Institute



for Health, Bethesda, USA, ²⁹University Southern California Institute of Urology, Keck School of Medicine, USA, ³⁰University College London Surgical and Interventional Trials Unit, United Kingdom, ³¹University of Birmingham, United Kingdom

- P6-6 The 4Kscore predicts adverse pathology at radical prostatectomy in men diagnosed at biopsy with gleason 6**
Galvin D³, Haese A¹, Hou D², Eggener S²
¹University Clinic Eppendorf, Martini-Klinik Prostate Cancer Centre, Hamburg, Germany, ²University of Chicago, Department of Surgery, Chicago, United States of America, ³Mater and St Vincent's Hospitals, Dublin, Ireland
- P6-7 Role of 68Ga prostate-specific membrane antigen-targeted PET/CT imaging in primary tumour assessment: improved detection of multifocal disease on whole gland histology compared to multiparametric MRI**
Donato P¹, Roberts M^{1,2}, Coughlin G¹, Dungleison N¹, Esler R¹, Yaxley J^{1,2}
¹Royal Brisbane and Women's Hospital, Queensland, Australia, ²The University of Queensland, Faculty of Medicine, Brisbane, Australia
- P6-8 Outcomes of local anaesthetic transperineal biopsies in the outpatient setting: How does this compare to conventional biopsy methods?**
 Kum F¹, **Maliyil J**², Kulkarni M¹, Faure-Walker N¹, Elhage O^{1,2}, Challacombe B^{1,2}, Cathcart P¹, Popert R¹
¹Guy's and St. Thomas' Hospitals, London, United Kingdom, ²King's College London School of Medicine, London, United Kingdom
- P6-9 PREDICT: prostate - a novel individualised prognostic model that estimates survival in newly diagnosed primary non-metastatic prostate cancer**
Thurtle D^{1,2}, Greenberg D⁴, Huang H⁵, Lee L⁵, Pharoah P³, Gnanapragasam V^{1,2}
¹Cambridge University Hospitals NHSFT, United Kingdom, ²Academic Urology Group, University of Cambridge, United Kingdom, ³Centre for Cancer Genetic Epidemiology, University of Cambridge, United Kingdom, ⁴National Cancer Registry and Analysis Service, Public Health England, Fulbourn, United Kingdom, ⁵Department of Urology, Singapore General Hospital,
- P6-10 Predicting risk for pathological stage and prognostic grade in patients undergoing robotic prostatectomy: a contemporary UK based calculator**
Chahal R¹, Singh R¹, Addla S¹, Yates D², Heer R³, Conford P⁴, Weston R⁴, Ramani V⁵, Lau M⁵, Kumar M⁶, Faisal M⁷
¹Bradford Teaching Hospitals Foundation Trust, United Kingdom, ²Sheffield Teaching Hospitals, United Kingdom, ³NUTHFT, Newcastle, United Kingdom, ⁴RLBUHT, Liverpool, United Kingdom, ⁵CNFT, Manchester, United Kingdom, ⁶WUTH, Wirral, United Kingdom, ⁷University of Bradford, United Kingdom
- P6-11 A single centre experience in treating localised prostate cancer with focal HIFU ablation over 8 years**
 Hanna M¹, **Johnston M**¹, Thorman H¹, Bott S², Emara A¹, Hindley R¹
¹Basingstoke and North Hampshire Hospital, United Kingdom, ²Frimley Park Hospital, Camberley, United Kingdom
- P6-12 A phase III study comparing partial prostate ablation versus radical prostatectomy (PART) in intermediate risk prostate cancer - initial data from the feasibility study**
Leslie T¹, Elliott D³, Davies L², Burns R², Le Conte S², Thomson C², Gray R², Wolstenholme J², Verrill C², Fitzpatrick R², Gleeson F², Rosario D⁴, Catto J⁴, Bryant R², Lamb A², Brewster S¹, Dudderidge T⁵, Hindley R⁶, Sooriakumaran P⁷, Ahmed H⁸, Donovan J³, Hamdy F²
¹Oxford University Hospitals NHS Foundation Trust, United Kingdom, ²Nuffield Department of Surgical



Sciences, University of Oxford, United Kingdom, ³Population Health Sciences, Bristol Medical School, University of Bristol, United Kingdom, ⁴Department of Oncology & Metabolism, University of Sheffield, United Kingdom, ⁵University Hospital Southampton NHS Foundation Trust, United Kingdom, ⁶Hampshire Hospitals NHS Foundation Trust, Basingstoke, United Kingdom, ⁷University College London Hospital NHS Foundation Trust, United Kingdom, ⁸Department of Surgery & Cancer, Imperial College London, United Kingdom

P6-13 Toxicity of radiotherapy following radical prostatectomy: a national population-based study evaluating the impact of timing and modality

Sujenthiran A¹, Parry M¹, Nossiter J¹, Cathcart P³, Payne H⁴, van der Meulen J², Clarke N⁵, Aggarwal A³

¹Clinical Effectiveness Unit, Royal College of Surgeons, London, United Kingdom, ²London School of Hygiene & Tropical Medicine, United Kingdom, ³Guy's & St Thomas' Hospital, London, United Kingdom, ⁴University College London Hospital, United Kingdom, ⁵Salford Royal NHS Foundation Trust, Manchester, United Kingdom

P6-14 PATCH - Prostate adenocarcinoma: transcutaneous hormones. A randomised comparison evaluating cardiovascular morbidity and mortality of transdermal oestradiol versus luteinising hormone-releasing hormone agonists in advanced prostate cancer

Langley R¹, Duong T¹, **Clarke N**², Kynaston H³, Rosen S⁴, Alhasso A⁵, Nankivell M¹, Dearnaley D⁶, Kockelbergh R⁷, Godsland I¹⁰, Sundaram S⁹, Dixit S¹⁰, Laniado M¹¹, Pope A¹², Tyson C¹, Goldstein C¹, Parmar M¹, Gilbert D¹, Abel P

¹MRC Clinical Trials Unit At UCL, London, United Kingdom, ²Christie Hospitals NHS Foundation Trust, Department of Urology, United Kingdom, ³Cardiff School of Medicine, Cardiff University, United Kingdom, ⁴National Heart and Lung Institute, Imperial College London, United Kingdom, ⁵The Beatson West of Scotland Cancer Centre, Glasgow, United Kingdom, ⁶The Institute of Cancer Research, London, United Kingdom, ⁷University Hospitals of Leicester, United Kingdom, ⁸Division of Diabetes Endocrinology and Metabolism, London, United Kingdom, ⁹Mid-Yorkshire Hospitals NHS Trust, Pinderfields General Hospital, Wakefield, United Kingdom, ¹⁰Scunthorpe General Hospital, North Lincolnshire and Goole NHS Trust, Scunthorpe, United Kingdom, ¹¹Frimley Health NHS Foundation Trust, Wexham Park Hospital, United Kingdom, ¹²The Hillingdon Hospitals NHS Foundation Trust, London, United Kingdom, ¹³Imperial College London, London, United Kingdom

P6-15 Prospective pilot study of patient-reported fatigue, physical activity and cardiovascular status in men after robotic-assisted radical prostatectomy

Ashton R¹, Tew G¹, Saxton J¹, Aning J²

¹Northumbria University, Newcastle Upon Tyne, United Kingdom, ²Department of Urology, Freeman Hospital, Newcastle Upon Tyne, United Kingdom

P6-17 Association between maximal urethral length and continence following robotically assisted radical prostatectomy

Cahill D¹, Kim L¹, Patel A¹, **Jallad S**¹, Taghavi Azar Sharabiani M¹, Kinsella N¹, Ap Daffyd D¹

¹The Royal Marsden Hospital, London, United Kingdom

P6-18 Retzius-sparing robotic radical prostatectomy for high-risk prostate cancer

Moschonas D¹, Kusuma M¹, Pavlakis P¹, **Eden C**¹

¹The Royal Surrey County Hospital, Guildford, United Kingdom

P6-19 Extended pelvic lymph node dissection: Long way to 'optimal case selection'

Panayi Z¹, Jones R, Riley G, Kumar M, Nambirajan T

¹Wirral University Teaching Hospital, Liverpool, United Kingdom



P6-20 High rate of adverse features at salvage radical prostatectomy compared to initial diagnosis in men who experience recurrence following high intensity focused ultrasound as primary treatment of localized prostate cancer

Thompson J¹, Sridhar A^{1,2}, Tan W², Mazzon G¹, Khetrpal P², Shaw G¹, Rajan P¹, Mohammad A¹, Wilkinson K¹, Briggs T¹, Nathan S¹, Sooriakumaran P¹, Kelly J^{1,2}

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



ePoster Session 7: General Urology 1

Tuesday 26 June, 1400 - 1500, Room 12

Chairs: David Thomas & Andrew Moon

P7-1 **Is it safe to carry out flexible cystoscopy when urinary dipstick is positive for 'infection'? Results of a prospective clinical study**

Trail M¹, Cullen JM¹, Dick L¹, Fulton E¹, MacGregor E¹, Clayton F¹, Kalima P², Donat R¹, Mariappan P¹

¹Department of Urology, Western General Hospital, Edinburgh, United Kingdom, ²Department of Medical Microbiology and Virology, Western General Hospital, Edinburgh, United Kingdom

P7-2 **A clear history of lower urinary tract haematuria does not always require extensive radiological investigation of the upper urinary tract**

Stewart H¹, Abed O¹, Wemyss-Holden G¹, Srirangam S¹

¹East Lancashire Hospitals NHS Trust, Blackburn, United Kingdom

P7-3 **What is abnormal? the utility of c-reactive protein as a marker of sepsis post major urological surgery**

Kho C¹, Crawford R¹, Cartwright R², Rashid T¹

¹Charing Cross Hospital, London, United Kingdom, ²Imperial College London, United Kingdom

P7-4 **The first experience in the United Kingdom of using the novel treatment Uromune® in men with recurrent urinary tract infections**

Yang B¹, Foley S¹, Charlesworth P¹

¹Urology at Royal Berkshire Hospital, Reading, United Kingdom

P7-5 **The contemporary management of traumatic renal injury at a UK major trauma centre**

Georgiades F¹, Aldiwani M¹, Omar I¹, Angel-Scott H¹, Vale J¹, Mayer E¹

¹St Mary's Hospital, Imperial College Healthcare NHS Trust, London, United Kingdom

P7-6 **Pelvic fracture urethral injury - the nature of the causative injury correlates strongly with surgical treatment and outcome**

Ivaz S¹, Bugeja S¹, Frost A¹, Dragova M¹, Andrich D¹, Mundy A¹

¹University College London Hospitals, NHS Foundation Trust, London, United Kingdom

P7-7 **Centralisation of paediatric services: assessing impact in suspected testicular torsion**

Zimmermann E¹, Cichosz R¹, Rajjayabun P¹

¹Alexandra Hospital, Redditch, United Kingdom

P7-8 **A multicentre prospective study evaluating the outcomes from emergency scrotal exploration**

Morton S¹, Fitzpatrick J¹, Haq K¹, Lee T¹, Luk A¹, MacKenzie K¹, O'Hare T¹, Tahira A¹, Harding C¹

¹Freeman Hospital, Newcastle, United Kingdom



P7-9 Can a virtual stone clinic improve patient care at a reduced cost?

Petrides N¹, Kheirandish P¹, Papadopoulos G¹, Shrotri N¹, Krishnan R¹

¹Kent and Canterbury Hospital, United Kingdom

P7-10 Device to remotely monitor catheter output: results of a pilot trial

Mosli-lynch C¹, Barton-Grimley D², Vismer M²

¹University College London Hospitals, United Kingdom, ²OpSense Medical Devices, London, United Kingdom



ePoster Session 8: General Urology 2

Wednesday 27 June, 1100-1200, Room 4

Chairs: Mark Speakman & Nick Campain

- P8-1 Can a low power holmium laser enucleate large prostates? operative and patient outcome data for 132 50-watt HoLEPs in prostates > 75cc from a single centre**
Khan F¹, Saleemi A¹, Barrass B¹, Taneja S¹, Mohammed A¹, Alam A¹, Nunney I²
¹Luton & Dunstable NHS Foundation Trust, United Kingdom, ²Norwich Medical School, United Kingdom
- P8-2 Rezūm water vapour thermal therapy for benign prostatic hyperplasia: early results from the United Kingdom**
Johnston M¹, Gehring T¹, Montgomery J¹, Rajkumar G¹, Emara A¹, Nedas T¹, Ahmed H², Hindley R¹
¹Department of Urology, Basingstoke and North Hampshire Hospital, United Kingdom, ²Department of Surgery & Cancer, Imperial College London, London, United Kingdom
- P8-3 Prostatic artery embolisation for the treatment of lower urinary tract symptoms and catheter-dependent urinary retention in patients with benign prostatic hyperplasia**
Fadel M¹, Das R¹, Katmawi-Sabbagh S¹
¹St George's NHS Foundation Trust, London, United Kingdom
- P8-4 Prostatic arterial embolisation: outcomes at a UK tertiary referral centre**
Johnstone C¹, Kumar P¹, Ravi R¹, Lucky M¹, Baird A¹
¹Aintree University Teaching Hospital, Liverpool, United Kingdom
- P8-5 Day case TURP in a stand-alone unit with no beds - is this feasible? Prospective review of the first 100 cases**
Blach O¹, Teixeira H¹, Peacock J¹, Woodhams S¹
¹Worthing Hospital, United Kingdom
- P8-6 Age is but a number: greenlight laser prostatectomy is a safe day surgery operation for men of 75 years and over**
Rintoul-hoad S¹, Giona S¹, Khan A¹, Brown C¹, Catterwell R¹, Muir G¹
¹King's College Hospital, London, United Kingdom
- P8-7 The WATER study clinical results - a phase III blinded randomized trial of aquablation vs. TURP with blinded outcome assessment for moderate-to-severe LUTS in men with BPH**
Barber N¹, Thomas A², Aho T³, WATER study group
¹Frimley Park Hospital, Surrey, United Kingdom, ²Princess of Wales Hospital, Bridgend, Wales, ³Addenbrooke's Hospital, Cambridge, United Kingdom



- P8-8** **Chronic urinary retention in the elderly: outcomes for surgery vs long term catheterisation**
Connell R¹, Voss J¹, Ramanayake J¹
¹Royal Hampshire County Hospital, Winchester, United Kingdom
- P8-9** **3 years follow up results of MediTate® temporary implantable nitinol device (TIND) implantation for the BPH related bladder outlet obstruction treatment**
Popriglia F¹, Amparore D¹, Bertolo R¹, Checcucci E¹, Fiori C¹
¹San Luigi Hospital, Orbassano - Turin, Italy
- P8-10** **Pilot trial of a device to remotely monitor and asses voiding**
Mosli-lynn C¹, Barton-Grimley D², Vismar M²
¹University College London Hospital, United Kingdom, ²OpSense Medical Devices, London, United Kingdom
- P8-11** **Greenlight XPS Laser photoselective vapourization of prostate (PVP) in high risk patients**
Waters D¹, Khalid R¹, Omeire F¹, Jones B¹
¹Hermitage Medical Clinic, Dublin, Ireland



ePoster Session 9: Renal Cancer and Testis Cancer

Wednesday 27 June, 1200 - 1330, Room 4

Chairs: David Nicol & Archie Fernando

- P9-1 Benign testicular tumour in non-palpable scrotal lesions in patients with abnormal testicular ultrasound**
Phan Y^{1,2}, Loh A^{2,3}, Rosli M², Anankumar A^{2,4}, Lynn N²
¹Hereford County Hospital, United Kingdom, ²Royal Shrewsbury Hospital, United Kingdom, ³Royal Stoke University Hospital, United Kingdom, ⁴Worcestershire Royal Hospital, United Kingdom
- P9-2 Outcomes of testes-sparing surgery for the treatment of testicular masses: a multi-centre study**
 Ward K¹, Almekaty K², Kelly B¹, Bhandari C², Patel K¹, Patel P¹, Garaffa G², Shabbir M³, Minhas S², **Viney R**¹
¹University Hospitals Birmingham NHS Foundation Trust, United Kingdom, ²University College London Hospitals, United Kingdom, ³Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom
- P9-3 A comparison of robotic and open retroperitoneal lymph node dissection in a centralised single surgeon post-chemotherapy surgical practice**
 Johnston T¹, Lee E¹, Coret M¹, Adshead J¹, Baldwin P¹, Klatte T¹, Riddick A¹, **Thomas B**¹
¹Addenbrooke's Hospital, Cambridge, United Kingdom
- P9-4 9p chromosomal deletion on array-based copy number analysis predicts recurrence in non-metastatic clear cell renal cell carcinoma (ccRCC) following surgical resection**
Quddus B¹, El-Mokadem I¹, Fleming S¹, Pratt N¹, **Nabi G**¹
¹Ninewells Hospital, Dundee, United Kingdom
- P9-5 Change in nephrometry scoring in small renal masses (<4cm) on active surveillance: observations from Tayside active surveillance cohort (TASC) study**
Zang W¹, Paterson C¹, Lang S¹, Szewczyk-Bieda M¹, Nabi G¹
¹Ninewells Hospital, Dundee, United Kingdom
- P9-6 Active surveillance of sporadic renal masses: experience from a single tertiary centre**
Neves J^{1,2}, Parker J², Tanabalan C², Walkden M^{2,3}, Grant L², Ramachandran N³, Patki P², Mumtaz F², Aitchison M², Bex A², Barod R², Tran M^{1,2}
¹University College London, United Kingdom, ²Royal Free London NHS Foundation Trust, London, United Kingdom, ³University College London Hospitals NHS Foundation Trust, United Kingdom
- P9-7 Staging CT chest is not required in the diagnostic evaluation of patients with cT1a renal cell carcinoma**
Mains E¹, Trail M¹, Phipps S¹, McNeill A¹, Leung S¹, Laird A¹
¹NHS Lothian University Hospitals, Edinburgh, United Kingdom



- P9-8 Introduction of robot assisted nephro-ureterectomy: The potential for improved initial perioperative outcomes over a conventional laparoscopic approach**
Hughes-Hallett A¹, Webster G¹, Al-Akraa M¹, Mumtaz F¹, Tran M¹, Patki P¹, Aitchison M¹, Barod R¹
¹Specialist Centre for Kidney Cancer, Royal Free London NHS Foundation Trust, United Kingdom
- P9-9 Can we select patients with upper tract Urothelial Carcinoma suitable for neoadjuvant chemotherapy (NAC) from preoperative data?**
Abushamma F¹, Catto J, Kockelbergh R, Johnson M, Birtle A, Jones R, Fowler S, Keeley F
¹North Bristol NHS Trust, United Kingdom
- P9-10 The continuous evolution of robotic assisted partial nephrectomy in complex renal tumours: a selection rather than a learning curve**
De Luyk N¹, Marconi L¹, Namdarian B¹, Lo W¹, Rajangam A¹, Catterwell R¹, Fernando A¹, Challacombe B¹
¹Guy's And St Thomas' Hospital NHS Foundation Trust, London, United Kingdom
- P9-11 Retroperitoneal robotic partial nephrectomy for T1b and larger tumours**
Segaran S¹, Hussain M¹, Barber N¹
¹Frimley Park Hospital, United Kingdom
- P9-12 Nephron sparing surgery (NSS) in single kidneys: perioperative, functional and oncological outcomes**
Rintoul-hoad S¹, Fernando A¹, Nair R¹, Challacombe B¹, O'Brien T¹
¹Urology Centre, Guy's and St Thomas' NHS Foundation Trust Hospital, London, United Kingdom
- P9-13 Optimal surgical treatment of T1 renal tumours correlates with nephrectomy volume**
 Tran M1², Aben K³, **Neves J¹**, Fowler S⁵, Sullivan M⁷, Stewart G⁶, Challacombe B⁸, Mahrous A², Patki P², Mumtaz F², Barod R², Aitchison M², Bex A^{2,4}
¹UCL Division of Surgery and Interventional Science, London, United Kingdom, ²Specialist Centre for Kidney Cancer, Royal Free Hospital, London, United Kingdom, ³Netherlands Comprehensive Cancer Centre, Netherlands, ⁴Netherlands Cancer Institute, Netherlands, ⁵BAUS, United Kingdom, ⁶Cambridge University Hospitals, Addenbrookes Hospital, United Kingdom, ⁷Oxford University Hospitals, Churchill Hospital, United Kingdom, ⁸Guy's Hospital and King's College London, United Kingdom
- P9-14 Outcomes in an octogenarian cohort - a retrospective analysis of 15 years of laparoscopic nephrectomies within a regional centre**
Norton S¹, Murugappan S¹, Hong M¹, Grills R¹
¹University Hospital Geelong, Australia
- P9-15 Simultaneous cardiac and renal surgery for renal and retroperitoneal tumours invading the right atrium & peri-diaphragmatic inferior vena cava: oncological outcome & long-term survival**
Warren H¹, Fernando A¹, Austin C¹, Thomas K¹, Chowdhury S¹, O'Brien T¹
¹Guy's & St Thomas' NHS Foundation Trust, London, United Kingdom



P9-16 Investigation of the IMDC prognostic model as a predictor of outcome from cytoreductive nephrectomy in metastatic renal cell carcinoma

Hendry J², Beh I¹, Clement K², Leung S¹, McNeill A¹, O'Connor K³, Riddick A⁴, Stewart G⁴, Qureshi K², Aboumarzouk O², Oades G², Laird A¹

¹NHS Lothian University Hospitals, Edinburgh, United Kingdom, ²Queen Elizabeth University Hospital, Glasgow, United Kingdom, ³Cork University Hospital, Ireland, ⁴Addenbrooke's Hospital, Cambridge, United Kingdom



ePoster Session 10: Female, Neurological and Urodynamic Urology 2

Wednesday 27 June, 1100 - 1230, Room 12

Chairs: **Shahzad Shah & Neil Harris**

- P10-1 OnabotulinumtoxinA injection to the external urethral sphincter for voiding dysfunction in females: a tertiary centre experience**
Kocadag H¹, Trimboli M¹, Seth J¹, O'Connor E¹, Itam S¹, Hamid R¹, Ockrim J¹, Greenwell T¹, Pakzad M¹
¹University College London Hospital, United Kingdom
- P10-2 Intravesical botulinum toxin-A injection for the treatment of overactive bladder in anticoagulated patients - is it safe?**
Luton O¹, Smith H¹, Lindly A¹, Kneen A¹, Younis A¹
¹Morrison Hospital, Swansea, United Kingdom
- P10-3 Mid-urethral tape procedures; 10-year experience of insertion and removal**
Chan K¹, Kadhim H¹, Whitling P¹, Rudd I¹, Moore J¹
¹Eastbourne District General Hospital, United Kingdom
- P10-4 Management of urological complications of mid urethral tape within a centralised centre: analysis of surgical management 2016-2018**
Doohar M¹, Saidan D², Guerrero K², Granitsiotis P¹
¹Western General Hospital, Edinburgh, United Kingdom, ²Queen Elizabeth Hospital, Glasgow, United Kingdom
- P10-5 Outcomes of bladder neck closure for intractable stress urinary incontinence**
Mosli-lynn C¹, Pakzad M¹, Hamid R¹, Ockrim J¹, Greenwell T¹
¹University College London Hospitals, United Kingdom
- P10-6 Lower urinary tract symptoms and urodynamic findings before and after urethral diverticulum excision**
Seth J¹, Pakzad M¹, Hamid R¹, Ockrim J¹, Greenwell T¹
¹UCLH, London, United Kingdom
- P10-7 Circumferential and dorsal urethral diverticula: a contemporary experience of the most challenging group of diverticula**
Seth J¹, Itam S¹, Pakzad M¹, Hamid R¹, Ockrim J¹, Greenwell T¹
¹University College London Hospital, United Kingdom, ²University College London Hospital, United Kingdom
- P10-8 Increasing vaginal repair of vesicovaginal fistulae does not affect outcome**
Itam S¹, Barratt R¹, Pakzad M¹, Hamid R¹, Ockrim J¹, Shah J¹, Greenwell T¹
¹University College Hospital at Westmoreland Street, London, United Kingdom
- P10-9 The outcomes of urethrovaginal fistula repair**
Barratt R¹, Kotes S², Pakzad M², Hamid R², Ockrim J², Greenwell T²
¹Whipps Cross Hospital, London, United Kingdom, ²University College London Hospital, United Kingdom



P10-10 A prospective study of the safety and outcomes of robotic-assisted laparoscopic ureterolysis including a comparative analysis with open ureterolysis in patients with ureteric obstruction from retroperitoneal fibrosis (RPF) managed in a Specialist RPF Centre

Fernando A¹, Challacombe B¹, De La Rosa A¹, O'Brien T¹

¹Guy's and St Thomas' NHS Trust, London, United Kingdom WITHDRAWN

P10-11 The long-term outcome of mitrofanoff in adults

Kocadag H¹, O'Connor E¹, Malide S², Raja L¹, Foley C³, Taylor C², Wood D¹, Ockrim J¹, Greenwell T¹

¹University College Hospital at Westmoreland Street, London, United Kingdom, ²Guy's and St Thomas' Hospital, London, United Kingdom, ³Lister Hospital, Stevenage, United Kingdom

P10-12 Appendix or ileum - which is the best material for mitrofanoff channel formation?

Kocadag H¹, O'Connor E¹, Malde S², Raja L¹, Foley C³, Taylor C², Wood D¹, Ockrim J¹, Greenwell T¹

¹University College Hospital at Westmoreland Street, London, United Kingdom, ²Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom, ³Lister Hospital Stevenage, United Kingdom

P10-13 Outcomes of surgery for treatment refractory bladder pain syndrome / interstitial cystitis

Downey A¹, Osman N¹, Park J¹, Mangera A¹, Inman R¹, Reid S¹, Chapple C¹

¹Royal Hallamshire Hospital, Sheffield, United Kingdom

P10-14 Is obstruction of ileal conduit after parastomal hernia repair with porcine derived tissue matrix Strattice™ a valid concern?

Kocadag H¹, Kotes S¹, Greenwell T, Wood D, Ockrim J

¹UCLH, London, United Kingdom

P10-15 The incidence of pyocystis following ileal conduit urinary diversion for benign aetiology and subsequent requirement for remnant bladder cystectomy

Mankaryous G², **Barratt R**¹, Pakzad M², Hamid R², Ockrim J², Greenwell T²

¹Whipps Cross Hospital, London, United Kingdom, ²University College London Hospital, United Kingdom



Unmoderated ePosters: History of Urology

- U1** **Rising to the occasion: evolution of the vacuum erection device**
Humayun-Zakaria N¹, Wharton I¹
¹University Hospital Coventry & Warwickshire, United Kingdom
- U2** **Urologists to the desert rats – serendipitous skills of the world war II urologists**
Grice P¹, Lee X¹, Goddard J¹
¹Leicester General Hospital, United Kingdom
- U3** **The pioneers of evidence-based radical cystectomy with pelvic lymph node dissection**
Clement K¹, Manson R¹, Bhatt J¹
¹Queen Elizabeth University Hospital, Glasgow, United Kingdom
- U4** **What is Greek and Latin in urology?**
Chithiramohan A¹, **Subramonian K¹**
¹Queen Elizabeth Hospital Birmingham, United Kingdom
- U5** **When in Rome: the reversal of circumcision described by Aulus Cornelius Celsus (c. 25 BC – c. 50 AD)**
Brittain J¹, Connor M²
¹Charing Cross Hospital, London, United Kingdom, ²St George's Hospital, London, United Kingdom
- U6** **Henry Hugh Clutton: of stones and bones**
Maheesan T¹, Drummond L¹, Ali A¹
¹Frimley Park Hospital, Surrey, United Kingdom
- U7** **Mastering stones and bones: Henry Jacob Bigelow (1818 – 1890)**
Connor M¹, **Brittain J²**
¹St. George's University Hospitals NHS Foundation Trust, London, United Kingdom, ²Charing Cross Hospital, Imperial College Healthcare NHS Trust, London, United Kingdom
- U8** **Francis Seymour Kidd (1878 – 1934) – urologist and co-founder of British Journal of Urology (BJU)**
Lee X¹, Grice P¹, Goddard J¹
¹University Hospital Leicester NHS Trust, United Kingdom
- U9** **John Wickham (1929-2017): a celebration**
Hodgson D¹, **Menzies-Wilson R¹**
¹Queen Alexandra, Portsmouth, United Kingdom



BAUS Meeting of Core Trainees in Urology

Room 11A

Tuesday 26 June, 1330-1630

1410-1500 **Paper Presentations:** 5 minutes per paper

1500-1545 **ePoster Presentations:** 3 minutes per ePoster

<i>Presentation</i>	<i>Title</i>	<i>Presenter</i>
Paper 1	Radiation Safety Compliance: A Quality Improvement Project assessing Thyroid Shield Usage in Urology	Eleanor Zimmerman
Paper 2	Do Operative Notes in the Urology Department Comply with 'Good Surgical Practice'? A Three Cycle Audit Improving Patient Safety	Ricky Ellis
Paper 3	Reducing antibiotics for Trans rectal ultrasound guided prostate biopsy: sensible or dangerous?	George Hill
Paper 4	Minimising the number of on-the- day cancellations for urological procedures through improved detection of bacteriuria pre- operatively: closed loop audit	Julian Peacock
Paper 5	The WHO surgical safety checklist: Will it ever be more than a tick box exercise? Using simulation-based training to improve compliance and quality of implementation in patients undergoing urological procedures	Nisha Pindoria
Paper 6	Avoidable Factors and Delays to Urology Theatre Lists in Greater Glasgow and Clyde	Jade Singh
Paper 7	Improving the prostate cancer 2 week wait referral pathway	Danielle Whiting
ePoster PCU-1	Non-contrast CT-KUB in the assessment of acute ureteric colic - are we 'over-scanning' and over- radiating our patients? A closed loop audit	Adnan Ahmad
ePoster PCU-2	Whipps Cross Hospital Botox Service Audit and QIP	Heather Barnett



ePoster PCU-3	The introduction of day case Transurethral Resection of the Prostate at a District General Hospital in the South of England	Sam Folkard
ePoster PCU-4	Biopsy Diagnosis in Renal Masses: Compliance with BAUS Guidance	Kathryn Gillams
ePoster PCU-5	Sepsis post ureteroscopy: does pre-operative urine screening help? Pre-operative urine screening and prophylactic antibiotic use in ureteroscopy	Mei-Ling Henry
ePoster PCU-6	Day Case Optical Urethrotomies, Introducing A Pathway.	Rebecca Hilbert
ePoster PCU-7	A Complete Loop Quality Improvement Project into the need, safety and cost of routine Group and Save samples in patients undergoing Elective Transurethral Resection of Bladder Tumour	Sidney Parker
ePoster PCU-8	Audit of Detrusor Muscle Sampling in Trans-Urethral Resection of Bladder Tumour	Louise English
ePoster PCU-9	Staging TURBT: Are we doing it right?	Tara Sibartie
ePoster PCU-10	An Audit of Unnecessary Over-radiation in Renal Colic Diagnosis	Nick Simson
ePoster PCU-11	Computed Tomography for suspected renal colic in a regional stone unit: Are we diagnosing effectively and appropriately?	Tony Tien



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Teaching and Skills Courses - Introduction

Focussed, innovative and high-quality teaching from the experts

BAUS 2018 continues to provide an excellent BAUS Scientific Programme combined with Teaching and Skills courses for all subspecialties.

As the annual meeting has been reduced to a 3-day meeting, the Teaching and Skills portfolio has continued to be reduced. This will ensure that courses deliver high quality teaching and receive the best delegate feedback.

This year, the teaching programme has a number of courses which will appeal to delegates at all stages of their training and career. As in previous years each course will run in parallel to the main meeting. Delegates are encouraged to book early as we expect courses will prove to be popular - in particular the Skills Course. Each Course has a limited number of spaces to ensure that they tutor to delegate ratio and allow participants to benefit from expert supervision.

New courses include a Skills Course on MRI and Target Biopsy, which I'm sure will prove popular with all those delegates undertaking prostate cancer diagnostics. In addition, there is a Urology Finishing School course aimed at senior trainees and recently appointed consultants which is a 'nuts and bolts' overview of all you need to know to develop a successful career in urology. Finally, there is a new course on the basics of Research Methodology - the course content aligns with and meets the criteria described in the Urology SAC Curriculum which will be helpful for Urology Trainees.

The popular courses Paediatric Urology and Modern Management of Stone Disease continue, and the Practical Andrology for the General Urologist is retained for another year. All three courses will run on the Tuesday of the meeting. We are grateful for BJUI for running another course, which this year will focus on developing a standardised system for trainee-led Quality Improvement projects.

As always, we are heavily reliant on your feedback after attending these courses, which is used to improve the educational content each year. Feedback can be left via the BAUS 2018 Conference App and/or via online feedback forms which will be distributed to each course participants in advance.

I would like to thank all the course directors, faculty, and BAUS staff who have dedicated their time and expertise in arranging the courses this year.

Best wishes and see you at the meeting.

Asif Muneer

BAUS Honorary Secretary Elect





Teaching and Skills Courses - at a Glance

No.	Course Title	Location	Time	No. of Spaces	Cost	Course Director
Monday 25 June						
1	Teaching Course: <i>Sponsored by BJU International -</i> Developing a standardised system for trainee-led quality improvement projects: A national workshop for trainers	Room 12	1330-1530	30	FREE *£10 refundable deposit required	Mr James Green
Tuesday 26 June						
2	Teaching Course SOLD OUT Paediatric Urology	Room 13	0900-1200	30	£30	Professor Peter Cuckow
3	Teaching Course SOLD OUT The Modern Management of Urinary Stone Disease	Room 13	1330-1530	30	£30	Mr Daron Smith
4	Teaching Course SOLD OUT Practical Andrology for the General Urologist	Room 12	1515-1715	30	£30	Mr Asif Muneer & Mr Rowland Rees
Wednesday 27 June						
5	Teaching Course: Urology Finishing School	Room 12	0830-1030	30	£30	Mr Asif Muneer & Mr Duncan Summerton
6	Teaching Course SOLD OUT The Basics of Research Methodology	Room 11A	1030-1330	30	£30	Mr Vincent Gnanapragasam
7	Skills Course: SOLD OUT MR-Imaging and Targeted Biopsy of the Prostate	Room 11B/C	1030-1330	30	£30	Professor Hashim Ahmed



Teaching Course 1

BJU International Sponsored Course – **Developing a standardised system for trainee-led Quality improvement projects: A national workshop for trainers**

Monday 25 June 2018 Room 12 1330 – 1530

30 Places

Cost: FREE - Sponsored by BJUI *£10 refundable deposit required

Director: Mr James Green

Outline

Course Aim: To develop a cadre of expert trainers that can support their departments and trainees to undertake & embed Quality Improvement (QI) into daily practice.

Define QI, provide a snapshot of the current evidence base on QI, and explain why QI is central to the day to day running of a modern Urology Department.

Describe the national EQUIP project (Education in Quality Improvement Program) and the SAC, BAUS and TUF support for QI initiative in Urology.

The course will then explore the following areas from a trainer's and department perspective:

Why QI projects succeed or fail!

Consider how a QI project gets prioritised and understand the successful drivers for designing and completing projects (within their service, Trust and nationally).

Whether a QI project actually makes a difference

Review how best to evaluate a QI project, baseline and post-intervention data collection & setting up mechanisms to collect data.

Strategies to implement change and overcome barriers to implementation Explain what 'implementation strategies' can be applied to manage change

How to make a QI project sustainable based on best evidence

In the short time available for the course the faculty will describe basic tools & techniques that can be used in Quality Improvement Projects and signpost trainers to establish QI resources that can be used by their department and in training.

Faculty

Mr James Green, BMr James Green, Barts Health NHS Trust, London

Ms Elena Pallari, PHD researcher for the EQUIP project, Kings College, London

Mr Nick Sevdalis, Professor of Implementation Science and Patient Safety, Kings College, London

Ms Zarnie Khadjesari, Lecturer in Health Implementation, Kings College, London

Teaching Course 2

Paediatric Urology

Tuesday 26 June 2018 Room 13 0900 - 1200

30 Places

Cost: £30

Director: Professor Peter Cuckow

Outline and Objectives

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.

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, Great Ormond Street Hospital for Children NHS Trust, London

Mr Abraham Cherian, Great Ormond Street Hospital for Children NHS Trust, London

Mr Divyesh Desai, Great Ormond Street Hospital for Children NHS Trust, London

Mr Yazan Rawashdeh, Consultant Paediatric Urologist, Aarhus University Hospital, Denmark

Mr Navroop Johal, Great Ormond Street Hospital for Children NHS Trust, London

Teaching Course 3

Modern Management of Urinary Stone Disease

Tuesday 26 June 2018

Room 13

1330 - 1530

30 Places

Cost: £30

Director: Mr Daron Smith

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 current “best practice” technique for ESWL, FURS and PCNL and medical management will be discussed in brief didactic updates. The main focus of the course will be on intra-operative and post-operative decision making, including “tips and tricks” to help avoid complications and to discuss options to deal with them when they occur. This will be delivered through interactive case presentations from each of the faculty, and through round-table discussion of case scenarios. Audience participation will be encouraged to maximise the learning opportunities for all.

Faculty

Mr Daron Smith, University College Hospital, London

Professor Ben Chew, University of British Columbia, Vancouver, Canada

Mr Jonathan Glass, Guy’s & St Thomas’ Hospital, London

Mr Ben Turney, Churchill Hospital, Oxford

Mr Oliver Wiseman, Addenbrooke’s Hospital, Cambridge



Teaching Course 4

Practical Andrology for the General Urologist

Tuesday 26 June 2018

Room 12

1515 - 1715

30 Places

Cost: £30

Director: Mr Asif Muneer & Mr Rowland Rees

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.

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 Andrology procedures
- Managing of urethral strictures
- 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
- 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

Faculty

Mr Asif Muneer, University College London Hospital

Mr Rowland Rees, University Hospital Southampton

Mr David Ralph, University College London Hospital

Mr Ian Eardley, University College London Hospital



Teaching Course 5

Urology Finishing School

Wednesday 27 June

Room 12

0830 - 1030

30 Places

Cost: £30

Directors: Mr Asif Muneer & Mr Duncan Summerton

Outline

This course provides senior trainees and recently appointed Consultant Urological Surgeons with an overview of the key areas pertaining to personal development and consultant practice. A number of these areas may not specifically be covered within the training years and it is important to understand these areas to make life as a consultant rewarding and trouble free. The faculty includes consultants with a wealth of experience, successful careers with a range of leadership roles.

Objectives

The course will cover a range of topics which in order to provide delegates with an overview of key areas which will maintain a safe and successful practice. These areas include:

Settling into your consultant post

- From trainee to trainer - your first 2 years as a consultant
- Job planning, Appraisal and Revalidation

Developing a safe practice

- Dealing with complaints, inquests and Trusts
- Avoiding medicolegal pitfalls

Combining different roles

- Developing an academic career with your clinical commitments

Looking ahead as a newly appointed consultant

- Contributing outside the clinical workload
- Impact of specialist commissioning and working in networks

Faculty

Mr Asif Muneer, University College London Hospital, Hon Secretary Elect BAUS

Mr Duncan Summerton, University Hospitals of Leicester, Vice-President BAUS

Mr Kieran O'Flynn, Salford Royal Foundation Trust, President BAUS

Professor James Catto, University of Sheffield, Editor European Urology

Mr Arie Parnham, Christie Hospital, Manchester

Mr Julian Shah, University College London Hospital



Teaching Course 6

The Basics of Research Methodology

Wednesday 27 June 2018 Room 11A 1030 – 1330

30 Places

Cost: £30

Director: Mr Vincent J Gnanapragasam

Suitability

This course is suitable for registrars and appointed consultants looking to develop or start research as part of their training or their clinical work. The course is geared to equip trainees or new consultants with the basics of research methodology. Participants are encouraged to have done GCP training prior to enrolling on the course.

Outline

The course is intended to teach the basics of how to undertake and perform research. The course will explore the different types of research which can be undertaken, and the basic components required. The course will cover research ideas including how to undertake audit, participate in clinical trials, lead research and identify sources of funding. Topics will also include how to navigate the modern IRAS, HRA and ethics process and also other regulatory aspects. Trial methodology and the use of statistics will also be covered as will tips and ideas on how to optimise your findings to help you present and publish your work. The faculty will represent a wide range of expertise and knowledge from both academic and clinical backgrounds to answer any questions participants may have.

journals.sagepub.com/page/uro/researchtoolkit

Objectives

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

- The context of research in the modern NHS
- How to plan and execute a research project
- Common hurdles and barriers in clinical research
- How to join or start a clinical trial
- How to get a study funded from local to national
- How to ensure your results are publishable and impactful
- The current regulatory framework in clinical trials

The course content aligns with and meets the criteria described in the Urology SAC Curriculum.

Faculty

Mr Vincent J Gnanapragasam, University of Cambridge

Mr John McGrath, Royal Devon & Exeter NHS Trust

Mr Jon Aning, Freeman Hospital.

Professor Graham MacLennan, Centre for Healthcare Randomised Trials, University of Aberdeen

Professor Jan Van Der Muelen, Professor of Clinical Epidemiology, London School of Hygiene and Tropical Medicine

Ms Anne George, Research Associate, CRUK Cambridge Cancer Centre, University of Cambridge

Mr Richard Skells, Clinical Trials Co-ordinator, Cambridge Cancer Trials Centre

Mr Adam Nelson, Academic Clinical Fellow and SpR, East of England Deanery

Mr Ian Pearce, Manchester Royal Infirmary



Skills Course 7

MR-Imaging and Targeted Biopsy of the Prostate

Wednesday 27 June 2018 Room 11 B/C 1030 – 1330

30 Places

Cost: £30

Director: Professor Hashim Ahmed

Summary

This course will provide a comprehensive and expert review with hands on training for urologists who deal with men being evaluated within the prostate diagnostic pathway. Expert faculty will review evidence in a succinct manner, provide attendants with a working knowledge of how to look through MRI and ultrasound anatomy of the prostate and show urologists how to look through an MRI for artefacts and lesions. MRI workstations will allow urologists to practice contouring the prostate and lesion on MRI and ultrasound images.

Objectives

- Describe the role of multi-parametric MRI in the diagnostic pathway for prostate cancer
- Deliver a structured review of a reported mpMRI from a urologist's perspective
- Undertake contouring of the MRI and lesions identified on MRI reports
- Have a detailed knowledge of the different approaches to targeted biopsies (transrectal vs. transperineal; cognitive versus image-fusion; rigid fusion versus elastic fusion)
- Define the impact of imaging on treatment decisions, monitoring of active surveillance and treatment conduct and outcomes

Outline

1. Multi-parametric MRI of the prostate

- a) Review the evidence for using multi-parametric MRI at various points in the prostate diagnostic pathway
- b) Know the guidelines for conduct and reporting of multi-parametric of the prostate
- c) Feel comfortable in reviewing normal anatomical landmarks of the pelvis and prostate on MRI
- d) Spot obvious artefacts of the MRI (metal implants, air in rectum, movement, prior biopsy inflammation/bleeding) or errors in conduct (field of view, diffusion acquisition, contrast time frame)
- e) Understand a radiology report compliant with national and international guidelines for mpMRI prostate reports
- f) Identify lesions and their features on the various types of MRI sequence
- g) Contour the prostate and lesions when present for the purpose of targeted biopsies

2. MRI Targeted Prostate Biopsy

- a) Have a working knowledge of anatomical landmarks for the prostate using ultrasound (transrectal and transperineal)
Learn about the various methods for targeting a lesion including a review of the evidence for transperineal and transrectal, cognitive and image-fusion as well as rigid fusion and elastic fusion.
- b) Appreciate optimal targeting techniques with recorded videos of techniques
- c) Understand the impact of targeted biopsies on risk stratification and treatment decisions as well as treatment conduct (active surveillance, radical, focal)



3. Transperineal Biopsy

This part of the course will enable the attendants to,

- a) List the indications for transperineal prostate biopsy (primary biopsy, prior negative biopsy, confirmatory following low risk diagnosis prior to active surveillance, mapping for focal therapy);
- b) Define the advantages and disadvantages of transperineal biopsy compared to transrectal biopsy
- c) Describe the different transperineal mapping biopsy techniques available for diagnosis and risk stratification of prostate cancer as well as advantages and disadvantages of each method
- d) Describe the method used for local anaesthetic, office-based transperineal prostate biopsy and its use with cognitive/visual-estimation targeting and image-fusion targeting
- e) Learn from 'How I do it' sections with expert Faculty describing their own techniques with figures and video clips.

Faculty

Professor Hashim Ahmed, Imperial College London

Mr Christof Kastner, Cambridge University Hospitals NHS Foundation Trust

Dr Tristan Barrett, Cambridge University Hospitals NHS Foundation Trust

Dr Shonit Punwani, UCLH NHS Foundation Trust

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Give your metastatic prostate cancer patients **more than just time with ZYTIGA® (abiraterone acetate)**

Use ZYTIGA® plus low-dose prednisolone first and early when treating mCRPC and high-risk mHSPC to improve your patients' survival whilst maintaining their quality of life*, potentially allowing them to enjoy more of life's moments¹⁻⁶

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ZYTIGA® is indicated with low-dose prednisone or low-dose prednisolone for:⁷

- the treatment of metastatic castration resistant prostate cancer (mCRPC) in adult men who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy (ADT) in whom chemotherapy is not yet clinically indicated
- The treatment of mCRPC in adult men whose disease has progressed on or after docetaxel chemotherapy regimen
- The treatment of newly diagnosed high-risk metastatic hormone sensitive prostate cancer (mHSPC) in adult men, in combination with ADT

* Compared to placebo plus low-dose prednisolone in mCRPC and placebo alone in mHSPC.^{2,3}



ZYTIGA® 500mg film-coated tablets PRESCRIBING INFORMATION

ACTIVE INGREDIENT(S):

Abiraterone acetate

Please refer to Summary of Product Characteristics (SmPC) before prescribing. **INDICATION(S):** Taken with prednisone or prednisolone for the treatment of adult men with: - newly diagnosed high risk metastatic hormone sensitive prostate cancer (mHSPC) in combination with androgen deprivation therapy - metastatic castration resistant prostate cancer (mCRPC) who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated - mCRPC whose disease has progressed on or after a docetaxel-based chemotherapy regimen. **DOSAGE & ADMINISTRATION:**

Adults: 1000 mg (two 500mg tablets) single daily dose. **Not with food** as this increases the systemic exposure (take dose at least two hours after eating; no food for at least one hour post-dose). Swallow whole with water. Take with prednisone or prednisolone: for mHSPC, 5mg daily; for mCRPC, 10 mg daily. Medical castration with LHRH analogue should be continued during treatment in patients not surgically castrated. **Children:** No relevant use. **Hypokalaemia:** In patients with pre-existing, or who develop hypokalaemia during treatment with Zytiga, consider maintaining potassium level at ≥ 4.0 mM. Patients who develop Grade ≥ 3 toxicities (hypertension, hypokalaemia, oedema and other non-mineralocorticoid toxicities) stop treatment and start appropriate medical management. Do not restart Zytiga until symptoms of the toxicity have resolved to Grade 1 or baseline. **Renal impairment:** No dose adjustment, however no experience in patients with prostate cancer and severe renal impairment; caution advised. **Hepatotoxicity:** If hepatotoxicity develops (ALT or AST $> 5x$ upper limit of normal - ULN), stop treatment immediately until liver function returns to baseline; restart Zytiga at 500 mg (one tablet) once daily and monitor serum transaminases at least every 2 weeks for 3 months and monthly thereafter (see Special warnings & precautions). If hepatotoxicity recurs on reduced dose, stop treatment. If severe hepatotoxicity develops (ALT or AST $20x$ ULN), discontinue Zytiga and do not restart. **Hepatic impairment:** Mild (Child-Pugh class A) - no dose adjustment required. Moderate (Child-Pugh class B) - approximately 4x increased systemic exposure after single oral doses of 1,000 mg. Moderate/Severe (Child-Pugh class B or C) - no clinical data for multiple doses. Use with caution in moderate impairment, benefit should clearly outweigh risk. **CONTRAINDICATIONS:** Pregnancy or potential to be pregnant. Hypersensitivity to active substance or any excipients. Severe hepatic impairment (Child-Pugh Class C). **SPECIAL WARNINGS & PRECAUTIONS:** Zytiga may cause hypertension, hypokalaemia and fluid retention due to increased mineralocorticoid levels. **Cardiovascular:** Caution in patients with history of cardiovascular disease. In patients with a significant risk for congestive heart failure (history of cardiac failure, uncontrolled hypertension, ischaemic heart disease) consider an assessment of cardiac function before treating (echocardiogram). Safety not established in patients with left ventricular ejection fraction $< 50\%$ or NYHA Class II to IV (pre-chemotherapy) and III or IV (post-chemotherapy) heart failure. Before treatment cardiac failure should be treated and cardiac function optimised. Correct and control hypertension, hypokalaemia and fluid retention pre-treatment. Caution in patients whose medical conditions might be compromised by hypertension, hypokalaemia or fluid retention e.g. heart failure, severe or unstable angina pectoris, recent myocardial infarction or ventricular arrhythmia, severe renal impairment. Monitor blood pressure, serum potassium and fluid retention and other signs and symptoms of congestive heart failure before treatment, then every two weeks for 3 months, and monthly thereafter. QT prolongation observed in patients experiencing hypokalaemia with Zytiga treatment. Consider discontinuation if there is a clinically significant decrease in cardiac function. **Hepatotoxicity & hepatic impairment:** Measure serum transaminases pre-treatment and every two weeks for first three months, then monthly. If symptoms/signs suggest hepatotoxicity, immediately measure serum transaminases. If ALT or AST $> 5x$ ULN, stop treatment and monitor liver function. Restart treatment after liver function returns to baseline; use reduced dose (see dosage and administration). No clinical data in patients with active or symptomatic viral hepatitis. Rare reports of acute liver failure and hepatitis fulminant, some fatal. **Corticosteroid withdrawal:** Monitor for adrenocortical insufficiency if prednisone or prednisolone is withdrawn. Monitor for mineralocorticoid excess if Zytiga continued after corticosteroids withdrawn. **Bone density:** Decreased bone density may be accentuated by Zytiga plus glucocorticoid. **Prior use of ketoconazole:** Lower response rates may occur in patients previously treated with ketoconazole for prostate cancer. **Hyperglycaemia:** Use of glucocorticoids could increase hyperglycaemia, measure blood

sugar frequently in patients with diabetes. **Use with chemotherapy:** Safety and efficacy of concomitant use of Zytiga with cytotoxic chemotherapy not established. **Intolerance to excipients:** Not to be taken by patients with galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption. Take sodium content into account for those on controlled sodium diet. **Potential risks:** Anaemia and sexual dysfunction may occur in men with metastatic prostate cancer including those taking Zytiga. **Skeletal muscle effects:** Cases of myopathy reported. Some patients had rhabdomyolysis with renal failure. Caution is recommended in patients concomitantly treated with drugs known to be associated with myopathy/rhabdomyolysis. **SIDE EFFECTS: Very common:** urinary tract infection, hypokalaemia, hypertension, diarrhoea, increased alanine aminotransferase, increased aspartate aminotransferase, peripheral oedema. **Common:** sepsis, hypertriglyceridaemia, cardiac failure (including congestive heart failure, left ventricular dysfunction and decreased ejection fraction), angina pectoris, atrial fibrillation, tachycardia, dyspepsia, rash, haematuria, fractures (includes all fractures, with the exception of pathological fracture). **Otherside effects:** adrenal insufficiency, myocardial infarction, QT prolongation, other arrhythmias, allergic alveolitis, hepatitis fulminant, acute hepatic failure, myopathy, rhabdomyolysis. **Refer to SmPC for other side effects. FERTILITY/PREGNANCY/LACTATION:** Not for use in women. Not known whether abiraterone or its metabolites are present in semen. A condom is required if the patient is engaged in sexual activity with a pregnant woman. If the patient is engaged in sexual activity with a woman of childbearing potential, a condom is required along with another effective contraceptive method. Studies have shown that abiraterone affected fertility in male and female rats, but these effects were fully reversible. **INTERACTIONS:** Caution with drugs activated by or metabolised by CYP2D6 particularly when there is a narrow therapeutic index e.g. metoprolol, propranolol, desipramine, venlafaxine, haloperidol, risperidone, propafenone, flecainide, codeine, oxycodone and tramadol, dose reduction should be considered. Avoid strong inducers of CYP3A4 (e.g. phenytoin, carbamazepine, rifampicin, rifabutin, rifapentine, phenobarbital, St John's wort). Zytiga is a CYP2C8 inhibitor. Monitor for signs of toxicity if combined with drugs with a narrow therapeutic index eliminated predominately by CYP2C8. May increase concentrations of drugs eliminated by OATP1B1. Food (see Dosage & Administration). Caution with medicines known to prolong QT interval or induce Torsade de pointes e.g. quinidine, disopyramide, amiodarone, sotalol, dofetilide, ibutilide, antiarrhythmic medicinal products, methadone, moxifloxacin and antipsychotics. Use of Zytiga with spironolactone is not recommended. Refer to SmPC for full details of interactions. **LEGAL CATEGORY:** POM

PRESENTATIONS	PACK SIZES	MARKETING AUTHORISATION NUMBER(S)	BASIC NHS COSTS
Blister pack	56 tablets	EU/1/11/714/002	£2735

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Prescribing information last revised: November 2017

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Janssen-Cilag Limited on 01494 567447 or at dsafety@its.jnj.com.

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1. Fizazi K et al. Lancet Oncol 2012; 13(10): 983–992.
2. Fizazi K et al. N Engl J Med 2017; 377(4): 352–360.
3. Ryan C et al. Lancet Oncol 2015; 16: 152–160.
4. Sternberg C et al. Annals Oncol 2013; 24: 1017–1025.
5. Naim AB et al. Presented at the American Society of Clinical Oncology (ASCO) Annual Meeting 2014, May 30–June 3, Chicago, IL, USA. Abstract e16102.
6. Chi KY et al. Presented at European Society for Medical Oncology (ESMO) Annual Congress 2017, 8–12 September, Madrid, Spain.
7. ZYTIGA® Summary of Product Characteristics. November 2017.

Job number: PHGB/ZYT/1117/0023a

Date of preparation: January 2018



Emergency Procedures

In the event of an emergency the following announcement will be made:

“Attention please – Attention please! We have an emergency within the building. Please leave by the nearest available exit! Do not use the lifts!”

In the event of an evacuation of ACC Liverpool, all delegates, exhibitors and the event organiser’s staff are requested to muster on the piazza outside the restaurant near Jury’s Inn (please see plan below).

This is necessary so that we can readily contact everyone to return to their building when the emergency is over.

Delegates with access requirements will be guided to the nearest refuge point by a venue steward, where they will receive further assistance.

No one is to return to the building until official announcements have been made by ACC Liverpool.



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