PROCEEDINGS OF THE

WELSH UROLOGICAL SOCIETY

23rd and 24th January 2020

@

Metropole Hotel, Temple Street, Llandrindod Wells. LD1 5DY

Welsh Urological Society

Annual Meeting

Sponsored by the pharmaceutical companies

23rd & 24th January 2020

Venue: Metropole Hotel, Temple Street, Llandrindod

Chairman:	**Mr Gokul KandaSwamy**
Secretary:	**Miss Jane French**
Treasurer:	**Mr Owen Hughes**
Event Organisers:	**Mr Kingsley Ekwueme**
Event Co-ordinator:	**Mrs Janine Hillier**

Pharmaceutical companies will be present on the day with exhibition stands

Welsh Urological Society Annual Meeting 23rd & 24th January 2020

Academic Programme Thursday 23rd 24th January 2020

11:00 WUS Business meeting

12:30 Buffet lunch and Trade exhibition

13:50 Welcome / Housekeeping and poster viewing

Poster Presentations

14:00 - 14:05 Prostatic Urethral lift (Urolift): A review of our current practice at Neath Port Talbot Hospital

J Jimie*, G Kanda Swamy, A Younis,*

Morriston Hospital, Swansea*,*

14:05 - 14.10 A comparative outcome and utility analysis of UroLift, TURP and HoLEP

G. Hill, *H. Joshi.*

University Hospital of Wales, Cardiff

14:10 – 14.15 Top 100 most influential manuscripts in Erectile Dysfunction: A bibliometric analysis

Minto T[1]*, Bullock, N[2], Brown, G[1,3]*

Royal Glamorgan Hospital, Llantrisant

14:15 – 14.20 Significance of Percutaneous Biopsy in the Clinical Management of Renal Masses.

A.K.Bhuvanagiri*, S.Kannan, A.K.Kailasa, K.Alexandrou, M.Thangavelu*

Department of Urology, YG, Bangor, North Wales**.**

14.20 – 14.25 Review of low power (50W) HoLEP for the treatment of LUTS & BPH at Wrexham Maelor Hospital

Dr George L. F. Harris*, Professor Iqbal S. Shergill.*

Wrexham Maelor Hospital

14.25 – 14.30 Establishing a national cadaveric emergency urology course to increase trainee preparedness for independent on call practice

Nicholas Bullock[1] *Thomas Ellul[1] Sophia Cashman[2] Oleg Tatarov[1] Krishna Narahari[1] Neil Fenn[3] Pradeep Bose[3] Hosam Serag[4] James Armitage[2] Suzanne Biers[2] Jonathan Featherstone[1] Owen Hughes[1]*

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2. Department of Urology, Addenbrooke's Hospital, Cambridge, UK.
3. Department of Urology, Swansea Bay University Health Board, Swansea, UK.
4. Department of Urology, Queen Elizabeth Hospital, Birmingham, UK.

14.30 – 14.35 Assessment of patient satisfaction after 12 hour stay Robotic prostatectomy.

Rebecca Mosey*, Mekha Jeyanthi, Jim Wilson*

Royal Gwent Hospital

14:35 – 14.40 A clinical audit evaluating adherence to the Renal colic pathway; are we adhering to the BAUS guidelines

Dr.Mahmood Vazirian-Zadeh, *Miss Jane French*

Prince Charles Hospital

14:40 – 14:45 Template Biopsy Prostate Mapping: Outcomes of 344 patients with previous negative TRUS biopsies

Corina Lavelle, Mohammad Hossain, Chris Bell, Stephen Hughes, Iqbal Shergill

Wrexham Maelor Hospital

14.45 – 15:00 **Tea / Coffee trade exhibition**

15:00 Simulation Training

- Training Model for Rezum, HoLEP and Ureteroscopy

17:00 –20:00 Trade Exhibition with Buffet supper served from 7pm

Academic Programme Friday 25th January 2019

09:00 – 09:30 **"Muscle invasive bladder cancer: Robotic Cystectomy- RLH Experience".**

V. Hanchanale, Royal Liverpool Hospital

09:30 - 09:45 **Timing of Radiotherapy (RT) After Radical Prostatectomy (RP): First Results from RADICALS-RT Randomised Controlled Trial**

Professor Howard Kynaston, University Hospital of Wales, Cardiff

09:45 – 10.15 Professor Alexander Haese

Martini Klinik, Hamburg

10:15 – 11:00 **Tea / Coffee and trade exhibition**

Abstracts

11:00 – 11:10 Is routine histology after circumcision necessary?

Matthew Megson, Jon Featherstone, UWH

11:10 – 11:20 Do concomitant systematic biopsies add to fusion targeted biopsies in the diagnosis and management of clinically significant prostate cancer?

A Thompson, V. Eguru, S. Moosa, Y. Ng

11:20 – 11:30 The Fate of Patients with Normal Haematuria Investigations in the Immediate to Long Term: Outcomes and Clinical Implications

Jack Mountfield, Bev James, Gokul Kandaswamy.

Swansea Bay University Health Board / Swansea University

11:30 – 11:40 Lessons from a prospective study on the prevalence of risk factors for urothelial cancer

K Rajan, A Bennett, GV Kandaswamy, B James, M Jefferies, P Bose

11:40 – 11:50 Sacro-Pelvic Length Correlates with Perceived Technical Difficulty for Minimally Invasive Radical Prostatectomy

Carnjini Yogeswaran, Kingsley Ekwueme

Glan Clwyd Hospital

11:50 – 12:00 Positron emission tomography (PET) Scanning in Urological cancers — A 3 year review in a single centre

Karthik Rajan, Matthew Jefferies, Gokul Kandaswamy, Pradeep Bose, Neil Fenn, Nicholas Gill

12:00 – 12:10 Upper Tract Urothelial Cancers (UTUC) – What can we learn from historical cases

Naomi Nandra[1], Karthik Rajan[1], Gokul KandaSwamy[1], Matthew Jefferies[1]

Urology department, Morriston hospital, Swansea Bay University Health Board

12:10 – 12:20 Omitting Cortical Renorrhaphy in Robotic Assisted Partial Nephrectomy: Is it safe? A single centre large case series

Ibraheem Alrishan Alzouebi, Clinical Fellow in Robotic Surgery; Wirral University Teaching Hospital NHS Foundation Trust
Aled Williams, Urology trainee; Wirral University Teaching Hospital NHS Foundation Trust Sana Tahir, Urology trainee; Wirral University Teaching Hospital NHS Foundation Trust Mr Manal Kumar, Consultant Robotic Urological Surgeon; Wirral University Teaching Hospital NHS Foundation Trust

12:20 – 12:30 Erectile dysfunction internet search trends: an insight into disease patterns a

A Mainwaring[1], T Ellul[1], N Bullock[2], H Wells[3], G Brown[3,4]

1. Department of Urology, University Hospital of Wales, Cardiff CF14 4XW, U.K.
2. Division of Cancer and Genetics, Cardiff University School of Medicine, Cardiff CF14 4XN, U.K.
3. Department of Urology, Cwm Taf Morgannwg University Health Board, Royal Glamorgan Hospital, Llantrisant CF72 8XR, U.K.

4. Faculty of Life Sciences and Education, University of South Wales, Pontypridd CF37 4BD, U.K.

12:30 – 12:40 Is there a role for Cytology following BCG therapy for Non-Muscle Invasive Bladder Cancer?

Miss Sarah Prattley, Dr Ruth Jarvis, Mr Krishna Narahari, Mr Jon Featherstone, Mr Owen Hughes Professor Howard Kynaston

University Hospital Wales

12:40 - 13:00 **Discuss papers**

13:00 **Huw William Prize and Meeting Close**

Prostatic Urethral lift (Urolift): A review of our current practice at Neath Port Talbot Hospital

J Jimie, G Kanda Swamy, A Younis
Morriston Hospital, Swansea, South Wales
drjjimie@gmail.com

Background

Surgery becomes the cornerstone for treatment for BPH once pharmacotherapy fails. UroLIFT is a minimally invasive surgical option approved by NICE in 2015. Swansea Bay University Health Board was the first in South Wales to offer UroLIFT.

Objective

To evaluate our current practice and outcomes of patients undergoing UroLIFT, using IPSS and flow-rate as measures of success.

Methodology

The prospective database of all Urolift patients between 2017 – 2019 was reviewed retrospectively, including case notes, electronic records. Success was defined as a reduction of 4 or more on IPSS.

Results

We had 39 patients in the database during the study period. Mean age was 71years (55 – 89). Mean prostate size was 46g (30 – 83g). The average operative time was 15 minutes (6 – 25mins). General anaesthesia was used in 39%, 50% had combination of local anaesthetic and sedation and 11% had local anaesthesia only. The average number of implants used were 3.7. 89% of patients were completed as a day case. One patient was electively admitted. Post-operative haematuria was the only reason for re-admission and was noted in 7.6% patients. . At 3 months follow up, there was a 42% (24 to 14), 48% (5 to 2.6) and 79% (157 to 33mls) decrease in mean values of IPSS, QoL and PVR respectively. There was a mean 40% increase in the Qmax. 80% patients had a successful procedure as per definition above.

Conclusion

We show promising results with UroLIFT having an 80% success rate with patients expressing good general satisfaction post procedure.

A comparative outcome and utility analysis of UroLift, TURP and HoLEP

G. Hill, H. Joshi
University Hospital of Wales, Cardiff

UroLift (prostatic urethral lift procedure) is a novel procedure for management of male lower urinary tract symptoms (LUTS), and is now recommended by NICE as an alternative to TURP or HoLEP whilst preserving sexual function. Early studies show it is effective at reducing burden of lower urinary tract symptoms, with a potential for reduced complication rates and increased resource efficiency.

We undertook a service evaluation of the newly introduced UroLift service using clinical data, patient reported outcome measures and resource use analysis. UroLift was compared with established treatments in TURP and HoLEP already undertaken at UHW.

Methods

We undertook a single centre, prospective audit of all patients undergoing bladder outflow obstruction surgery from the date of commencement of UroLift service. Pre and post operative clinical parameters were collected in addition to validated patient reported outcome measures (IPSS, IIEF, ICIQ, EuroQoL, and Health Resources Questionnaire). The project was registered with local clinical audit department as a service evaluation project.

Results

We evaluated data on a total of 17 patients (6 UroLift, 7 TURP, 4 HoLEP). Median age for UroLift was 70, TURP 76 and HoLEP 74.

There was a median improvement of 7.3ml/s in max flow rate, and median improvement in post micturition residual volume of 22ml. With regard to PROMS there were median point changes in IPSS of -8 (-7 to -21) with a quality of life score improvement of -4 to +1, For EuroQoL thermometer scores a median improvement of 5.

Post operatively there were 2 delayed Clavien-Dindo grade 2 complications, with a readmission for sepsis following a TURP and a HoLEP patient requiring parenteral antibiotics for a urinary tract infection. For UroLift, Health Resources Questionnaire responses showed 2 patients had contacted their GP requesting antibiotics. One purchased over the counter analgesia and none required hospital admission.

There is a potential cost saving from UroLift as all patients underwent the procedure with a <12 hour stay. HoLEP patients required 23-72 hours, TURP 48-144 hour stay.

Our early results show in a selected group of patients that UroLift is safe and effective, with clear benefits in terms of health resources in the short term. Data collection continues to take place and long term will continue and long term outcomes be recorded now UroLift is being undertaken.

Top 100 most influential manuscripts in Erectile Dysfunction: A bibliometric analysis

Minto T[1], Bullock, N[2], Brown, G[1,3]

1 - Department of Urology, Cwm Taf Morgannwg University Health Board, the Royal Glamorgan Hospital, Llantrisant CF72 8XR

2- Division of Cancer and Genetics, Cardiff University of Medicine, Cardiff CF14 4XN

3 - Faculty of Life Sciences and Education, University of South Wales, Pontypridd CF37 4BD

Abstract
Objectives

Erectile dysfunction (ED) is a common condition encountered by an array of subspecialists and is the most cited research topic within the field of andrology. This bibliometric analysis aims to identify the most influential papers that inform current clinical practice and likely shape future research.

Methods

The Thompson Reuters Web of Science citation database was interrogated using search terms to cover the breadth of erectile dysfunction. Results were ranked according to citation number with country of origin, journal, topic, year of publication, author and institution also analysed.

Results

The search criteria matched 12,570 manuscripts. The top 100 highest citation ranged from 3013 to 161 (median 229.5). The most cited by Feldman et al, 1994 reports the prevalence and risk factors of ED within the Massachusetts Male Aging Study. The most manuscripts were published by the Journal of Urology (n=15) with a total of 7913 citations. Institutions from the USA contributed the majority (n=55) with the UK (n=14) second. The most common theme represented was epidemiology (n=46) followed by treatment (n=27).

Conclusion

This analysis provides a list of the most influential manuscripts within ED and illustrates what can be considered a 'highly citable' paper. The most influential papers in Erectile Dysfunction remain seminal works from the end of the last century. The most cited manuscript (Feldman et al) has been cited 194 times in the last seventeen months showing its continued value. Only one paper published within the last decade has reached the top twenty exemplifying the relative lack of novel influential publications.

Significance of Percutaneous Biopsy in the Clinical Management of Renal Masses.

A.K.Bhuvanagiri, S.Kannan, A.K.Kailasa, K.Alexandrou, M.Thangavelu

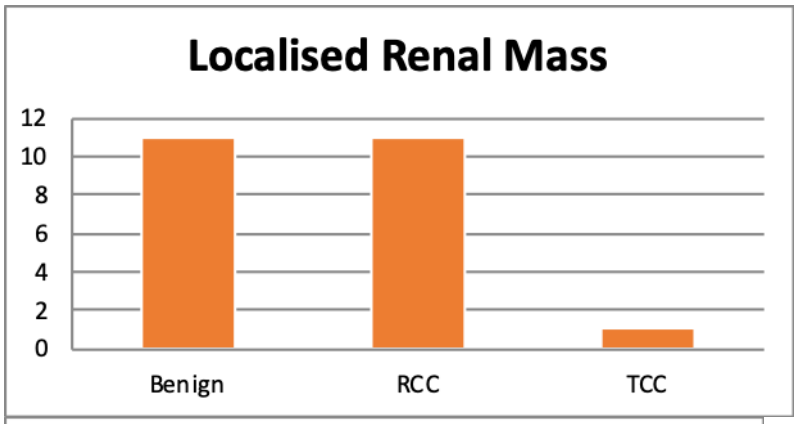
Department of Urology, YG, Bangor, North Wales.

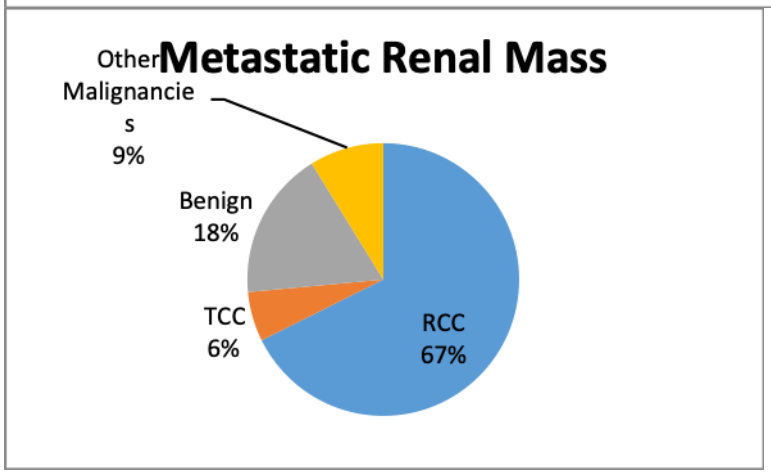
Objectives: Percutaneous renal mass biopsy is increasingly used in the management of renal masses. The objective of our study was to determine the significance of percutaneous renal mass biopsy and its impact on clinical management.

Materials and Methods:

We did a retrospective study of all patients who had image guided Percutaneous renal mass biopsy in the Betsi Cadwaladr University Health Board in Wales, UK from April 2011 to April 2019. Data were collected from Welsh Clinical Portal, Welsh Clinical Communications Gateway and Synapse Radiology database.

Results: Out of 429 patients who had renal biopsy, 91 patients (Males – 55(61%) and Females – 36(39%) were included in the study who had core biopsy for the renal mass. The mean age was 66 years (range 46-87). Renal mass biopsies were performed using coaxial technique with18-gauge core needle. We categorised patients in two groups. Sixty eight patients had biopsies for metastatic disease and 23 patients had for localised renal masses. In the localised disease the positive predictive value was 82 %(95% CI - 48.2% TO 97.7%) and the negative predictive value was 100 % (95% CI - 66.4% to 100%) (Clopper Pearson Method). For patients with metastatic renal mass the positive predictive value was 83%.





Conclusion: Percutaneous renal mass biopsy is useful in managing both localised and metastatic renal mass with high a positive predictive value. We recommend this procedure to get a histological sample for the metastatic renal cancer that require targeted therapy and localised masses that require curative treatment.

REVIEW OF LOW POWER (50W) HoLEP FOR THE TREATMENT OF LUTS & BPH AT WREXHAM MAELOR HOSPITAL

Authors:
Dr George L. F. Harris, Professor Iqbal S. Shergill

Institution:
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Patients (or Materials) & Methods:
We reviewed 152 consecutive patients undergoing HoLEP between December 2015 and October 2019 (46 months). The procedure was carried out for the management of refractory retention in 63 patients, LUTS in 71 patients, and high pressure chronic retention for 18 patients. Patients were catheter-dependent preoperatively in 61% of cases. The primary outcome measures were successful relief of symptoms at follow-up, and improvement in IPSS and QoL measures. The secondary outcome measures were the operational parameters shown in Table 1.

Results:
The median age of patients in this study was 72 years (IQR 65-77), with a median prostate volume of 64.25cc (IQR 49-94), and a median pre-operative PSA of 4.8 (IQR 2.7-8.6). HoLEP was successful in 95% of recorded cases. The median pre-operative IPSS was 24 (IQR 19-28) with a pre-operative median QoL of 5 (IQR 3-5). Post-operatively at follow-up these reduced to an IPSS of 5 (IQR 2-8) and a QoL of 1 (IQR 0-2). Results of the secondary outcome measures are listed in Table 1.

Table 1: Secondary outcome measure

Parameter	Median (IQR)
Prostate weight enucleated (g)	40 (23.5-68.3)
Enucleation time (mins)	50 (35-65)
Enucleation efficiency (g/min)	0.8 (0.5-1.2)
Morcellation time (mins)	7 (5-15)
Morcellation efficiency (g/min)	4.7 (3.6-7.6)
Hb Change (g/L)	-6 (-14-0)
Cr Change (umol/L)	5 (-2.5-14.5)
Hospital Stay (days)	3 (2-4)

Conclusions:
In Wrexham Maelor Hospital Low Power (50W) HoLEP is an effective treatment for LUTS and refractory retention, associated with minimal disruption to routine biochemical markers.

Establishing a national cadaveric emergency urology course to increase trainee preparedness for independent on call practice

Authors:

Nicholas Bullock[1] Thomas Ellul[1] Sophia Cashman[2] Oleg Tatarov[1] Krishna Narahari[1] Neil Fenn[3] Pradeep Bose[3] Hosam Serag[4] James Armitage[2] Suzanne Biers[2] Jonathan Featherstone[1] Owen Hughes[1]

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8. Department of Urology, Queen Elizabeth Hospital, Birmingham, UK.

Introduction:

Whilst Level 4 competence in the management of a broad range of emergency cases is a requirement for certification in urology, many of these conditions are uncommon and exposure during training may be limited. This prospective questionnaire based study sought to evaluate the effectiveness of a standardised cadaveric emergency urology simulation course aimed at addressing the current training deficit.

Subjects and methods:

A two day emergency urology cadaveric course comprising Case Based Discussions and hands-on operating using fresh frozen cadavers was developed with BAUS. Delegates attending one of seven pilot courses in either Cardiff or Cambridge were invited to complete pre- and post-course questionnaires relating to prior operative experience and confidence in being able to perform specific emergency procedures independently. Primary outcome was a self-reported 'confidence score'.

Results:

104 delegates undertook the course during the study period. Response rates for the pre- and post-course surveys were 81.7% and 64.4% respectively, with 58.7% completing both. Respondents ranged from FY2 to Locum Consultant, with greatest proportion being Speciality Trainees of ST5 or higher (36.5%). Pre-course exposure was variable, with least experience reported for exploration and packing of a transurethral resection cavity and emergency nephrectomy (median 0 cases). Similarly, documented ISCP competency was not reported for the majority of procedures. Following course completion, a statistically significant increase in confidence score was observed for each procedure ($p<0.001$ for all comparisons).

Conclusion:

A standardised cadaveric simulation course significantly improves the confidence of trainees in performing a wide range of emergency procedures in the curriculum.

Assessment of patient satisfaction after 12 hour stay Robotic prostatectomy.

Royal Gwent Hospital

Rebecca Mosey, Mekha Jeyanthi, Jim Wilson

Introduction

The conventional estimated discharge time for a robot-assisted laparoscopic prostatectomy (RALP) is between 24-48 hours. The novel concept of day of surgery (DOS) discharge for RALP has been limited by data to support the surgical feasibility and patient acceptability. This study aims to evaluate patient satisfaction amongst DOS-discharge patients whilst confirming the safety and efficacy.

Methods

Retrospective analysis for 121 patients who had undergone DOS RALP was collected from June 2015-October 2019.

Data analysis consisted of pre-operative cancer demographics, intraoperative parameters, oncological outcomes and patient satisfaction reviewing overall experience and post-operative wellbeing.

Results

The patient satisfaction survey yielded an 88% response rate.

DOS-discharge received a positive satisfaction of 93% with 92% of patients preferring to recover at home.

Key satisfaction factors included being happy with pre-operative management (96%); good post-operative pain control (94%) and minimal post-operative nausea and vomiting (99%).

Patients felt well educated with post-operative advice on wound and catheter management, post-operative eating and drinking and mobilisation.

95% of patients would recommend DOS RALP to others based on their experience and 93% agreed their surgical experience matched their initial expectation.

Pre-operative cancer demographics, intraoperative parameters and post-operative oncological outcomes were in line with published and accepted data.

Conclusions

Patient response to DOS-discharge after RALP was encouraging with excellent perceived recovery from post-operative surgical and anaesthetic parameters. The oncological outcomes were comparable with non-day case RALP patients and published data.

A clinical audit evaluating adherence to the Renal colic pathway; are we adhering to the BAUS guidelines

Authors:
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Institution:
Prince Charles Hospital

Presenting Author:
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Patients (or Materials) & Methods:
NICE states the incidence and prevalence of Ureteric/Renal colic has been increasing from 51,035 to 86,742 hospital admissions in England and Wales
This is a 70% increase in hospital presentations over a 15-year period between 2000-2015.
The primary aims of this audit was to assess compliance of A/E and SAU to the already existing renal colic pathway in a small DGH which does not have urology onsite.
In addition, we aim to shed light and understand the impact of delayed treatment and not adhering to local protocols.
We conducted a retrospective analysis of all patients presenting to the A/E department being coded as “renal colic” over a 3-month period. Data was gleaned from A/E symphony softer and welsh clinical portal paying attention to blood analysis, radiological imaging

Results:
Over the 3-month period 117 patients were coded as “renal colic”. 40/117 were coded as renal colic without having undergone a CT-KUB. Out of the 77 patient’s that had undergone CT 37 did not have evidence of urolithiasis.
Out of the 40 patients that had a detectable stone, 85% (34/40) were managed appropriately as per BAUS guidelines. 6 patients were managed inappropriately with 2 patients’ not having bloods on admission. 1 patient was discharged from A/E with a stone >6mm and was later re-admitted with sepsis and a ruptured calyx. 3 were discharged from general surgery without referral to urology. 70% and 87% of A/E and general surgery staff respectively reported they were not aware of a renal colic pathway.

Conclusions:
Overall this audit showed a poor adherence in A/E to the already existing renal colic pathway with too many patient’s being coded as “renal colic” as their primary diagnosis without the appropriate investigations. As a response we updated the renal colic pathway, uploading it on the hospital intranet to make it accessible to all teams. Furthermore, we printed out posters to be displayed in A/E and SAU for staff to utilise. In addition, we recommended a renal colic proforma/bundle to be filled out to ensure appropriate referrals and management conducted. Finally, we recommended that the renal colic pathway be introduced in both A/E and general surgery Jr Doctors induction to raise awareness. We aim to re-audit the renal colic pathway in 3 months’ time to re-evaluate adherence to the renal colic pathway

Template Biopsy Prostate Mapping: Outcomes of 344 patients with previous negative TRUS biopsies

Authors:
Corina Lavelle, Mohammad Hossain, Chris Bell, Stephen Hughes, Iqbal Shergill

Institution:
Wrexham Maelor Hospital

Presenting Author:
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Patients (or Materials) & Methods:
We reviewed the clinico-pathological data of the template biopsies of 344 patients who had previously undergone negative TRUS biopsy. The primary outcome measure was histological outcome of the template biopsy. Secondary outcomes included location of positive cores and overall risk stratification for those diagnosed with prostate cancer.

Results:
The median age of patients undergoing template biopsy in this study was 68yrs (range 46-86yrs), the median PSA was 10ng/ml (range 1.0-1071.0ng/ml) and the median number of previous prostate biopsies was 1 (range 1-4). Of the 344 patients studied, 188 (54.7%) were found to have a positive biopsy result. With regards to the anatomical location of the positive biopsies, 34 (18.1%) were in the anterior zone of the prostate, 17 (9.0%) were in the posterior zone, 15 (8.0%) were in the lateral zone and 122 (64.9%) were multifocal. Of the 188 positive biopsies, 57 (30.3%) were stratified into low risk disease, 102 (54.3%) into intermediate disease and 29 (15.4%) into high risk disease according to the NICE prostate cancer risk stratification.

Conclusions:
Use of template biopsy in North Wales has provided good diagnostic outcomes in patients with a persistently raised PSA despite previous negative TRUS biopsy. Of particular note is the high pick up rate of anterior zone tumours, a location typically missed during TRUS biopsy? Over two thirds of disease diagnosed by this method is clinically significant.

Is routine histology after circumcision necessary?

Matthew Megson and Jon Featherstone. UHW

Background: Adult circumcision specimens are routinely sent for pathological analysis in our department, even when suspicion of penile cancer is low. There have been numerous studies suggesting that routine histological analysis in patients where penile cancer is not suspected is unnecessary. Avoiding "routine" histological examination would free up pathology resources for more clinically urgent cases and fit in with prudent healthcare principles.

Objectives: To assess the necessity of pathology analysis after circumcision, we evaluated the outcomes and the costs of this practice in patients for whom penile cancer was not suspected.

Methods: This was a retrospective review of adult patients undergoing circumcision between January 2011 and September 2018. The records of 811 patients were reviewed. In cases where penile cancer was diagnosed, notes were reviewed to assess pre-operative suspicion of cancer.
We are also conducting a survey of current practice amongst Welsh Urologists, the results of which will be presented at the Welsh Urology meeting.

Results: Of the 811 patients, 43 (5.3%) had no specimen sent, 755 (93.1%) were benign, 8 (1%) had a premalignant disease and only 5 (0.6%) had malignant disease.
In those with malignant disease all cases were suspected pre-operatively.
40% of Welsh Urologists don’t send foreskins routinely. Most common reason for sending was establish underlying skin condition and not avoid missing cancer.

Conclusion: Routine pathological testing of circumcision specimens in patients with no suspicion of cancer provides negligible clinical benefit and should be abandoned

Do concomitant systematic biopsies add to fusion targeted biopsies in the diagnosis and management of clinically significant prostate cancer?

A.Thompson, V.Eguru, S.Moosa, Y.Ng

Prince Philip Hospital

Introduction

Fusion targeted prostate biopsy (FB) has been shown to give a higher diagnostic yield for clinically significant (CS) prostate cancer (PCa) than systematic biopsies (SB). Whether this allows FB to be performed in isolation without concomitant SB remains controversial.

Patients and Methods

We sought to determine the percentage of CS PCa missed on FB in 104 patients who underwent both FB and SB based on bi or multi parametric 1.5T MRI identified PIRAD 3-5 lesions. 18 were biopsy naïve, 65 had at least one previous negative biopsy and 20 were active surveillance patients. CS PCa was defined using PRECISION (Gleason ≥3+4) and PROMIS trial criteria (UCL 1: any primary Gleason 4, or core length ≥6mm).

Results

The combined FB and SB CDR was 51.9% (54/104). The CS CDR was 30.8% (32/104)(PRECISION) to 34.6% (36/104)(UCL 1).
FB alone missed 13% (7/54) of all PCa, and between 6.25% (2/32)(PRECISION) and 11.1% (4/36)(UCL 1) of CS PCa. SB alone missed 48.1% (26/54) of all PCa, and between 46.9% (15/32)(PRECISION) and 72.2% (26/36)(UCL 1) of CS PCa.
Case analysis showed that of the 35 patients offered radical treatment, 2 were based on SB alone and in 4 patients, a radical treatment decision required both biopsies due to upstaging.

Conclusion

FB alone without concomitant SB misses 6.25% to 11.1% of clinically significant prostate cancers. Furthermore, in those offered radical treatment, this decision was based, at least in part, on SB in 17.1%. For this reason, we recommend that SB should also be performed at the same time as FB.

The Fate of Patients with Normal Hematuria Investigations in the Immediate to Long Term: Outcomes and Clinical Implications

Authors: Rotimi David, Bev James, Gokul Kandaswamy, Jack Mountfield.

Institution: Swansea Bay University Health Board / Swansea University

Abstract

Introduction

Hematuria evaluation is a very common referral to Urology. Little is known about patients who had normal investigations and were discharged. We studied the development of urological issues and mortality in these patients over a 5-year period.

Methods

We examined the records of patients who were assessed in hematuria clinic (HC) and discharged following normal investigations, in a single centre over two years. We recorded age, sex, type of hematuria and whether intravenous urogram (IVU) or CT were performed in addition to Ultrasound (USS) KUB and flexible cystoscopy (FC).

Results

573 patients were included. 420 presented with visible hematuria (VH) and 153 with non-visible hematuria (NVH). IVU was done in 59% of patients, none of which diagnosed a malignancy. CT was done in 9%, which picked up 2 non-urological malignancies. Over 5 years, 18% were re-referred to Urology. 4 urological malignancies were picked up after re-referral, all of which presented with VH. Mortality due to urological cause at 5 years was 1.3%.

Conclusion

Mortality due to a urological cause in the 5 years after normal hematuria investigation is low. The role of IVU and CT in patients with normal USS and FC is limited for urological malignancy. A high percentage of patients with normal hematuria investigations are re-referred to urology within 5 years. There is no need to reinvestigate NVH for at least 5 years after normal investigations. Until long term prospective, multicentre analysis is available, this data could be used to help clinicians reduce patient anxiety.

Lessons from a prospective study on the prevalence of risk factors for urothelial cancer

K Rajan, A Bennett, GV Kandaswamy, B James, M Jefferies, P Bose

Introduction

Clinicians are expected to identify and address the risk factors for any malignancy that we come across. We aimed to look into the contemporary prevalence of any risk factors in patients presenting with haematuria & in patients diagnosed with bladder cancer

Methods

Questionnaire was prepared with all risk factors for urothelial cancer. All patients presenting to our haematuria clinic between January to October 2018, prospectively filled in the form. Grade and stage of bladder cancer was documented. The data was then analysed to look for association with various risk factors.

Results

Between Jan to Oct 2018, 583 patients were evaluated in our HCs. Mean age was 64.8 years (range 18-99). The male to female ratio was 1.87:1. 37.2% were ex-smoker, 42.5%, never smoked, and 15.5% were tobacco smokers. 7.5% had BMI 35-40, 25.2% were obese (BMI 30-35), and 35% were overweight (BMI 25-30). Occupational exposure to potential carcinogens was noticed in 21.2%.

50 were diagnosed to have bladder cancer which is 8.6% of patients presenting with haematuria. 42% of patients with bladder cancer had a positive family history of cancer. 54% of these patients were ex-smokers with a median exposure of 20 years and 22% were current smokers. 18% had occupational exposure with 24% having worked in a high risk industry.

Conclusion

We found that the smoking rates were similar in patients presenting with haematuria compared to general population. A family history of any cancer seems to be significant predictor as demonstrated by our data. This data gives insight into this new paradigm which is not reported earlier. Focus needs to be shifted to other risk factors like occupational exposure and genetic links. Further studies are underway to study the relationship of these factors to urological malignancies

Sacro-Pelvic Length correlates with Technical Difficulty for Minimally Invasive Radical Prostatectomy

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Introduction and Objective:

Minimally invasive prostatectomy is the mainstay of treatment for localised prostate cancer either with robot assisted (RARP) or conventional laparoscopic (LRP) technique. Although LRP has been superseded by RARP in many centres, it remains the predominant technique in North Wales. The presence of a narrow pelvis presents a challenge for minimally invasive prostatectomy especially with LRP. However, studies evaluating predictive factors for narrow pelvis and therefore difficult laparoscopic access for radical prostatectomy is lacking. We hypothesised that Sacro-Pelvic Length (SPL) less that 100mm on MRI would correlate with increased technical difficulty due to narrow pelvis. This study evaluates SPL on preop MRI with surgeon's perception of technical difficulty at LRP and RARP.

Methods:

Data for all patients undergoing radical prostatectomy by a single surgeon were prospectively collected. SPL (mm) was determined on the mid sagittal view of the preop T2-prostate MRI from the anterior superior end plate of S1 to the most prominent part of the pubic bone body representing the pubic knuckle. The level of difficulty on both LRP and RARP was determined by the surgeon and graded on a scale from 1 to 3 (1 = no difficulty, 2 = some difficulty and 3 =very difficult). Statistical analysis was with one-way ANOVA using IBM SPSS™ version 25

Results:

190 radical prostatectomies were performed over 3years. 103 (54%) underwent LRP and 87 (46%) had RARP. There is no difference in demographics between LRP and RARP groups. The median age was 66years (Range 46-75), PSA 7.9 (0.9-29), prostate size was 53grams (6.5-126) and blood loss 100ml (50-600). Margin was positive in 33 (17.4%). Of the 103 patients undergoing LRP, Difficulty levels 1 was perceived in 24%, 2 in 51% and 3 in 25%. The mean SPL for DL1, DL2 and DL3 were 116mm, 110mm and 100.5mm respectively. Of the 87 patients undergoing RARP, Difficulty levels 1 was perceived in 33%, DL2 in 31% and DL3 in 36%. The mean SPL for DL1, DL2 and DL3 were 115mm, 108mm and 101mm respectively.

The mean difference in SPL is significantly shorter between DL3 and DL1 in both LRP(-15.5mm, p=0.001) and RARP (-13.9mm, p=0.003) cohorts. The between group difference between DL3 and DL2 was not statistically significant. Furthermore, difficulty level did not correlate with volume of blood loss or margin rate for either group.

Conclusions:

SPL is a useful tool for surgical planning. When SPL is ≤100mm, surgeon should consider adjusting port positions for laparoscopic surgery.

Positron emission tomography (PET) Scanning in Urological cancers – A 3 year review in a single centre

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Introduction

The indications for positron emission tomography (PET) scanning in urological malignancies is increasing. Its use is believed to improve accuracy of staging and aid in decision making, particularly in regards to curative treatment.

Our aim was to analyse our PET scan usage, indications, and whether management was altered

Methods

A retrospective data collection of all PET scans performed for urological malignancy (prostate, bladder and kidney) between December 2016 and December 2019 was done. Data collection included demographics, indications and outcomes.

Results

44 patients underwent PET scan in this period. 28(63.6%) had prostate cancer, 14(31.8%) had bladder cancer and 2(4.5%) had kidney cancer.

The indications for PET in prostate cancer was to assess metastatic disease prior to definitive therapy. Both choline (n=13, 40%) and prostate specific membrane antigen (PSMA) (n=8, 24%) tracers were used. 7 patients had incidental uptake on FDG-PET (Fludeoxyglucose-PET). 7 patients had a PET scan that showed metastasis and 10 patients had metastasis ruled out.

FDG-PET was used for bladder cancer. The most common indication was to evaluate equivocal nodes. PET was positive in (n=10, 66.7%) and 8 patients had a change in treatment based on this.

Conclusion

The use of PET scan is increasing and our data suggests that it helps change initial management in many. In bladder cancer, there is a high correlation between equivocal nodes on cross-sectional imaging and PET. However pathological node positivity following cystectomy in patients who have no nodes on pre-operative imaging is present in ~25%. Routine PET scan in this setting may help avoid morbid treatments.

Upper tract urothelial carcinoma (UTUC) – what can we learn from historical cases

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Background

UTUC has a poor prognosis with many patients presenting late, often without cardinal symptoms such as visible haematuria.

The aims of this study were to assess presenting features, diagnostic tests and outcomes of patients with UTUC.

Methods

A retrospective data collection was performed for patients diagnosed with UTUC (ureteric or renal) between Jan 2013 and Dec 2017. Data was collected on demographics, presenting features, diagnostic tests, presence of concurrent bladder UC and outcome/survival.

Results

67 patients were diagnosed with UTUC, 37 renal pelvis and 30 ureteric. The median age was 74 years (Range 49-90 years), M:F 2:1.

39 (58.2%) presented with haematuria, with 1 having non-visible. 9 (13.4%) had loin pain, 4 (6.0%) systemic features (weight loss/lethargy), 15 (22.4%) other (detected on surveillance imaging, renal impairment).

61 had an USS of which 12 (19.7%) were normal and 49 demonstrated hydronephrosis or a mass (80.3%). 21 (31.3%) had concurrent bladder UC. 9 (13.4%) prior to UTUC diagnosis (2 post cystectomy and 7 prior superficial UC) and 12 post diagnosis. 50 (74.6%) of UTUC were treated curatively with surgery and 17 (25.4%) palliated. The 2 and 5 year survival for those treated with curative intent was 79.9% and 58.5% compared to 31.25 and 7.5% for those treated with palliative intent.

Conclusions

Most patients with UTUC presented with visible hematuria, pain or systemic features. USS has a high sensitivity but cases will still be missed. The presence of prior bladder cancer is a significant risk factor and regular upper tract monitoring should be performed in high-risk patients (post cystectomy, high-risk non muscle-invasive UC).

Omitting Cortical Renorrhaphy in Robotic Assisted Partial Nephrectomy: Is it safe? A single centre large case series

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Patients (or Materials) & Methods:
A retrospective analysis of 146 consecutive patients undergoing a robotic assisted partial nephrectomy with single or double renorrhaphy at the Wirral University Teaching Hospital NHS Foundation Trust from 2014-2019.
Data obtained included: Patient demographics, tumour RENAL Nephrometry, Peri-operative parameters; blood volume loss, duration and warm ischaemia time, Post-op complications; Clavian Dindo Score, change in eGFR (pre and approximately 3 months post-op) and length of hospital admission were ascertained. Tumour outcomes –pathology and margin positivity and recurrences were also recorded.

Results:
In total 146 patients were identified. 106 had double renorrhaphy (base layer and cortical layer) and 40 single (base layer only).
No significant differences were seen between these two cohorts in terms of patient demographics, RENAL Nephrometry score, tumour size or location.
Peri-operative parameters showed a reduced duration of surgery in the single renorrhaphy group with a mean of 125 minutes compared to 143 minutes in the double renorrhaphy (p 0.006) and a tendency towards a shorter warm ischaemia time although borderline statistical significance (p 0.05) but no difference in blood loss volume (p 0.25).
Post-operative complications showed no statistical difference in the length of hospital stay (p 0.85) or loss in eGFR at 3 months (0.25). There was no difference in the Clavian Dindo CD scores between the two groups (p 0.56). Out of three patients that scored 3a in the double renorrhaphy group two required radiological embolization for bleeding and one developed a pseudoanuerysm. No urine leaks occurred in either group. After a median follow up of 35 months no recurrences or cancer related deaths were observed in either group.

Conclusions:
Omission of cortical renorrhaphy appears feasible and safe with no urine leaks or excess bleeding complications observed. Peri-operatively patients omitting cortical renorrhaphy had a shorter operative duration (p 0.006) and less warm ischaemia time and blood volume loss (no statistical significance). No difference was observed in post-operative complications with respect to Clavian Dindo score and change in eGFR (p 0.56 and 0.25 respectively). There was no difference in surgical margin positivity and none of the patients showed progression during a median 35 months.
To our knowledge, this is the largest retrospective data analysis of this type and merit serious consideration of reconstruction technique following RPN.

Erectile dysfunction internet search trends: an insight into disease patterns and patient behaviour

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Objectives

To evaluate internet data search trends of online health resources related to the search term 'erectile dysfunction' (ED) to better understand the behaviour patterns of data access in the United Kingdom (UK) population.

Methods

'Google Trends' was used to assess search volume activity relating to the topic 'erectile dysfunction' in the UK between January 2004 to July 2019. The highest searched topics were entered into the Google search engine and the top 10 websites were accessed to assess the content.

Results

The highest and lowest 'erectile dysfunction' Search Volume Index (SVI) by country within the UK were Northern Ireland and England respectively. The ASVI grew by 6.82% per annum. The Spearman's rho correlation coefficient for the relationship between year and ASVI was 0.841 ($p < 0.001$). The topics 'erectile dysfunction' and 'erection' both ranked the highest with SVI values of 100, whilst the query 'Viagra' had the highest SVI ranking of 100. The top Google website for 'erectile dysfunction' and 'Viagra' were the NHS erectile problems information site (https://www.nhs.uk/conditiond/erection-problems-erectile-dysfunction/) and the NHS medicines sildenafil information site (https://www.nhs.uk/medicines/sildenafil-viagra/) respectively.

Conclusion

Internet search rates for ED in the UK have increased over the last 15 years, suggesting people may be more aware and better informed about the condition and its treatment options. The patterns of ED internet search activity may indirectly provide information about ED disease distribution in the UK. Patients may use the internet to self-diagnose and self-treat ED, therefore missing an opportunity to be screened for co-existing undiagnosed cardiovascular disease.

Is there a role for Cytology following BCG therapy for Non-Muscle Invasive Bladder Cancer?

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Introduction

Cytology has long been used as an adjunct in the diagnosis of non-muscle invasive bladder cancer (NMIBC), with a sensitivity ranging between 28-100%. There is a paucity of research into the use of cytology following BCG therapy. We sought to review our cohort to determine patient benefit from urine cytological analysis alongside check flexible cystoscopy.

Methods

Newly diagnosed patients who underwent BCG therapy from 2004 - 2019 were retrospectively reviewed. Exclusion criteria being any previous NMIBC treatment, incomplete induction course and ureteric cancer at diagnosis. In total 273 patients were identified and reviewed.

Results

In total 2567 cytology results and 591 biopsy results were recorded. Average age was 80 years and median number of BCG treatments 4 (induction follow by three maintenance courses).

95 patients (34.8%) had resistance or relapse following BCG therapy, of those 57 patients (20.9%) had progression of disease. Number of cytology samples per patient varied from 3-24 (median 8), with several patients having repeated, potentially unnecessary negative urine cytology.

Sensitivity and specificity of cytology at biopsy following induction therapy of BCG was 52.9% and 88.8% respectively. Those that developed progression of disease were 30.8% more likely to have a U4 or U5 result within the first six months of receiving treatment.

Conclusion

Cytology may be of use as a diagnostic adjunct, however further research is required to review the patient cohort who would benefit from repeated cytological urine analysis to prevent unnecessary testing.