BAUS ANNUAL MEETING

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

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Conference Bag & Lanyard Sponsor

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Sponsors of the Office of Education Skills Course

Hitachi Medical Systems UK Ltd
Oncology Systems Limited
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 Neilson (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
Official journal of BAUS

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.

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.

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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.
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

### BAUS Members

<table>
<thead>
<tr>
<th>Category</th>
<th>Early Rate - Up until 31 May</th>
<th>Standard Rate - From 1 June - 10:00 BST on 22 June</th>
<th>Onsite Rate - From 10:00 BST on 22 June</th>
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<td>Whole Meeting</td>
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<tr>
<td>Full, Overseas, Associate / Associate Urological Specialist</td>
<td>185</td>
<td>235</td>
<td>255</td>
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<tr>
<td>Trainee</td>
<td>70</td>
<td>235</td>
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<tr>
<td>Medical Students</td>
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<td>n/a</td>
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</tr>
<tr>
<td>Honorary &amp; Senior</td>
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<td>No Fee</td>
<td>No Fee</td>
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### Non-Members

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<th>Standard Rate - From 1 June - 10:00 BST on 22 June</th>
<th>Onsite Rate - From 10:00 BST on 22 June</th>
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<td></td>
<td>Whole Meeting</td>
<td>Whole Meeting</td>
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</tr>
<tr>
<td>Urologist / Other (not appearing in categories below)</td>
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<td>255</td>
<td>275</td>
</tr>
<tr>
<td>Urology Trainee</td>
<td>135</td>
<td>255</td>
<td>275</td>
</tr>
<tr>
<td>Health Care Professional (Nurses, Administrators, Radiographers, etc.)</td>
<td>135</td>
<td>255</td>
<td>275</td>
</tr>
<tr>
<td>Scientist (registered PhD Student/Post-Doctorate Fellows)</td>
<td>40</td>
<td>70</td>
<td>90</td>
</tr>
<tr>
<td>Exhibition Only (Healthcare professionals, no access to conference areas)</td>
<td>50</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
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Registration Information

Badge Scanning
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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.
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.
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
Master of Surgery in Urology

The Degree Programme

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» Two year part-time Masters programme taught entirely online*

» Facilitates structured preparation for Fellowship exams FRCS(Urol) and FEBU

» Improves evidence-based knowledge and practice

» Leads to an advanced qualification in Surgery

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- Transplant Nephrology
- Stone Disease
- Urethral reconstruction
- Male incontinence
- Andrology
- Female Urology
- Neuourology
- Bladder Cancer
- Renal Cancer
- Prostate Cancer
- Penile Cancer
- Testicular Cancer
- New technologies
- Minimal access developments

*All of our degrees are academically equivalent to on-campus postgraduate degrees

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Ms Sarah J Hart

Bursaries available for ASiT members

Visit urochm.rcsed.ac.uk for more information or to apply

You can also speak to us at Exhibition Stand 506

www.urochm.rcsed.ac.uk

in partnership with
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.
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.

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.
### 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.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>10.00</td>
<td>Welcome &amp; Introduction</td>
<td>Mark Speakman, Chair</td>
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<td>• Overview of the agenda and objectives</td>
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<td>• Welcome to the faculty</td>
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<td><strong>Case Study 1: Use of multi-parametric Magnetic Resonance Imaging (mpMRI) pre-biopsy</strong></td>
<td>Ben Challacombe</td>
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<td>• Presentation, discussion and audience questions</td>
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<td><strong>Case Study 2: Challenges in metastatic castration-resistant prostate cancer (mCRPC)</strong></td>
<td>Simon Crabb</td>
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<td>• Presentation, discussion and audience questions</td>
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<td><strong>Meeting summary</strong></td>
<td>Mark Speakman</td>
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<td>10.30</td>
<td>Meeting Close</td>
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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 Bivalqua & 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
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<th>Time</th>
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<tr>
<td>1540-1550</td>
<td><strong>Update on IDENTIFY</strong>&lt;br&gt;Mr Sinan Khadhouri, Royal Devon &amp; Exeter Hospital</td>
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<td>1550-1600</td>
<td><strong>The Future of IDENTIFY</strong>&lt;br&gt;Mr Kevin Gallagher, Western General Hospital, Edinburgh</td>
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<td>1600-1610</td>
<td><strong>Updates from BURST Committee on Progress Throughout the Year</strong>&lt;br&gt;BURST Committee Members</td>
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<td>1610-1700</td>
<td><strong>Dragon’s Den: Presentations for new National Multi-Centre Collaborative Projects</strong>&lt;br&gt;Panel:&lt;br&gt;Professor Graeme MacLennan, Mr Jon Aning, Mr John McGrath, Taimur Shah, Veeru Kasivisvanathan, Kevin Gallagher&lt;br&gt;Presenters:&lt;br&gt;Simon Morton, Joseph Norris, Nikita Bhatt</td>
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**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 with 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 Prothesis 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
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 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

70th Anniversary of the NHS
Mr Jonathan Goddard, Leicester General Hospital
Introduced by: Mr Kieran O’Flynn, BAUS President

Hall 1A
0930-1000

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
Programme: Tuesday 26 June

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

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
Investure of Mr Duncan Summerton as President of BAUS

Olympus Satellite Session
See page 18 for details

1245-1345 Lunch, Exhibition and ePoster Viewing in Hall 2
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 & Urodynamic 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

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

Chairs: Mr Maj Shabbir, Guy’s & St Thomas’ Hospital, London and Mr Richard Pearcy, 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

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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

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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
Programme: Wednesday 27 June

BAUS ANNUAL MEETING
25-27 June 2018 - Liverpool BT Convention Centre

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 Campain
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.

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.

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 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.

In the end, only you can decide.

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.

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.

Indications: Symptomatic treatment of overactive bladder (OAB) in adults with a history of urgency, increased frequency and/or urgency urinary incontinence as may occur in adult patients with detrusor overactivity (DO) syndrome.

Posology and administration: The recommended dose is 50 mg orally once daily in adults (excluding elderly patients). Astellas is not recommended for use in children. 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 liquid, swallowed whole and 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. Severe uncontrolled hypertension defined as systolic blood pressure ≥180 mm Hg and/or diastolic blood pressure ≥110 mm Hg.

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 CYP3A substrates that are individually dose titrated. Concomitant use of tricyclic antidepressants, selective serotonin reuptake inhibitors (SSRIs) and selective serotonin-norepinephrine reuptake inhibitors (SNRIs) is not recommended.

Summary of the safety profile: The safety of Betmiga was evaluated in three 12-week phase 3 double blind, placebo controlled studies. Adverse events: The following list reflects the adverse reactions observed in clinical trials (≥3% in treatment group). Generally similar to those observed in individual trials. Overall, the most frequent adverse reactions were related to the target indication of OAB. Overall, the incidence of adverse reactions in patients treated with mirabegron was non-inferior to placebo. Adverse reactions observed for patients treated with mirabegron were tachycardia and urinary tract infections. The frequency of adverse reactions for patients treated with mirabegron was similar to that observed in placebo treated patients. The frequency of adverse events reported in clinical trials with mirabegron ≥3% in treatment group.*: Adverse reactions observed in clinical trials: Common: Tachycardia, Urinary tract infection, Dyspepsia, Gastritis, Nausea, Constipation, Diarrhoea, Gastralgia, Urinary retention*.

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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

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.

Course fees

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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 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

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
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

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

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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
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 Y3, Tan W4, Rodney S5, Lamb B6, Briggs T7, Thompson J8, Sridhar A1, Kelly J9, Feber A1

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

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

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


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, 7Addenbrooke’s Hospital, Cambridge, United Kingdom, 8Austin Hospital, Heidelberg, Australia, 9Barts Health, Whippys Cross and the Royal London, London, United Kingdom, 10Bendigo Health, Australia,
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 M1,2, Aben K3, Neves J1, Fowler S5, Sullivan M7, Stewart G6, Challacombe B6, Mahrous A2, Patki P1, Mumtaz F3, Barod R2, Aitchison M5, Bex A2,4
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 and St Thomas’ NHS Foundation Trust, 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 R2, Keeley F4, Catto J5, Bryan R6, Jones R1, Chester J9, Hill M9, Donovan J9, French A4, Harris C3, Powles T13, Todd R5, Tregellas L3, Wilson C9, Winterbottom A9, 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 M, Cullen JM, Dick L, Fulton E, MacGregor E, Clayton F, Kalima P, Donat R, Mariappan P

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 P³, 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 R², Keeley F², Catto J², Bryan R³, Jones R³, Chester J³, Hill M³, Donovan J³, French A³, Harris C³, Powles T³, Todd R³, Tregellas L³, Wilson C³, Winterbottom A³, Lewis R³, Hall E³
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, Khetrapal 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?


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 M, 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 T, Robinson R, Forshaw C, Hodgson D, Hall S, Wilby D

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


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 A, de Jong J, Hendrickson K, Rosier M, Boormans J, Mostafid H

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)


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 P2, 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, 4Salfor 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, Exeter, United Kingdom, 2North Bristol NHS Trust, United Kingdom, 3James Cook University Hospital, Middlesbrough, United Kingdom, 4British Association of Urological Surgeons, London, United Kingdom

P1-17  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, Khadjeresari 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 Subspeciality 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 R1,2,3, 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, Pottie 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 A1
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, Hellawell 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 A1, Steggall M2, Brown G1,2,3
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 P1,2
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 M1, 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 N1
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, Christodoulioudou 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 A1, 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 C1, Garraffa G1, 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 P2, 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, Nicopoullos 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?
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

Ureteric stones and acute kidney injury: What predicts progression?

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

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

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, 3Southmead 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 R, New F, Davies M, Brewin J
1Salisbury NHS Foundation Trust, United Kingdom

P4-10 Calyceal diverticula (CD): diagnosis and management options in the era of non-contrast CT KUB
1North Bristol NHS Trust, United Kingdom

P4-11 Local anaesthetic flexible ureterorenoscopy: painful for all involved?
1Department of Urology, Eastbourne, United Kingdom

P4-12 Risk factors for blood transfusion following percutaneous nephrolithotomy in the UK
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
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
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 J, Thursby H, Muthoveloe D, George C, Fernando H, Liu S
1University Hospitals of North Midlands, Stoke-on-Trent, United Kingdom

P4-16 Non-operative management of pelvi-ureteric obstruction (PUJO)
Hanah M, Mann G
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, 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

Mironoska 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
**P6-1** An intratumoural cytotoxic immunotherapy approach in a syngeneic murine model of prostate cancer  
Papaevangelou E 1, Smolarek D 1, Elhage O 1, Smith R 1, Dasgupta P 1, Galustian C 1  
1King’s College London, United Kingdom

**P6-2** White blood cells from prostate cancer patients carry distinct chromosome conformations  
Pchejetski D 1, Shah T 1,4, Alshaker H 5, Ramadass A 3, Hunter E 3, Akoulitchev A 3, 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 J 1, 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 S 1, Eldred-Evans D 2, Shah T 1, Hosking-Jervis F 2, Laniado M 3, Hindley R 2, Doherty A 3, Sinclair A 3, Burke D 3, Bhardwa J 3, Karim O 3, Montgomery B 3, Bott S 3, Barber N 3, Winkler M 1, Allen C 1, Ahmed H 2  
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)  
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
P6-6 The 4Kscore predicts adverse pathology at radical prostatectomy in men diagnosed at biopsy with gleason 6
Galvin D1, 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

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 M1, Coughlin G1, Dunglison N1, Esler R1, Yaxley J1,2
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 J2, Kulkarni M1, Faure-Walker N1, Elhage O1, Challacombe B1,2, 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 D1,2, Greenberg D4, Huang H3, Lee L5, Pharoah P3, Gnanapragasam V1,2
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, Singapore

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 V3, Lau M5, Kumar M5, 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 M1, 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 J3, Verrill C2, Fitzpatrick R2, Gleeson F2, Rosario D4, Catto J4, Bryant R2, Lamb A2, Brewster S1, Dudderidge T5, Hindley R3, Sooriakumaran P7, Ahmed H6, Donovan J1, Hamdy F7
1Oxford University Hospitals NHS Foundation Trust, United Kingdom, 2Nuffield Department of Surgical
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 A7

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 N2, Kynaston H3, Rosen S4, Alhasso A5, Nankivell M6, Dearnaley D6, Kockelbergh R7, Godslad I9, Sundaram S8, Dixit S10, Lanniado 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 S1, Taghavi Azar Sharabiani M1, Kinsella N1, Ap Daffyed 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 C1

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 A¹², Tan W², Mazzon G¹, Khetrapal P², Shaw G¹, Rajan P¹, Mohammad A¹, Wilkinson K¹, Briggs T¹, Nathan S¹, Sooriakumaran P¹, Kelly J¹²

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 R2
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, Brigend, 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 assess voiding**  
Mosli-lynch C¹, Barton-Grimley D², Vismer 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*, Loh A, Rosli M, Anankumar A, Lynn N  
¹Hereford County Hospital, United Kingdom, ²Royal Shrewsbury Hospital, United Kingdom, ³Royal Stoke University Hospital, United Kingdom, ⁴Worcestershire Royal Hospital, United Kingdom

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  
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 B*, El-Mokadem I, Fleming S, Pratt N, *Nabi G*  
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  
¹Ninewells Hospital, Dundee, United Kingdom

**P9-6** Active surveillance of sporadic renal masses: experience from a single tertiary centre  
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  
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

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?

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

1Guy's And St Thomas' Hospital NHS Foundation Trust, London, United Kingdom

P9-11  Retroperitoneal robotic partial nephrectomy for T1b and larger tumours

Segaran S, Hussain M, Barber N
1Frimley Park Hospital, United Kingdom

P9-12  Nephron sparing surgery (NSS) in single kidneys: perioperative, functional and oncological outcomes

Rintoul-hoad S, Fernando A, Nair R, Challacombe B, O’Brien T
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

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 S, Murugappan S, Hong M, Grills R
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

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 J\textsuperscript{2}, Beh I\textsuperscript{1}, Clement K\textsuperscript{2}, Leung S\textsuperscript{1}, McNeill A\textsuperscript{1}, O’Connor K\textsuperscript{3}, Riddick A\textsuperscript{4}, Stewart G\textsuperscript{4}, Qureshi K\textsuperscript{2}, Aboumarzouk O\textsuperscript{2}, Oades G\textsuperscript{2}, Laird A\textsuperscript{1}

\textsuperscript{1}NHS Lothian University Hospitals, Edinburgh, United Kingdom, \textsuperscript{2}Queen Elizabeth University Hospital, Glasgow, United Kingdom, \textsuperscript{3}Cork University Hospital, Ireland, \textsuperscript{4}Addenbrooke’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
1Morriston 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
Dooher 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-lynch 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, 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’ 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 R1, 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
Mahesan T1, Drummond L1, Ali A1
1Frimley Park Hospital, Surrey, United Kingdom

U7 Mastering stones and bones: Henry Jacob Bigelow (1818 – 1890)
Connor M1, Brittain J1
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

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You’re invited to Seoul

October 4–7, 2018

Seoul, South Korea

Featuring the
SIU-ICUD Joint Consultation on Congenital Lifelong Urology
4th SIU Global Nurses’ Educational Symposium

www.siu-urology.org
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 BJU! 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

<table>
<thead>
<tr>
<th>No.</th>
<th>Course Title</th>
<th>Location</th>
<th>Time</th>
<th>No. of Spaces</th>
<th>Cost</th>
<th>Course Director</th>
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<td>1</td>
<td><strong>Teaching Course:</strong> Sponsored by BJU International - Developing a standardised system for trainee-led quality improvement projects: A national workshop for trainers</td>
<td>Room 12</td>
<td>1330-1530</td>
<td>30</td>
<td>FREE *£10 refundable deposit required</td>
<td>Mr James Green</td>
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<td>2</td>
<td><strong>Teaching Course</strong> SOLD OUT</td>
<td>Room 13</td>
<td>0900-1200</td>
<td>30</td>
<td>£30</td>
<td>Professor Peter Cuckow</td>
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<td>3</td>
<td><strong>Teaching Course</strong> SOLD OUT</td>
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<td>£30</td>
<td>Mr Daron Smith</td>
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<td>4</td>
<td><strong>Teaching Course</strong> SOLD OUT</td>
<td>Room 12</td>
<td>1515-1715</td>
<td>30</td>
<td>£30</td>
<td>Mr Asif Muneer &amp; Mr Rowland Rees</td>
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<td>5</td>
<td><strong>Teaching Course</strong></td>
<td>Room 12</td>
<td>0830-1030</td>
<td>30</td>
<td>£30</td>
<td>Mr Asif Muneer &amp; Mr Duncan Summerton</td>
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<td>6</td>
<td><strong>Teaching Course</strong> SOLD OUT</td>
<td>Room 11A</td>
<td>1030-1330</td>
<td>30</td>
<td>£30</td>
<td>Mr Vincent Gnanapragasam</td>
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<td>7</td>
<td><strong>Skills Course:</strong> SOLD OUT</td>
<td>Room 11B/C</td>
<td>1030-1330</td>
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<td>Professor Hashim Ahmed</td>
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*SOLD OUT*
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.

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
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
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

Prescribing information and references can be found overleaf.

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
Use with caution in moderate impairment, benefit should clearly outweigh impairment (Child-Pugh Class C). Severe (Child-Pugh class B or C) – no clinical data for multiple doses. Adjustment required. Moderate (Child-Pugh class B) - approximately 4x with history of cardiovascular disease. In patients with a significant risk daily and monitor serum transaminases at least every 2 weeks for function returns to baseline; restart Zytiga at 500 mg (one tablet) once

Prior use of ketoconazole: This increases the systemic exposure (take dose at least two hours after 1000 mg (two 500mg tablets) single daily dose. Not with food as this decreases 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. Hypolactasia: Infants, children with pre-existing, or who developed 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 20xULN), 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 with pre-existing hypokalaemia with Zytiga treatment (Grade 1). 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 myopathy with renal failure. Caution is recommended in patients concomitantly treated with drugs known to be associated with myopathy/rhabdomyolysis. SIDE EFFECTS: Very common: Urticaria, interstitial nephritis, interstitial pneumonia, autoimmune pericarditis, disseminated intravascular coagulation, allergic reactions. Common: Hypertension, hypokalaemia, oedema, peripheral oedema, myalgia, arthralgia, arthritis, myopathy/rhabdomyolysis, pyrexia, headache, rash, hypokalaemia, hypothyroidism, increased liver enzymes. Uncommon: Hypokalaemia, exacerbation of cardiac failure, bradycardia, ECG changes, QT prolongation, angina pectoris, atrial fibrillation, tachycardia, dyspnoea, rash, hypertension, hypokalaemia, hyperglycaemia, aseptic meningitis, viral upper respiratory tract infection, hypokalaemia, hypertension, hypothermia, skin rash, dermatitis, diaphoresis, muscle cramps, muscle spasms, myalgia, asthenia, peripheral oedema, rash, pruritus, alopecia, hypokalaemia, abnormal liver function tests, dyspepsia, peripheral neuropathy, interstitial lung disease, atypical mycobacterial infection, otitis media, osteomyelitis, sinusitis, myositis, myalgic encephalomyelitis, pericardial effusion, myopericarditis, coughing, bronchitis, increased liver enzymes, peripheral oedema, pleural effusion, atrial fibrillation, deep vein thrombosis, pulmonary embolism, pericardiostomy, hypokalaemia, hypothermia, pyrexia, dyspnoea, chest pain, muscle pain, muscle cramps, dry cough, constipation, diarrhea, allergic reaction. Rare: Hypokalaemia, exacerbation of cardiac failure, bradycardia, ECG changes, QT prolongation, angina pectoris, atrial fibrillation, tachycardia, dyspnoea, rash, hypertension, hypokalaemia, hyperglycaemia, aseptic meningitis, viral upper respiratory tract infection, hypokalaemia, hypertension, hypothermia, skin rash, dermatitis, diaphoresis, muscle cramps, muscle spasms, myalgia, asthenia, peripheral oedema, rash, pruritus, alopecia, hypokalaemia, abnormal liver function tests, dyspepsia, peripheral neuropathy, interstitial lung disease, atypical mycobacterial infection, otitis media, osteomyelitis, sinusitis, myositis, myalgic encephalomyelitis, pericardial effusion, myopericarditis, coughing, bronchitis, increased liver enzymes, peripheral oedema, pleural effusion, atrial fibrillation, deep vein thrombosis, pulmonary embolism, pericardiostomy, hypokalaemia, hypothermia, pyrexia, dyspnoea, chest pain, muscle pain, muscle cramps, dry cough, constipation, diarrhea, allergic reaction. Very rare: Hypokalaemia, exacerbation of cardiac failure, bradycardia, ECG changes, QT prolongation, angina pectoris, atrial fibrillation, tachycardia, dyspnoea, rash, hypertension, hypokalaemia, hyperglycaemia, aseptic meningitis, viral upper respiratory tract infection, hypokalaemia, hypertension, hypothermia, skin rash, dermatitis, diaphoresis, muscle cramps, muscle spasms, myalgia, asthenia, peripheral oedema, rash, pruritus, alopecia, hypokalaemia, abnormal liver function tests, dyspepsia, peripheral neuropathy, interstitial lung disease, atypical mycobacterial infection, otitis media, osteomyelitis, sinusitis, myositis, myalgic encephalomyelitis, pericardial effusion, myopericarditis, coughing, bronchitis, increased liver enzymes, peripheral oedema, pleural effusion, atrial fibrillation, deep vein thrombosis, pulmonary embolism, pericardiostomy, hypokalaemia, hypothermia, pyrexia, dyspnoea, chest pain, muscle pain, muscle cramps, dry cough, constipation, diarrhea, allergic reaction. 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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FURTHER INFORMATION IS AVAILABLE: Janssen-Cilag Limited, 50-100 Holmers Farm Way, High Wycombe, Buckinghamshire, HP12 4EG, UK.

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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.**