70 YEARS OF THE NHS

ANNUAL MEETING

25-27 June 2018
LIVERPOOL BT CONVENTION CENTRE

PRELIMINARY CONFERENCE PROGRAMME

#BAUS18
@BAUSurology
www.baus.org.uk
BAUS ANNUAL MEETING

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

25-27 June 2018
LIVERPOOL
BT CONVENTION CENTRE

PRELIMINARY CONFERENCE PROGRAMME

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Advancing science for life™
Welcome from the President

On behalf of BAUS Council I am delighted to invite 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 will be a drinks reception held on Monday 25 June in the iconic Liver Building. This will be 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 hope you will join 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 hope you can join us and I look forward to seeing you in June.

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

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.

Accommodation
BAUS is pleased to offer delegates an accommodation booking service which is provided by Liverpool Convention Bureau via: https://aws.passkey.com/go/BAUS18

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.

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

Continuing Medical Education
This meeting has been accredited with CME points as follows:
Monday 25 June 6 points
Tuesday 26 June 6 points
Wednesday 27 June 6 points
The Satellite Sessions are each accredited with 1 CME point.

Delegate Badges
For security purposes, all delegates, accompanying persons and exhibitors must wear the official BAUS 2018 delegate badges at all times to be admitted to the conference centre and social events. Badges will be issued from the Registration Desk.

Exhibition - Location and Opening Hours
The exhibition is located in Hall 2 will be open at the following times:
Monday 25 June 0800 - 1800
Tuesday 26 June 0800 - 1800
Wednesday 27 June 0800 - 1415
Please note: entry to the conference or exhibition is NOT available to personnel from commercial companies who do not have an exhibition stand.

Local Information
For information on visiting Liverpool, please visit: www.accliverpool.com/visiting-us/destination-liverpool/
Email: info@accliverpool.com

Media Check
Media Check In will be located outside the Exhibition in the Hall 2 Foyer. Full AV information will be sent to all speakers well in advance of the meeting.
Any queries prior to the meeting should be directed to the Events Team at BAUS on: events@baus.org.uk.

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

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

Programme
For the first time we will not have a printed programme at BAUS 2018. Delegates should instead use the meeting app or save a copy of the Final Programme PDF to a tablet.
Registration Desk
All relevant conference documentation should be collected from the BAUS Registration Desk. The desk will be situated inside the Exhibition, Hall 2. It will be open at the following times:
Monday 25 June 0700 - 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

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

<table>
<thead>
<tr>
<th>BAUS Members</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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<tr>
<td>Whole Meeting</td>
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<tr>
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<td>235</td>
<td>255</td>
</tr>
<tr>
<td>Trainee</td>
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<td>Medical Students</td>
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<tr>
<td>Honorary &amp; Senior</td>
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<th>Non-Members</th>
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<tr>
<td>Whole Meeting</td>
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<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>
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</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>
</table>
Registration Information

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

Name, Job Title, Place of Work
(as you specify on your online registration form)

Work Email address
(as you specify on your online registration form)

Badge scanning by exhibitors is not compulsory. If you DO NOT wish to disclose this information to exhibitors then do not allow your badge to be scanned.

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

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

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

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

Accompanying Persons
Registration
There is no registration fee for partners of delegates but badges will be issued. Accompanying persons are invited to attend the Liver Building on Monday 25 June. Places for events should be booked in advance on the online registration form. There is no formal Accompanying Persons Programme but please see the social programme for details of the coffee morning on Tuesday 26 June.

Letters of Invitation
Official letters of invitation to help overcome administrative difficulties in some countries can be sent by the BAUS Office. Please put your request in writing before 31 May 2018. These letters do not commit BAUS to any financial obligation. Please note restrictions to registration.

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.

theurologyfoundation.org
The Urology Foundation is a registered charity 1128683
The Museum of Urology
@ BAUS 2018

Jonathan Goddard
Curator of the Museum of Urology

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

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

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

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

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

The Degree Programme

Delivered by The University of Edinburgh in partnership with The Royal College of Surgeons of Edinburgh

» 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

Course Topics

• Paediatric Urology
• 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

*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
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 contact BAUS 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

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*

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’

*Are we right to maintain our heavy reliance on antimuscarinics as a first-line treatment in OAB?*

*Is cycling through antimuscarinics really an effective treatment approach?*

*Does one size fit all in OAB, or is success dependent on a more individualised approach?*

*Join our panel as we debate the principles of treatment choice in OAB.*

*In the end, only you can decide.*

BET18005UKa(1) | March 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
- **1250-1305** What is the Value of BPH as a Day Case?
- **1305-1315** What Pathway Changes are Needed to Achieve Day Case?
- **1315-1330** PLASMA Enucleation: A New Gold Standard for BPH Treatment
### Bayer

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>1715-1720</td>
<td>Welcome and Introductions</td>
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<tr>
<td>1720-1730</td>
<td>Treatment of mCRPC: a historical perspective</td>
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<td>Phil Cornford, Consultant Urological Surgeon and Clinical Director for Urology, Royal Liverpool and Broadgreen University Hospital NHS Trust</td>
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<tr>
<td>1730-1740</td>
<td>Multidisciplinary Management of mCRPC Treatment</td>
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<td></td>
<td>Rob Jones, Honorary Consultant in Medical Oncology, University of Glasgow &amp; Valerie Lewington, Consultant Nuclear Medicine Physician, Guy’s and St Thomas’ Hospital NHS Foundation Trust</td>
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<tr>
<td>1740-1750</td>
<td>Panel Debate</td>
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<tr>
<td></td>
<td>Phil Cornford, Rob Jones, Valerie Lewington</td>
</tr>
<tr>
<td>1750-1800</td>
<td>Q&amp;A Session</td>
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Bayer products may be discussed at this meeting. Prescribing information will be available at this meeting.

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### Astellas Oncology

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

**Chair:** Mr Mark Speakman, Consultant Urological Surgeon, Taunton  
**Speaker:** Dr Simon Crabb, Associate Professor in Medical Oncology, University of Southampton Faculty of Medicine

**Objective:** To utilise patient cases in order to discuss the practical aspects of the management of metastatic prostate cancer. Focus will be placed on delegate participation with management or surgical options positioned as interactive questions to the audience.

Job code: XTD18003UK    Date of preparation: February 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.
Chair’s Welcome and Introduction
Mr John McGrath, Royal Devon & Exeter NHS Trust

Best Academic Paper Session – BJU International Prize for the Best Paper at BAUS 2018
Chairs: Trinity Bivalqua & John McGrath

John Blandy Prize and Lecture
Introduced and presented by: Professor Prokar Dasgupta, Editor-in-Chief, BJU International
Prize winner to be confirmed.

Medical Student Best Essay and Audit Prizes
Presented by: Mr Toby Page, Freeman Hospital, Newcastle-upon-Tyne

Medical Student Best Essay Winner
To be confirmed

BAUS Audit / Quip Competition Winners
Mr Ricky Ellis, Nottingham City Hospital & Mr George Hill, Southmead Hospital, Bristol

Announcement of Winner of Best Paper session

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
Satellite Session – Boston Scientific
See page 17 for details

1200-1230

Lunch Break, Exhibition and ePoster Viewing

1330-1530

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

Chairs: Tharani Nitkunan, Epsom and Rashmi Singh, Surrey and 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

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

1530-1700

BURST session:
Dragon’s Den for new Multi-Centre Collaborative Projects, Opportunities for Trainees and Updates on Progress

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

1530-1540

Overview of BURST Research Collaborative and Opportunities for Trainees
Mr Veeru Kasivisvanathan, University College Hospital, London

1540-1550

Update on IDENTIFY
Mr Sinan Khadouri, Royal Devon & Exeter Hospital

1550-1600

The Future of IDENTIFY
Mr Kevin Gallagher, Western General Hospital, Edinburgh
1600-1610  **Updates from BURST Committee on Progress Throughout the Year**  
BURST Committee Members

1610-1700  **Dragon’s Den: Presentations for new National Multi-Centre Collaborative Projects**  
Panel: TBC

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**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

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 Majid Shabbir, Guy’s & St Thomas’ Hospital, London

1040–1100 Circumcision in the Obese
Mr Rowland Rees, University Hospital Southampton

1100–1120 Surgical Management of Difficult Peyronie’s Disease
Mr David Ralph, University College Hospital, London

Hall 1A

1120-1200

Guest Lecture

Introduced by Mr Rowland Rees, University Hospital Southampton

Penile Transplantation
Professor André van der Merwe, Stellenbosch University, South Africa
Hall 1A

1200-1230

**Satellite Session – Boston Scientific**

See page 17 for details

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

Hall 1A

1330-1430

**Urethral Reconstruction Update**

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

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

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

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

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

Hall 1A

1500-1700

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

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

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

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

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

  **Panel:**
  - 1600-1620 *Bladder*
    Mr Ammar Alhasso, Western General Hospital, Edinburgh
  - 1620-1640 *Erectile Dysfunction in Neurological Disease*
    Mr Marc Lucky, University Hospital Aintree
  - 1640-1700 *Cauda Equina Syndrome – Case Presentations / MDT Panel:*
    - Mrs Mahreen Pakzad, University College Hospital, London
    - Mr Chris Harding, Freeman Hospital, Newcastle-upon-Tyne
    - Mr Asif Muneer, University College Hospital, London
Hall 1A

1700-1800

Astellas Satellite Session

See page 17 for details
Monday 25 June

BAUS Section of Female, Neurological and Urodynamic Urology Annual Meeting

Room 3A
0900-1445

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

Introduction

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

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

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

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

Wednesday sees the second FNUU poster session chaired by Neil Harris and Shahzad Shah and finishes off with Mo Belal summing up the highlights of the conference from an FNUU perspective. I look forward to seeing you all at the meeting and hope that the programme we have planned will be enjoyable, useful and informative.
Room 3A
0900-0910

**Chair’s Welcome**

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

Room 3A
0910-1010

**FNUU Updates**

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

- **0910-0925** FNUU Trials & Research Update
  Professor Marcus Drake, Southmead Hospital, Bristol

- **0925-0940** FNUU Publications Update
  Mr Vibhash Mishra, Royal Free Hospital, London

- **0940-0955** FNUU Politics Update
  Miss Tina Rashid, Charing Cross Hospital, London

- **0955-1010** FNUU Training Update
  Mr Roland Morley, Charing Cross Hospital, London

Room 3A
1010-1030

**Perspectives on Nocturia**

Mr Arun Sahai, Guy’s Hospital, London

1030-1100

Refreshment Break, Exhibition and ePoster Viewing in Hall 2

Room 3A
1100-1200

**Reconstructive Urology**

Chairs: Mr Chris Harding, Freeman Hospital, Newcastle-upon-Tyne & Mr Rizwan Hamid, University College 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 48 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 51 for the ePosters

Room 12
0830-1000

ePoster Session 3: Andrology, Reconstruction, Penile Cancer and Male Infertility
Chairs: Raj Persad & Ayman Younis
See page 53 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 Chris Harrison, NHS England’s National Clinical Director for Cancer

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
Professor Mahesh Nirmalan, Professor of Medical Education and Consultant in Critical Care Medicine, Manchester Royal Infirmary

Questions and Answers

Hall 1A
0930-1000

70th Anniversary of the NHS
Mr Jonathan Goddard, Leicester General Hospital

Hall 1A
1000-1030

AGM
Chair: Mr Kieran O’Flynn, BAUS President

The AGM Agenda will be available to Members via the BAUS website. Any other business – if possible, written questions should be submitted in advance of the AGM or handed to the Registration Desk by 1700 on Monday 25 June.

Karl Storz Harold Hopkins Golden Telescope Award
This award is given to BAUS Members within 10 years of their first consultant appointment who have made a significant and lasting contribution to urology. Presented to: Mr Asif Muneer, University College Hospital, London

BAUS Honorary Membership
Honorary Membership is given to “persons who have achieved outstanding prominence in the field of medicine related to urology either in the UK or abroad.” Presented to: Dr Sanjay Kulkarni, Kulkarni Reconstructive Urology Center, Pune, India

1000-1100 Refreshment Break, Exhibition and ePoster Viewing in Hall 2

Room 3A/B
1030-1200

Prostate Cancer: Navigating Decision-Making
Chairs: Mr Ben Challacombe, Guy’s Hospital, London & Mr David Douglas, Raigmore Hospital, Inverness, Scotland

The Section of Oncology Guest Lecture: Prostate Diagnostics and Prognostics in 2017
Professor Alan Partin, The Brady Urological Institute, The Johns Hopkins Medical Institution, Baltimore, USA

Shared Decision Making and Decision Aids in Uro-oncology: Option Grids
Mr Nick Burns-Cox, Musgrove Park Hospital, Taunton
Individualising Prognostic Prediction in Prostate Cancer: The PREDICT: Prostate Cambridge Model
Mr Vincent J Gnanapragasam, Cambridge University

Technological Aids to Patient Decision Making
Mr Jonathan Makanjuola, Kings College Hospital, London

National Prostate Cancer Audit
Mr Paul Cathcart, Guy’s & St Thomas’ Hospital, London

Discussion

Room 4
1030-1200

ePoster Session 4: Stones, Imaging and Upper Tract Disorders
Chairs: Ben Chew & Matt Bultitude
See page 55 for the ePosters

Room 12
1030-1200

ePoster Session 5: Female, Neurological & Urodynamic Urology 1
Chairs: Angela Birnie & Ased Ali
See page 58 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 Elliot Street & Dr Harry Thirkettle

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

1245-1330
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

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

Endourology
Mr Jonathan Glass, Guy’s and St Thomas’ Hospital, London

1410-1510 BAUS FY & CT Audit / QuIP Competition presentations
8 oral presentations
1510-1545 BAUS FY & CT Audit / QuIP Competition posters
12 submissions will be displayed as posters
1545-1605 How to get ahead in Urology
Mr Luke Forster, Whipps Cross Hospital, London

1605-1625 Opportunities Innovation and Technological Advancement in the NHS - A Vision of the Next Decade
Professor Tony Young, Southend University Hospital NHS Foundation Trust & National Clinical Lead for Innovation at NHS England

1625-1630 Concluding Remarks
Mr Dominic Hodgson, Queen Alexandra Hospital

Hall 1A
1345-1445

BJU International Guest Lecture: Achieving the Promise of Digital Health: Are We There Yet? If Not, When... and How?
Professor Robert Wachter, Professor and Chair of the Department of Medicine at the University of California, San Francisco, USA

Room 3A/B
1345-1445

Preventative Andrology – Can Treating Male Sexual Dysfunction Improve Life Expectancy?
Chairs: Mr Maj Shabbir, Guy’s & St Thomas’ Hospital, London and Mr Richard 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
ePoster Session 6: Prostate Cancer

Chairs: Alan Partin & Prasanna Sooriakumaran

See page 60 for the ePosters

ePoster Session 7: General Urology 1

Chairs: David Thomas & Andrew Moon

See page 64 for the ePosters

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 Expert, PAR3

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

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

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**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

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**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:**
*Miss Laura Derbyshire*, University Hospital of South Manchester (Team Captain)
*Miss Sarah Tang*, The Whittington Hospital, London
*Mr Ian Rudd*, St George’s Hospital, London
*Mr Joe Jelski*, Southmead Hospital, Bristol

1700-1715  Refreshment Break, Exhibition and ePoster Viewing in Hall 2

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**Hall 1A**

1715-1800  **Bayer Satellite Session**
*See page 19 for the details*

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**Room 3A/B**

1800-1930  **Meeting of SURG and BAUS Trainee Members**
*Chairs: Mr Jonathan Noël*, The Royal Marsden NHS Foundation Trust & SURG Chair & *Miss Laura Derbyshire*, Health Education North West & SURG Secretary

**Award of the Silver Cystoscope**
*Presented by: Mr Jonathan Noël* to TBA
Innovation and Entrepreneurship in Urology
Professor Tony Young, Southend University Hospital NHS Foundation Trust & National Clinical Lead for Innovation at NHS England

Training Updates & Indicative Number Challenges
Specialist Advisory Committee, Andrology, FNUU, Paediatric & Simulation Training Representatives with live audience participation
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**

Professor Kevin Turner, Royal Bournemouth Hospital & Bournemouth University

Hall 1A
1000-1030

**Astellas Oncology Satellite Session**

See page 19 for details
1030-1100  Refreshment Break, Exhibition and ePoster Viewing in Hall 2

Hall 1A
1100-1130  The Urology Foundation Guest Lecture
Title and Speaker to be confirmed

Room 3A/B
1100-1200  Optimising your Patient, Optimising Yourself
Chairs: Jonathan Glass, Guy’s & St Thomas’ Hospital Trust & Mr Ben Turney, Churchill Hospital

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 66 for the ePosters

Room 12
1100-1230  ePoster Session 10: Female, Neurological & Urodynamic Urology 2
Chairs: Shahzad Shah & Neil Harris
See page 71 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 68 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

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.
Best Academic Paper Session

Monday 25 June, 0900-1000, Room 3B

Chairs: Trinity Bivalacqua & John McGrath

1

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

Khetrapal P, 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

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?


1British Urology Researchers in Surgical Training, Department of Urology, London, United Kingdom, 2University College London, Dept. of Statistical Science, London, United Kingdom, 3Australian Young Urology Researchers Organisation (YURO), Australia, 4Information Services Division, University College London (UCL), United Kingdom, 5Newcastle University, Dept. of Urology, Newcastle, United Kingdom, 6Whittington Hospital, Dept. of Urology, London, United Kingdom, 7University College London Hospital, Dept. of Urology, London, United Kingdom, 8Addenbrooke’s Hospital, Cambridge, United Kingdom, 9Austin Hospital , Heidelberg, Australia, 10Barts Health, Whips Cross and the Royal London, London, United Kingdom, 11Bendigo Health, Australia, 12Box Hill Hospital, Melbourne, Australia, 13Broomfield Hospital, Chelmsford, United Kingdom, 14Charing Cross Hospital, London, United Kingdom, 15Cheltenham General Hospital, Cheltenham, United Kingdom , 16Chester Hospital, Mersey, United Kingdom , 17Craigavon Area Hospital, Northern Ireland, 18Cumberland Infirmary ,
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, Aben K1, Neves J1, Fowler S1, Sullivan M7, Stewart G6, Challacombe B8, Mahrous A2, Patki P2, Mumtaz F3, Barod R2, Aitchison M2, Bex A2,4

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

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

Birtle A1, Johnson M2, Kockebergh R1, Keeley F4, Catto J5, Bryan R6, Jones R7, Chester J8, Hill M9, Donovan J10, French A11, Harris C12, Powles T3, Todd R7, Tregellas L9, Wilson C10, Winterbottom A14, Lewis R9, Hall E9

1Royal Preston Hospital, United Kingdom, 2Newcastle upon Tyne Hospitals NHS Trust, United Kingdom, 3University Hospitals Leicester, United Kingdom, 4North Bristol NHS Trust, United Kingdom, 5The University of Sheffield, United Kingdom, 6University of Birmingham, United Kingdom, 7Beatson West of Scotland Cancer Centre, Glasgow, United Kingdom, 8Cardiff University, United Kingdom, 9Clinical Trials and Statistics Unit, Institute of Cancer Research, London, United Kingdom, 10University of Bristol, United Kingdom, 11Southend University Hospital NHS Foundation Trust, United Kingdom, 12Consumer Representative, London, United Kingdom, 13St Barts & the London NHS Trust, United Kingdom, 14Fight Bladder Cancer, Chinnor, United Kingdom
Is it safe to carry out flexible cystoscopy when urinary dipstick is positive for ‘infection’? Results of a prospective clinical study

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

1Department of Urology, Western General Hospital, Edinburgh, United Kingdom, 2Department of Medical Microbiology and Virology, Western General Hospital, Edinburgh, United Kingdom
ePoster Session 1: 
Bladder Cancer

Monday 25 June 25, 1030 - 1200, Room 4

Chairs: Matthew Nielsen & Alex Colquhoun

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

Omar K\textsuperscript{1}, Nair R\textsuperscript{1}, Thurairaja R\textsuperscript{1}, Rimington P\textsuperscript{2}, Dasgupta P\textsuperscript{1}, Khan S\textsuperscript{1}

\textsuperscript{1}Guy’s Hospital, London, United Kingdom, \textsuperscript{2}Eastbourne 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 P\textsuperscript{1}, Thursby H\textsuperscript{1}, Kalyanasundaram K\textsuperscript{1}, Golash A\textsuperscript{1}, Fernando H\textsuperscript{1}

\textsuperscript{1}University Hospitals of North Midlands, Stoke on Trent, United Kingdom

P1-3 The utility of pre-operative CT urography in the diagnosis of patients with suspected upper tract urothelial cancer

Ellis R\textsuperscript{1}, Scriven S\textsuperscript{1}, Lloyd J\textsuperscript{1}, Ratan H\textsuperscript{1}

\textsuperscript{1}Department of Urology, Nottingham City Hospital, United Kingdom, \textsuperscript{2}Department of Radiology, Nottingham City Hospital, Nottingham, 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 M\textsuperscript{1}, Waheed-Rahman S\textsuperscript{1}, Broadhurst W\textsuperscript{1}, Phipps S\textsuperscript{1}, Thomas B\textsuperscript{1}, Cutress M\textsuperscript{1}, McNeill A\textsuperscript{1}, O’Donnell M\textsuperscript{1}, Leung S\textsuperscript{1}, Laird A\textsuperscript{1}

\textsuperscript{1}NHS 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 A\textsuperscript{1}, Johnson M\textsuperscript{2}, Kocklebergh R\textsuperscript{3}, Keeley F\textsuperscript{4}, Catto J\textsuperscript{5}, Bryan R\textsuperscript{5}, Jones R\textsuperscript{7}, Chester J\textsuperscript{8}, Hill M\textsuperscript{9}, Donovan J\textsuperscript{9}, French A\textsuperscript{10}, Harris C\textsuperscript{11}, Powles T\textsuperscript{12}, Todd R\textsuperscript{13}, Tregellas L\textsuperscript{9}, Wilson C\textsuperscript{10}, Winterbottom A\textsuperscript{14}, Lewis R\textsuperscript{9}, Hall E\textsuperscript{9}

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

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

Tan W\textsuperscript{1}, Feber A\textsuperscript{1}, Sapong R\textsuperscript{1}, Khetrapal P\textsuperscript{1}, Rodney S\textsuperscript{1}, Williams N\textsuperscript{1}, Brew-Graves C\textsuperscript{1}, Kelly J\textsuperscript{1}, DETECT investigators

\textsuperscript{1}University College London, London, United Kingdom
P1-7 Can CT intravenous urogram be replaced with renal tract ultrasound for non-visible haematuria?
Institute: University 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
Institute: Northwick 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
Institute: Western 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
Institute: Urology Department, Portsmouth, United Kingdom

P1-11 10-year experience of RITE thermochemotherapy for high risk non-muscle invasive bladder cancer that has failed BCG
Institute: St 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
Institute: St Richard’s Hospital, Chichester, United Kingdom, Erasmus MC Cancer Institute, Rotterdam, Netherlands, Netherlands Cancer Institute – Antoni van Leeuwenhoek Hospital, Amsterdam, Netherlands, Royal 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)
Institute: Royal Surrey County Hospital NHS Foundation Trust, Guildford, United Kingdom, South Tees Hospitals NHS Foundation Trust, Middlesbrough, United Kingdom, University Hospitals of Leicester NHS Trust, United Kingdom, University of Sheffield, United Kingdom, Gloucesteshire Hospitals NHS Foundation Trust, Cheltenham, United Kingdom, Leeds Teaching Hospitals NHS Trust, United Kingdom, Royal Devon and Exeter NHS Foundation Trust, United Kingdom, The Royal Wolverhampton Hospitals NHS Trust, United Kingdom, Medway NHS Trust, Gillingham, United Kingdom, The 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 A3, Bagnall P4, Taylor J5, Creswell J6, 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 K2, McAleese J3
1Beacon Centre, Musgrove Park Hospital, Taunton, United Kingdom, 2Peterborough and Stamford Hospitals NHS Foundation Trust, United Kingdom, 3Royal College of Radiologists, London, 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 Y3, Tan W4, Rodney S5, Lamb B6, Briggs T7, Thompson J8, Sridhar A9, Kelly J10, Feber A1
1University College Hospital Urology Department, London, United Kingdom, 2UCL Cancer Institute, London, United Kingdom
ePoster Session 2: Management, Governance, Education and Quality Improvement

Tuesday 26 June, 0830 - 1000, Room 4

Chairs: Luke Forster & Nikhil Vasdev

P2-1 Development, delivery and theory-driven evaluation of an evidence-based quality improvement training module for urology trainees

Pallari E1, Khadjesari Z1, Biyani S2, Jain S2, Sevdalis N1, Green J3

1King’s College London, United Kingdom, 2Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom, 3Barts NHS Health Trust, London, United Kingdom

P2-2 Subspecialty urology – can we predict where gaps will be in 7 years’ time? Results from the BAUS workforce survey

Manson R1, Palmer M

1Queen Elizabeth University Hospital, Glasgow, United Kingdom, 2Glasgow Royal Infirmary, United Kingdom, 3On behalf of BAUS and the Specialist Advisory Committee in Urology

P2-3 Urologist workload – an up to date picture. Results from the BAUS workforce survey

Manson 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, Pottle E2, Taylor C3, Green J1

1Whipps Cross University Hospital, London, United Kingdom, 2School of Medical Education, King’s College London, United Kingdom, 3School of Health Sciences, University of Surrey, United Kingdom

P2-6 Urology low fidelity simulation teaching - clinically observed medical education training (COMET)

Megson M1, Singh S

1George Eliot Hospital, Nuneaton, United Kingdom

P2-7 Mobile apps for lower urinary tract symptoms

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 College, 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 N, Bennett A, Steggall M, Brown G

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**  

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 M, Blecher G, Moubasher A, Johnson M, Garaffa G, Ralph D

1University College Hospital of London, London, United Kingdom

**P3-4**  
**Oncological outcomes of 100 glans resurfacing procedures for superficial invasive penile cancer**  
Sujenthiran A, Yan S, Ager M, Corbishley C, Tinwell B, Ayres B, Watkin N

1Kingston Hospital NHS Foundation Trust, London, United Kingdom, 2St Georges Healthcare NHS Trust, London, United Kingdom

**P3-5**  
**Does the type of surgical procedure for inguinal lymph node management affect survival rates for patients with squamous cell carcinoma of the penis?**  

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**  

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 V, Natarajan M, Sethia K

1Norfolk and Norwich University Hospital, Norwich, United Kingdom
**P3-8** Bulbar urethral strictures after the treatment of prostate cancer (CaP)

**Bugeja S**, Ivaz S, Frost A, Dragova M, Andrich D, Mundy A

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 S**, Ivaz S, Dragova M, Campos Juanatey F, Frost A, Andrich D, Mundy A

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

**P3-10** Contemporary surgical management of urethral disease in the United Kingdom

**Payne S**, Fowler S, Mundy T

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

**P3-11** Aetiology, presentation and initial evaluation of urethral disease in the United Kingdom

**Payne S**, Fowler S, Mundy T

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 azoosperma?


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


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


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

**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 R¹, New F¹, Davies M¹, Brewin J¹  
¹Salisbury NHS Foundation Trust, United Kingdom

**P4-10**  Calyceal diverticula (CD): diagnosis and management options in the era of non-contrast CT KUB  
Abushamma F¹, Ito H, Aboumarzouk O, Harding R, Philip J, Timoney A, Keeley F  
¹North Bristol NHS Trust, United Kingdom

**P4-11**  Local anaesthetic flexible ureterorenoscopy: painful for all involved?  
Kadhim H¹, Pai A¹, Wai H¹, Chan K¹, Mackie S¹, Watson G¹  
¹Department of Urology, Eastbourne, United Kingdom

**P4-12**  Risk factors for blood transfusion following percutaneous nephrolithotomy in the UK  
Althaus A¹, Withington J², Finch W³, Smith D⁴, Turney B⁵, Fowler S⁶, Armitage J¹, Irving S⁷, Burgess N³, Wiseman O¹  
¹Addenbrooke’s Hospital, Cambridge, United Kingdom, ²Royal Free Hospital, London, United Kingdom, ³Norfolk and Norwich University Hospital, United Kingdom, ⁴University College Hospital, London, United Kingdom, ⁵Oxford University Hospitals, United Kingdom, ⁶Addenbrooke’s Hospital, Cambridge, United Kingdom

**P4-13**  Is PCNL changing in the UK – analysis of 9500 cases from the BAUS PCNL registry  
Finch W¹, Armitage J², Withington J³, Irving S³, Fowler S³, Burgess N³, Wiseman O²  
¹Norfolk and Norwich University Hospitals, United Kingdom, ²Addenbrookes Hospital, Cambridge, United Kingdom, ³BAUS, ⁴Guy’s Hospital, London, United Kingdom

**P4-14**  The outcomes of ureterolysis during complex rectovaginal endometriosis surgery in stented patients  
Mikhail M¹, Fisher G², Arumuhum V¹, Tasleem A¹, Choong S¹, Allen S¹, Vashisht A², Saridogan E², Cutner A², Smith D¹  
¹Institute of Urology, University College London Hospitals NHS Foundation Trust, United Kingdom, ²UCLH Endometriosis Centre, University College London Hospitals NHS Foundation Trust, United Kingdom

**P4-15**  Fate of the antegrade ureteric stent – An observational study and quality improvement project  
Raju J¹, Thursby H¹, Muthoveloe D¹, George C¹, Fernando H¹, Liu S¹  
¹University Hospitals of North Midlands, Stoke-on-Trent, United Kingdom

**P4-16**  Non-operative management of pelvi-ureteric obstruction (PUJO)  
Hanah M¹, Mann G¹  
¹Nottingham University Hospitals, United Kingdom, ²Rotherham General Hospital, United Kingdom
ePoster Session 5:  
Female, Neurological and Urodynamic Urology 1

Tuesday 26 June, Room 12, 1030 - 1200

Chairs: Angela Birnie & Ased Ali

**P5-1**  Paraurethral cysts in adult women – symptoms, urodynamic findings and outcomes of complete excision  
O’Connor E, Kocadeg H, Pakzad M, Hamid R, Ockrim J, Greenwell T  
1University College Hospital at Westmoreland Street, United Kingdom

**P5-2**  Is routine Martius flap interposition required in female urethral diverticula repair?  
Rizvi I, Suliman A, Almallah Z, Belal M  
1Queen Elizabeth Hospital, Birmingham, United Kingdom

**P5-3**  Percutaneous tibial nerve stimulation in overactive bladder - A prospective study  
Moghul M, Green L, Dadswell R, McDonald J  
1North Middlesex Hospital, London, United Kingdom

**P5-4**  The clinical and cost effectiveness of acupuncture for symptomatic idiopathic detrusor overactivity  
1University College Hospital at Westmoreland Street, London, United Kingdom

**P5-5**  The urological assessment of patients with postural orthostatic tachycardia syndrome  
Martyn-Hemphill C, Feuer J, Taylor C  
1Kings College Hospital, London, United Kingdom

**P5-6**  Time to re-think urinary retention in women?  
Harbias A, Olateju A, Montague R, Gunendran T  
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 R, Smith N, Southgate J  
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  
Mironowska E, Roman S, Chapple C, MacNeil S  
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

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

Benamer D1, O’Connor E1, Andrich D1, Ockrim J1, Greenwell T1, Mundy A1
1University College Hospital at Westmoreland Street, London, United Kingdom
ePoster Session 6: Prostate Cancer

Tuesday 26 June, 1400 - 1545 Room 4

Chairs: Alan Partin & Prasanna Sooriakumaran

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

Papaevangelou E1, Smolarek D1, Elhage O1, Smith R1, Dasgupta P1, Galustian C1
1King’s College London, United Kingdom

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

Pchjetksi D2, Shah T3,4, Alshaker H5, Ramadass A6, Hunter E7, Akoulitchev A8, Winkler M9,10
1Charing Cross Hospital, Imperial College Healthcare NHS Trust, London, United Kingdom, 2School of Medicine, University of East Anglia, Norwich, United Kingdom, 3Oxford BioDynamics Limited, United Kingdom, 4Department of Surgery and Cancer, Imperial College London, London, United Kingdom, 5Department of Pharmacology and Biomedical Sciences, Faculty of Pharmacy and Medical Sciences, Petra University, Amman, Jordan

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

Shah J1, Minns S1
1Burton Hospitals NHS Foundation Trust, Burton Upon Trent, Staffordshire, United Kingdom

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

Miah S1, Eldred-Evans D2, Shah T3, Hosking-Jervis F4, Laniado M5, Hindley R6, Doherty A7, Sinclair A8, Burke D9, Bhardwa J10, Karim O11, Montgomery B12, Bott S13, Barber N14, Winkler M15, Allen C16, Ahmed H17
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
Haese A, Hou D, Eggener S
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 P, Roberts M, Coughlin G, Dunglison N, Esler R, Yaxley J
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?
1Guy's and St. Thomas' Hospitals, London, United Kingdom, 2King's College London School of Medicine, London, United Kingdom

P6-9 PREDICT: prostate - a novel individualised prognostic model that estimates survival in newly diagnosed primary non-metastatic prostate cancer
Thurtle D, Greenberg D, Huang H, Lee L, Pharoah P, Gnanaprasam V
1Cambridge University Hospitals NHSFT, United Kingdom, 2Academic Urology Group, University of Cambridge, United Kingdom, 3Centre for Cancer Genetic Epidemiology, University of Cambridge, United Kingdom, 4National Cancer Registry and Analysis Service, Public Health England, Fulbourn, United Kingdom, 5Department of Urology, Singapore General Hospital

P6-10 Predicting risk for pathological stage and prognostic grade in patients undergoing robotic prostatectomy: a contemporary UK based calculator
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
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
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 A*, Parry M, Nossiter J, Cathcart P, Payne H, van der Meulen J, Clarke N, Aggarwal A

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**


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

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


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**


1The Royal Marsden Hospital, London, United Kingdom

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

*Moschonas D*, Kusuma M, Pavlakis P, *Eden C*

1The Royal Surrey County Hospital, Guildford, United Kingdom

P6-19 **Extended pelvic lymph node dissection: Long way to ‘optimal case selection’**

*Panayi Z*, Jones R, Riley G, Kumar M, Nambirajan T

1Wirral University Teaching Hospital, Liverpool, United Kingdom
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**
Khoo 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 l¹, 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 H1, 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 urinary retention and lower urinary tract symptoms in patients with benign prostatic hyperplasia

Fadel M1, Brenton T1, Das R1, Patel U1, 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 R, 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 Y1, Loh A2, Rosli M3, Anankumar A2,4, Lynn N2
1Hereford County Hospital, United Kingdom, 2Royal Shrewsbury Hospital, United Kingdom, 3Royal Stoke University Hospital, United Kingdom, 4Worcestershire Royal Hospital, United Kingdom


Ward K1, Almekaty K2, Kelly B1, Bhandari C2, Patel K1, Patel P1, Garaffa G2, Shabbir M3, Minhas S2, Viney R1
1University Hospitals Birmingham NHS Foundation Trust, United Kingdom, 2University College London Hospitals, United Kingdom, 3Guy’s and St Thomas’ NHS Foundation Trust, London, United Kingdom

P9-3 A comparison of robotic and open retroperitoneal lymph node dissection in a centralised single surgeon post-chemotherapy surgical practice

Johnston T1, Lee E1, Coret M1, Adshead J1, Baldwin P1, Klatte T1, Riddick A1, Thomas B1
1Addenbrooke’s Hospital, Cambridge, United Kingdom

P9-4 9p chromosomal deletion on array-based copy number analysis predicts recurrence in non-metastatic clear cell renal cell carcinoma (ccRCC) following surgical resection

Quddus B1, El-Mokadem I2, Fleming S, Pratt N, Nabi G1
1Ninewells Hospital, Dundee, United Kingdom

P9-5 Change in nephrometry scoring in small renal masses (<4cm) on active surveillance: observations from Tayside active surveillance cohort (TASC) study

Zang W, Paterson C, Lang S, Szewczyk-Bieda M, Nabi G1
1Ninewells Hospital, Dundee, United Kingdom

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

Neves J1,2, Parker J1,2, Tanabalan C1, Walkden M1,2,3, Grant L2, Ramachandran N2, Patki P2, Mumtaz P2, Aitchison M2, Bex A2, Barod R2, Tran M1,2
1University College London, United Kingdom, 2Royal Free London NHS Foundation Trust, London, United Kingdom, 3University College London Hospitals NHS Foundation Trust, United Kingdom

P9-7 Staging CT chest is not required in the diagnostic evaluation of patients with cT1a renal cell carcinoma

Mains E1, Trail M1, Phipps S1, McNeill A1, Leung S1, Laird A1
1NHS Lothian University Hospitals, Edinburgh, United Kingdom
P9-8  Introduction of robot assisted nephro-ureterectomy: The potential for improved initial perioperative outcomes over a conventional laparoscopic approach

Hughes-Hallett A1, Webster G1, Al-Akraa M1, Mumtaz F1, Tran M1, Patki P1, Aitchison M1, Barod R1
1Specialist Centre for Kidney Cancer, Royal Free London NHS Foundation Trust, United Kingdom

P9-9  Can we select patients with upper tract Urothelial Carcinoma suitable for neoadjuvant chemotherapy (NAC) from preoperative data?

Abushamma F1, Catto J, Kockelbergh R, Johnson M, Birtle A, Jones R, Fowler S, Keeley F
1North Bristol NHS Trust, United Kingdom

P9-10  The continuous evolution of robotic assisted partial nephrectomy in complex renal tumours: a selection rather than a learning curve

De Luyk N1, Marconi L1, Namdarian B1, Lo W1, Rajangam A1, Catterwell R1, Fernando A1, Challacombe B1
1Guy’s And St Thomas’ Hospital NHS Foundation Trust, London, United Kingdom

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

Segaran S1, Hussain M1, Barber N1
1Frimley Park Hospital, United Kingdom

P9-1  Nephron sparing surgery (NSS) in single kidneys: perioperative, functional and oncological outcomes

Rintoul-hoad S1, Fernando A1, Nair R1, Challacombe B1, O’Brien T1
1Urology Centre, Guy’s and St Thomas’ NHS Foundation Trust Hospital, London, United Kingdom

P9-13  Optimal surgical treatment of T1 renal tumours correlates with nephrectomy volume

Tran M2,3, Aben K1, Neves J1, Fowler S1, Sullivan M1, Stewart G6, Challacombe B8, Mahrous A2, Patki P1, Mumtaz F1, Barod R2, Aitchison M1, 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, United Kingdom, 7Oxford University Hospitals, Churchill Hospital, United Kingdom, 8Guy’s Hospital and King’s College London, United Kingdom

P9-14  Outcomes in an octogenarian cohort - a retrospective analysis of 15 years of laparoscopic nephrectomies within a regional centre

Norton S1, Murugappan S1, Hong M1, Grills R1
1University Hospital Geelong, Australia

P9-15  Simultaneous cardiac and renal surgery for renal and retroperitoneal tumours invading the right atrium & peri-diaphragmatic inferior vena cava: oncological outcome & long-term survival

Warren H1, Fernando A1, Austin C1, Thomas K1, Chowdhury S1, O’Brien T1
1Guy’s & St Thomas’ NHS Foundation Trust, London, United Kingdom
P9-16  Investigation of the IMDC prognostic model as a predictor of outcome from cytoreductive nephrectomy in metastatic renal cell carcinoma

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

¹NHS Lothian University Hospitals, Edinburgh, United Kingdom, ²Queen Elizabeth University Hospital, Glasgow, United Kingdom, ³Cork University Hospital, Ireland, ⁴Addenbrooke’s Hospital, Cambridge, United Kingdom
ePoster Session 10:
Female, Neurological and Urodynamic Urology 2

Wednesday 27 June, 1100 - 1230, Room 12

Chairs: Shahzad Shah & Neil Harris

P10-1 OnabotulinumtoxinA injection to the external urethral sphincter for voiding dysfunction in females: a tertiary centre experience

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 A, Challacombe B, De La Rosa A, O’Brien T

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

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

O’Connor E, Malide S, Raja L, Foley C, Taylor C, Wood D, Ockrim J, Greenwell T

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?


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 A, Osman N, Park J, Mangera A, Inman R, Reid S, Chapple C

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?

Kotes S, 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


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 N, Wharton I
   1University Hospital Coventry & Warwickshire, United Kingdom

U2 Urologists to the desert rats – serendipitous skills of the world war II urologists
   Grice P, Lee X, Goddard J
   1Leicester General Hospital, United Kingdom

U3 The pioneers of evidence-based radical cystectomy with pelvic lymph node dissection
   Clement K, Manson R, Bhatt J
   1Queen Elizabeth University Hospital, Glasgow, United Kingdom

U4 What is Greek and Latin in urology?
   Chithiramohan A, Subramonian K
   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 J, Connor M
   1Charing Cross Hospital, London, United Kingdom, 2St George’s Hospital, London, United Kingdom

U6 Henry Hugh Clutton: of stones and bones
   Mahesan T, Drummond L, Ali A
   1Frimley Park Hospital, Surrey, United Kingdom

U7 Mastering stones and bones: Henry Jacob Bigelow (1818 – 1890)
   Connor M, Brittain J
   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 X, Grice P, Goddard J
   1University Hospital Leicester NHS Trust, United Kingdom

U9 John Wickham (1929-2017): a celebration
   Hodgson D, Menzies-Wilson R
   1Queen Alexandra, Portsmouth, United Kingdom
Teaching and Skills Courses - Introduction

Focussed, innovative and high-quality teaching from the experts

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

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

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

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

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

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

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

Best wishes and see you all in Liverpool

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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</thead>
<tbody>
<tr>
<td></td>
<td><strong>Monday 25 June</strong></td>
<td></td>
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<tr>
<td>1</td>
<td>Teaching Course: <strong>Sponsored by BJU International</strong> - Developing a standardised system for trainee-led quality improvement projects: A national workshop for trainers</td>
<td>Room 13</td>
<td>1330-1530</td>
<td>30</td>
<td>FREE £10 refundable deposit required</td>
<td>Mr James Green</td>
</tr>
<tr>
<td>2</td>
<td>Teaching Course: Paediatric Urology</td>
<td>Room 13</td>
<td>0900-1200</td>
<td>30</td>
<td>£30</td>
<td>Professor Peter Cuckow</td>
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<tr>
<td>3</td>
<td>Teaching Course: The Modern Management of Urinary Stone Disease</td>
<td>Room 13</td>
<td>1330-1530</td>
<td>30</td>
<td>£30</td>
<td>Mr Daron Smith</td>
</tr>
<tr>
<td>4</td>
<td>Teaching Course: Practical Andrology for the General Urologist</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></td>
<td><strong>Tuesday 26 June</strong></td>
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<tr>
<td>5</td>
<td>Teaching Course: Urology Finishing School</td>
<td>Room 12</td>
<td>0830-1030</td>
<td>30</td>
<td>£30</td>
<td>Mr Asif Muneer &amp; Mr Duncan Summerton</td>
</tr>
<tr>
<td>6</td>
<td>Teaching Course: The Basics of Research Methodology</td>
<td>Room 11A</td>
<td>1030-1330</td>
<td>30</td>
<td>£30</td>
<td>Mr Vincent Gnanapragasam</td>
</tr>
<tr>
<td>7</td>
<td>Skills Course: MR-Imaging and Targeted Biopsy of the Prostate</td>
<td>Room 11B/C</td>
<td>1030-1330</td>
<td>30</td>
<td>£30</td>
<td>Professor Hashim Ahmed</td>
</tr>
</tbody>
</table>
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 13 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  
Ms Naima Smeulders, 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
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 structures
- 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.

[link to journal article: journals.sagepub.com/page/uro/researchtoolkit]

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

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

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

**Faculty**  
Mr Vincent J Gnanapragasam, University of Cambridge  
Mr John McGrath, Royal Devon & Exeter NHS Trust  
Mr Jon Aning, Freeman Hospital.  
Professor Graham MacLennan, Centre for Healthcare Randomised Trials, University of Aberdeen  
Professor Jan Van Der Muelen, Professor of Clinical Epidemiology, London School of Hygiene and Tropical Medicine  
Ms Anne George, Research Associate, CRUK Cambridge Cancer Centre, University of Cambridge  
Mr Richard Skells, Clinical Trials Co-ordinator, Cambridge Cancer Trials Centre  
Mr Adam Nelson, Academic Clinical Fellow and SpR, East of England Deanery  
Mr Ian Pearce, Manchester Royal Infirmary
Skills Course 7
MR-Imaging and Targeted Biopsy of the Prostate

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

30 Places
Cost: £30

Director: Professor Hashim Ahmed

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

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

Outline

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

2. MRI Targeted Prostate Biopsy
   a) Have a working knowledge of anatomical landmarks for the prostate using ultrasound (transrectal and transperineal)
   Learn about the various methods for targeting a lesion including a review of the evidence for transperineal and transrectal, cognitive and image-fusion as well as rigid fusion and elastic fusion.
   b) Appreciate optimal targeting techniques with recorded videos of techniques
   c) Understand the impact of targeted biopsies on risk stratification and treatment decisions as well as treatment conduct (active surveillance, radical, focal)
3. Transperineal Biopsy
This part of the course will enable the attendants to,
a) List the indications for transperineal prostate biopsy (primary biopsy, prior negative biopsy, confirmatory following low risk diagnosis prior to active surveillance, mapping for focal therapy);
b) Define the advantages and disadvantages of transperineal biopsy compared to transrectal biopsy
c) Describe the different transperineal mapping biopsy techniques available for diagnosis and risk stratification of prostate cancer as well as advantages and disadvantages of each method
d) Describe the method used for local anaesthetic, office-based transperineal prostate biopsy and its use with cognitive/visual-estimation targeting and image-fusion targeting
e) Learn from ‘How I do it’ sections with expert Faculty describing their own techniques with figures and video clips.

Faculty
Professor Hashim Ahmed, Imperial College London
Mr Christof Kastner, Cambridge University Hospitals NHS Foundation Trust
Dr Tristan Barrett, Cambridge University Hospitals NHS Foundation Trust
Dr Shonit Punwani, UCLH NHS Foundation Trust
MY ENERGY.  
MY FREEDOM.  
MY TIME FOR LIFE.

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

NOW APPROVED
In mCRPC & mHSPC

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
ZYTIGA® 500mg film-coated tablets PRESCRIBING INFORMATION

ACTIVE INGREDIENT(S): Abiraterone acetate

Please refer to Summary of Product Characteristics (SmPC) before prescribing. INDICATION(S): Taken with prednisone or prednisolone for the treatment of hormone sensitive prostate cancer (mHSPC) in combination with docetaxel chemotherapy to decrease the risk of death in patients with metastatic prostate cancer who have failed prior hormone therapy. DOSAGE & ADMINISTRATION: Adults: 1000 mg (two 500mg tablets) single daily dose. Not with food as this increases the systemic exposure (take dose at least two hours after eating; no food for at least one hour post-dose). Swallow whole with water. Take with prednisone or prednisolone: for mHSPC, 5mg daily; for mCRPC, 10 mg daily. Medical castration with LHRH analogue should be continued during treatment in patients not surgically castrated. CHILDREN: No relevant use. HYPOBLOODSUGAR: Lactic acidosis and severe hyperglycaemia, may occur in patients taking Zytiga. Use with caution in moderate impairment, benefit should clearly outweigh risk. Use with caution in severe hepatic impairment (Child-Pugh class B or C) – no clinical data for multiple doses. Caution advised. Hypersensitivity to active substance or any excipients. Severe (Child-Pugh class B or C) – no clinical data for multiple doses. Caution advised. Severe hepatic impairment (Child-Pugh class C): Use of glucocorticoids could increase hyperglycaemia, measure blood sugar frequently in patients with diabetes. Use with chemotherapy: Safety and efficacy of concomitant use of Zytiga with cytotoxic chemotherapy not established. Intolerance to excipients: Not to be taken by patients with galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption. Take sodium content into account for those on controlled sodium diet. Potential risks: Anaemia and sexual dysfunction may occur in men with metastatic prostate cancer including those taking Zytiga. Skeletal muscle effects: Cases of myopathy reported. Some patients had rhabdomyolysis with renal failure. Caution is recommended in patients concomitantly treated with drugs known to be associated with myopathy/rhabdomyolysis. SIDE EFFECTS: Very common: urinary tract infection, hypokalaemia, hypertension, diarrhoea, increased alanine aminotransferase, increased aspartate aminotransferase, peripheral oedema. Common: sepsis, hypertriglyceridaemia, cardiac failure (including congestive heart failure, left ventricular dysfunction and decreased ejection fraction), angina pectoris, atrial fibrillation, tachycardia, dyspnoea, rash, haematuria, fractures (includes all fractures, with the exception of pathological fracture). Other side effects: adrenal insufficiency, myocardial infarction, QT prolongation, other arthralgias, allergic alveolitis, hepatitis fulminant, acute hepatic failure, myopathy, rhabdomyolysis. Refer to SmPC for other side effects. FERTILITY/PREGNANCY/LACTATION: Not for use in women. Not known whether abiraterone or its metabolites are present in semen. A condom is required if the patient is engaged in sexual activity with a pregnant woman. If the patient is engaged in sexual activity with a woman of childbearing potential, a condom is required along with another effective contraceptive method. Studies have shown that abiraterone affected fertility in male and female rats, but these effects were fully reversible. INTERACTIONS: Caution with drugs activated or metabolised by CYP3A4 particularly when there is a narrow therapeutic index e.g. metoprolol, propranolol, desipramine, venlafaxine, haloperidol, risperdone, paroxetine, flecanide, codeine, oxicodone and tramadol, dose reduction should be considered. Avoid strong inducers of CYP3A4 e.g. phenytoin, carbamazepine, rifampicin, rifabutin, rifapentine, phenobarbital, St John's wort. Zytiga is a CYP2C8 inhibitor. Monitor for signs of toxicity if combined with drugs with a narrow therapeutic index eliminated predominantly by CYP2C8. May increase concentrations of drugs eliminated by OATP1B1. Food (see Dosage & Administration). Caution with medicines known to prolong QT interval or induce Torsade de pointes e.g. quinidine, disopyramide, amiodarone, sotalol, dofetilide, ibutilide, antiarrhythmic medicinal products, methadone, mofloxicin and antipsychotics. Use of Zytiga with spironolactone is not recommended. Refer to SmPC for full details of interactions.

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Prescribing information last revised: November 2017.

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Job number: PHGB/ZYT/11170023a

Date of preparation: January 2018
Emergency Procedures

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

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

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

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

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

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