Epsom and St Helier University Hospitals NHS Trust

BAUS Region of London South

BAUS Region of Kent, Surrey & Sussex

South Thames Regional Urology Meeting

Thursday 15th May 2025

Denbies Estate, Bradley Lane, Dorking, RH5 6AA

CPD Points: 6 *(subject to completion of feedback)*

We are looking forward to seeing you at the upcoming STRUM. All are welcome. Thank you so much to those who have already pre-registered; it's fantastic to see so many coming from all over South London and KSS.

Whilst it is not compulsory, it is still much appreciated to kindly complete the pre-registration form: click here, or use QR code (left) this will greatly aid the venue with anticipating numbers, planning and organisation. Many thanks!

This meeting will only be possible with the support of Industry and our partners who have part-sponsored the meeting: **AbbVie LTD**, **BXTA, Biospectrum, Coloplast, iMEDicare, Mednovation**. *NB: these sponsors have not influenced or had input into the meeting (i.e. preparation of materials, delivery of educational content).* We are additionally thankful to **Procept-BioRobotics** who have part-sponsored the meeting plus an Industry sponsored talk by Philip Charlesworth: who will describe the **WATER IV (oncology) research study**. Please do take time to visit their stands and talk to the Industry Reps.

We had nearly 40 abstracts submitted to be considered for presentation; the competition was tough! This reflects the excellent work being conducted across the regions and we look forward to hearing of these projects during the sessions. **Please see the Full Programme below; plus the abstracts have also been included**. Presenters have been sent further instructions, but we do need to keep strictly to the allocated time slots: 5 minute presentation and 4mins Q&A.

We are fortunate to be hosting Prof Ian Pearce, BAUS President who will provide us some BAUS updates and our new BAUS CEO, Mary Suphi.

If anyone would like to attend as KIT day and/or need to bring their baby, then please do contact me directly for further information, as feeding areas can be provided.

Denbies Estate, Dorking is easily reached by car (with free parking) and via train (Dorking Station, approx. 20min walk); please do consider car sharing. There are approx. 6x Tesla charging spaces which are available first come, first served.

In view of the stunning location we are pleased to offer a **Wellbeing Walk** prior to the academic meeting. This will take approx. 1 hour and is ~4km. Please meet at 10.45 outside the Denbies reception.

We are pleased to confirm that there will be a post-meeting reception from 1730; 'Unwined' with canapes and an opportunity to sample Denbies wine, plus non-alcoholic options will be available.

With best wishes, Sophie Rintoul-Hoad

Epsom & St. Helier University Hospitals NHS Trust Urology Consultant

Sophie.Rintoul-Hoad@nhs.net

"This event was part sponsored by AbbVie Ltd. AbbVie had no influence or input into the event."

Programme Overview: STRUM 15/5/25

1000- 1200	**KSS Trainers Meeting** *As per invitation of Steve Garnett, KSS TPD*	Denbies Suite (*1st Floor*)
1100-1200	**Wellbeing walk** (meet at front of Denbies reception at 1045)	All welcome, route ~4km (1 hour). Led by Sophie Rintoul-Hoad and Tharani Nitkunan. Please wear sensible shoes
1200-1300	**Arrival:** Meet Industry partners. Refreshments: Tea, coffee and biscuits only Lunch can be self-purchased at the Denbies café: serving a selection of hot and cold food until 1400.	Garden Room and Courtyard (*Ground Floor*)
	Unmoderated posters on display	Denbies Suite
	Meeting start	Denbies Suite
1300	**Introduction, Welcome and BAUS Code of Conduct**	**Kay Thomas** **and Sophie Rintoul-Hoad**
1315-1435	**Abstract presentations (1)** **Chairs: Tharani Nitkunan, Oliver Brunkhorst (ST4)**	*8 x regional audit presentations*
1	Optilume® Balloon Dilatation for Urethral Stricture Disease: the new endoscopic gold standard? An institutional review of multiple stricture aetiologies and characteristics	*Rustam Karanjia* *Frimley Park Hospital*
2	Optimising the Urology Investigation Unit for Penoscrotal procedures: A Cost-Effective Strategy to Reduce NHS Waiting Lists	*Mohamed Abouelenein* *King's College Hospital*
3	An Audit of 'Advice and Guidance' Within the Urology Department at Epsom and St Helier Hospital	*Meghan Coyle* *Epsom & St. Helier Hospitals*
4	Long-term Outcomes of Patients with Posterior Urethral Valves and Kidney Transplants in a Single Tertiary Centre	*Alexa Korb* *Guy's and St Thomas'*
5	Local Expertise in Female Urethroplasty: Transforming Outcomes in Female Urethral Stricture Management	*Bushra Abdelqader* *Epsom & St. Helier Hospitals*
6	Evaluation of Community Testicular Ultrasound Referrals for Suspected Testicular Cancer – An Audit of Appropriateness and Outcome	*Haadia Safdar* *Medway NHS Foundation Trust*
7	Metastatic Bladder Paraganglioma Case Series	*Anastasios Tsalavoutas* *Royal Surrey County Hospital*
8	Self-administered TWOC after Radical Prostatectomy	*John McDonald* *Kent & Canterbury Hospital*
1435-1450	**WATER IV** **Industry presentation: Procept-BioRobotics (Aquablation)**	**Phillip Charlesworth** **The Royal Marsden**
1450-1530	**Break: Meet Industry partners** **Refreshments: Tea, coffee and biscuits**	Garden Room and Courtyard
	Unmoderated posters on display	Denbies Suite

1530 -1650	**Abstract presentations (2)** **Chairs: Deji Akiboye, Hira Syed (SpR)**	*8 x regional audit presentations*
9	A Retrospective Study Evaluating Testis-Sparing Surgery And Multiparametric Ultrasound For Small Testicular Masses Over A Decade	*Zhi-Yang Low* *Kings College Hospital*
10	Pathological Upstaging from Non-Muscle Invasive to Muscle Invasive Bladder Cancer Following Radical Cystectomy: Risk Factors and Survival Outcomes	*Mohamed Gad* *Guy's and St Thomas'*
11	Transurethral Laser Ablation (TULA): A Safe and Effective Management of Bladder Cancer in Highly Co-morbid Patients over the Age of 85	*Mayas Rddah, Hermione Tsoi* *East Sussex Healthcare NHS Trust*
12	Streamlining Prostate Cancer Diagnosis: Evaluating a Clinic-Based Local Anaesthetic Transperineal Biopsy (LATP) Pathway	*James Temple* *Epsom & St Helier Hospitals*
13	Improving Prostate Cancer FDS Performance: Full Cycle Audit	*Thomas Newman* *Croydon University Hospital*
14	Role of Confirmatory General Anaesthetic Transperineal Biopsy in Patients Considering Active Surveillance for Prostate Cancer: Results from our Hospital	*Moustafa Elhammadi* *Ashford and St Peters' Hospitals*
15	Deferred cytoreductive nephrectomy in the era of modern systemic anti-cancer therapy: outcomes from a high-volume specialist centre	*Sarah Ashraf* *Guy's and St Thomas'*
16	A Three-Year Retrospective Analysis of Outcomes of Robotic-Assisted Radical Nephrectomy Using the CMR System in a District General Hospital	*Shweta Das* *East Surrey Hospital*
1650	**BSoT update**	**Bushra Abdelqader**
1700	**BAUS Update**	**Prof Ian Pearce**
1715	**Prize presentation and close of meeting**	**Kay Thomas**
Close of meeting		
1730-1930	**Post meeting: 'Unwined': reception** **Join for Canapes, wine tasting and conversations with friends; non-alcoholic options will also available** Garden Room and Courtyard	

Abstracts

1.

Title: Optilume® Balloon Dilatation for Urethral Stricture Disease: the new endoscopic gold standard? An institutional review of multiple stricture aetiologies and characteristics

Authors: **Rustam Karanjia**[1], A Pineda-Turner[1], I Watts[2], A. Chetwood[1]

Institution: Frimley Health Foundation Trust

Introduction: Optilume® balloon dilatation has shown encouraging results for men with urethral stricture disease. However, the initial ROBUST trials had strict inclusion criteria and there is limited published data outside of clinical trial settings. We present our patient case series to demonstrate its efficacy across all patient and stricture demographics.

Patients and Methods: Between February 2022 - September 2024, patients who underwent Optilume® balloon dilatation for urethral stricture disease with >6 months follow-up were analysed. Demographics, stricture characteristics and number of prior treatments were gathered. Stricture aetiology was divided into idiopathic, iatrogenic, radiotherapy/brachytherapy and bladder neck contracture. Primary outcome was the need for reintervention and/or restarting self-dilatation. Cox regression analysis was performed to generate hazard ratios and identify associations with failure.

Results: 31 patients underwent Optilume® dilatation during this period. Median follow up was 22.8 months [range 6.7-38.2]. Median patient age was 67 [range 21-86], stricture diameter 6Fr [range 3-16], stricture length 3cm [range 1-5] and prior number of treatments 2 [range 0-13]. There was no statistically significant association for time to failure with lumen size (HR 0.99, p=0.934), number of previous treatments (HR 1.02, p=0.897), stricture length (HR 0.82, p=0.578) or any individual aetiology. At the time of reporting, 24/31(77%) patients were reintervention free.

Conclusions: Optilume® balloon dilatation can provide excellent functional outcomes across multiple stricture aetiologies, particularly in patients unsuitable or wishing to avoid the morbidity of urethroplasty. Larger datasets are required to help identify stricture characteristics and aetiologies that may be associated with better functional outcomes. "

2.

Title: Optimising the Urology Investigation Unit for Penoscrotal procedures: A Cost-Effective Strategy to Reduce NHS Waiting Lists

Authors: **Mohamed Abouelenein**, Toe K, Aydin A, Kashif H, Swain B, Gnanappiragasam S, Omar K, F Castiglione, Satchi M,

Institution: King's College Hospital

Introduction: The NHS faces unprecedented surgical waiting list challenges. To reduce the pressures on surgical waiting lists, in line with GIRFT recommendations, penoscrotal procedures can be done in an outpatient procedure room. This has provided a cost effective approach, maximising training opportunities for residents. We report our experience of shifting selected penoscrotal surgery to outpatients.

Materials and Methods: A bi-monthly clinic for flexible cystoscopic biopsies and penoscrotal surgery was established, led by a Urology Registrar and Core Surgical Trainee under consultant supervision. Data from 214 patients, who were managed between April 2021 to January 2024, was retrospectively analysed. Patient demographics, procedure type, tolerability and duration on waiting lists were assessed.

Results: 214 procedures were performed on patients aged 18–93 (mean 55). 124 penoscrotal procedures included circumcision (n=61), frenuloplasty (n=25), lesion excision (n=24), Vasectomy (n=14). Of these, 5 patients were on anticoagulants stopped pre-procedure. The procedure was well tolerated in 97.5% with 3 cancellations due to pain and 4 Clavien-Dindo Grade 1 complications. The average wait for penoscrotal surgeries performed in day surgical unit theatres was 45 weeks, compared to 13 weeks in the outpatient minor ops clinic.

Conclusion: Penoscrotal surgery, in selected patients can be safely and effectively performed in procedure rooms under local anaesthetic. Our experience demonstrates it is well-tolerated and cost effective, tackling the NHS surgical backlog, optimising service delivery and is in line with GIRFT recommendations."

3.

Title: An Audit of 'Advice and Guidance' Within the Urology Department at Epsom and St Helier Hospital

Authors: **Meghan Coyle**, Shahzad Ahmad, Pieter LeRoux, Roger Walker, Ben Horsburgh, Rochelle McDonald, Laura Kirtley, Nicholas Faure-Walker

Institution: Epsom and St Helier University Hospitals

Introduction: In 2022, Get It Right First Time (GIRFT) published guidance on incorporating advice and guidance (A&G) into urology services. The A&G system allows primary care to send direct enquiries to secondary care specialties. Anticipated benefits include quicker access to specialist advice and reduced outpatient appointments. The trust receives 33 for each response provided within two working days.

Aims: To assess whether A&G requests were responded to within 48 hours, the nature of A&G, and the proportion converted to referral.

Methods: The on call 'consultant of the week' prospectively collected data regarding patient demographics, nature of A&G, time from A&G to response, time taken to provide A&G, and whether converted to referral.

Results: A total of 132 A&G requests were received, with mean of 25 per week. Median age was 64 (range 3-92). Most common A&G requests were incidental scan results (n=28, 21.2%) and PSA queries (n=25, 18.9%). Median time for response was 4 hours (range 0-120). 125 (94.7%) responses were provided within 48 hours. Median time taken for each response was 6 minutes (range 1-10) equating to 2.5 consultant hours a week. Overall, 26 (19.5%) were converted to outpatient appointments. Most common conversion to referrals were stones (100%) and paediatric UTIs (50%). The lowest conversion rates were for UTIs (0%).

Conclusion: The consultant of the week was able to respond to nearly all A&G requests well within the specified time frame. Overall 19.5% of the A&G requests were converted

4.

Title: Long-term Outcomes of Patients with Posterior Urethral Valves and Kidney Transplants in a Single Tertiary Centre

Authors: C Martyn-Hemphill, **Alexa Korb**, W Nugent, C Taylor, R Zakri, A Taghizadeh, M Garriboli and J Olsburgh
Institution: Guy's and St Thomas' NHS Foundation Trust

Introduction: Posterior urethral valves (PUV) care requires patients to transition to adult services. We present long-term PUV tertiary centre outcomes.

Methods: Retrospective evaluation of electronic records from Young Onset Urology and adult transplant clinics. Primary outcome measures: renal function (eGFR), time to CKD-5 and renal replacement therapy (RRT). Secondary outcomes: augmentation cystoplasty (AC), bladder neck incision (BNI) and other interventions.

Results: 136 PUV patients were identified (age: 19-73 years). 65 (48%) reached CKD-5. 64 required RRT; of whom 58 (43%) proceeded to renal transplantation. Median age at 1st transplant was 15 years (22 months- 64 years). 54% were from living donors (LD). 20 patients proceeded to second transplant (55% from LD) and 5 to a 3rd transplant (100% LD). Median time from previous transplant to 2nd and 3rd transplants was 15 and 11 years respectively. 2 PUV transplant patients died. 12 patients (21%) returned to dialysis.
17/58 (29%) transplant patients underwent AC (12 with Mitrofanoff). 8 patients (14%) had BNI. In patients with AC and/or BNI, 2/24 (8%) progressed to eGFR<15ml/min; compared with 10/34 patients (29%) in the non-AC/BNI group. Of the remaining 71 patients, 35 have eGFR >60ml/min; 7 have CKD-3, 1 has CKD-4. 28 patients (39%) were lost to follow up.

Discussion: RRT was required in nearly half PUV patients; transplantation is the main long-term therapy. LD was increasingly important to facilitate 2nd and 3rd transplants. Multiple factors contribute towards graft longevity; urology interventions may be important. Ongoing work is evaluating UTI and 'lost to follow-up' rates.

5.

Title: Local Expertise in Female Urethroplasty: Transforming Outcomes in Female Urethral Stricture Management

Authors: **Bushra Abdelqader**, R.Walker
Institution: Epsom & St Helier University Hospital

Introduction: Female urethral stricture is a rare but increasingly recognised cause of lower urinary tract symptoms in women. Historically managed with repeated dilations, mounting evidence supports urethroplasty as a more definitive treatment. Recent literature highlights urethroplasty's superior outcomes, with stricture-free rates exceeding 70% and marked improvements in flow rates and symptom scores. Despite technique variation, urethroplasty consistently offers long-term symptom relief.
We present a retrospective review of seven female patients managed at our centre.

Methods: We conducted a retrospective review female patients who underwent buccal mucosal urethroplasty and martius fat pad graft at our centre. Patient demographics, referral pathways, symptom duration, pre-operative investigations and management, and post-operative outcomes were collected and analysed.

Results: The mean patient age was 47.7 years (range 28–62). Average time from referral to urethroplasty was 32 months (range 11–96 months). Presenting symptoms included dysuria, incomplete bladder emptying, and recurrent urinary tract infections. Pre-operatively, 57% of patients were performing intermittent self-catheterisation (ISC) and all patients underwent multiple urethral dilatations. Post-operatively, 71% achieved symptom resolution. Objective improvements included Qmax >20 ml/s and reduced post-void residual volumes. There was a notable reduction in the need for ISC and urethral dilatation with only 1 patient requiring both. Only one Clavien-Dindo Grade III complication was recorded.

Conclusion: These findings emphasise the importance of timely referrals to specialised centres for female urethroplasty. Local data are consistent with other series for outcome, recurrence, and patient satisfaction. Early intervention can significantly reduce symptoms and improve patient outcomes. Increased awareness and streamlined regional referral pathways are key to optimising care for this uncommon but complex condition.

6.

Title: Evaluation of Community Testicular Ultrasound Referrals for Suspected Testicular Cancer – An Audit of Appropriateness and Outcome

Authors: **Haadia Safdar**, Mya Patel-Vathvali, Shikohe Masood
Institution: Medway NHS Foundation Trust

Introduction: Testicular cancer accounts for 1% of adult neoplasms and 5% of urological tumors, with 90-95% being germ cell tumors (GCT). Peak incidence occurs in the third and fourth decades. Scrotal ultrasound (US) is the first-line imaging modality for suspected testicular cancer, offering high sensitivity and specificity for mass detection and characterization. This audit evaluates the appropriateness of community testicular US referrals, focusing on clinical indications, diagnostic accuracy, and treatment outcomes.

Materials and Methods: Retrospective review of database was conducted to extract all the rapid access referrals received for testicular lesions (pain/lumps) in a year (December 2023 to Dec 2024) a total of 132 referrals were received. These referrals were analyzed based on patient age, clinical presentation, and imaging findings. Diagnostic outcomes, including histopathological diagnoses and tumor marker evaluations (AFP, β-hCG, LDH), were assessed. Cases requiring orchiectomy were reviewed to correlate referral indications with confirmed malignancy.

Results: Patients ranged from 17 to 88 years (mean: 50.6 years). Most referrals (90%) were for painless scrotal swelling or lumps, with 10% for painful swelling.
118 out of 132 (89.5%) patients had benign findings on USs, and were taken off the rapid access pathway.
Only 8 out of 132 (6%) patients underwent orchiectomy for suspected testicular cancer. Histopathological diagnoses included pure seminoma (5), mixed GCT (1), adenomatoid tumor (1), and one benign case.

Conclusions: Scrotal US remains critical for evaluating suspected testicular cancer. However, inappropriate referrals may lead to unnecessary interventions. Improved referral protocols, enhancing primary care education and regular audits are essential to optimize resource use and improve patient outcomes."

7.

Title: Metastatic Bladder Paraganglioma Case Series

Authors: **Anastasios Tsalavoutas**, Alam Muhammad Jareer, Patil Krishna, Dimitrios Moschonas, Murthy Kusuma, Perry Matthew,
Institution: Royal Surrey County Hospital

Introduction: Bladder paragangliomas are exceptionally rare neuroendocrine tumours, comprising less than 0.06% of bladder neoplasms. Their functional status, hereditary associations (e.g., SDHB mutations), and malignant potential render them diagnostically and therapeutically challenging. The literature is limited to isolated case reports, underscoring the need for more comprehensive studies.

Patients and Methods: We report two cases of metastatic bladder paragangliomas with long-term follow-up. Case 1 describes a 32-year-old man who presented with haematuria in 2022 and was managed with robotic partial cystectomy. Case 2 involves a 23-year-old woman who presented with intermenstrual bleeding in 2019, treated with partial cystectomy and lymph node excision. Both patients harboured pathogenic SDHB mutations, suggesting a hereditary predisposition.

Results: Metastatic disease emerged during follow-up: nodal and liver lesions in Case 1 after two years and widespread metastases, including bone and lung involvement, in Case 2 after four years. Multidisciplinary management encompassed surgery, somatostatin analogues, denosumab, and palliative radiotherapy. Both patients remain clinically stable under ongoing care. These cases emphasise the aggressive nature and recurrence risks associated with

malignant bladder paragangliomas.

Conclusions: Bladder paragangliomas are rare and challenging. Our cases highlight the need for genetic testing, multidisciplinary management, and vigilant surveillance, as well as further research to refine genetic markers, targeted therapies, and management strategies for metastatic disease

8.

Title: Self-administered TWOC after Radical Prostatectomy

Authors: **John McDonald**, Li June Tay, Erick Entrata, Osama Haider, Omar Ramadan, Ahmed Elhelaly, Ed Streeter, Issam Ahmed

Institution: Kent & Canterbury Hospital

Introduction: Conventionally, patients have a nurse-led trial without catheter (TWOC) after robotic assisted prostatectomy (RARP). This has time and financial implications for patients and the NHS. A recent literature report on the concept of self-administered TWOC (sTWOC) at home after RARP and we conducted a prospective audit to evaluate the safety and feasibility of this.

Methods: All patients undergoing RARP between May-October 2024 were defaulted to sTWOC. Exclusion criteria were those who had poor manual dexterity or complex urethra-vesical anastomosis. Patients were counselled about sTWOC prior to discharge, received a phone consultation on the morning of TWOC, and were followed up again by another telephone consultation later that day to ensure they had voided with no immediate issues. Attendance to hospital within 30-days for urinary retention, haematuria, or urine issues were reviewed. Patient also filled out a questionnaire about their satisfaction with sTWOC.

Results: 41 patients underwent RARP within the timeframe. All RARP patients were included. 97% (n=40) successfully passed TWOC at home without issues. One patient represented to emergency department for suspicion of urinary leak which was excluded with imaging. 90%(n=37) responded to the survey. 43.2% (n=16) reported mild discomfort during sTWOC. All patients were satisfied with the support received.

Conclusion: Self-administered TWOC in our cohort can be a safe and satisfactory alternative with a cost saving benefit and reduction of unnecessary travel for patients. The findings of our audit have supported a change in local practice. We are also extending this concept to other patients undergoing REZUM for bladder outflow obstruction.

9.

Title: A Retrospective Study Evaluating Testis-Sparing Surgery And Multiparametric Ultrasound For Small Testicular Masses Over A Decade

Authors: **Zhi-Yang Low**, Nawal Khan, Thensiniya Jeyapalan, Elizabeth Wolfe, Aman Saini, Theodore Patel, Pranay Ruparelia, Dean Huang, Fabio Castiglione, Maria Satchi

Institution: King's College Hospital London

Introduction: Conventional Ultrasonography is a common tool that is useful in assessing testicular pathology, but at times can result in unwarranted radical orchidectomy (RO) of benign lesions. This retrospective study explores the use of multi-parametric ultrasound involving contrast enhanced ultrasound (CEUS) and strain elastography (SE) in comparison to testis-sparing surgery (TSS) to prevent unwarranted ROs.

Methods: We conducted a retrospective review of men with testicular masses ≤20mm who underwent CEUS and SE ultrasonography between 2009 and 2019 with a minimum follow-up of 3 months.

Result: The study included a total of 93 men (mean age 39.2 years) The malignancy rate was 35.5%. Concordance between conventional ultrasound and CEUS + SE was 61.3%, while concordance between CEUS + SE and final histology was 73.8%. The average surveillance duration was 21.8 months. Surveillance was undertaken in 31 patients (33.3%) with a median lesion size of 6.8 mm [IQR: 4–12 mm]; 5 (16.1%) showed progression, and 3 (9.7%) proceeded to RO—2 of whom (6.5%) had malignant histology.
Twelve patients (12.9%) underwent TSS (median lesion size: 6.7 mm [IQR: 4.6–12 mm]), with benign pathology confirmed in 11 cases (91.7%). Fifty patients (53.8%) underwent RO (median lesion size: 6.8 mm [IQR: 4.3–11.8 mm]), with lesions ≥10 mm present in 52% of these cases. Among the 33 malignant cases (median lesion size: 7 mm [IQR: 4.6–12 mm]), CEUS + SE showed 90.9% histological concordance compared to 72.7% with conventional ultrasound. In the 32 benign cases, concordance was 56.3% for CEUS + SE versus 28.1% for conventional ultrasound.

Conclusions: The combination of CEUS + SE ultrasonography and TSS appears to be a safe and effective strategy to

reduce unnecessary radical orchidectomies in patients with benign testicular lesion

10.

Title: Pathological Upstaging from Non-Muscle Invasive to Muscle Invasive Bladder Cancer Following Radical Cystectomy: Risk Factors and Survival Outcomes

Authors: **Mohamed Gad**, Del Giudice F, Kam J , Mensah, Nair R, Thurairaja R, Khan M, Abu Ghanem Y
Institution: Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom

Introduction: Transurethral resection of the bladder (TURBT) is the gold standard for initially diagnosing and managing suspected bladder cancer (BC). Approximately 70% of new bladder cancer cases are non-muscle invasive (NMIBC), with about 25% having high-risk disease, potentially requiring radical cystectomy (RC). Notably, many patients experience upstaging from NMIBC to muscle-invasive disease (MIBC) after RC. This study aimed to characterize the frequency, risk factors, and survival outcomes in patients with pathologic upstaging.

Methods: We reviewed all patients who underwent RC at our institute between 2009 and 2023. Upstaging was defined as ≥pT2 or from clinical

Results: Out of 1002 patients who underwent RC, data were available for 826. Of these, 378 underwent RC for NMIBC, with upstaging occurring in 102 (27%) patients. Multivariate analysis showed that factors associated with upstaging included the presence of carcinoma in situ (CIS) ($p=0.042$), histological variants (primarily squamous differentiation, $p=0.003$), and urethral involvement ($p=0.003$). Upstaged patients had worse 5-year RFS ($p < 0.001$), DSS ($p < 0.01$), and OS ($p < 0.01$). There was no survival difference between initially diagnosed MIBC patients and those upstaged.

Conclusion: Many patients with NMIBC may be upstaged to MIBC following RC, linked to poorer survival outcomes. Patients with CIS, urethral involvement, and variant histology are at higher risk of progression and should receive comprehensive counselling

11.

Title: Transurethral Laser Ablation (TULA): A Safe and Effective Management of Bladder Cancer in Highly Co-morbid Patients over the Age of 85

Authors: **Mayas Rddah, Hermione Tsoi,** Mohammed Kamil Quraishi, Edward Calleja
Institution: East Sussex Healthcare NHS Trust

Introduction: Non-muscle-invasive bladder cancer (NMIBC) is associated with high recurrence and progression rates. TULA is a recognised option to manage NMIBC given its benefit of treating patients in an outpatient setting and low complication rate. It is therefore ideal for patients who are not fit for invasive treatment. We present our experience of TULA in elderly co-morbid patients who had the procedure for either tumour clearance or symptomatic management at a District General Hospital.

Method: Retrospective data between March 2023 to December 2024 was collected for patients aged ≥ 85, who underwent TULA. Patients' demographics, tumour characteristics and procedure outcomes were analysed.

Results: We identified a total of 132 TULA sessions performed on 61 patients. The median age was 89 (85-99) and the median Charlson Comorbidity Index was 8 (6-11). The median lasering time was 152 seconds using a 2 watts Diode laser. The median number and size of tumour lasered in one session were 3 (1- 10) and 1cm(0.2-10) respectively. NMIBC was confirmed with prior histology in 63% of patients, while 35% had no previous histology. Following the TULA sessions, 59% had re-look to ensure complete clearance, while 29% were booked for re-treat as tumour was not removed completely in one sitting. Percentage of tumour recurrence was 48% at a median timeframe of 3 months on check cystoscopy. 30-day hospital admission rate was 0.5%. Only one patient required a blood transfusion.

Conclusion: TULA demonstrates a safe and effective option in managing symptoms of bladder cancer in elderly co-morbid patients

12.

Title: Streamlining Prostate Cancer Diagnosis: Evaluating a Clinic-Based Local Anaesthetic Trans perineal Biopsy (LATP) Pathway at Epsom & St Helier Hospital

Authors: **James Temple,** Easter Espinosa, Phil Brousil, Shahzad Ahmad
Institution: Epsom & St Helier Hospital

Prostate cancer is a significant cause of morbidity among men, requiring efficient diagnostic pathways. In April 2024, updated GIRFT guidelines aligned with current NICE recommendations prompted ESTH to shift from theatre-based, sedated prostate biopsies to a clinic-based local anaesthetic transperineal prostate biopsy (LATP) pathway. [1][2][3] This study evaluated the effectiveness, replicability, patient tolerability, complications, and resource requirements of the new model.

A six-month audit from May to November 2024 included 115 patients identified through the Patient Manager system

using the clinic code “LA TPPB.” The pathway involved an initial clinic consultation with history-taking, digital rectal examination, and PSA review, followed by an MRI prostate scan. A LATP biopsy was then performed and discussed at a multidisciplinary team (MDT) meeting to determine outcomes. Data collected included referral-to-diagnosis timelines, procedural complications, and patient satisfaction via a post-procedure survey.
Results showed a mean wait time of 9.96 days for biopsy and 4.76 days from biopsy to outcome, yielding an overall 14.47-day diagnostic pathway. The 28-day referral-to-diagnosis rate was 85.4%, exceeding the GIRFT target of 77%. Patient feedback revealed a mean satisfaction score of 8.2/10, with 68% favouring local anaesthetic, despite mean pain and tolerability scores of 6.2/10 and 3.2/10, respectively. Complications were minimal, with two urosepsis cases and two vasovagal episodes reported.
In conclusion, the clinic-based LATP pathway streamlines prostate cancer diagnostics, reduces resource burdens, and maintains satisfactory patient experiences. The model shows considerable promise for broader implementation, recommending expansion of local anaesthetic biopsy clinics and reserving sedation for patients with poor tolerability.

13.

Title: Improving Prostate Cancer FDS Performance: Full Cycle Audit

Authors: Thomas Newman, Mr Babbin John
Institution: Croydon University Hospital
Presenting Author: Thomas Newman

Background: The prostate cancer Faster Diagnostic Standard (FDS) is an NHS requirement for >75% patients to be given a diagnosis of or excluded from prostate cancer within 28 days from the date of referral. With the requirements likely to increase to 80% in 2026 and 90% in the coming years an audit to review our FDS performance was undertaken.

Standard: NHS FDS target of >75% of patients referred for suspected prostate cancer to receive a diagnosis of or excluded from prostate cancer

Methods: All prostate urgent suspected cancer (USC) referrals to a London District General Hospital from 1.3.24 to 1.9.24 were retrospectively identified and those who breached the 28 day standard had analysis of their pathway via electronic documentation review. Presentation of findings were made to the prostate USC MDT and intervention agreed. Patients referred post-intervention were collected prospectively from 1.1.25 to 28.2.25 and were analysed similarly.

Results: 415 (69.1 per month, 32% cancer) patients were referred in the pre-intervention cohort and 128 (64 per month, 33.5% cancer) post intervention. Pre-intervention 78.6% (326/415) met the FDS target, 54.5% (73/134) for those diagnosed with prostate cancer. Post-intervention 93.8% (120/128) met the FDS target, 88.4% (38/43) for those diagnosed with prostate cancer.

Conclusion: Minimal logistical intervention and overall pathway awareness led to large improvement in prostate FDS performance above expected future standards. Prospective auditing will continue

14.

Title: Role of Confirmatory General Anaesthetic Transperineal Biopsy in Patients Considering Active Surveillance for Prostate Cancer: Results from our Hospital.

Authors: **Moustafa Elhammadi**, Nidhi Kapadia (first co-authors), Mudassir Hussain, Michael Mikhail, Sarosh Janardanan, Nimalan Arumainayagam.
Institution: Ashford and St Peter's hospitals NHS foundation trust

Introduction: Previous studies have reported that 29% to 38% of men diagnosed with prostate cancer via transrectal biopsy (TRB) and considered for active surveillance (AS) are subsequently found to have higher-grade disease on confirmatory transperineal sector biopsy (TPSB). At our centre, local anaesthetic transperineal (LATP) biopsy is the standard diagnostic method, and confirmatory general anaesthetic transperineal biopsy (GATP) is routinely offered prior to commencing AS to ensure accurate risk stratification.

Methods: We retrospectively reviewed all confirmatory GATP performed between September 2022 and March 2025 in our institution. Primary outcomes were the rate of Gleason Grade Group (GGG) upgrading and the proportion of men who proceeded to radical treatment following confirmatory GATP.

Results: Among 105 patients reviewed, 37 (35%) had an upgraded GGG on confirmatory GATP, including 7 with a primary Gleason pattern 4. Of those with upgraded disease, 28 underwent radical treatment. An additional 10 patients received radical treatment despite no GGG upgrade, due to higher tumour volume.

Conclusion: Confirmatory GATP revealed more clinically significant disease in over one-third of patients, reinforcing its

value in accurately selecting men for active surveillance and avoiding under-treatment in clinically significant prostate cancer not detected in the initial biopsy

15.

Title: Deferred cytoreductive nephrectomy in the era of modern systemic anti-cancer therapy: outcomes from a high-volume specialist centre

Authors: **Sarah Ashraf**, Hannah Warren, Mohammed Hegazy, Kamran Haq, Raj Nair, Archie Fernando, Sarah Rudman, Danielle Crawley, Ben Challacombe, Tim O'Brien

Institution: Guy's and St Thomas' NHS Foundation Trust

Introduction: The evolving landscape of systemic anti-cancer therapy (SACT) for renal cell carcinoma has raised questions regarding the role of deferred cytoreductive nephrectomy (CRN). This study reports patient outcomes following deferred CRN post SACT in the modern era.

Patients and Methods: We performed a retrospective single-centre study of consecutive patients undergoing CRN following SACT January 2021 – July 2024. Patients were identified via theatre diaries. Data included patient demographics, tumour characteristics, SACT regimen, time to CRN, post-operative complications, pathology results and oncological outcomes.

Results: Eleven patients met inclusion criteria. The mean age was 64 years (SD 11) with 73% male. Median ECOG performance status was 1 (IQR0.625-1). Histology showed clear cell RCC in 91%. IMDC risk was poor in 5 (45%) and intermediate in 6 (55%). Mean baseline maximum primary tumour diameter was 106mm (SD 24). Lung only metastasis was most common in 8 (73%). First-line SACT was Ipilimumab-nivolumab in 9 (82%), Pazopanib in 1 (9%), Cabozantinib in 1 (9%). Median follow-up was 37 months(IQR33.5–43), and median time to CRN was 22 months (13–25.5). 7 cases were performed robotically and 4 cases open; indication was haematuria 3(27%), oncological control of primary tumour in 8(73%).
Total pathological response occurred in 5(45%) primary tumours. Following surgery, 4 patients (36%) remain disease-free off treatment, with no deaths during follow-up. SACT-related toxicity of any grade was recorded in 9(82%), requiring steroids in 5(45%). One Clavien-Dindo Grade 1 post-operative complication was recorded.

Conclusions: Deferred CRN appears safe with encouraging outcomes in selected metastatic RCC patients in the modern SACT era. A significant minority experience complete response and remain off treatment in the medium term.

16.

Title: A Three-Year Retrospective Analysis of Outcomes of Robotic-Assisted Radical Nephrectomy Using the CMR System in a District General Hospital

Authors: **Shweta Das,** Shahid Khan, James Henderson, Ahmed Albnhawy, Asmita Hossain

Institution: East Surrey Hospital

Objective: To evaluate perioperative outcomes and learning curve progression of robotic-assisted radical nephrectomy (RARN) using the CMR system over a three-year period in a district general hospital.

Methods: A retrospective review was conducted on patients who underwent RARN between 2022 and 2024 following the introduction of the CMR surgical robot. Key parameters assessed included operative time, estimated blood loss , haemoglobin drop, estimated glomerular filtration rate change, Clavien-Dindo complications (grade II or higher), tumour size, patient body mass index (BMI), and length of hospital stay. Data were analysed annually to assess trends in surgical performance and patient outcomes.

Results: Fifty RARN cases were performed by a two-surgeon team. Mean operative time remained stable across three years (218.9 min in 2022 to 236.7 min in 2024). EBL and Hb drop improved over time, with a notable reduction in haemoglobin loss (from -18.2 g/L in 2022 to -11.8 g/L in 2024). Although case complexity increased—reflected by higher BMI and larger tumour sizes—post-operative outcomes showed improvement, including reduced complication rates and shorter hospital stays. Complication rates of Clavien-Dindo grade II or higher were 8, 4, and 9 respectively per year, with only one Grade V event (mortality) occurring in the first year.

Conclusion: RARN using the CMR system can be safely implemented in a general hospital setting. Despite increasing case complexity, perioperative outcomes remained acceptable, and surgical proficiency improved over time, supporting the feasibility of adopting new robotic platforms outside of tertiary centres