

South Thames Urology Meeting
Epsom Downs Racecourse, KT18 5LQ
Friday 26th April 2019

Programme

0900 - 12:30	Andrology Training Day (<i>For trainees</i>) Derby Suite
1000- 1030	Arrival and Coffee (<i>Consultants and trainee reps</i>)
1030 – 1230	KSS STC meeting (<i>Consultants and trainee reps</i>) Box 10
1230 – 13:00	Joint KSS/ London South meeting Box 10
1300 – 1400	<i>Lunch (including sponsors exhibits)</i> Derby Suite
1400 – 1540	Trainee Presentations Session 1 – benign Chaired by Ben Horsburgh and Elsie Mensah, Derby Suite
1540 – 1600	<i>Tea</i>
1600 – 1730	Trainee Presentations Session 2 – uro-oncology Chaired by Pieter Le Roux and Sylvia Yan, Derby Suite
1730	Prize Presentations
1800	<i>Drinks and Dinner</i> The Derby Arms, Epsom KT18 5LE

Thanks to our sponsors Allergan, Astellas, Boston Scientific, CJ Medical, Contura Ltd, Ferring, Hitachi and Karl Storz for making this event possible. Our sponsors haven't any influence over the content of this meeting or who has been invited.

Organisers – Tharani Nitkunan, Pareeta Patel and Kathie Wong

Session 1 – Benign urology (7mins per presentation, 3 mins questions)

1400 Audit of managing acute pyelonephritis. I Reis , K Mistry , A Chetwood. Department of Urology, Frimley Park Hospital. **Presenting author Ines Reis**

1410 How good are NHS Urology Websites? Celina Pook; Kay Thomas; Matthew Bultitude. Guy's and St. Thomas' NHS Foundation Trust. **Presenting author Celina Pook**

1420 An Audit on Acute Ureteric Stone Management at Epsom and St. Helier University Hospitals following BAUS recommended time targets. D Tsang, B Horsburgh. Epsom and St. Helier NHS hospitals. **Presenting author Derrick Tsang**

1430 Patient reported objective measures (PROMs) following post prostatectomy stress urinary incontinence surgery. Y Chedid, K Sheimar, E Solomon, C Taylor, S Malde, A Sahai. Pelvic Floor Unit, Department of Urology, Guy's St Thomas' NHS Foundation Trust. **Presenting author Youseff Chedid**

1440 Don't mesh up our training! A review of the potential impact of the 'mesh pause' on urological training. S Rintoul-Hoad, L Forster, R Barratt, A Sahai, S Malde. Guy's and St Thomas' NHS Foundation Trust. **Presenting author Sophie Rintoul-Hoad**

1450 Sacral neuromodulation for refractory overactive bladder and voiding dysfunction: Initial experience of a new commissioned service for the region. S. Morris, S. Grover, L. Tay, E. Solomon, S. Malde, A. Sahai. Guy's and St Thomas' NHS Foundation Trust. **Presenting author Sarika Grover**

1500 Functional outcomes post Holmium Laser Enucleation of the Prostate (HoLEP) for patients with huge prostates (>150cc). Arun Sujenthiran, Akinlolu Oluwole-Ojo, Marios Hadjipavlou, Ella Di Benedetto, Rick Catterwell, Ben Namdarian, Oussama Elhage, Rick Popert, Ben Challacombe. The Urology Centre, Guy's and St Thomas' Hospitals. **Presenting author Arun Sujenthiran**

1510 Urethral bulking injections for female stress urinary incontinence: medium-term outcomes. S Yan, J Seth, D Tsang, T Nitkunan, R Walker. Epsom and St Helier Hospitals NHS Trust. **Presenting author Sylvia Yan**

1520 Bladder Pain Syndrome/Interstitial Cystitis in Contemporary United Kingdom (UK) Practice: Outcomes of Phenotype-directed Management. A Neale, N Malik, C Taylor, A Sahai, S Malde. Guy's and St Thomas' NHS Foundation Trust. **Presenting author Anoushka Neale**

1530 Clinical evaluation of the nocturia management protocol. J. Santiapillai, S. Tadtayev, N. Arumainayagam, P. Murray, K. Yeong. Ashford and St Peter's Hospitals NHS Foundation Trust. **Presenting author J. Santiapillai**

Session 2 – Uro-oncology (7mins per presentation, 3 mins questions)

1600 Lessons Learned from 1002 Consecutive Robotic Assisted Radical Prostatectomies. Osman B, Quraishi MK, Petrides N, Lobo N, Stanowsk Mi, Pain J, Hearnden B, Eddy B. Canterbury and Kent NHS Trust. **Presenting author Banan Osman**

1610 Cytoreductive nephrectomy: Are CARMENA outcomes the norm? P. Brousil, R Nair, B Challacombe, A Fernando, T. O'Brien. Guys and St Thomas' NHS Trust. **Presenting author P Brousil**

1620 Review of the Virtual Haematuria Clinic in King's College Hospital Urology in 2018. J Makanjuola, A Reekhaye, T Stonier, K Sinclair. King's College Hospital, London. **Presenting author K Sinclair**

1630 Screening BCRA2 carriers for Prostate Cancer. F MacAskill, A Youngs, L Izatt, V Tripathi, G Rotenberg, V Hema, P Cathcart. Guy's and St Thomas' NHS Trust. **Presenting author F MacAskill**

1640 Examining the use of urinary cytology in the surveillance and management of high risk non-muscle invasive bladder cancer. English CL, Aniftos O, Backhouse C, Power L, Issa R, Ayres B. St George's Hospital, St George's University Hospitals NHS Foundation Trust. **Presenting author Louise English**

1650 Standardisation and streamlining of multidisciplinary team meetings in prostate & bladder cancer: A National Cancer Programme pilot study. H Warren, M Hadjipavlou, E Benedetto, D Enting, R Nair, K Haire, G Rottenberg, A Chandra, A Aggarwal, OuElhage, B Challacombe, P Cathcart. Guy's St Thomas' NHS Foundation Trust. **Presenting author Hannah Warren**

1700 Perioperative Medicine Training in Urology: A need to change. H Warren¹, J Partridge², J Green³, P Braude², J Dhesi², M Shabbir¹ ¹Dept of Urology, Guy's & St Thomas' NHS Trust, ²Dept of Ageing and Health, Guy's & St Thomas' NHS Trust, ³Dept Of Urology, Barts Health NHS Trust. **Presenting author Hannah Warren**

1710 Outcomes and Quality of Life Assessment in Patients with High Grade Non-Muscle Invasive Bladder Cancer in a District General Hospital Setting. Asemota N., Brousil P., Kum F., Espadero C., Issah A. Reid T, Smith H., Issah A. Reid T., Beknazarov K., Pareek A., Arsanious N., Ramisubbu K., Argyropoulous A., Lynch M., John B. Croydon University Hospital. **Presenting author Nicole Asemota**

1720 Freehand local anaesthetic transperineal biopsies: do we still need a systematic mapping biopsy? Authors A Neale, F Kum, L Stroman, N Simson, D Jabarkhyl, J Rusere, O Elhage, B Namdarian, P Cathcart, B Challacombe, R Popert. Department of Urology, Guy's and St Thomas' NHS Foundation Trust. **Presenting author Anoushka Neale**

1730 En bloc resection for bladder tumours - an intention to treat analysis. MJ Johnston, S Sarkar, BE Ayres, AH Mostafid. Royal Surrey County Hospital and St George's University Hospital. **Presenting author Max Johnston**

Title of presentation

Clinical evaluation of the nocturia management protocol

Authors

J. Santiapillai, S. Tadtayev, N. Arumainayagam, P. Murray, K. Yeong

Institution

Ashford and St Peter's Hospitals NHS Foundation Trust

Presenting author

J. Santiapillai

Abstract

Nocturia is a common and bothersome symptom with multifactorial causation. The optimal management strategy remains elusive: existing treatment modalities produce mediocre results when applied broadly to the whole cohort of patients with nocturia.

We developed nocturia management protocol, which has recently been approved for use in the primary care across Surrey. It focuses on holistic assessment of a patient with nocturia and emphasises the role of multi-professional team in successful nocturia management.

This retrospective audit assessed cohort of 64 consecutive patients with nocturia, managed according to principles of our protocol. We have reviewed patient records to identify the clinical outcomes.

The average age of patients was 72 years (ra

nge 49-89), male-to-female ratio 16:1 and median nocturia frequency 4. Analysis of frequency volume charts confirmed nocturnal polyuria in 81%. Patients at risk of undiagnosed sleep apnoea (31) were referred for sleep studies.

In 6 patients nocturia either resolved or improved significantly (> 50% episodes) after discontinuation of medication. Out of 21 patients who underwent sleep studies so far, 13 (62%) were diagnosed with moderate/severe sleep apnoea. Ten patients underwent surgery, of these, four had a significant (>50%) improvement in nocturia. Sixteen patients received Noqdirna, in a half this led to significant improvement (to 1/night). Four patients were treated with diuretics, three had a significant improvement. Overall, in 29 patients with completed episodes of care to date, median nocturia frequency decreased from 4 to 1.

Nocturia can be managed effectively in the majority of patients who are referred to the urology clinic in accordance with the principles of our nocturia protocol.

Title of presentation

Audit of managing acute pyelonephritis

Authors

I Reis , K Mistry , A Chetwood

Institution

Department of Urology, Frimley Park Hospital

Presenting author

Ines Reis

Abstract

Introduction and objectives: Acute pyelonephritis represents a significant inpatient urology workload. Guidelines for the management of pyelonephritis were developed in 2012 with a subsequent closed loop audit showing improved management. This audit was to see if this improvement was continued and to measure standards according to recent NICE guidelines and local microbiology guidelines.

Material and methods: A retrospective electronic note review of those diagnosed between December 2018 and January 2019 was conducted.

Results: 35 patients were included of whom 83% were female patients and only 30% of patients complained of flank pain and fever. Mean length of stay was 3.7 days. 94% of patients had a urine dip, of which 23% was positive urine for leucocytes and nitrites. Formal urine and blood cultures were taken in 72% and 69% of patients respectively. 94% of patients had upper tract imaging (CT or USS) to exclude other cause of symptoms. 88% of patients received the first antibiotic within 1 hour of admission. 54.3% of patients had 14 days of antibiotics, whereas 34.3% had more than 14 days. All antibiotics were reviewed and switched to oral antibiotics, when patients were afebrile for 24 hours.

Conclusion: Our data suggests that diagnosis of pyelonephritis has been less accurate despite previous work. However, the management of these patients given conforms to local and national guidelines. Moving forward we will aim to develop ambulatory care IV antibiotic pathways with scope for reducing inpatient admissions. We will also continue to educate and teach doctors junior doctors.

Title of presentation

How good are NHS Urology Websites?

Authors

Celina Pook; Kay Thomas; Matthew Bultitude

Institution

Guy's and St. Thomas' NHS Foundation Trust

Presenting author

Celina Pook

Abstract

Introduction: Previously we assessed the quality of NHS Urology department websites¹. We sought to see if there had been an improvement with time.

Methods: We accessed all the websites of NHS hospitals in England in March 2019 and compared to a similar study by our group in 2010. A standard proforma was used to assess the websites for ease of navigation, availability of content and quality of urology-specific information.

Results: From the 132 NHS trust websites investigated, 119 (90.2%) had a urology-specific webpage, a significant increase from 47 trusts (32.4%) in 2010. 87.4% of these websites provided a list of urology services, whilst 42% provided an explanation for what these services involve. Though still an increase from 72.4% and 23.9% respectively from 2010, there still appears to be a lack of accessibility for clear information for urology patients. Similarly, only 24.4% of websites had explanations for urological conditions and 31.1% had information on what to expect from procedures. 34.5% had downloadable patient leaflets, with a further 21.9% only having them available from the trust homepage. 20.2% had links to the BAUS website, and 29.4% provided links to other useful resources. Webpages still appeared outdated, made few uses of images and 25% had some type of website error.

Conclusions: Whilst the provision of Urology websites has significantly improved over the last decade, the quality is patchy and variable. This is in comparison to the wealth of information patients can access in their day to day life. Recognition of this as an important facet of a urology department needs to be accepted by urologists and NHS Trusts with dedicated resource allocated accordingly.

¹ Garthwaite M and Bultitude M. BJMSU 2011

Title of presentation

An Audit on Acute Ureteric Stone Management at Epsom and St. Helier University Hospitals following BAUS recommended time targets

Authors

Mr. Ben Horsburgh, Dr. Derrick Tsang

Institution

Epsom and St. Helier NHS hospitals

Presenting author

Derrick Tsang

Abstract

This retrospective study of the acute ureteric stone management service at Epsom and St. Helier University Hospitals compares performance against the BAUS standards of 2017. Trust protocol on prioritisation of stone surgery was developed between the two audit periods with the intention of reducing the time between stone presentation and consultant led management.

A total of 215 patients were included over the two time periods (September 2016 to March 2017 and January 2018 to June 2018) who had presented acutely with stone disease. The time between stone presentation and each treatment was recorded and compared with BAUS standards of acute ureteroscopy and lithotripsy within 28 days.

Between 2016-17 and 2018 periods, primary treatments saw a reduction in the average number of days: from 30.3 to 14.5 days for lithotripsy, and from 93.8 to 62.2 days for ureteroscopy. Post intervention, 0% and 8.5% of patients having lithotripsy and ureteroscopy respectively in 2018 achieved the BAUS target. The average number of days for ureteroscopy following stents was reduced from 47.1 days to 38.7 days, with 60% of patients meeting the BAUS target.

This audit shows the modest improvements of the trust's stone management timing. This improvement was a result of significant consultant input to create the four week pathway including weekly reviews to prioritise all patients for stone surgeries. If we are to meet the NICE guideline in development, there needs to be significant financial and logistical support from trusts to manage this under-looked condition.

Title of presentation

Patient reported objective measures (PROMs) following post prostatectomy stress urinary incontinence surgery

Authors

Y Chedid, K Sheimar, E Solomon, C Taylor, S Malde, A Sahai

Institution

Pelvic Floor Unit, Department of Urology, Guy's St Thomas' NHS Foundation Trust

Presenting author

Youseff Chedid

Abstract

Introduction and Objectives: To investigate the outcomes of male sling (MS; AdVance XP™) and Artificial Urinary Sphincter (AUS; AMS 800™) treatment for bothersome post-prostatectomy stress urinary incontinence (PPSUI).

Materials and Methods: We assessed outcomes prospectively in 94 males treated with a MS or AUS between 2013 and 2017. Patients were asked to complete PROMs pre-operatively, and then at each follow-up visit. In general patients with mild incontinence received a MS and those with severe incontinence or radiotherapy received an AUS. Patients with moderate incontinence were offered a choice of MS or AUS.

Results: Ninety-one patients underwent PPSUI surgery (38 MS, 48 AUS and 5 patients excluded due to incomplete questionnaires). The mean follow-up was 32 months (range 12 to 60). In the MS group, daily pad use fell from 2.84 to 0.52 at 1-year ($p < 0.001$). ICIQ-UI SF scores improved from 16.47 to 5.14 ($P < 0.001$), ICIQ-MLUTS from 19.23 to 12.33 and ICIQ-LUTSQoL from 45.00 to 30.47 at 1-year follow up. In the AUS group, daily pad use fell from 4 pre-operatively to 0.52 at 1-year. ($p < 0.0001$). ICIQ-UI SF scores fell from 18.35 to 5.62, ICIQ-MLUTS from 27.58 to 12.63 and ICIQ-LUTSQoL scores from 54.50 to 26.00. Complication rates were higher in the AUS group (24.1% vs 15.4%). AUS revision or removal surgery rate over the study period duration was 10%. In the MS group 11% have undergone or are planned AUS surgery.

Conclusion: Protocolised surgical management of bothersome PPSUI is safe and efficacious.

Title of presentation

Don't mesh up our training! A review of the potential impact of the 'mesh pause' on urological training

Authors

S Rintoul-Hoad, L Forster, R Barratt, A Sahai, S Malde

Institution

Guy's and St Thomas' NHS Foundation Trust

Presenting author

Sophie Rintoul-Hoad

Abstract

Introduction:

Urology trainees should provide evidence of >20 urinary incontinence (male/female, stress/urge) procedures for CCT: displaying breadth of learning and competence (Level 2). However, the trend towards specialism and the 'mesh pause' (July 2018) raises concerns of achieving indicative numbers.

Methods:

Analysis of:

- BAUS Female SUI Surgical Outcomes Audit (SOA) (2015-17)
- HESS data (2000-12)
- Qualitative data: urology trainees (2018)

Results:

2,451 non-private procedures were recorded in BAUS SOA; 65% (n=1,718) included mesh. By region: South London: 150 procedures, 31% non-mesh, KSS: 292 procedures, 32% non-mesh. Non-mesh SUI procedures reflect lower volume surgery, despite an increasing trend; BAUS SOA: Autologous fascial sling: 340(13%); Colposuspension: 130(5%); Bulkamid 351(13%). BAUS estimated 310 trainees (2016); suggesting 7.9 procedures per trainee over 3years. Trainee numbers and volume varied per region (6-35, 0-332); South London: 6.3, KSS: 15.3. Loss of mesh procedures reduces exposure further: 2.1 and 5.9 per trainee respectively. Male SUI is not included in BAUS SOA; published HESS data: 250 cases (2012) with an increasing trend, but in specialised centres. 78% (n=18) of trainees surveyed wanted UI procedures included in CCT requirements; 48% (n=11) felt confident they'd achieve this; 65% (n=15) were concerned the 'mesh pause' would affect their training.

Conclusion:

Trainees are concerned about their ability to achieve UI indicative numbers; importantly there is a loss of 68-69%% of SUI surgery in our regions due to 'mesh pause'.

Title of presentation

Sacral neuromodulation for refractory overactive bladder and voiding dysfunction: Initial experience of a new commissioned service for the region

Authors

S. Morris, S. Grover, L. Tay, E. Solomon, S. Malde, A. Sahai

Institution

Guy's and St Thomas' NHS Foundation Trust

Presenting author

Sarika Grover

Abstract

Introduction: Sacral neuromodulation (SNM) is a treatment option for refractory overactive bladder (OAB) and voiding dysfunction (VD). We report on our initial experience.

Methods: All patients in this single center cohort were refractory to conservative measures +/- pharmacotherapy. Patients underwent urodynamics +/- urethral pressure profilometry (VD cases), completed validated questionnaires (OAB cases) and the patient global impression of change (PGIC) to assess outcomes. Data was collected prospectively. Operative technique employed a first stage tined lead trial followed by Medtronic Interstim™ II implantation, if appropriate.

Results: 59 patients, median age 47 (range 20-73, 39 female), underwent 1st stage SNM implantation since 2017. 29 were pure OAB, 27 were pure VD, 3 were mixed. Median trial length was 14 days (range 10-35 days). 45 proceeded to full implantation (76%). Two patients were explanted after 1 year due to lack of efficacy. Revisions were performed in 6 patients due to lack of efficacy (2), pain (2) and lead migration (2). PGIC data from most recent visit had a median score of 5 "moderately better" for OAB patients and 6 "better" for VD patients. PVR assessment showed a median percentage decrease of 89% at 1 month in VD patients. ICIQ UI, OAB, LUTS QoL questionnaires for OAB patients showed >50% improvement at 3 months, which were maintained at 1 year.

Discussion: SNM is an effective treatment option for both refractory OAB and VD. Our initial experience suggests patient reported outcomes maybe better for VD but larger numbers and longer term follow up is required.

Title of presentation

Functional outcomes post Holmium Laser Enucleation of the Prostate (HoLEP) for patients with huge prostates (>150cc)

Authors

Arun Sujenthiran, Akinlolu Oluwole-Ojo, Marios Hadjipavlou, Ella Di Benedetto, Rick Catterwell, Ben Namdarian, Oussama Elhage, Rick Popert, Ben Challacombe

Institution

The Urology Centre, Guy's and St Thomas' Hospitals, London, UK

Presenting author

Arun Sujenthiran

Abstract

Introduction: Holmium laser enucleation of the prostate (HoLEP) is recommended for patients with benign prostatic hyperplasia with large prostates. Aim: To assess functional outcomes in men undergoing HoLEP with huge prostates (>150cc) and compare these to men with smaller prostates (<150cc).

Methods: We retrospectively evaluated all patients undergoing HoLEP in a UK single tertiary hospital between August 2017 and December 2018. Data was collected on pre-operative and post-operative International Prostate Symptom Score (IPSS), peak urinary flow rate (Qmax), post void residual (PVR) and prostate specific antigen (PSA).

Results: In total, HoLEP was performed on 196 patients with a preoperatively measured prostate size of 20-450cc. Of these patients, 62 had a huge prostates (>150cc) with a mean volume (measured by MP-MRI) of 193cc (range: 150-450cc). The mean total operative time was 109.8 mins (range: 30-225 mins) with a mean morcellated prostate volume of 126.5g (range: 60-270g).

With regard to functional outcomes, patients with huge prostates undergoing HoLEP had significant improvements in IPSS (from 21.4 ± 9.3 to 7.9 ± 6.0), Qmax (from 10.0 ± 4.3 mL/s to 34.9 ± 17.5 mL/s), PVR (from 144 ± 117 mL to 76 ± 60 mL) and PSA (from 13.2 ± 11.1 ng/mL to 4.9 ± 14.5 ng/mL),

Four patients (6.5%) with huge prostates had significant stress urinary incontinence following surgery at 3-6 months follow-up. These were all managed non-operatively with intensive physiotherapy. All patients were catheter-free following surgery.

Comparison of IPSS, PSA, PVR and continence rates between patients with huge and smaller prostates showed no statistically significant differences. Qmax showed a greater improvement in the huge prostate group, which was significant (29.34 mL/s vs 12.91 mL/s; $p=0.0235$).

Conclusions: Our study shows that HoLEP is a safe and effective operation for treatment of BPH in patients with huge prostates (>150cc) with excellent functional outcomes and a low complication rate.

Title of presentation

Urethral bulking injections for female stress urinary incontinence: medium-term outcomes.

Authors

Sylvia Yan, Jai Seth, Derek Tsang, Tharani Nitkunan, Roger Walker

Institution

Epsom and St Helier Hospitals NHS Trust

Presenting author

Sylvia Yan

Abstract

Introduction

Clinical outcome of periurethral bulking as a treatment for stress urinary incontinence (SUI).

Materials and Methods

Review of all patients undergoing periurethral bulking procedures (PBP) at our centre between 2014 and 2019.

Results

54 patients were identified; mean first follow-up (FFU) was 3.6 months and mean latest follow-up (LFU) was 18 months. Mean age was 58 years and mean BMI was 29.5. Mean pre-operative pad-use was 3.6/24 hours and mean UISF-score was 14.8.

At FFU, 22 patients (40.7%) had a successful outcome, with mean pad-use of 1.5/24 hours. Mean UISF-score at LFU was 9.9. 28 (71%) reported duration of effect being between < 1 month and 6 months. Mean response for patient satisfaction with PBP was 1 on a Likert scale -3 (completely dissatisfied) to +3 (completely satisfied).

Those with a higher BMI were less likely to be dry at the FFU with 38%, 33% and 20% being dry in BMI groups normal, overweight and class I obesity, respectively. Those without SUI on urodynamics were more likely to be dry at the FFU (43.8%) compared to those with SUI (38.9%).

10 patients (19%) had further anti-SUI treatments. There was 1 case of UTI post-op (1.9%).

Conclusion

Whilst transurethral synthetic tapes remain suspended, PBP have become a popular treatment for SUI. This retrospective study provides outcomes for PBP, which was a safe and acceptable treatment. Improvements were noted in UISF-score and pad-use post-operatively. Duration of effect was short-lived, with only 5.6% reporting effect beyond 6 months. Factors determining post-operative success included a lower BMI and lower pad-use.

Title of presentation

Bladder Pain Syndrome/Interstitial Cystitis in Contemporary United Kingdom (UK) Practice: Outcomes of Phenotype-directed Management

Authors

Anoushka Neale, Nabiah Malik, Claire Taylor, Arun Sahai, Sachin Malde

Institution

Guy's and St Thomas' NHS Foundation Trust, London, England, UK

Presenting author

Anoushka Neale

Abstract**Introduction**

Bladder pain syndrome/interstitial cystitis (BPS/IC) is a heterogeneous disorder with considerable variation in management worldwide. Investigating the prevalence of different BPS phenotypes and the outcomes of phenotype-directed management would enable optimisation and standardisation of therapy, and inform future research efforts. We describe the management of a cohort of patients with BPS/IC in the UK.

Methods

Retrospective analysis of all patients with BPS/IC from Jan 2015 - Nov 2018. Data on demographic details, investigation and treatments were collected. Outcomes of patients who underwent phenotype-directed management with laser ablation to Hunner's lesions were collected using the Global Response Assessment (GRA) tool.

Results

163 patients (mean age of 43 years (20–85)) were included. 78% were female and patients had experienced symptoms for an average of 6 years (1–30). 83% of patients had pelvic imaging – 44% ultrasound, 42% MRI and 14% CT. Imaging was abnormal in 5 patients (4%). 22 patients (14%) had Hunner's lesions (ESSIC 3), with a mean bladder capacity of 373ml (175-650ml). 77% were ESSIC C on histopathology. 100% underwent laser ablation, with 55% experiencing a moderate/marked improvement in symptoms after, with a mean duration of effect of 10 months (3-36). 27% of patients had repeated treatment.

Conclusion

The presence of Hunner's lesions in patients with BPS/IC is not uncommon. Pelvic imaging rarely identifies any cause for pain and so cystoscopy under anaesthesia is essential for accurate phenotyping. Phenotype-directed management with Holmium laser ablation to Hunner's lesions has good short-term efficacy in improving pain, but re-intervention is often required.

Title of presentation

Clinical evaluation of the nocturia management protocol

Authors

J. Santiapillai, S. Tadtayev, N. Arumainayagam, P. Murray, K. Yeong

Institution

Ashford and St Peter's Hospitals NHS Foundation Trust

Presenting author

J. Santiapillai

Abstract

Nocturia is a common and bothersome symptom with multifactorial causation. The optimal management strategy remains elusive: existing treatment modalities produce mediocre results when applied broadly to the whole cohort of patients with nocturia.

We developed nocturia management protocol, which has recently been approved for use in the primary care across Surrey. It focuses on holistic assessment of a patient with nocturia and emphasises the role of multi-professional team in successful nocturia management.

This retrospective audit assessed cohort of 64 consecutive patients with nocturia, managed according to principles of our protocol. We have reviewed patient records to identify the clinical outcomes.

The average age of patients was 72 years (ra

nge 49-89), male-to-female ratio 16:1 and median nocturia frequency 4. Analysis of frequency volume charts confirmed nocturnal polyuria in 81%. Patients at risk of undiagnosed sleep apnoea (31) were referred for sleep studies.

In 6 patients nocturia either resolved or improved significantly (> 50% episodes) after discontinuation of medication. Out of 21 patients who underwent sleep studies so far, 13 (62%) were diagnosed with moderate/severe sleep apnoea. Ten patients underwent surgery, of these, four had a significant (>50%) improvement in nocturia. Sixteen patients received Noqdirna, in a half this led to significant improvement (to 1/night). Four patients were treated with diuretics, three had a significant improvement. Overall, in 29 patients with completed episodes of care to date, median nocturia frequency decreased from 4 to 1.

Nocturia can be managed effectively in the majority of patients who are referred to the urology clinic in accordance with the principles of our nocturia protocol.

Title of presentation

Lessons Learned from 1002 Consecutive Robotic Assisted Radical Prostatectomies

Authors

Osman B, Quraishi MK, Petrides N, Lobo N, Stanowsk Mi, Pain J, Hearnden B, Eddy B

Institution

Canterbury and Kent NHS Trust

Presenting author

Banan osman

Abstract

Aims

We plan to assess patient and oncological demographics with surgical and functional outcomes in 1002 consecutive Robotic Assisted Radical Prostatectomys performed by a single Surgeon in a regional Cancer Centre with 264 case prior robotic experience.

Methods

Interrogation of a purpose built database created on Filemaker Pro was performed. Data was collected prospectively at point of care in all 1002 patients between May 2011 and December 2018.

Collected data included patient demographics, preoperative diagnostics, operative and oncological outcomes.

Patients also had functional outcomes measured with validated ICIQ and SHIM scores for incontinence and sexual health performed preop and at 6weeks, 3,6,12,18 and 24 months post operatively.

Results

Patient, diagnostic, operative and oncological outcomes complete in 100% of series.

Mean Age was 63.7(42-76), PSA 8.65 (0.8-55), ISUP Grade see chart, Mean Operative time 151min(64-300) Console time 119(43-240), Blood loss 235ml(0-1000) with no intraoperative transfusions. No conversions with 2 failed access. Clavien 3b/4 complications 1% with only 1 rectal injury and no deaths. Readmission rate was 3.8%. Overall positive margins in 22%. Urine leaks and anastomotic strictures low in 4(0.004%) separate patients. Pad free rate chart (1)

Conclusion

We present one of the UK's largest contemporary Robotic Prostatectomy Series with complete data collection prospectively collected with attention to accurate follow up at defined time points with validated outcomes. We have seen consistently low complications and short hospital stays and functional outcomes consistent with international series. Outcomes have slowly improved throughout the series.

Title of presentation

Cytoreductive nephrectomy: Are CARMENA outcomes the norm?

Authors

P. Brousil, R Nair, B Challacombe, A Fernando, T. O'Brien

Institution

Guys and St Thomas' NHS Trust

Presenting author

P Brousil

Abstract**Introduction**

The CARMENA trial challenges the established paradigm for upfront cytoreductive nephrectomy (CN) in the management of metastatic renal cell carcinoma. However questions remain about the generalizability of these outcomes to non-trial patients.

Methods

Retrospective review of outcomes of patients undergoing CN in a single centre since 2012. Risk stratification assessed by Heng criteria; performance status by Karnofsky; complications by Clavien-Dindo; overall survival by Kaplan-Meier. Clinical features, risk stratification and outcomes were compared with the CARMENA trial cohorts.

Results

70 patients. 25% female. 94% underwent upfront CN; 6% CN post-TKI. 82% performed as open surgery with 32% IVC involvement. Variant histology in 13%. 1/70 died within 30 days of surgery. 7% had \geq Clavien-Dindo 3 complications (vs 16% CARMENA).

Headline results:

1. Risk stratification: Poor prognosis 23% versus 44% in CARMENA
2. Median number of metastatic sites 1 vs 2 in CARMENA
3. 1% too unwell to receive post-operative TKIs (versus 18% in CARMENA).
4. Median survival 41 months (versus 13.9 months/Surgical arm & 18.4 months/TKI only arm of CARMENA).
5. 20/70 patients (28%) of the cohort have not needed TKI therapy to date (>6 months followup). 23% did not need TKI therapy immediately post-op with a median time of 205 days to start.

Conclusion

In a contemporary UK population undergoing cytoreductive nephrectomy; performance status, tumour stage, risk stratification, and outcomes are markedly different from those in the CARMENA trial. The generalizability of the CARMENA trial outcomes and recommendations is questionable. In some patients, CN obviates the need for systemic treatment, or facilitates significant deferral.

Title of presentation

Review of the Virtual Haematuria Clinic in King's College Hospital Urology in 2018

Authors

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Abstract

KCH Urology department has recently introduced 'Virtual clinics' in relation to Haematuria clinic and pending investigations to rule out urological malignancy (e.g. blood tests, urine cytology, flexible cystoscopy and CT imaging). Previously patients were brought back in for results, even when normal, resulting in unnecessary appointments and patient anxiety. Average NHS appointments cost around £100 and with waiting lists increasing, the virtual clinic was introduced to reduce waiting times, cost and improve patient satisfaction.

Overall, 215 patients were referred to virtual clinic between February-December 2018. The majority of these were referred for haematuria but outliers (e.g. cancer surveillance) were included. We analysed how many patients were discharged to the GP following investigation results and how many were brought back for follow up, using >75% discharge as an indicator of effectiveness.

In total 79.5% were discharged from virtual clinic and the 2-week wait pathway. 47% were discharged to the GP, 9.3% to other specialties, 6.5% to other urology clinics, 4.2% didn't attend for imaging and 12% had no documentation. Of the 21% that were returned to clinic for abnormal results, the majority were referred first to MDT discussion (32%), further imaging (34%) or had repeat tests or cystoscopy (20.5%)

In conclusion around 80% of patients with normal results did not need to return to clinic, saving appointment time. Using the average cost and discharge data, we calculated the virtual clinic saved over £17,000 last year in clinic appointments. However, further analysis concerning patient satisfaction and continuity of follow up is required.

Title of presentation

Screening BCRA2 carriers for Prostate Cancer

Authors

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Abstract

The results of the IMPACT study advocate PSA screening in men with the BRCA 2 gene mutation due to their increased risk of aggressive prostate cancer (CaP). Limited datasets are available concerning the additional value of MRI over PSA alone for screening BRCA 2 carriers. We report our experience of incorporating MRI into screening.

All men identified from a large regional genetics practice (5 million population coverage) with the BRCA 2 mutation were invited to a dedicated BRCA 2 prostate cancer screening clinic. Patients completed a clinical history, digital rectal exam (DRE) and were offered both a PSA test and a multiparametric MRI. Transperineal prostate biopsy was offered to men for the following indications: an abnormal DRE, an elevated PSA and a prostate MRI assigned a PIRADS 3 or above, or a PSA Density >0.15ng/ml.

Nine men out of twenty-four have completed screening. Three new prostate cancer cases (incidence 33%) have been diagnosed. Two were low risk while one was classified intermediate risk. Of the 9 men, only 5 had an indication for biopsy generating a cancer detection rate of 60%. Two of the three prostate cancer cases had normal age-specific PSA values with biopsy being performed as a result of abnormalities identified on MRI.

Our data is consistent with previous data concerning the high incidence of prostate cancer in men harbouring BRCA 2 gene mutations. Use of age-specific PSA ranges alone would have 'missed' two-thirds of the cancer cases suggesting BRCA carriers should undergo both PSA and prostate MRI.

Title of presentation

Examining the use of urinary cytology in the surveillance and management of high risk non-muscle invasive bladder cancer

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Abstract

1. Introduction and Aim:

Nearly 75% of patients with Transitional Cell Cancer (TCC) of the bladder present with non-muscle invasive disease –stage of Ta or carcinoma in situ (CIS), or the submucosa stage (T1). According to the EAU guidelines, urinary cytology has a high sensitivity in high-grade tumours (G3) as well as CIS.

We aimed to examine if the presence of a positive urinary cytology sample, indicated the presence of ongoing or recurrent disease at biopsy.

2. Methods:

Data collection took place on site at St George's Hospital, and was stored on a password protected Spread sheet.

Patient data was accessed from a Haematuria Clinic Appointment Book. Inclusion criteria: patients with high-risk non-muscle invasive tumours according to EAU Guidelines.

The data includes patients who attended Haematuria Follow up clinic between February 2018 and August 2018.

3. Results:

51 patients were included, 9 female (17.6%), and 42 men (82.4%). The mean age was 73 years (range 42-92 years).

33 patients had G3 disease (65%), 17 of which had stage pTa (52% of G3 disease), 16 of which had stage pT1 (48% of G3 disease).

16 patients had CIS, 15 of which had G3 disease (94% of CIS disease).

12 patients (24%) in total had positive urinary cytology as part of their follow up pathway. 6 of these patients (50%) had a biopsy, which showed presence of high-risk non-muscle invasive disease.

4. Discussion:

A small proportion of urine cytology in surveillance of high risk NMIBC was positive, however, 24% of patients at some point in their surveillance had suspicious or atypical cytology. Urine cytology did not appear to pick up any additional cancers, compared to flexible cystoscopy alone.

Title of presentation

Standardisation and streamlining of multidisciplinary team meetings in prostate & bladder cancer: A National Cancer Programme pilot study

Authors

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Abstract

Introduction:

Multidisciplinary teams (MDTs) form the core in management of patients with suspected or proven cancer. The 2016 Cancer Research UK Report "Meeting Patients' Needs" outlined the importance of standardising and streamlining MDT processes. As part of the National Cancer Programme, we piloted and evaluated the impact of streamlining MDT meetings in prostate and bladder cancer in a single large volume cancer centre.

Methodology:

Baseline data (pre-streamlining) was collected on the established MDT meetings over 4 weeks. In the next phase, predetermined standards of care (SoC) were introduced to protocolise patients that did not require full discussion at the MDT meeting as they conformed to the SoC. Data was collected for the subsequent 4 weeks (post-streamlining).

Results:

In prostate cancer, following streamlining, the average number of patients discussed at the MDT meeting was reduced from 26 patients to 3 patients. The average time discussing cases at each meeting was reduced by more than four-fold (46:30min to 11:15min) while the average time spent discussing each patient doubled from 1:49min to 3:26min. Following streamlining, 77% of cases did not require MDT meeting discussion. Cases of low-risk and intermediate-risk prostate cancer did not require discussion. Reasons for MDT meeting discussion included high-risk and metastatic disease, discordant imaging/histology and incidental findings on imaging.

In bladder cancer, only 7 of 56 patients on the MDT meeting lists conformed to the SoC and did not require full discussion. Only <15% of cases were low-risk or intermediate-risk. As a result, we found no meaningful reduction in the number of patients discussed in each MDT meeting and in the total discussion time in each MDT meeting session.

Conclusions:

Streamlining of multidisciplinary meetings using predetermined SoC can potentially allow specialist time to be focused on higher-risk and complex cases and improve efficiency. The success of such streamlining process is highly dependent on the cancer risk group mix in a particular unit. The impact on teaching and training will need to be further evaluated.

Title of presentation

Perioperative Medicine Training in Urology: A need to change

Authors

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Abstract**Introduction**

Two thirds of urology inpatients are aged >65 years. These patients present a significant challenge with complex co-morbidities and poorer reserve, increasing medical/surgical complications. Collaborative models of proactive perioperative care can reduce morbidity and length of stay.

This survey assessed knowledge, experience and attitudes towards perioperative medicine for older patients among urology trainees before and after introduction of a new regional perioperative training day.

Methods

Completion of pre/post-course surveys by SpR's attending the Thames-region 'Perioperative Medicine for Urologists' training day. Attitude/ experience questions used 5-point Likert scales; knowledge-based questions were dichotomous/ rank order. Ten consultant urologists (2 centres) assessed survey content validity. Data analysis: t tests (significance $p \leq 0.05$)

Results

All 23 attendees completed pre/post-course surveys. 96% felt management of medical problems affecting older patients should feature in their curriculum; only 13% felt they had received any adequate training before the course, rising to 75% after ($p < 0.0001$). Confidence to assess mental capacity ($p = 0.0073$), frailty ($p = 0.001$), and overall perioperative management of the older patient ($p < 0.0001$) improved significantly post-course. Knowledge objectively improved significantly in post-course dichotomous ($p = 0.0032$) and rank order questions ($p = 0.02$) 90% supported closer integration with geriatricians with 95% supporting a 'shared-care' approach. 83% felt current access to geriatric support was limited. 91% felt the course should be taught nationally to urologists of all grades.

Summary

Trainees support changes to the surgical curriculum addressing perioperative medicine for older patients. Rollout of national training days and closer liaison with geriatricians is required to best manage the changing landscape in Urology.

Title of presentation

Outcomes and Quality of Life Assessment in Patients with High Grade Non-Muscle Invasive Bladder Cancer in a District General Hospital Setting

Authors

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Abstract

OBJECTIVE: Intravesical Bacillus Calmette–Guérin vaccine (BCG) is first line for high-grade (HG) non-muscle invasive bladder cancer (NMIBC), with primary cystectomy for significantly high-risk (sHR) disease. Treatment can, however, impact quality of life (QoL). Since 2012, the validated London Cancer Alliance (LCA) Holistic Needs Assessment (HNA) has been very effective in assessing QoL in cancer patients. We reviewed outcomes of BCG in HG-NMIBC (G2 HG and G3) and assessed patients' QOL.

METHODS: Retrospective analysis of 56 BCG patients was performed, validated alongside 11 cystectomy patients, and presented locally. Repeat analysis was then performed on 21 patients. 19 patients completed optional HNA forms.

RESULTS: Recurrence occurred in 20%, with 1 high-grade. No muscle invasive disease was identified on 2nd TURBT or post-treatment. 7(1%) patients stopped treatment early, due to side effects. Only 1(9%) sHR patient was upstaged on cystectomy histology. 10(52%) HNA patients stated low distress ratings (0-3). Highest distress ratings (7,8) were stated by 2 patients nearing the end of treatment. Emotional issues (worry, anxiety, anger) were reported as most significant. Side effects of the disease (difficulty passing urine) or treatment (fatigue, dry skin and mouth) were also often raised.

CONCLUSION: BCG treatment is successful for NIMBC in our institution, with high completion rates and good oncological outcomes (low recurrence or HG disease). QoL is high, but worsens with treatment progression. Clinical Nurse Specialists are best suited to address the emotional burdens and are an important member of the bladder cancer multi-disciplinary team. Follow-up prompt cards provided by LCA can help address concerns and provide robust pastoral care for patients.

Title of presentation

Freehand local anaesthetic transperineal biopsies: do we still need a systematic mapping biopsy?

Authors

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Abstract

Introduction:

The PrecisionPoint Transperineal (TP) Access System facilitates targeted and systematic sectoral "Ginsburg" TP biopsy in outpatients under local anaesthetic. We present the histological outcomes of targeted and systematic biopsies to determine if prostate cancer would be missed if only a target biopsy was performed.

Methods:

285 patients had targeted biopsies combined with mapping systematic sectoral biopsies at a single institution. Mean(range) systematic 24(5-42) and target 4.2(1-11) cores. MRI scans were reported using PIRADS v2. Histopathological results were correlated with the presence of an MRI abnormality within a spatial quadrant and the other adjoining or non-adjoining (opposite) quadrants.

Results:

Mean age was 66.8(36-80)years, median PSA 7.4(0.91-116)ng/ml and mean prostate volume 45.8(13-150)cc.

81%(230/285) were primary biopsies. 237/285(83%) of biopsies were positive with 83%(197/237) having clinically significant disease. 93 patients proceeded to RARP. Tolerability was good with 2 cases being abandoned due to vasovagal episodes.

There was histological concordance with the MRI reported positive quadrant in 227/237(96%). In 41/237(17%) the positive biopsies were confined to the quadrant containing the lesion (single focal quadrant). 101/237(43%) also had disease in 3 or all 4 quadrants (multifocal disease).

In 33/237(14%) the target biopsy was negative, but systematic biopsy revealed disease in the same quadrant. In 10/237(4%) target biopsy was negative, but cancer was found in an adjacent and/or opposite quadrant; of these, 2/10 had clinically significant disease.

Conclusion:

Systematic sectoral biopsy remains an essential tool in prostate cancer diagnosis. Target biopsy alone, even from the quadrant with an MRI lesion may under assess disease burden.

Title of presentation

En bloc resection for bladder tumours - an intention to treat analysis

Authors

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Abstract**Introduction & Objectives**

Transurethral resection for bladder tumour (TURBT) for non-muscle-invasive bladder cancer has many shortcomings as a cancer operation. To overcome these En-Bloc Resection (EBR) of the bladder tumour has been proposed. Whilst this technique is very promising, many series are reported 'per protocol' and subject to selection bias. It is therefore not clear from these series how transferable EBR is into routine clinical practice.

We carried out a prospective study with an 'intention to treat' by EBR on a unselected consecutive series of patients listed for TURBT at 2 institutions in order to establish how widely adaptable EBR is in routine clinical use and to better define its current limitations.

Materials & Methods

Two urologists at two teaching hospitals experienced at both TURBT and EBR prospectively set out to treat every patient listed for TURBT with EBR if possible. EBR was carried out using either standard monopolar or bipolar diathermy using a loop. Intra- and post operative data was collected prospectively including whether EBR was possible, size, papillary/solid tumour and multi-focality of tumour, whether the surgeon thought DM was obtained and any difficulties in evacuating the specimen. Comparison was made with post operative histology.

Results

All cases where cystoscopy and biopsy were carried out were excluded. Over a 6 month period a total of 35 procedures were carried out. Only 17/35 (49%) were carried out using EBR. The remaining 18 cases were deemed inappropriate for EBR and TURBT was carried out instead. The mean size of tumour removed by EBR was 2.33 cm (Range .7cm to 5 cm). 7/18 (39%) in the TURBT group and 3/17 (17%) in the EBR group were multifocal ($p=0.16$). 6/18 (33%) in the TURBT and 1/17 (6%) in the EBR group were solid/invasive looking ($p=0.04$). In the EBR group, the operating surgeon was sure DM was obtained in 16/17 cases (94%) but on pathological review DM was present in 10/17 (59%). There were problems evacuating the specimen following EBR. In 3/17 (18%) of cases, all with en-bloc specimens > 3cm. There were no Clavien-Dindo Grade II or higher complications in either group.

Conclusions

Whilst EBR represents a potential paradigm shift in the surgical management of NMIBC, in everyday practice it is suitable for around 50% of cases. The main technical challenge currently seems to be solid tumours and larger tumours >3cm. Whilst EBR seems technically feasible in tumours of up to 5 cm in size, currently tumours greater than 3cm appear to be difficult to remove in one piece. Surprisingly, although surgeons were confident that EBR obtained DM in virtually all cases, only 60% of the EBR specimens in fact contained DM. This study emphasises the importance of reporting new surgical techniques as intention to treat rather than per protocol.