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Aim: Sarcopenia is defined as the loss of skeletal muscle mass and strength.It has been correlated with decreased survival but the role of sarcopenia in penile cancer has not been extensively researched.We evaluated the association between sarcopenia and mortality rates as well as therapeutic complications in patients with metastatic penile cancer.
Method: The baseline lumbar skeletal muscle index (SMI= Lumbar level 3 Total Muscle Area cm2/height m2) of 38 patients with metastatic penile cancer was measured on the first staging computerized tomography images performed at the time of diagnosis.Sarcopenia was classified as an SMI<55 cm2/m2.
Result: Of 38 patients, 13 (34%) were identified as having sarcopenia.There was no significant difference in the mean age between patients with and without sarcopenia (mean 62 vs 60 years).Although the mortality rate was significantly higher in patients with sarcopenia (92% vs 60%), the median survival did not significantly differ (16 vs 17 months).
Conclusion: Mortality is significantly higher in patients with metastatic penile cancer and sarcopenia and further analysis is required to establish the true prognostic value of sarcopenia in patients with penile cancer.-However, this preliminary study shows that sarcopenia can be used as a risk stratification tool for patients with metastatic penile cancer.

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0622: UROLOGY REGISTRAR OF THE WEEK: HOW DOES IT IMPROVE PATIENT CARE?

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Aim: To assess the effect of urology registrar of the week (ROW) rota on patients requiring emergency urology surgery in terms of theatre waiting times, length of stay (LOS) and readmission rate. The original ROW rota introduced morning sessions free of elective commitments. The modified ROW rota (introduced in January 2015) increased this to both morning and afternoon sessions.
Method: This completing-the-cycle audit analysed a total of 180 patients in three monthly periods: pre-ROW, post-original ROW and post-modified ROW rota. Retrospective analysis was performed of our emergency theatre database and inpatient computer system.
Result: There was a total of 73 emergency operations (post-modified ROW) compared to 50 (pre-original ROW) and 57 (post-original ROW). This contributed to a 51% increase in use of emergency theatre. Average time from admission to theatre booking was reduced by 19%. Theatre booking to operation time was also reduced from 7 hours (pre-ROW) to under 5 hours (post-original ROW) and to 3 hours (post-modified ROW). LOS and readmission rates (within 30 days) remained comparable.
Conclusion: Despite increased emergency procedures, there is a correlation in improved patient care since the introduction of the modified ROW rota, with reduced theatre waiting times and comparable LOS and readmission rates.

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0661: LEARNING CURVE IN LAPAROSCOPIC PARTIAL NEPHRECTOMY; NORTHERN IRELAND SINGLE SURGEON EXPERIENCE

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Aim: To evaluate the learning curve for laparoscopic partial nephrectomy by a single surgeon.
Method: Retrospective review of first twenty-four (Group 1) and last twenty-four (Group 2) laparoscopic partial nephrectomy procedures performed by a single surgeon at one institution. Learning curve was evaluated by examining operative times, warm ischaemia time, estimated blood loss, postoperative eGFR and postoperative complications.
Result: There was a statistically significant (p=0.03) decrease in warm ischaemia time between initial procedures compared with later procedures; due to larger numbers of later procedures performed with zero ischaemia time. This did not result in increased EBL peri-operatively (p=0.606). Fewer procedures were converted to open in Group 2.
Minimal increase in mean tumour size was observed between the groups (p=0.94). There was little difference in nephrometry score; with similar complexity lesions performed in both groups. Operative time was similar in both cohorts (p=0.07).
4% of surgical margins were positive in the first cohort compared with 8% in second cohort. There was no difference in eGFR decline between the two cohorts. Complication rates remained low in both groups.
Conclusion: The learning curve of laparoscopic partial nephrectomy shows progression of technique towards zero ischaemia time, with no detrimental effect on oncological outcomes.

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0664: WHAT IS THE INCIDENCE OF UNSUSPECTING INCIDENTAL PROSTATE CANCER IN MEN UNDERGOING TRANSURETHRAL RESECTION OF PROSTATE?

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Aim: Despite a normal prostate specific antigen (PSA) and digital rectal exam (DRE), prostate cancer is still diagnosed following a transurethral resection of prostate (TURP) for suspected benign disease. More men are undergoing green light laser (GLL) ablation of the prostate without histological assessment, with the potential of missing incidental prostate cancer cases. We aimed to determine the rate of incidental prostate cancer in men undergoing a TURP for suspected benign disease.
Method: A retrospective review was performed on all patients who underwent a TURP in 2014 in a single centre. Patient demographics, preoperative DRE, PSA and transrectal ultrasound-guided (TRUS) biopsy, and TURP specimen histology and Gleason Score were recorded.
Result: 169 men without known prostate cancer underwent a TURP in 2014. 24/169 (14.2%) were found to have prostate cancer. 13 of those found to have prostate cancer had a PSA $\leq$5ng/mL.
Conclusion: In our population, the rate of incidental prostate cancer is 7.7%. All men undergoing a TURP should be counselled about the likelihood of incidental prostate cancer. We are potentially missing a substantial number of prostate cancer cases in those undergoing GLL and these patients should have follow-up PSA monitoring or biopsy.

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0685: IS THE REPATRIATION INTO THE COMMUNITY OF MEN WITH STABLE PROSTATE CANCER SAFE AND ACCEPTABLE TO PATIENTS AND GENERAL PRACTITIONERS?

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Aim: Prostate cancer patients often require life-long PSA surveillance. At our institution men with with stable prostate cancer are repatriated into community follow-up.
This study aimed to ascertain patients' experience of their community management as well as the views of their GPs.
Method: A telephone survey was conducted to assess patients' satisfaction levels, complications and preference for community or hospital follow-up. All patients repatriated between September 2009 and July 2012 were included. A further survey was sent to the GPs of these patients to assess their confidence in managing them.
Result: 77 out of 122 repatriated patients completed the survey. Median follow-up was 100 weeks. 94% were satisfied with their follow-up regime. 75% preferred to be followed up by their GP. There were no cases of disease progression attributable to repatriation. 41 GPs filled out surveys for 59