



Moderated Poster-1

Oncology

MP1-1:

HOSPITALIZATION AFTER TRANSRECTAL BIOPSY OF THE PROSTATE: A NATIONWIDE POPULATION-BASED INPATIENT VERSUS OUTPATIENT COMPARISON IN TAIWAN

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Purpose: The complications and hospitalization after transrectal biopsy of the prostate are increasingly concerned by patients and urologists. It remained unclear whether the incidence of complication after prostate biopsy at an inpatient basis is less than at an outpatient basis. The aim of the study is to compare complication rate the following inpatient versus outpatient prostate biopsy in Taiwan by analyzing the database of Bureau of National Health Insurance.

Materials and Methods: Both outpatient and inpatient information were retrieved from the database maintained in the Bureau of National Health Insurance in Taiwan. The claimed datasets between 1996 and 2008 based on systemic sampling of 1,000,000 registered subjects at 2005 were searched for patients with prostate biopsy by using series connection of benign prostatic hyperplasia or prostate cancer patients with the prostate biopsy procedure. The hospitalization rate and visiting rate of emergency room (ER) were recorded and compared between inpatient and outpatient bases.

Results: A total of 1155 inpatient and 308 outpatient patients received transrectal prostate biopsy. The age distribution did not differ ($p = 0.478$, chi-square test). The number of hospitalization between the inpatient and outpatient patients are 16 (1.36%) and 10 (3.25%), respectively ($p = 0.027$, chi-square test). The number of ER re-visit between the inpatient and outpatient patients are 36(3.11%) and 11 (3.51 %), respectively ($p = 0.688$, chi-square test). The reasons for hospitalization and ER re-visit of inpatient and outpatient patients are bleeding (11[0.95%] versus 3[0.97%], $p = 0.972$), infection (35[3.03%] versus 16[5.19%], $p = 0.066$), and lower urinary tract symptoms (6 [0.52%] versus 2[0.65%], $p = 0.784$).

Conclusion: The overall hospitalization and ER revisit rate is less at an inpatient basis than at an outpatient basis. The main causes are infection. Further study about the cost-effectiveness and predisposing factors are worthy to explore.

MP1-2:

THE PREVALENCE AND RISK FACTORS FOR SYNCHRONOUS PROSTATE CARCINOMA AND UROTHELIAL CARCINOMA: EXPERIENCE IN CCH

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Purpose: There were few reports regarding synchronous and simultaneous occurrence of prostate carcinoma and urothelial carcinoma. We were interested in this issue and perform the study for prevalence rate and risk factors in synchronous prostate carcinoma and urothelial carcinoma.

Materials and Methods: In this retrospective study between 2013–2015, patients admitted to Changhua Christian Hospital with diagnosed synchronous prostate carcinoma and urothelial carcinoma were included and

carefully reviewed. The final diagnosis of double cancer was identified by pathologic reports. The demographics and characteristics of patients or comorbidity were studied, as well as the prevalence rate of comorbidities and risk factors.

Results: A preliminary collection of 31 male patients were enrolled, and the mean age is 81.7 +/- 7.9 y/o. There were 35.5% patients noted with hypertension, with diabetes in the second place (22.6%), coronary artery disease and gout in the third place (19.4%), followed by lithiasis (12.9 %) and autoimmune disorder (12.9%). Most of the patients were more than 80 year-old.

Conclusion: Results of our study show that hypertension, diabetes, as well as gout were associated with prevalence of synchronous prostate carcinoma and urothelial carcinoma. However, further studies were needed.

MP1-3:

EFFECT OF PROSTATE SPECIFIC ANTIGEN AND ITS VARIATION IN QUALITY OF LIFE OF AMONG PROSTATE CANCER PATIENTS

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Purpose : Prostate cancer (PC) is one of leading male malignancies all over the world, including Taiwan. Several characteristics such as stage distribution, attitude to therapy modality, and response to androgen deprivation therapy may be different in Taiwan from western countries. Previous study has shown that treatment modality and sociodemographic factors are an independent determinant for quality of life (QoL). However, little is known about the impact of prostatic specific antigen (PSA) and its dynamic change in global quality of life in PC patients. Therefore, the aim of the study is to explore the effect of PSA on determinants of QoL in PC.

Materials and Methods: From January 2013 to April 2015, self-reported questionnaires, World Health Organization Quality of Life-BREF (WHOQOL-BREF), were randomly obtained from PC patients cancer at urologic outpatient clinic. The WHOQOL-BREF served as a tool for global quality of life assessment. Repeated measurements in same individuals may be utilized and collected at different times.

The association between each WHOQOL-BREF item and patients' variables including age, education, economic income, marital status, risk classification of disease status were analyzed using a mixed effect model. PSA value, log of PSA, trend of PSA variation of recent two times of lab data were also analyzed.

Results: A total of 330 patients and 666 person-times completed with the WHOQOL-BREF questionnaire, including localized disease ($n = 156$), locally advanced ($n = 43$), metastatic disease ($n = 131$). There was no significant association between disease risk status and other determinants, such as, education ($p = 0.59$), personal income ($p = 0.88$), marital status ($p = 0.27$), and cardiovascular comorbidity ($p = 0.55$) except patients' age ($p = 0.003$). Overall, the continuing PSA values significantly influence the physical domain of global QoL ($p < 0.001$). Increase in trend of PSA value demonstrate negative impact on psychological domain of global QoL

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($p < 0.02$) which was poor performance in facets of overall QoL(0.046), enjoying of life($p = 0.001$), meaning of life($p = 0.01$), time for leisure activity($p = 0.002$). However, log of PSA showed lack of impact in QoL.

Conclusion: Our data demonstrated the PSA values and trend of PSA value play an important role in determining QoL in Taiwanese PC patients. Which could provide information for clinician in decision making. The underlying reason is worth to explore in future.

MP1-4: PRIMARY CLEAR CELL ADENOCARCINOMA DERIVED FROM ENDOMETRIOSIS OF URINARY BLADDER

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Purpose: Clear cell adenocarcinoma was reported in some article before, and it is an uncommon lesion of urinary bladder cancer. However, to our knowledge, primary clear cell adenocarcinoma which was derived from endometriosis within urinary bladder is extremely rare. And we present our case who was diagnosed as primary clear cell adenocarcinoma which was derived from endometriosis in urinary bladder

Materials and Methods: A 53 y/o female went to our URO OPD due to intermittent hematuria, accompanied symptom including lower abdominal discomfort during mense. The Cystoscopy revealed urinary bladder dorm tumor. Biopsy result showed atypical epithelial proliferation. TURBT was arranged for this problem, the pathological result revealed clear cell adenocarcinoma surrounded by endometriosis. Due to this reason, gynecologist was consulted. Hysterectomy and oophorectomy was arranged. Pathological result showed benign transformation. Because of above finding, primary clear cell adenocarcinoma from urinary bladder endometriosis was diagnosed.

Results: Endometriosis was thought as benign lesion, however, malignant transformation had been revealed by some article. In this case, it may could be one evidence that urinary bladder endometriosis may become malignancy automatically. And persistent urine stimulation may be carcinogenesis to urinary bladder endometriosis.

Conclusion: Endometriosis of urinary bladder should be advised to follow up regularly because of the potential risk of malignant transformation. .

MP1-5: NEPHROGENIC ADENOMA AT URINARY BLADDER

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Purpose: Nephrogenic adenoma is a rare, benign disease of the urinary tract, usually as a response to chronic irritation or trauma. We report our clinical experience and review the literature.

Materials and Methods: From 2005 to 2015, 6 patients were diagnosed to nephrogenic adenoma at urinary bladder after transurethral resection (TUR). We retrospective reviewed and analyzed the characteristic of these tumors, presenting symptoms, and prognosis.

Results: There were 4 female and 2 male genders. Aged between 32 to 72 (mean 54) year-old. All patients have granulation or nodular lesion at bladder. Four patients presented with repeat hematuria, five patients had recurrent urinary tract infection. Three patients were associated with urothelial carcinoma. Two patients had long term Foley indwelling. Four patients persisted hematuria after TUR, consider recurrent disease. No mortality noted.

Conclusion: Nephrogenic adenoma is a rare and benign metaplastic lesion occurring in the urothelium. Recurrence rate is relatively high, so careful and long term regular follow-up is necessary.

MP1-6: RETROPERITONEAL SARCOMA: A SINGLE INSTITUTE EXPERIENCE WITH LITERATURE REVIEW

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Purpose: Soft tissue sarcoma (STS) accounts for less than one percent of all malignant tumors in adults. About 10–15% of adult STS are located in the retroperitoneum. Liposarcoma is the most common variant, more than 50%. Retroperitoneal sarcoma is a rare tumor and the surgical intervention is quite challenging due to its size, depth and easy recurrence. We retrospectively reviewed patients with retroperitoneal sarcoma in our hospital.

Materials and Methods: From 2010 to 2015, there are 34 patients with retroperitoneal sarcoma in Taipei Veteran General Hospital. We retrospectively reviewed their clinical data, stage, pathological features, treatment, recurrence rate, progression free and overall survival rate.

Results: Among 34 patients, 24 are males and 10 females. The mean age of the patients was 62.4 ± 10.6 (range 42–86). The mean tumor size was 19.0 ± 7.4 cm (range 5–38). As for histological subtypes, 7 were well-differentiated liposarcoma (20.6%), 23 were dedifferentiated liposarcoma (67.6%), 2 were round cells sarcoma (5.9%) and 2 were leiomyosarcoma (5.9%). All except one patient had tumor larger than 5 cm (T2b). One patient had lymphadenopathy and 3 had lung metastases at the time of diagnosis. Complete resections (R0) were of 44.1%, microscopic incomplete (R1) 41.2%, and grossly incomplete (R2) 14.7%. Twenty patients received combined resection of adjacent organs because of tumor adherence, mainly including kidney and colon. Median follow-up duration was 23.6 months. Twenty patients (58.8%) had local recurrence and seven patients (20.6%) had distant lung metastases. The mortality rate was 11.8%. The median progression free survival (PFS) and overall survival (OS) were 9.1 and 23.6 months.

Conclusion: Retroperitoneal sarcoma is a rare disease with high recurrence rate. Complete surgical resection is currently the standard treatment and combined resection of adjacent organs may be necessary. Patients who have dedifferentiated liposarcoma, incomplete resection with sparing of involved organs, or further necessity of chemotherapy tended to be more poorly prognostic.

Moderated Poster-2

other

MP2-1: EXPERIENCE OF AUGMENTED REALITY IN RETROPERITONEAL LAPAROSCOPIC SURGERY IN SHOW CHWAN MEMORIAL HOSPITAL

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Purpose: A new image-guided surgical system, with a computer-aided imaging-overlay system between the real-time laparoscopic view and a

Gender	Age	Symptom	Cystoscopy	Recurrent UTI	Malignancy	Foley	Persist hematuria
F	61	Hematuria	Nodular	Y	Y	N	Y
M	53	Asymptomatic	Nodular	N	N	N	Y
F	72	Asymptomatic	Nodular	Y	Y	Y	Y
F	53	Hematuria	Nodular	Y	Y	N	N
F	32	Hematuria	Granulation	Y	N	N	N
M	45	Hematuria	Irregular	Y	N	Y	Y