Conclusion: We believe that tumour edge biopsy should be standard practice at primary TURBT.

0813: DOES THE 2 WEEK WAIT REFERRAL PROCESS HAVE AN IMPACT ON BLADDER CANCER PROGNOSIS?
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The two week wait (2WW) pathway has been successful in reducing time to treatment for bladder cancer. However there are still a significant number of patients who present as emergencies with frank haematuria. We sought to establish whether there is a significant difference in prognostic indicators of bladder TCC at presentation between the patients referred to the 2WW haematuria clinic and those presenting as emergencies.

We performed a retrospective cohort study of patients referred with haematuria, comparing tumour stage and grade between patients referred as emergencies and to 2WW haematuria clinics. Only diagnoses of TCC were included.

354 patients presented to A&E with frank haematuria from September 2009 to September 2011. 67 had bladder TCC with 51 new diagnoses, whereas 146 TCCs were diagnosed through 2WW clinic. Of the emergency group 55% had muscle invasive tumours compared to 23% from clinic (p = <0.001). The same was true for tumour grade: 79% G3 as emergencies versus 54% from clinic (p = <0.001).

We found that patients with TCC that present as emergencies had far worse prognostic indicators at presentation. This supports the need for the inclusion of haematuria in the out of hours urology guidelines within the Acute Oncology Service.

0827: THE INTRODUCTION OF HOLEP TO A DGH: IMPROVED OUTCOMES FOR HOLEP AND CONCURRENT TURP PATIENTS
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Introduction: Both Holmium laser enucleation of the prostate (HoLEP) and TURP are recommended by NICE as surgical treatment options for symptomatic benign prostatic enlargement. Three years ago HoLEP was introduced to our institution alongside TURP. The aim of this study was to examine the effect of introducing HoLEP on: resection weight, length of stay (LOS) and transfusion rate, and also examine what impact this had on patients concurrently undergoing TURPs.

Methods: We retrospectively analysed all TURPs (TURP-08-11) and HoLEPs performed at our unit from the introduction of HoLEP in April 2008 to July 2011. We also analysed all TURPs in the 12 months preceding April 2008 to form a historical control (TURP-07).

Results: A total of 769 procedures were performed: 161 TURP-07, 425 TURP-08-11, and 183 HoLEP. The rate of transfusion was 5.5%, 2.2% and 1.6% in the TURP-07, TURP-08-11 and HoLEP groups, respectively. The median LOS for HoLEP was 3 days compared to 5.6 and 4.4 for TURP-07 and TURP-08-11, respectively.

Conclusion: The introduction of HoLEP alongside TURP has significantly reduced LOS and transfusion rates for all patients. HoLEP patients had the largest reductions, but notably TURPs done in an institution also performed HoLEP showed significant improvements in outcomes as well.

0880: MAPPING PROSTATE BIOPSIES DOES NOT INCREASE THE ACCURACY OF PROSTATE CANCER STAGING
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Aim: Performing a staging MRI in the presence of positive apical biopsies is a standard practice in many prostate cancer centres. We aimed to assess the value of mapping prostate biopsies.

Method: Data from 206 patients diagnosed with prostate cancer between January 2010 and September 2011 were retrospectively collected. Presenting PSA, clinical stage, Gleason score, apical positiveness and imaging results were analyzed using Chi square test on SPSS 20.

Results: One hundred and twenty seven of 159 patients with apical involvement and 29 of 47 without had an MRI of the pelvis, with extraprostatic disease found in 43 and 6 patients respectively (p = 0.186). This difference was not statistically significant even stratifying for PSA level and Gleason score. In multivariate analysis, the largest subgroup comprised patients with PSA ≤10 and Gleason 6 or 7, where again results were not significant (p = 0.516 and 0.525 respectively). Similarly, bone scan results were comparable, with 11 of 87 patients with positive apex and 2 of 18 with negative apex having bone metastases (p = 0.283).

Conclusion: Our data shows that mapping prostate biopsies and performing an MRI in the presence of apical involvement does not increase the accuracy of prostate cancer staging.

0918: THE ROLE OF AN ENHANCED RECOVERY PROGRAMME FOR PATIENTS UNDERGOING RADICAL CYSTECTOMY
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Aim: An Enhanced Recovery Programme (ERP) reduces hospital stay, and improves peri-operative complication rates in colonic resection patients. Its role in urological surgery however, has been the subject of debate. We examine the role of an ERP tailored to radical cystectomy at a tertiary centre.

Method: A retrospective review of 32 cystectomies (November 2009 - September 2011). 16 ERP cases (median age 69, range 56 - 76) were compared to 16 non-ERP cases (median age 69, range 65 - 80). Co-morbidities were quantified using the Charlson Co-morbidity Index (CCI). Outcome measures included time to oral nutrition, bowel action, mobilisation, discharge and complications.

Results: There was no statistical difference in CCI between the two groups. Median ERP discharge was day 14 (range 7 - 44) compared to day 18 (range 9 - 24) in the non-ERP patients. Median date of ERP patients achieving oral consumption was day 6 compared to day 8 in non-ERP patients. Similar results were observed with mobilisation and bowel action. There was no statistical difference in complications in both groups at 3 months (range 1 to 12).

Conclusion: Application of ERP to radical cystectomy has been successfully used. We demonstrate an improved recovery and earlier discharge.

0942: CAN ACUTE RENAL COLIC PRESENTATIONS BE ANTICIPATED DURING THE DAY? A PROSPECTIVE ANALYSIS OF CT-KUB SCANS IN A BUSY EMERGENCY DEPARTMENT
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Background: Renal colic is a common urological emergency and can place a large burden on limited health resources. At our institution if a renal colic is suspected a patient undergoes a CT-KUB in the Emergency department prior to referral. We aim to determine if the presentation of renal colic to the emergency department can be anticipated and therefore assist organisational planning.

Method: A prospective analysis of all suspected renal colic patients with a CT-KUB scan between August and December 2011 was undertaken. Recorded demographics, Urine dip, Time of CT-KUB and Stone size (if present).

Results: Data from 217 patients was recorded and 93 patients showed CT-KUB evidence of ureteric calculi. Most CT-KUB’s were performed between 1400-1600 (33/217) and least between 0200-0400 (11/217). The greatest number of calculi were diagnosed between 1000-1200 (9/93) and least 02-0400 (4/93). Overall, between 0800 and 2000, 169/217 (78%) CT-KUB requests were made and 69/93 (74%) stones diagnosed. An average of 18,6 calculi were diagnosed a month (12-24) from a monthly average of 42.4 CT-KUBs (33-52).

Conclusion: Suspected renal colic is less likely to present to the Emergency department during the night but a significant proportion of calculi and CT-KUB scans present at this time.

0967: THE SUCCESS AND LIMITATION OF ROBOTIC ASSISTED INTRAVESICAL URETERIC REIMPLANTATION
Jun-Hong Lim, Nicholas Gattas, Azad Najmaldin. Leeds General Infirmary, Leeds, UK. Robotic technology is increasingly being used in surgical procedures. We present our early experience of robotic intravesical ureteric reimplantation.

All children who had ureteric reimplantation from April to July 2011 were included in this prospective study. Patient demographics, indications for surgery, vesicoureteric reflux grade, total operating time and console time, reason for conversion to open surgery, timing of discharge and complications were noted.

8 ureters in 5 patients (age 26 months - 7 years) were operated. Reflux grade of 3 to 5 in all but 1 who had a symptomatic grade 1 following deflux
injection. One patient with obstructed meaguerater was converted to open technique because of limited working space and relatively large instruments. Mean total operating time was 225 minutes (range: 152-257) and console time 113 minutes (range: 80-150). All discharged on post operative day 1. There were no complications. Ultrasound scan and follow up in 1 and 4 months. This early experience support the view that robotic assisted intravesical reimplanation is feasible and safe. The ergonomic of tissue handling and suturing were easier, but greater technical challenges can arise from limited working space and size of instruments

0980: THE EVOLVING ROLE OF SIMULATORS AND TRAINING IN ROBOTIC UROLOGICAL SURGERY: WHICH ASSESSMENT TOOL TO USE?
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Aim: The evolution of minimally invasive urological surgery from conventional laparoscopy to robotic platforms has entered a new phase, with large numbers of surgical trainees wanting to learn robotic surgery. Currently, there is no consensus on robotic training. We reviewed the present status of robotic training to guide learning.

Methods: MEDLINE, EMBASE and the Cochrane Databases were searched from 1999 to 2011 for systematic reviews of randomised controlled trials, prospective observational studies, retrospective studies and case reports on assessment and training in robotic surgery.

Results: There were 40 papers found 2 longitudinal studies, 2 case-control studies with the rest editorials and commentaries on robotic surgery training/assessment. There is evidence that fellowship-trained robotic surgeons initially have superior results than non-fellowship-trained counterparts. There are no well-structured prospective studies that correlate the effectiveness of training with patient morbidity or mortality.

Conclusion: There is no consensus on the optimal tools to assess the impact of surgical trainees’ learning curves on patient outcomes. Fellowship training remains the most effective way to gain robotic competences. Studies are needed to provide guidance of robotic-skill acquisition. There are three validated robotic simulators but there is need for focused training and assessment pathway guidelines for robotic surgery training.

0995: UPPER URINARY TRACT UROTHELIAL CARCINOMA: PROGNOSTIC FACTORS
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Aim: Upper urinary tract urothelial carcinoma (UTUC) comprises approximately 10% of renal neoplasm. Minimally invasive endoscopic procedures are associated with high recurrent rate; therefore, radical nephro-urectomy (RNU) remains the gold standard. The aim of this study was to examine the oncological outcome of patients with UTUC following RNU.

Methods: We conducted a retrospective review of prospectively collected data on patients with UTUC underwent RNU from 2001 to 2005. SPSS statistical software programme was used for analysis.

Results: A total of 26 patients were treated over the study period with median age of 61 years and 17 of patients were of male gender. Lower ureteral tumours were of higher grade (pT3/pT4) compared to upper localisation (66.6% versus 38.4%) and were associated with increased rate of lymph node metastasis (33.3% contrast 18.3% respectively). Overall recurrence rate of 53.8% (n = 14) was observed in this cohort. Most of the cases were intravesical recurrence 64.2% (n = 9). Favourable oncological outcome was positively correlated with low grade cancer (pT1/pT2), absence of lymph node involvement and upper ureteral tumour (77%, 100% and 61.5 respectively; p < 0.05)

Conclusions: This study found that UTUC location and pathological stage are important prognostic factors. These results need to be validated with larger case series.

0997: TYPE OF ANASTOMOSIS: A COMMON VARIANT AFFECTING HOSPITAL STAY IN RADICAL PROSTATECTOMY?
Stephanie Guillaumier, Sarvpreet Ubee, Bhupendra Sarmah. Birmingham Heartlands Hospital, Birmingham, UK

Introduction: To assess if an interrupted or continuous anastomosis during open radical prostatectomy (ORP) affects the duration of post-operative hospital stay.

Materials and methods: 103 consecutive patients underwent an ORRP for localised prostate cancer between 2008 and 2011. 51 patients had interrupted type of vesico-urethral anastomosis (IRP) and the subsequent 52 had continuous anastomosis (CRP). Retrospective data collection was carried out on hospital stay, cystogram, catheter removal, number of lymph nodes excised and urinary continence.

Results: Median (Range) of lymph nodes excised was 6(1–23) in IRP and 6(1–19) for CRP. Median day for drain removal for IRP group was 3 and for CRP was 2. The mean hospital stay for IRP was 4 (4.63) and for CRP was 3 (3.32). 47/51 did not show leakage on cystogram in the IRP group. The mean (median) day for catheter removal was 12.1 (11). 46/52 did not show any leak on a cystogram in the CRP group and the mean (median) day for catheter removal was 13.1 (12). Continence was achieved in 6 months by 35/51 in IRP and 40/52 in CRP.

Conclusion: In our experience, continuous anastomosis in ORP appears to be a common variant affecting the post-operative hospital stay.

0998: EXPRESSION PROFILING OF RNA BASED MARKERS OF PROSTATE CANCER IN URINE AND TISSUE SAMPLES

Introduction: A critical challenge in prostate cancer (CaP) research is integration of molecular markers into routine clinical use. Differential microRNA (miR) expression is successfully differentiated CaP from normal tissue. Diagnostic potential also rests in the non-invasive quantification of other RNA species, such as CaP specific PCA3 transcripts and the TMPRSS2:ERG fusion gene mRNA in urine. Expression of CaP related miRs has not been detailed in urine.

Aims: (i) profile urinary expression of 13 miRs, definitively up-regulated in CaP, (ii) determine performance in CaP detection in conjunction with and compared to gold-standard urinary markers PCA3 and TMPRSS2:ERG

Methods: Relative quantification data on miR microarray analysis of 24 human prostate cell line samples identified over-expressed miR's, and validated in 85 FFPE tissue samples. Celluar and cell-free total RNA was isolated from 173 urine samples with suspected CaP PCA3 and TMPRSS2:ERG expression were quantified relative to PGK1 and miR expression calculated relative to 7–8 and miR429 by qRT-PCR.

Results: 45% of patients (78/173) have CaP. MiR-100 shows 7.9–13.25 fold upregulation in cancer cell lines and tissues relative to benign. Similarly miR-125, miR-24, miR-99a, miR-99b are over-expressed relative to benign. On this basis expression is under investigation using custom TLDAs in the urinary cohort.

1007: IS IT WORTH SAMPLING THE TRANSITIONAL ZONE IN TRANSRECTAL ULTRASOUND GUIDED BIOPSIES OF THE PROSTATE? RANDHAWA K, OBEIDAT S, PETTERSSON BA, POWELL CS. COUNTRESS OF CHESTER HOSPITAL
Karen Randhawa, Samer Obeidat, Bo Adrian Pettersson, Christopher Powell. Countess of Chester Hospital, Chester, UK

Aim: The aim of this study was to evaluate the clinical significance of additional routine transitional zone biopsies in patients undergoing transrectal ultrasound-guided prostate biopsies. Comparison was also made between Gleason grading for cancers found concurrently in both the transitional and peripheral zones.

Method: Between May and November 2011, one hundred and seventy-four transrectal ultrasound-guided prostate biopsies were performed, using a 12-core systematic approach with two additional transitional zone biopsies. A retrospective case note analysis was performed reviewing histology obtained from biopsies.

Factors assessed were: PSA level, number of cores, percentage of prostate cancer found in peripheral zone, transitional zone and Gleason grade of cancers present. Seven were excluded.

Results: Of 167 prostate biopsies performed, 81 patients (48.5%) were found to have prostate cancer. Two were transitional zone-confined of Gleason grade 4+3 and 3+3 respectively. In biopsies with concurrent zone