survival (PFS) defined as no biochemical relapse (two consecutive rises in prostate-specific antigen [PSA] with a velocity >0.4 ng/ml per year or PSA >1.5 ng/ml) and no additional treatment. Adverse events in terms of genitourinary and gastrointestinal toxicity were reported.

**Results:** The mean follow-up of the 121 patients was 32.7 months and total 11 patients underwent salvage radiotherapy. Six patients received SRT and hormone therapy. Five patients received SRT alone. 6-month progression-free survival was observed in total 6 patients receiving SRT and hormone therapy achieved. However, biochemical relapse was documented in two patients, 9.47 and 12.20 months after salvage treatment completed, respectively. Among 5 patients receiving SRT alone, two patients encountered treatment failure. There is 1 patient who had histologically proven local relapse. 6-month progression-free survival was observed in the other 2 patients. Salvage radiotherapy was discontinued on 1 patient, who developed grade 4 ileus after 2400 cGy of radiation. There was also 2 patients getting grade 3 gastrointestinal toxicity, bloody stool and anal ulcer with bleeding, respectively. Otherwise, gastrointestinal toxicity was low. All genitourinary toxicity are grade 1–2. Three patients had no genitourinary symptom.

**Conclusion:** In this preliminary study, combined radiotherapy and hormone therapy seemed provided satisfactory oncologic control after for salvage treatment after primary HIFU failure. Though genitourinary and gastrointestinal toxicity were usually low, Grade 3–4 toxicity was still noted. These results warrants further and longer investigation.

**MP6-2.**

**PSA FLARE IN METASTATIC CASTRATION-RESISTANT PROSTATE CANCER PATIENTS TREATED WITH ABRIRATERONE OR DOCETAXEL**

Hui-Ying Liu, Yuan-Chi Shen, Cheng-Jen Yu, Po-Hui Chiang. Division of Urology, Kaohsiung Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Taiwan

**Purpose:** The aim of this study was to assess PSA flare up phenomenon in the treatment of metastatic castration-resistant prostate cancer (mCRPC) patients with abiraterone or docetaxel and to correlate with clinical outcome.

**Materials and Methods:** We retrospectively evaluated 92 patients with metastatic castrate-resistant prostate cancer (CRPC) either treated with abiraterone or docetaxel at our institution. Baseline serum PSA levels were checked before treatment and followed by monitoring every 4 weeks in the group of abiraterone and every cycle in the group of docetaxel. The PSA flare phenomenon was evaluated. Clinical outcomes were evaluated to compare survival between groups of patients according to variations of PSA level.

**Results:** Of 92 patients, 73 patients received docetaxel therapy and 19 patients treated with abiraterone. They were classified into four groups: stabilization (PSA decline <50%), PSA progression, primary responder (PSA decline ≥ 50%), and flare-up phenomenon. Six patients (8.2%) got docetaxel therapy and two patients (10.5%) got abiraterone therapy were identified with PSA flare phenomenon. We compared the overall survival between group of PSA decline ≥ 50% with the flare-up group. There was no statistical difference in survival between two groups.

**Conclusion:** There is a considerable portion of mCRPC patients experience PSA flare under either abiraterone or docetaxel therapy. There was no statistical difference in survival between PSA responder and PSA flare-up phenomenon group. Patients should be informed of this effect to avoid early, and thereby inadequate, discontinuation of treatment.

**Materials and Methods:** We did a systemic search of the PubMed® and CiNii for all cases with the following keywords: cystoplasty, enterocystoplasty, ileocystoplasty, ileum, urinary diversion, and malignancy or bladder cancer. The additional records on this topic were identified from references cited in the selected articles and previous review articles on this topic. Two of the authors (CWL and SJC) independently did the literature search and data extraction. The parameters retrieved from the reports included baseline patient characteristics, latency period, indications for surgery, presenting symptoms and signs, histological type, locus of tumor, follow-up period and survival which were analyzed with commercial software (Medcalc®, version 9.3, USA).

**Results:** There were 41 articles selected and analyzed prudently with 56 cases included in the review. The reported incidence ranged from 0.9% to 5.5% in patients underwent ileocystoplasty. The average age was 53.0 ± 11.8 years old. Most malignancy occurred 15 years after ileocystoplasty (47/56, 83.9%) and the most commonly presenting symptoms were gross hematuria (60.0%). The locations of malignancy were mainly located at the ileobladder junction. Adenocarcinoma is most commonly observed histology among all cases (39/56) while urothelial carcinoma predominated in cases with neurogenic bladder (5/10). 17 of 45 patients (37.8%) presented with advanced disease and poor prognosis (median survival time was 6.0 months).

**Conclusion:** The systemic review revealed low incidence of post-ileocystoplasty malignancy with majorly poor prognosis. Yearly cystoscopy surveillance may not be indicated in case within 15 years post-operatively except symptomatic patients.

**MP6-4.**

**A PRELIMINARY REPORT: THE APPLICATION OF HO-YAG LASER IN TURBT WITH ENBLOC METHOD**

Chi-Wen Lo, Shang Jen Chang, Chang-Hsin Hsieh, Shei-Dei Yang. Divisions of Urology, Department of Surgery, Taipei Tzu Chi Hospital, New Taipei, Taiwan

**Purpose:** The traditional TURBT surgery still have several drawbacks include segmentation, catherization effect and easily disorientation. In here, we reviewed our patients receiving laser en bloc TURBT to compared the traditional TURBT with the feasibility, oncology outcome and complication rate.

**Materials and Methods:** We reviews patients newly diagnosed and received TURBT surgery in our hospital from 2011 to 2014. Patients who were loss of following up! under unresetable status were all excluded. The age, body weight, height and sex were all recorded. The number, grade and stage of tumor were all recorded. Also, the complication during the operation were also reviewed based on medical record.

**Results:** From 2011 to 2014, there were 10 patients received laser TURBT and 52 patients received traditional TURBT surgery. The detrusor muscle harvest rate was 91.6% in Laser TURBT group and 77.4% in traditional TURBT group (p = 0.44). The mean following time was 25.3 months (Median 23.1 months). The total recurrence rate was 11.9% (2/9) in Laser TURBT group and 22.4% (13/58) in T1a/T1c/T2 group. In comparison the recurrence rate in T1/Ta group, the detrusor muscle (+) group has lower recurrence rate in both laser TURBT group (25.0%) and traditional TURBT group (24.2%) than the detrusor muscle (−) group (40%). All the procedures have no complication recorded.

**Conclusion:** The application of laser with En-bloc method in TURBT is a good alternative which could increase the diagnosis accuracy and lower the recurrence rate.

**MP6-5.**

**COMPARISONS OF FUNCTIONAL OUTCOMES AND QUALITY OF LIFE AFTER NEOBLADDER RECONSTRUCTION: PROSTATE-SPARING CYSTECTOMY VERSUS RADICAL CYSTOPROSTATECTOMY**

Chiang Po Hui, Chen Po Yen. Kaohsiung Chang Gung Medical Center, Department of Urology, Taiwan

**Purpose:** To compare functional outcomes on erectile function, continence, voiding functions, and life quality among bladder patients underwent neobladder reconstruction after prostate-sparing cystectomy (PSC) and conventional radical cystoprostatectomy (RCR).