Purpose: We analyzed the perioperative data and outcome of the early cases who underwent robotic-assisted radical cystectomy with reconstructive surgeries at our hospital.

Materials and Methods: We included patients who underwent robotic-assisted radical cystectomy with reconstructive surgeries with ileal conduit and ileal neobladder during 2011 to 2014. All the procedures were performed by transperitoneal methods. Reconstructive procedures were performed with extracorporeal methods. Patients who underwent ileal neobladder reconstruction had a re-docking procedure to perform anastomosis with da Vinci Si Surgical System. Perioperative data such as age, gender, ASA score of the patients, operative time, estimated blood loss, blood transfusion, pathology, and surgical margin status were collected prospectively. Postoperative complications within postoperative 30 days were also collected prospectively for further analysis.

Results: Total 16 patients, 15 males and 1 female, underwent robotic-assisted radical cystectomy. Mean age was 62.7 ± 8.4 and mean ASA score was 2. Four patients underwent ileal conduit reconstruction and the other 12 patients had ileal neobladder reconstruction. Mean console time and operative time were 412 and 720 minutes, respectively. Median estimated blood loss was 390 mL (range from 100 to 2200 mL). Two (12.5%) patients underwent blood transfusion during operation. Mean nodal yield was 20 (range from 8 to 38) and 7 (43.8%) patients had lymph node metastasis. Only one (6.3%) patient had positive surgical margin. Mean postoperative hospital stay was 19.4 days. Clavien grade I, II, III, IV and V complications within postoperative 30 days were 0%, 18.8%, 6.3%, 0% and 0%, respectively. Rectal injury during the operation was noted in one patient and was repaired intraoperatively without any sequela.

Conclusion: Robotic-assisted radical cystectomy is a feasible and safe procedure for invasive bladder cancer. With experience, operative efficiency and outcomes will be improved.

PD1-5:
THE PREOPERATIVE FACTORS THAT AFFECT POSTOPERATIVE DOWN STAGING OF LOCALLY ADVANCED PROSTATE CANCER
Po-Hung Lin 1,2, See-Tong Pang 1, Ying-Hsu Chang 1, Chun-Te Wu 3, Cheng-Keng Chuang 3, Ching-Yi Liu 1. 1 Division of Urology, Department of Surgery, Chang Gung Memorial Hospital at Linkou, Taoyuan, Taiwan; 2 Graduate Institute of Clinical Medicine, Chang Gung University, Taoyuan, Taiwan; 3 Division of Urology, Department of Surgery, Chang Gung Memorial Hospital at Keelung, Keelung, Taiwan

Purpose: Currently preoperative tumor staging of prostate cancer is based on digital rectal examination and image study. The main treatment strategies of locally advanced prostate cancer are radiotherapy and radical prostatectomy. We aimed to investigate the preoperative factors that affected postoperative down staging of prostate cancer.

Materials and Methods: Between 2007 and 2014 patients who diagnosed as locally advanced prostate cancer, which defined as T3-4NOM0 stage, and received radical prostatectomy were enrolled into this study. Preoperative initial prostate specific antigen (iPSA), digital rectal examination (DRE) result, biopsy Gleason score, and unilateral or bilateral positive biopsy result were collected as variants. Postoperative tumor stage, Gleason score, prostate gland volume, positive margin and adjuvant therapy were recorded for analysis.

Results: Total 113 patients were enrolled into this study. Fifty-nine patients (52.21%) had postoperative down staging. Patients with lower iPSA level, lower Gleason score, negative DRE and unilateral positive biopsy are more likely to have down staging. All patients had favorable cancer control result.

Conclusion: Though image study is still the mainstay of preoperative staging of prostate cancer, we could combine with iPSA, DRE and biopsy Gleason score to predict the possibility of down staging to offer patient more treatment options. Radical surgery would still provide favorable cancer control for patients with locally advanced prostate cancer.

PD1-6:
THE LONG-TERM (10 AND 15 YEARS) SURVIVAL OUTCOME OF RADICAL PROSTATECTOMY FOR LOCALIZED PROSTATE CANCER IN TAIWANESE POPULATION
Chi-rei Yang 1, Hsi-chin Wu 1, Chao-hsiang Chang 1, Yen-chuan Ou 2, Chen-li Cheng 2. 1 Department of Urology, China Medical University Hospital, Taichung, Taiwan; 2 Division of Urology, Department of Surgery, Taichung Veterans General Hospital, Taichung, Taiwan

Purpose: Due to the lower incidence of prostate cancer in Asian countries, the number of surgical management of localized prostate cancer was limited in past three decades. Here we reported the long term follow up results of radical prostatectomy that was of performed in 1980s,1990s and early 2000s.

Materials and Methods: From Jan 1984 to March, 2005, 420 accumulate patients with localized prostate cancer underwent retropubic radical prostatectomy (rrp) in TVGH were under analysis for post operative outcome and long term follow up results. 87 % of them had followed at least 10 years or until to death. Patient’s age ranged from 42 to 79 with a mean age of 67.8. According Nccn Criteria, 144 (34%) patients were classified as low risk, 152(36%) intermediate risk and 124(30%) as high risk and very high risk. The time to progression, overall survival and disease—specific survival were calculated by using Kaplan Meier's life-table.

Results: The Overall 5,10 and 15 yrs survival were 94, 78 and 68%. The 5, 10 and 15 yrs PSA progression free survival were 68, 63 and 62 %. If the nodal metastasis patients was excluded the 10 years overall and progression free survival were 80% and 68.2 % respectively. The 5, 10 and 15 yrs disease-specific survival were 97, 92 and 90%. The 10 yrs overall survival for low, intermediate and high/very high risk patients were 85, 77 and 69 % respectively (p = 0.02). The 10 yrs PSA progression free survival for low, intermediate and high/very high risk patients were 94,61 and 26% (p=0.001). The 10 yrs disease specific survival for low, intermediate and high/very high risk patients were 98, 97 and 79 respectively (p<0.001).

Conclusion: This results showed higher rate (35 to 40 %) have biochemical rate following rrp, the majority of them were high or intermediate risk group. The overall survival 10 and 15 yr survival had around 10 % higher than expected life. Every few patients died of prostate cancer following rrp in long term follow up especially for low and intermediate group except high risk patients (20 %) and suggest future challenge of rrp for high risk group.

Podium-2
Pediatrics

PD2-1:
TISSUE PERFORMANCE OF BLADDER FOLLOWING STRETCHED ELECTROSPUN SILK FIBROIN MATRIX AND BLADDER ACELLULAR MATRIX IMPLANTATION IN A RABBIT MODEL
Lu-Jie Song 1, Jian-Wen Huang 1, Yue-Min Xu 1, Zhao-Bo Li 2, Sean V. Murphy 1, Yang Liu 4, Weixin Zhao 3, Xin-Ru Zhang 3, Qian-Qiang Liu 4, Wei-Dong Zhu 1, Qiang Fu 1, Yao-Peng Zhang 2. 1 Department of Urology, Shanghai Jiao Tong University Affiliated Sixth People's Hospital, Shanghai, 200233, China; 2 State Key Laboratory for Modification of Chemical Fibers and Polymer Materials, College of Materials Science and Engineering, Donghua University, Shanghai, 201620, China; 3 Wake Forest Institute for Regenerative Medicine, Wake Forest University Health Sciences, Medical Center Blvd, Winston Salem, North Carolina, 27157, USA; 4 Department of Urology, Weifang Medical University Affiliated Weifang People's Hospital, Weifang, Shandong, 261042, China

Purpose: To investigate the tissue performance of bladder following stretched electrospun silk fibroin matrix (SESFM) implantation compared to bladder acellular matrix (BAM) in a rabbit model.

Materials and Methods: Novel SESFM and conventional BAM were prepared, and their porosity and pore size distribution were measured. SESFM and BAM were separately transplanted into opposite walls of the bladder of 30 rabbits after stripping the bladder mucosa and smooth muscle (1.5×2.0 cm). At 2, 4 and 8 weeks post-op, the animals