

female subjects. The hazard ratio (HR) of hysterectomy in non-IC/BPS cohort compare with IC/BPS cohort is 2.932 (95% CI = 2.018–4.261,  $p = .000$ ) after controlling the age and five comorbidities by Cox regression analysis

**Conclusions:** Our results imply us that the incidence of hysterectomy was lower, instead of higher, in PBS/IC female patient after PBS/IC diagnosed in these matched subjects. That is, PBS/IC is a protective factor of hysterectomy for Taiwan female. The incidence of hysterectomy of PBS/IC female patient before PBS/IC diagnosed should be further investigated to clarify the relationship between PBS/IC and hysterectomy.

#### MP4-5: OUTCOMES OF LOW-RISK PROSTATE CANCER WITH ROBOTIC-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY IN OUR CENTER

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**Purpose:** In prostate cancer, very low-risk tumors are often managed well with active surveillance, low to intermediate-risk tumors generally respond well to localized treatment (surgery or radiation alone, brachytherapy with or without external-beam therapy). Intermediate to high-risk tumors often require multimodal therapy (surgery with radiation, or radiation therapy with hormonal therapy). All available treatments for prostate cancer carry a risk of complications, side effects, and other impacts to the patient's long-term quality of life. Therefore, some practice suggested active surveillance in low-risk patient to avoid over treatment and complication. However, new surgical technique and instrument development, there can decrease surgical complication and improve patient outcome. We present the outcome of low-risk prostate cancer with robotic-assisted laparoscopic radical prostatectomy (RALRP) in our institution.

**Materials and Methods:** From April 2012 to August 2015, 128 male patients with prostate cancer underwent RALRP in Chi Mei Medical Center. We follow the NCCN prostate cancer treatment guideline in our clinical practice. Patient characteristics, DRE, PSA, Gleason score, preoperative clinical staging, postoperative data and outcomes including final pathological staging, continence, potency, biochemical recurrence, postoperative complications and surgical margins were analyzed.

**Results:** Only 7 patients are low risk group, the rest of 121 patients are intermediate, high and very high risk group. The average age of the low risk patients was 65.3 years (47–73). Pre-op mean PSA was 4.65 ng/ml (1.8–5.59), only 2 patients had palpable hard nodule while DRE, Gleason score were (3+3) in 6 patients and (2+2) in 1 patient. Post operation pathology showed margin free in all 7 cases, but 4 patients up-staging to T2c,

5 patients had total Gleason score 7 points and 6 patients shift to intermediate risk group compare to pre-op evaluation. After 6 weeks of surgery, PSA decrease to  $<0.01$  ng/ml in all patient and during mean f/u times 19 months (9–33), no biochemical recurrence was noted.

**Conclusion:** Although pre-op are low-risk group, but we found that more than half of the patient showed up-staging and up-grading after operation. Due to the robotic assisted system development, less complication and better outcome can be expected. May by operation can provided better oncology outcome in low-risk prostate cancer patient.

#### MP4-6: ESWL POTENTIALLY IMPROVE RENAL FUNCTION IN UROLITHIASIS INTERVENTION. AN EXPERIENCE FROM SHOW CHWAN MEMORIAL HOSPITAL

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**Purpose:** Extracorporeal shock wave lithotripsy (ESWL), has been widely performed in symptomatic renal and ureter stones especially renal pelvis and upper ureter stone, with stone below 1.5 cm in size. Persist of non-symptomatic renal stone without management, may induce intermittent upper urinary tract infection which develop renal parenchymal injury and subsequently scar formation follow by impair renal function.

**Materials and Methods:** A retrospective studies from Department of Urology, Show Chwan Memorial Hospital.

A total of 133 patients whom were collected from January 2013 to October 2015.

The patients have underwent ESWL intervention for renal and ureter stone.

Long term stone impaction will induce recurrence urinary tract infection and finally renal scarring if untreated. We would like to compare the pre-ESWL and post-ESWL creatinine & eGFR data to predict whether regular ESWL intervention can improve the renal function.

**Results:** From over studies, we found that 70.7% of patients have obtained renal function improved after ESWL, whereas 29.3% patients had showed functioning decline as well.

**Conclusion:** ESWL in renal stone intervention is either essential or beneficial for symptomatic patients with recurrence upper urinary tract infection even in non-symptom and sign patients.