Introduction: This paper aims to expand on Partin's previous work by analysing the impact of radiological stage, Gleason scoring and percentage involvement seen in biopsy tissue, upon PSA scoring.

Methods: Data was collected retrospectively from a cohort of proven prostate cancer patients in North Wales diagnosed between October 2012 & October 2013. From 236 patients, ninety-eight had undergone the full staging investigations required for analysis.

Results: Results showed that PSA levels do not show predictable correlation with tumour severity across each prognostic measure. Increase in PSA from T0 to T2 tumours was not statistically significant, and was weakly significant when comparing T2 to T3 tumours (p<0.1). No statistical significance was seen when comparing PSA results from 1st, 2nd, or total Gleason scores. Although not statistically significant, the trend shows increasing PSA levels in patients with total Gleason scores from 6 to 8, before a steep decline at 9 & 10. Statistically significant PSA rises were seen with increasing tumour cell infiltration percentages when analysing both average involvement across bilateral biopsy cores (p<0.05) and maximum involvement in single cores (p<0.05).

Conclusions: In conclusion, the number of tumour infiltration in any volume of tissue appears to be the most significant factor influencing PSA levels.

0126: COOK RESONANCE METALLIC URETERIC STENT: CONTEMPORARY CLINICAL SERIES ASSESSING FEASIBILITY, SAFETY AND EFFICACY
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Methods: The Cook resonance metallic ureteric stent has been used as an alternative method to treat upper urinary tract obstruction. In this paper we assess the feasibility, safety and efficacy of this procedure.

Results: Overall, 39 Cook Resonance metallic ureteric stent insertions (stent units) were placed in 17 patients over the 3 year study period (Median age 62 years; range 45-90). Indications for stent insertion was retroperitoneal fibrosis (n=17), malignancy (n=11), and benign disease (n=11). Procedures were successful in all but one case, which required antegrade approach, due to migrated stent. Median duration of surgery was 28 mins (Range 12-90). Median radiation exposure was 764Gy/cm2 with an average X-Ray time of 3:22. Urosepsis occurred in 1 patient, and late complication occurred in only one case, resulting in hydronephrosis and was managed with nephrostomy insertion. Stent could not be tolerated in 2 stent units due to pain.

Conclusions: We have demonstrated that Cook resonance metallic stent insertion is feasible, safe and efficacious in cases of upper urinary tract obstruction.

0130: HOW THE WORLDWIDE SHORTAGE OF BCG (IMMUCYST) AFFECTED THE MANAGEMENT OF HIGH-RISK, NON-MUSCLE INVASIVE BLADDER CANCER IN A DISTRICT GENERAL HOSPITAL
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Introduction: This study investigated the recurrence rates of bladder cancer in those receiving BCG (Immucyst) prior to the shortage, how patients' management was affected during the shortage and the recurrence rates when an alternative type of BCG (OncoTICE) was introduced.

Methods: The study included 53 patients who received Immucyst between 2008-11, 40 patients whose management was affected by the shortage in 2012 and 39 patients who are currently being treated with OncoTICE. Data was collected retrospectively from patients' BCG treatment regime records, pathology reports and clinic letters.

Results: 38/53 (72%) of those receiving Immucyst developed recurrence from 2008-11. Of these 38 patients, 26 (68%) only received induction therapy. During the shortage, 40 patients were receiving Immucyst and 3 were newly diagnosed. 5/40 (12.5%) developed recurrence and were put on surveillance. 7/39 (18%) of those currently receiving OncoTICE have developed recurrence.

Conclusions: This study has shown that the BCG shortage did not significantly affect the management of our patients and has actually led to patients being treated with a clinically observed better-tolerated BCG therapy. It has been observed from the small numbers accrued so far that OncoTICE is associated with a lower recurrence rate.

0145: COMPARISON OF OFF-CLAMP PARTIAL NEPHRECTOMY AND ON-CLAMP PARTIAL NEPHRECTOMY: A SYSTEMATIC REVIEW AND META-ANALYSIS
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Introduction: To compare peri-operative and post-operative variables, surgical complications, oncological outcomes and renal outcomes of off-clamp partial nephrectomy and on-clamp partial nephrectomy.

Methods: A systematic search of the electronic databases, including MEDLINE, Embase and The Cochrane Library, The pooled estimates of tumour size, operative time, estimated blood loss, length of stay, overall complications, transfusion rates, urinary leaks, positive surgical margins and eGFR were calculated.

Results: Fourteen studies were included. There was no significant difference between off-clamp partial nephrectomy and on-clamp partial nephrectomy in terms of tumour size, operative time, estimated blood loss, length of stay, overall complications, transfusion rates, urinary leaks, positive surgical margins. Off-clamp partial nephrectomy was associated with a significantly lower reduction in eGFR than on-clamp partial nephrectomy (standardised mean difference: 0.27, 95% CI: 0.14–0.40, P < 0.00001).

Conclusions: Off-clamp partial nephrectomy may be associated with improved long-term renal outcomes when compared to on-clamp partial nephrectomy with no difference in peri-operative and post-operative variables, surgical complications and oncological outcomes. However, the meta-analysis was limited by the design of the underlying studies, and hence further work is needed in order to definitively establish whether off-clamp partial nephrectomy confers any advantage over on-clamp partial nephrectomy.

0148: THE ROLE OF CULTURAL BACKGROUND ON ATTITUDES AND MANAGEMENT OF LOWER URINARY TRACT SYMPTOMS: A COMPARATIVE STUDY BETWEEN UGANDA AND THE UNITED KINGDOM
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Introduction: Between Uganda and the UK: Establish the severity of lower urinary tract symptoms (LUTS). Compare attitudes towards LUTS. Compare management of LUTS.

Methods: Prospective data collection from 80 men aged 45-85 from a Ugandan hospital and 80 men from two UK hospitals using the International Prostate Symptoms Score (IPSS) survey along with a socio-demographic questionnaire. Data collected on age, medications, education level, occupation and distance travelled to hospital. Exclusion criteria: urological presenting complaint, catheter, urinary tract infection, neurogenic bladder, prostatectomy.

Results: There was no difference in age or severity of LUTS (p=0.9741) between the two groups. No Ugandan subjects received medical management for LUTS compared to 18% of UK participants. 87% of UK men with severe LUTS (IPSS 20-35) had a more severe quality of Life score of 4-6, which was significantly higher than the Ugandan group (60%) (p=0.0476). In patients with worse LUTS, no Ugandan men received medical management compared to 39% of UK men.

Conclusions: Cultural background and expectations play an important role in the management of LUTS, highlighting the importance of the patient's perception of symptoms. In addition, the contrasting access to urological services between Uganda and the UK is demonstrated.

0211: IS THE DAYCASE TURBT A REALISTIC POSSIBILITY IN THE DISTRICT HOSPITAL SETTING?

Introduction: 10,000 people are diagnosed with bladder cancer annually. A TURBT (transurethral resection of bladder tumour) is the mainstay of treatment. With greater demands on theatre time and an increasing drive to theatre efficiency we wanted to evaluate the possibility of the day case TURBT in our District Hospital. Nationally only 19.1% of TURBT's are performed as a day case against a 40% target.
Methods: Retrospective data for 100 elective TURBT performed in a non-day case setting between December 2012 and June 2013 was collected. Demographic data as well as preoperative tumour assessment, histology, first or recurrent surgery, total resected and length of stay was recorded.

Results: 43% of patients were discharged within 24 hours, increasing to 77% at 48 hours. Delayable urological interventions in tumour size and affected hospital stay. With mean larger resections in those admitted.

Introduction: High-grade (G3/Cis) non-muscle invasive (NMl) bladder cancer (BCa) has a significant risk of progression to muscle-invasive BCa. BCG or early cystectomy is the treatment option for these tumours. This study aims to determine the risk of BCG bladder-preserving therapy.

Methods: A retrospective analysis was performed on patients who underwent BCG or radical cystectomy for G3/Cis NMl BCa in our centre between Jan 1-2008 and Jan 1-2013. Our cancer database identified 319 new BCa.

Results: Sixty-eight patients, median (IQR) age of 72 (65-82) years had G3/Cis NMl BCa. Sixty-one received BCG, 7 underwent early cystectomy. During a median follow-up of 26 (13-46.5) months, 24/68 (35.3%) patients had recurrent disease: BCG group n=21/61 (34.4%), 3 patients proceeded to cystectomy; cystectomy group n=3/7 (42.9%), p=0.69. Two (3.3%) patients in the BCG group had a 2nd recurrence (one underwent cystectomy). Ten patients achieved: BCG group n=8/57 (14%); cystectomy group n=2/11 (18.2%) p=0.66. The Disease-Specific-Mortality (DSM) was: BCG n=7/57 (12.3%); cystectomy 1/11 (9.1%); p=1.00.

Conclusions: Following solely BCG treatment for G3 NMl BCa, 49/57 (86%) patients are alive, 40/57 (70.2%) are disease-free. The risk of recurrence requiring cystectomy following initial BCG is 4/61 (6.6%). BCG offers bladder-preserving treatment with a 70.2% disease-free survival.