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Non-Discussion Poster

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Oncology

NDP01:

LONG-TERM OUTCOME OF NEPHROURETRECTOMY IN DIALYSIS PATIENTS WITH UPPER TRACT UROTHELIAL CARCINOMA

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Purpose: Nephroureterectomy and bladder cuff resection is a standard surgical management for patients with upper tract urothelial carcinoma (UTUC). However, the long-term survival outcomes in dialysis patients is insufficient throughout literature.

The present study is the first large cohort study to discuss the outcomes of dialysis patients with upper tract urothelial cell carcinoma (UTUC) who received nephroureterectomy, with a long-term follow-up. These outcomes provide further evidence suggesting that nephroureterectomy with bladder cuff resection is a feasible strategy and providing effective oncological control of dialysis patients with UTUC in an experienced center.

To report the long-term outcomes of dialysis patients with upper tract urothelial cell carcinoma (UTUC) who received nephroureterectomy at a single institution over a 10-year period.

Materials and Methods: Patients who underwent nephroureterectomy between November 2003 and November 2013 were identified from National Cheng Kung University Hospital (NCKUH), a tertiary medical center in Taiwan. Outcomes were obtained via retrospective analysis of notes and electronic records. Overall survival (OS), cancer-specific survival (CSS) and recurrence-free survival (RFS) were estimated using Kaplan–Meier methods and grade-stratified differences were analyzed using the log-rank test.

Results: Between November 2003 and November 2013, 270 patients underwent nephroureterectomy of UTUC with a median age at diagnosis of 68 years. Median (range; mean) follow-up was 29 (2–120; 35.3) months. In total, 23.3% (n = 63) of the patients underwent dialysis. In general,

dialysis patients were younger, and had better pathological stage, tumor grade and lymphovascular invasion. The estimated OS in non-dialysis group and dialysis group were 70% and 84%, respectively, at 5 years, and 57% and 60%, respectively, at 10 years ($p = 0.2187$). The estimated mean RFS in non-dialysis patients and dialysis patients was 67.6% and 68.3%, respectively at 5 years.

Conclusion: In this present single center cohort study, nephroureterectomy in dialysis patients with UTUC was feasible and could provide effective oncological control.

NDP02:

EPITHELIOID ANGIOMYOLIPOMA OF KIDNEY—REPORT OF NINE CASES AND LITERATURE REVIEW

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Purpose: Several morphologic variants of Angiomyolipoma (AML) have been described in literature, including epithelioid, oncocytic, fat-predominant, smooth muscle-predominant, AML with sclerosing cysts and sclerosing types. Among these variant types of AML, epithelioid type is rare, and regarded as potentially malignant mesenchymal neoplasms. We reviewed our pathology database from January, 2008 to August, 2015, and 9 cases of epithelioid AML were found. Here we present their disease courses, and outcome.

Materials and Methods:

	Age/ sex	Tumor size (cm)	Initial symptoms	Comorbidity	Final diagnosis	Epithelioid cells (%)
1	12/ F	3 x 2.7 x 1.2	Asymptomatic		Epithelioid AML	100
2	54/ F	4.3 x 4.2x 4.0	Asymptomatic		Epithelioid AML	100
3	54/ F	15 x 12 x 8	Asymptomatic	Tuberous sclerosis	Epithelioid AML	100
4	78/ M	6 x 5.7 x 4.8	Asymptomatic		Epithelioid AML	100
5	42/ F	5.8 x 5.5 x 5	Asymptomatic		AML with focal atypical epithelioid cells	<50
6	34/ F	7.5 x 7 x 6	Asymptomatic		AML with focal epithelioid feature (20%) and atypia	20
7	73/ M	17 x 13 (in CT)	Lt flank pain for 6 months; BW loss 10 kg in 6 months	Cancer of stomach, pT1N0(0/40)M0, stage IA s/p RSG+Roux-en-Y, 2 years before renal tumor diagnosed	Malignant Epithelioid AML	100
8	54/ M	16 x 13 x 13	Palpable mass over abdomen	Lt adrenal pheochromocytoma, s/p adrenalectomy at the same time of Lapa. RN	Malignant Epithelioid AML	100
9	31/ F	14.5 x 11 x 10	Low grade fever, poor appetite for 2 months	Ankylosing spondylitis	Malignant Epithelioid AML	100

	Surgical procedure	Local invasion	Surgical Margins	LN metastases	Distant metastases	F/u (month)	Medical therapy	Outcome
1	Lt OPN	Nil	Free	Nil	(-)	40	Nil	Alive, NED; loss of f/u
2	Lt Lapa. RN	Nil	Free	Nil	(-)	76	Nil	Alive, NED
3	Lt ORN	Nil	Free	(+), deposits of classic AML	suspicious lung and bone lesions	10	Nil	Alive, doing well during follow-up period, with non-progressive lung lesions; loss of f/u
4	Rt Lapa. RN	Sinus fat	Free	Nil	(-)	3	Nil	Alive, NED
5	Rt Robotic PN	Nil	Free	(-)	(-)	23	Nil	Alive, NED
6	Rt OPN	Nil	Free	(-)	(-)	18	nil	Alive, NED
7	nil	stomach, pancreas, spleen, Lt adrenal gland	Nil	(+)	(+) Lung, Left thigh	5	Sirrolimus for 2 months	Died of disease progression
8	Lt lapa. RN	Renal sinus, collecting system and renal vascular	Free	(-)	(-)	2	nil	Alive, NED
9	Lt ORN + renal hilar LN dissection	Nil	Free	(-)	(+) Multiple lung mets, Lt adrenal gland, brain metastasis	16	Adjuvant therapy with Temsirolimus, sirolimus, chemotherapy	With brain, lung metastasis. Loss of follow-up after 16 months

* Abbreviations: LN, lymph node; Lt, left; Rt, right; OPN, open partial nephrectomy; ORN, open radical nephrectomy; lapa., laparoscopic; NED, no evidence of disease; AML, angiomyolipoma; RSG, radical subtotal gastrectomy

Conclusion: Among these 9 cases, 2 cases (22.2%) had distant metastases and eminent outcome. 3 cases with symptoms (flank pain, palpable mass, body weight loss) were all diagnosed as malignant epithelioid AML, indicating symptomatic renal tumor may need to be managed more cautiously as potential malignancies.

NDP03:

EXPLORE THE CHARACTERISTICS OF BLADDER FUNCTION OF THE PATIENTS WITH PELVIC ORGAN MALIGNANCY

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Purpose: The primary function of urinary bladder is for urine storage and voiding. Pelvic organ malignancy may deteriorate the originally normal bladder function via either neurogenic or myogenic way. The aim of this study is to compare urodynamic bladder dysfunction among the patients with different pelvic organ malignancies.

Materials and Methods: From January 2010 to June 2015, there were 640 patients eligible for urodynamic analysis. Patients were stratified into 3 groups based on cancer origins (prostate, bladder, and colorectum). The data including gender, age, clinical tumor staging, lower urinary tract symptoms or acute urinary retention, and the parameter values of urodynamic studies were compared among groups. SPSS 17.0.1 for Windows and Microsoft Office Excel 2007 were used for all statistical analysis.

Results: Pelvic organ malignancies included prostatic (40.9%), bladder (33.5%), and colorectal (25.6%) origin. Age ranged from 39 to 95 years (mean 72.93 ± 9.08 years). In uroflowmetry (525 cases), the mean ± standard deviation of maximal urine flow rate was significant lower in prostatic group (11.49 ± 5.53 ml/sec). In cystometrogram (115 cases), the first desire was more sensitive in bladder group (85.52 ± 49.78 ml); the cystometric capacity was obvious decreased in prostatic group (161.50 ± 94.29 ml); the maximum voiding pressure and compliance were significant lower in colorectal group (64.58 ± 50.09 cmH₂O).

Conclusions: Patients having pelvic organ malignancies may suffer from urination dysfunction. Urinary flow rate obvious decreased in prostate group, more hypersensitive bladder was found in bladder group and bladder dysfunction was poor in colorectal group. The physicians are encouraged to be aware of these urinary complications in patient with pelvic organ oncology.

NDP04:

THE PATTERN OF CALCIFICATION CAN PREDICT THE TYPE OF MALIGNANCY IN UPPER URINARY TRACT

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Purpose: In upper urinary tract (UUT), squamous cell carcinoma(SCC) and urothelial carcinoma (UC) are two different disease in its etiology, incidence and prognosis. I contrast to UC, the development SCC is believed to be more related to chronic inflammation of urothelial epithelium secondary to renal calculi. In this study, we investigated the relationship between calcification pattern and squamous neoplasm in upper urinary tract.

Materials and Methods: The study was approved by institutional review board. From 2000 to 2007, there are 373 patients with localized upper urinary tract malignancy receiving radical nephroureterectomy with bladder cuff excision (RNU) at Taichung Veterans General Hospital. Only patients having UC, UC with squamous differentiation (SqD) and SCC were enrolled. These patients' clinical and pathologic data were retrospectively reviewed. The calcification pattern in tumors was analyzed by computer tomography(CT). Among these, 62 patients' preoperative CT films were lost and they were excluded from the study. Finally, there were 232 pure

UC, 24 UC with SqD and 9 pure SCC(2.7%) patients. The differences of calcification pattern were analyzed by Fisher's exact test and chi-square test (Categorical variables). Continuous variables were assessed by Mann-Whitney-U (two categories) and Kruskal-Wallis tests (three categories)

Results: Computer tomography shows the rates of calcification change are 7.8% (18/232), 25.0% (6/24) and 55.6% (5/9) in UC, SqD and SCC, respectively. In SCC, the calcification tends to be bigger, and more numerous. In addition, all SCC patients had multifocal distribution of calcification while SqD and UC patients often had single calcification.

Conclusions: We can predict the type of tumor in upper urinary tract according to the calcification pattern at CT. When CT revealed multiple, dispersive and bigger calcification in the tumor, squamous cell carcinoma should be considered and the surgical field should be more extended.

NDP05:

VARIATIONS OF CLINICAL PRACTICE GUIDELINES BETWEEN CHINA AND TAIWAN IN ROBOT-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY

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Purpose: To explore the role of robot-assisted Laparoscopic radical prostatectomy (RALP) from the documented clinical practice guidelines (CPGs) between China and Taiwan.

Materials and Methods: The printed and online materials in guidelines for PCa from China and Taiwan were analyzed. We focused on the RALP treatment for PCa.

Results: The online guidelines for PCa by Chinese Urological Association (CUA) were available in 2011 (since 2007 as the first version). Taiwanese first version was available by Taiwan Cooperation Oncology Group (TCOG) PCa practice guidelines in 1999, the second edition in 2003, and the third edition in 2010. Normal range of prostate specific antigen (PSA) is defined from Chinese people data with age specific consideration in CUA, but not in TCOG. PCa Staging by AJCC 2002 is noted in CUA but by AJCC 2010 (the seventh edition) in TCOG. In treatment, RALP takes the advantage of less blood loss and blood transfusion rate compared with traditional approach in both CPGs. Some significant improvement in postoperative urinary control compared with traditional approach in TCOG but no conclusions in CUA. Better outcome in sexual function from RALP in TCOG but not in CUA. High installment cost is mentioned in both CPGs. No Definite evidence-based level of evidence or grade of recommendation is mentioned in both CPGs.

Conclusion: There are differences in staging system, merits of RALP treatment between China and Taiwan in CPGs. Also this limited study could do some help for the revision of the CPG in Taiwan. Asian urologists and oncologists are suggested to realize the differences at managing prostate cancer patients.

NDP06:

INFLAMMATORY MYOFIBROBLASTIC TUMOR OF URINARY BLADDER IN A PATIENT WITH HUMAN IMMUNODEFICIENCY VIRUS – A RARE CASE REPORT AND LITERATUR REVIEW

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Purpose: Inflammatory myofibroblastic tumor (IMT) is a rare tumor with a generally indolent, but sometimes aggressive behavior. It had been described in major organs. The first case of IMT of the bladder was reported in 1980. Until recent 15 years, IMT have gained a distinct entity with established characteristic features in pathological diagnosis. Reported literatures are limited in case report and case series. A systemic review article published in 2014 presented a total of 182 patients with IMT in urinary bladder. However, there is no related literature in patient with human immunodeficiency virus (HIV). Here, we report a HIV patient with IMT of the urinary bladder and discuss its clinical presentation, diagnosis and management.

Materials and Methods: A 45 year-old HIV infected man, came to our outpatient department due to painless gross hematuria with repeated