

Purpose: In upper urinary tract (UUT), squamous cell carcinoma (SCC) and urothelial carcinoma (UC) are two different disease in its etiology, incidence and prognosis. Due to paucity of the study in SCC, we treat it just as UC. However, we believe the therapeutic and following protocols for the two diseases are different. In this study, we compare the bladder recurrence rate in these two malignancies.

Materials and Methods: From January 2000 to December 2007, 327 patients were diagnosed as upper urinary tract malignancy. Their clinical and pathological characteristics were retrospectively reviewed. There were 294 pure UC (90.0%), 24 UC with squamous differentiation (SqD) (7.3%) and 9 pure SCC (2.7%) patient. These patients all received RNU initially. Kaplan-Meier method was used to estimate bladder recurrence free survival (RFS). The recurrence curve is compared by log rank test. The statistical significance was set as $p \leq 0.05$.

Results: The 5-year RFSs of bladder were 67.9%, 70.4 and 100% in UC, UC with SqD and SCC groups respectively. Pairwise comparison was done, and here was no significant difference in bladder RFS between two groups. The p-value of log-rank test comparing UC and SCC is 0.061. Although not statistically significant, there was a trend that patients with UUT-SCC had less bladder recurrence after initially operative management.

Conclusion: There was a statistical trend that patients with UUT-SCC had less bladder recurrence after initially operative management. It did not reach significance because of the small number of patients with SCC.

NDP079:

ANDROGEN-DEPENDENT PROSTATE CANCER CELLS INTO NON-ANDROGEN DEPENDENT PROCESS THE ROLE OF MICRORNA

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Purpose: To compare the observed androgen-dependent prostate cancer cells (LNCaP), transformed into a differential expression of androgen-independent prostate cancer cells (LNCaP -androgen independent) process microRNA explore high microRNA expression differences in the conversion process regulatory mechanisms may play its target genes.

Materials and Methods: LNCaP, anti-androgen drugs (high expression and low expression for 3 months LNCaP and LNCaP -androgen independent transformed into microRNA expression between cells, choose large differences in the use of Agilent to validate, and bioinformatics analysis, looking for differences in the expression of microRNA target gene. Luciferase reporter assay to demonstrate the use of the target gene does. This will take advantage of siRNA way to suppress or to increase the performance of high performance differences of microRNA, microRNA to confirm the high performance difference does affect the formation of androgen-independent prostate cancer cells

Results: Under the gene chip can get more than 100 have differences in microRNA, but we only pick the difference more than 10 times higher than the microRNA analysis to identify prostate cancer cells are most likely to affect the transition from androgen-dependent a non-androgen dependent microRNA. We found miR-221 is the highest performance microRNA.

Conclusion: The miR-221 is one of the highest performance difference does affect the formation of androgen-independent prostate cancer cells.

NDP080:

ADULT WILMS' TUMOR: SINGLE INSTITUTION EXPERIENCE AND REVIEW OF LITERATURES

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Purpose: Wilms' tumor (nephroblastoma) is the most common solid primary renal malignancy in children but extremely rare in adult population.

We present single institution experience of adult Wilms' tumor in order to assess the clinical characteristics, radiological features, and surgical prognosis.

Materials and Methods: A retrospective review was carried out to investigate the patients with adult Wilms' tumor at the Tri-Service General Hospital during a 45-year period (1970 - 2014). Seven patients ≥ 16 years old (one female and six male; median age at the time of diagnosis of 24 years; range 24 - 48 years) were staged according to the National Wilms' Tumor Study (NWTs) staging system as follows: 3 patients had stage II disease, 2 patients had stage III disease and 2 patients had stage IV disease

Results: The most common presentation is flank pain (57%) followed by palpable mass (43 %). Only one patient presented with gross hematuria. Four patients underwent renal arteriography which all disclosed irregular, tortuous vessel pattern with faint tumor stain. All patients underwent radical nephrectomy (one hand-assisted laparoscopic nephrectomy and 6 open transperitoneal nephrectomy). Two patients developed lung metastases after radical surgery. All but one patient received multimodal therapy, including surgery, chemotherapy and radiation therapy. The mean disease-free survival is 81 months. Three-year and five-year survival rate is 60 % and 50 % separately.

Conclusion: Selective renal arteriography provides valuable diagnostic hint in adult Wilms' tumor. Using multimodality therapy, improved prognosis could be achieved.

NDP081:

EFFICACY OF SWITCHING THERAPY OF LUTEINIZING HORMONE-RELEASING HORMONE ANALOGUE FOR ADVANCED PROSTATE CANCER

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Purpose: To determine the efficacy of switching therapy with a second LHRH analogue after PSA progression for advanced prostate cancer.

Materials and Methods: Between December 2005 to September 2013, there were 200 patients with nodal positive, metastatic prostate cancer or disease progression after definite treatment receiving continuous LHRH analogues therapy with monthly Depot leuporelin (sc) acetate 3.75mg/vial (LA) or Goserelin acetate (sc) 3.6mg /vial (GA). If the patients had castration resistant prostate cancer, the treatment choice of switching therapy (LA to GA or GA to LA) before entering chemotherapy was given. The LH, testosterone level and PSA change were recorded.

Results: 127 patients receiving LA as initial ADT therapy and the other 73 patients were in GA therapy. A total of 92 patients (54 patients got LA to GA and 38 got GA to LA) got LHRH analogue switching therapy. The effect of LH and testosterone reducing before and after switching therapy was comparable between two groups and the increasing PSA level after three-months treatment was seen in both groups (median PSA: 15.7 to 67.7ng/ml in LA to GA group and 15.2 to 71.4ng/ml in GA to LA group).

Conclusion: Switching therapy for patients with PSA progression after ADT has no efficacy of further PSA decrease.

NDP082:

FUNCTIONAL OUTCOME PREDICTION AFTER PARTIAL NEPHRECTOMY USING R.E.N.A.L NEPHROMETRY, PADUA CLASSIFICATION AND CENTRALITY INDEX SCORE

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Purpose: Several scoring system have been proposed to quantify surgical complexity, and provide insight into expected perioperative and post-operative surgical outcomes following partial nephrectomy. However, it is still unclear that which of the scoring system has better outcome in predicting functional outcome after partial nephrectomy. In the present study, we assess the use of R.E.N.A.L., PADUA and centrality index scores to predict the renal function for patients who underwent partial nephrectomy.