CHOOSE XGEVA® TO REDUCE YOUR PATIENTS’ RISK OF BONE COMPLICATIONS*†1


* Bone complications: skeletal-related events (pathological fracture, radiation to bone, spinal cord compression or surgery to bone) in adults with bone metastases from solid tumours.
† XGEVA® significantly reduced the risk of first and subsequent SREs by 18% vs. zoledronic acid in a head-to-head study. Accounted for all skeletal events over time; only events occurring ≥21 days after the previous event were counted.

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Composition:
Each vial contains 120 mg of denosumab in 1.7 ml of solution (70 mg/ml) (EU/1/11/703/001-2).

Delivery form: packaging as a single dose or four-dose pack.

Pharmacotherapeutic group: drugs for the treatment of bone diseases - other drugs affecting bone structure and mineralization, ATC code: M05BX04.

Indications:
Prevention of skeletal-related events (pathological fracture, radiation to bone, spinal cord compression or surgery to bone) in adults with bone metastases from solid tumours.

Contraindications:
Severe, untreated hypocalcemia. Hypersensitivity to the active substance or to any of the excipients.

Special warnings and precautions for use:
Supplementation with calcium and vitamin D is required in all patients unless hypercalcemia is present. Hypocalcemia must be corrected prior to treatment. Hypocalcemia can occur at any time during therapy with XGEVA and most commonly occurs within the first 6 months of dosing. Patients with severe renal impairment (creatinine clearance <30 ml/min) or patients receiving dialysis are at greater risk of developing hypocalcemia. In the post-marketing setting, severe symptomatic hypocalcemia has been reported. In the post-marketing setting, severe symptomatic hypocalcemia has been reported. Patients with severe renal impairment (creatinine clearance <30 ml/min) or patients receiving dialysis are at greater risk of developing hypocalcemia.

Osteonecrosis of the jaw: osteonecrosis of the jaw (ONJ) has occurred in patients treated with XGEVA. In clinical trials, the incidence of ONJ was higher with longer duration of exposure. A dental examination with appropriate preventive dentistry should be considered prior to treatment with XGEVA in patients with active dental and jaw conditions.

Adverse reactions:
Very common: dyspnea, diarrhea.
Common: hypocalcemia, hypophosphatemia, tooth extraction, hyperhidrosis, osteonecrosis of the jaw. Rare: hypersensitivity to the drug, anaphylactic reaction, atypical femoral fracture.

Based on SmPC 24 October 2013.

Amgen B.V., Breda, Minervum 7061, 4817 ZK BREDA, tel. 076-5732500.

For more information, see the registered product information. This product information is regularly updated. Detailed information on this medicine is available on the European Medicines Agency website: www.ema.europa.eu.

EAU congresses and courses are accredited by the EBU in compliance with the UEMS/EACCME regulations.

Join the conversation #EAU14
Xofigo® is an alpha particle-emitting pharmaceutical that is indicated for the treatment of adults with castration-resistant prostate cancer (CRPC), symptomatic bone metastases and no known visceral metastases.1

Introducing Xofigo® (radium Ra 223 dichloride)

Improve survival. Target bone metastases.

The first agent to extend overall survival by targeting bone metastases in CRPC1,2

- 30% reduction in the risk of death vs placebo3
- 3.6-month increase in median overall survival vs placebo (14.9 months vs 11.3 months; HR=0.695; 95% CI: 0.581-0.832)4
- 5.8-month delay in median time to first symptomatic skeletal event vs placebo (15.6 months vs 9.8 months; HR=0.66; 95% CI: 0.52-0.83)5
- 1 minute intravenous injection every 4 weeks for 6 injections6

Essential Information

Xofigo® 1000 μCi/mL solution for injection (Refer to full Summary of Product Characteristics before prescribing).

- Composition: Active ingredient: radium Ra 223 dichloride (radium-223, 90% pure), corresponding to 0.23 μCi of radium-223 at the reference date. Each vial contains 6 μCi of solution (0.08 μCi radium-223 dichloride at the reference date).
- Indication: Treatment of adults with castration-resistant prostate cancer, symptomatic bone metastases and no known visceral metastases. Xofigo® should be administered only by persons authorized to handle radiopharmaceuticals in designated clinical settings.
- Contraindications: There are no known contraindications.
- Warnings and Precautions: Bone marrow suppression, notably thrombocytopenia, neutropenia, anaemia and pancytopenia, has been reported. Haematological evaluation of patients must be performed at baseline and prior to every dose. In case there is necessity to reduce the volume in the bloodstream, intravenously administered. In patients pretreated with bisphosphonates and Xofigo®, an increased risk of development of osteonecrosis of the jaw (ONJ) cannot be excluded. In the phase III study, cases of ONJ have been reported in 0.7% patients (46/6600) in the Xofigo arm compared to 0.33% patients (19/5670) in the placebo arm. However, all patients with ONJ were also exposed to prior or concurrent bisphosphonates and prior chemotherapy. Xofigo® contributes to a patient's overall long-term cumulative radiation exposure and therefore may be associated with an increased risk of cancer and hereditary defects. No cases of Xofigo-induced cancer have been reported in clinic trials in follow-up of up to three years. Depending on the volume administered, this medicinal product can contain up to 2-55 mCi sodium per dose.
- Adverse effects: Very common: thrombocytopenia, diarrhoea, vomiting, nausea, common neutropenia, pancytopenia, haemorrhage, injection site reactions, chills, myelosuppression.
- Classification for supply: Medicinal product subject to restricted medical prescription. No general reimbursement. ATC code: V08DA03.
- Marketing Authorisation Holder: Bayer Pharma AG, 13342 Berlin, Germany.
- Date of revision of the underlying Prescribing Information: November 2013

This medicinal product is subject to additional monitoring.

References: 1. Xofigo® (radium Ra 223 dichloride) solution for injection Summary of Product Characteristics (SmPC), Bayer Pharma AG, 13342 Berlin, Germany, 2013.
3. Xofigo® (radium Ra 223 dichloride) solution for injection prescribing information. Bayer Pharma AG, 13342 Berlin, Germany.
10. REFERENCES AND OTHER RESOURCES: Available on request from Bayer Pharma AG.

lialur® Prefill

Sterile solution of sodium hyaluronate (1.6% - 800mg/50 ml) and chondroitin sulphate (2% - 19g/50 ml) in 50 ml Pre-filled syringes with Luer-Lock Adapter. For intravesical instillation.

The early report of the GAG layer by sodium hyaluronate and chondroitin sulphate might avoid the chronic evolution of bladder inflammation.10

In clinical studies lialur® demonstrated to reduce urinary frequency, urinary urgency, bladder discomfort and improve quality of life in patients with BPS/CIDS.11

In patients with recurrent urinary tract infections (UTIs), the intravesical instillations of lialur® significantly reduced the incidence of infections compared with patients in the placebo group9 those under antibiotic prophylaxis.12

www.ibsa-international.com
Nobody needs convincing that social media is useful, popular and very effective. Twitter is especially handy when it comes to professional use: news and comments spread fast and we get commentary from opinion leaders as if in our own mailbox. It feels personal and global at the same time.

At the EAU we are very happy to use social media: it allows us to hear first-hand what we are doing right and what needs to be improved. It allows us to offer another way for our members to talk with each other, build networks, and – at the time of the congress – form and share common memories!

Twitter will be an integral part of #EAU14: we will put up monitors throughout the venue and make sure that all our chairman have an iPad with a relevant Twitter feed: we believe that the scientific discussion in the session rooms can feed the discussion in the digital space, and vice versa. We will be selecting best tweets of the day and announcing the winners to the whole wide world!

And, to reward the most successful and dedicated effort, we will also be giving away an iPad Mini to the person whose #EAU14-tagged tweet will be “favourited” the most.

Still not convinced? Here are all the reasons why you should join the #EAU14 discussion in a list!

1. Win an iPad Mini – all you need to do, is to tweet something that everybody loves. Get the most favourites for your tweet, and that iPad is yours!
2. You will follow all the discussions of the congress online – an open and very stimulating environment.
3. Make yourself heard – not just by the EAU – the entire international urological community will be all ears!
4. Make friends – in the ether but also in real. You can even meet up for a coffee right there and then.
5. We will be posting all the latest announcements, updates, and special offers on Twitter – you don’t want to miss them!
6. Get your 15 minutes of fame! We will be selecting best tweets of the day and letting everybody know who our heroes are!
7. Have fun! The congress is a serious event packed with information. It is great to tap into the informal side of the congress – and Twitter is where it all happens!

Don’t know how to start? Here is a video that explains it all: http://www.youtube.com/watch?v=J0xbjIE8cPM

Seven reasons why you should be on Twitter for #EAU14

Compete for the most ‘favourited’ tweet and win an iPad Mini

Next to #eau14, we will be using these hashtags to let the whole medical social media community know that the congress is on! Use the relevant hashtag when you talk about a specific topic – and spread the word about the EAU Congress science:

#urology #oncology #infections #andrology #RCC #PCa #pediatricurology #femaleurology #reconstructive #bpe #urointernational #kidneystones #transplantation #basicresearch #urotechnology #BCa #OAB #urothelialCa #neurourology

Urology experts are already on Twitter - join the conversation!
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Dear friends and colleagues,

It is our pleasure to welcome you to the 29th Annual EAU Congress in Stockholm. The city receives us for the third time as trusted witness to the growth and development of the EAU, and its continuous stride for innovation in the urological field, both in Europe and around the world.

The scientific programme will present the most exciting and up-to-date developments and new technologies. It will also provide extensive opportunities for professional development, in the shape of courses, lectures and debates, under the guidance of European and international experts. All classes and activities are designed to ensure the EAU and its members are at the forefront, with innovative techniques, the most current data and emerging diagnostic and risk-assessment strategies in the management of urological disease. It will also be the opportunity to showcase the updated EAU Guidelines.

This year’s congress promises to be a platform for the advancement of the field of urology, as well as for collaboration among all healthcare professionals, research scientists, academics and industry experts, to ensure our goal of delivering quality health care to all urological patients.

As we approach our fourth decade of working to link urological specialists and other medical professionals, all that is left is to thank you in advance for your support, the experience and ideas you always bring to this yearly event. Välkommen till Stockholm, and to the 29th Annual EAU Congress!

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EAU members are kindly invited to collect the following complementary items:

**EAU Pocket Guidelines**
The Pocket Guidelines can be collected at **OLYMPUS booth B03:31**.
*The distribution is supported by OLYMPUS*

**EAU members** are kindly invited to the **EAU booth B13:49** to collect the following complementary items:

**EAU Extended Guidelines**

**De Historia Urologiae Europaeae Vol. 21**
This year marks the 21st edition of *De Historia Urologiae Europaeae*, the EAU History Office’s annual edited volume of Europe’s urological history. Beside the regular contributors from the History Office, newcomers tackle a broad range of fascinating topics.

**Congress delegates** are kindly invited to collect the following complementary items:

**EAU Abstract CD 2014**
A CD containing all presented abstracts during the 29th Annual EAU Congress can be collected at **FERRING booth B01:29**.
*Supported by an unrestricted educational grant from FERRING PHARMACEUTICALS*

**ESU Courses CD 2014**
A CD including all presentations and course materials of the ESU Courses given during the congress can be collected at **MILLENIUM: The TAKEDA Oncology company, booth B02:31**.
*Supported by an unrestricted educational grant from MILLENIUM: The TAKEDA Oncology Company*

**EAU Posters DVD 2014**
A DVD containing posters presented during the 29th Annual EAU Congress. The EAU Posters DVD can be collected at **AMGEN booth B06:21**.
*Supported by an unrestricted educational grant from AMGEN*
EAU Award Winners

**EAU Willy Gregoir Medal 2014**  
For a significant contribution to the development of the urological specialty in Europe  
M. Pavone-Macaluso, Palermo, Italy

**EAU Frans Debruyne Life Time Achievement Award 2014**  
For a longstanding and important contribution to the activities and development of the EAU  
L. Denis, Antwerp, Belgium

**EAU Crystal Matula Award 2014**  
For a young promising European urologist  
S.F. Shariat, Vienna, Austria  
Supported by an unrestricted educational grant from LABORIE

**EAU Hans Marberger Award 2014**  
For the best European paper published on Minimally Invasive Surgery in Urology  
C. Netsch, Hamburg, Germany  
Complications and Early Postoperative Outcome in 1080 Patients After Thulium Vapoenucleation of the Prostate: Results at a Single Institution  
A.J. Gross, S. Knipper, J. Hözel, T. Bach (Hamburg, Mannheim, Germany)  
Supported by an unrestricted educational grant from KARL STORZ GMBH & CO.KG

**EAU Innovators in Urology Award 2014**  
For inventions and clinical contributions which have had a major impact on influencing the treatment and/or diagnosis of a urological disease  
R. Gaston, Bordeaux, France

**EAU Prostate Cancer Research Award 2014**  
For the best paper published on clinical or experimental studies in prostate cancer  
Z. Culig, Innsbruck, Austria  
Epithelial-to-Mesenchymal Transition Leads to Docetaxel Resistance in Prostate Cancer and Is Mediated by Reduced Expression of miR-200c and miR-205  
Supported by an unrestricted educational grant from the FRITZ H. SCHRÖDER FOUNDATION

**Prize for the Best Paper published on Fundamental Research in the Urological Literature**  
Identification of TDRD1 as a direct target gene of ERG in primary prostate cancer  

**Prize for the Best Paper published on Clinical Research in the Urological Literature**  
Mapping of Pelvic Lymph Node Metastases in Prostate Cancer  

**Prize for the Best Scientific Paper published in European Urology**  
J. Oddens, M. Brausi, R. Sylvester, A. Bono, C. v.d. Beek, G. V. Andel, P. Gontero, W. Hoeini, L. Turkeri, S. Marreaud, S. Collette, W. Oosterlinck (’s-Hertogenbosch, Maastricht, Amsterdam, The Netherlands; Brussels, Ghent, Belgium; Modena, Varese, Torino, Italy; Vienna, Austria; Istanbul, Turkey)  
Final Results of an EORTC-GU Cancers Group Randomized Study of Maintenance Bacillus Calmette-Guéрин in Intermediate- and High-risk Ta, T1 Papillary Carcinoma of the Urinary Bladder: One-third Dose Versus Full Dose and 1 Year Versus 3 Years of Maintenance  
European Urology, Volume 63, Issue 3, March 2013, Pages 462-472  
Supported by an unrestricted educational grant from ELSEVIER
Prize for the Best Scientific Paper published on Fundamental Research in European Urology® by a young urologist (max. 35 years)


Indium-111–labeled Girentuximab ImmunoSPECT as a Diagnostic Tool in Clear Cell Renal Cell Carcinoma

European Urology, Volume 63, Issue 6, June 2013, Pages 1101-1106

Supported by an unrestricted educational grant from ELSEVIER

Prize for the Best Scientific Paper published on Clinical Research in European Urology® by a young urologist (max. 35 years)

M. Popiolek, J.R. Rider, O. Andrén, S. Andersson, L. Holmberg, H. Adami, J. Johansson (Boston, United States of America; Örebro, Uppsala, Sweden)

Natural History of Early, Localized Prostate Cancer: A Final Report from Three Decades of Follow-up


First Prize for the Best Abstract (Oncology)


Molecular classification of T1 urothelial bladder cancer identifies high-risk subtypes

Second Prize for the Best Abstract (Oncology)


Benefit of three-dimensional printing in robotic laparoscopic renal surgery: Tangible surgical navigation using a patient-based three-dimensional printed kidney

Third Prize for the Best Abstract (Oncology)


Combination therapy with sunitinib and 177-Lu-girentuximab in RCC

First Prize for the Best Abstract (Non-Oncology)


Pre-clinical and clinical translation of a tissue engineered neo-urinary conduit using adipose derived smooth muscle cells for urinary reconstruction

Second Prize for the Best Abstract (Non-Oncology)

C.D. Vera-Donoso, F. Marco-Jiménez, J.S. Vicente-Antón (Valencia, Spain) – Abstract 908

Looking for solutions to the kidneys shortage: Xeno-transplantation of metanephroi

Third Prize for the Best Abstract (Non-Oncology)

N. Aizawa, P. Hedlund, Y. Homma, Y. Igawa (Tokyo, Japan; Milan, Italy) – Abstract 364

URB937, a peripherally-restricted inhibitor of fatty acid amide hydrolase, reduces prostaglandin E2–induced hyperactivity of bladder mechanoafferent nerve fibers in rats

The European Urology® Platinum Award 2014

I.S. Gill, Los Angeles, United States of America
R. Sylvester, Brussels, Belgium
H. Van Der Poel, Amsterdam, The Netherlands

First Prize for the Best Abstract by a resident

T. Hayashi, K.M. Gust, W. Jaeger, S. Awrey, N. Li, M. Altamirano-Dimas, R. Buttyan, L. Fazli, A. Matsubara, P.C. Black (Vancouver, Canada; Hiroshima, Japan) – Abstract 39

Notch2 promotes bladder cancer progression: Pre-clinical rationale for a novel targeted therapy
EAU Award Winners

**Second Prize for the Best Abstract by a resident**


*Size and extension of lymph node metastases in prostate cancer patients: Implications for radiological imaging based on 6804 lymph nodes*

**Third Prize for the Best Abstract by a resident**

M. Rieken, S.F. Shariat, B. Al Hussein Al Awamlh, L. Kluth, J. Crivelli, J. Chrystal, T. Faison, Y. Lotan, P. Karakiewicz, M. Babjuk, H. Fajkovic, C. Seitz, T. Klatte, A. Pycha, A. Bachmann, M. Gönen, E. Xylinas (New York, Dallas, United States of America; Vienna, Austria; Montreal, Canada; Prague, Czech Republic; Bolzano, Italy; Basel, Switzerland) – Abstract 998

*Comparison of the EORTC tables and the new introduced EAU categories for risk stratification of patients with non-muscle-invasive bladder cancer*

**Resident’s Corner Award for the Best Scientific Paper published in European Urology® by a resident (2 awards)**

T. Nordström, M. Aly, M.S. Clements, C.E. Weibull, J. Adolfsson, H. Grönberg (Stockholm, Sweden)

*Prostate-specific Antigen (PSA) Testing Is Prevalent and Increasing in Stockholm County, Sweden, Despite No Recommendations for PSA Screening: Results from a Population-based Study, 2003-2011*

European Urology, Volume 63, Issue 3, March 2013, Pages 419-425


*Metformin and Prostate Cancer: Reduced Development of Castration-resistant Disease and Prostate Cancer Mortality*

European Urology, Volume 63, Issue 4, April 2013, Pages 709-716

**First video prize**

F. Dal Moro, A. Crestani, C. Valotto, F. Zattoni (Padua, Italy) – Video: V33

**Second video prize**


*Novel percutaneous navigation system integrating GPS-technology with tablet display for targeted focal therapy of prostate and kidney: Initial experience in human body*

**Third video prize**

R. Saglam, J. Rassweiler, A.I. Tasci, K. Sarica, M. Binbay, A. Armagan, Y. Ozgok (Ankara, Istanbul, Turkey; Heilbronn, Germany) - Video: V31

*Robotic flexible ureterorenoscopy: The new concept for the treatment of kidney stones*

**EUSP Best Scholar Award**

Y. Neuzillet, Suresnes, France

*Predictive markers of response to neoadjuvant chemotherapy before cystectomy for bladder cancer, and the molecular characterization of nonresponder tumors*

The 29th Annual EAU Congress features an EAU Award Gallery. Here you can find a complete overview of all EAU Awards that will be handed out during the Congress. It will also list the past winners of the most prestigious urology prizes.

The EAU Award Gallery provides a great opportunity to take in all the important developments and breakthroughs in recent years. The Award Gallery is located in the main entrance area of the Stockholmsmässan congress centre - be sure to visit it!
Acknowledgement of Abstract reviewers

The abstract sessions have been composed by and under the responsibility of the members of the EAU Scientific Congress Office & Video Committee (see page 433) who wish to acknowledge the following reviewers for their important contribution to the 29th Annual EAU Congress.

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Acknowledgement of Abstract reviewers

R. Hamid, London (GB)  
T. Hanus, Prague (CZ)  
H. Hashim, Bristol (GB)  
K. Hatzimouratidis, Thessaloniki (GR)  
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O. Traxer, Paris (FR)
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C. Vaessen, Paris (FR)
F. Van Der Aa, Leuven (BE)
H.G. Van Der Poel, Amsterdam (NL)
P.E. Van Kerrebroeck, Maastricht (NL)
G. Van Koevinge, Maastricht (NL)
E. Van Laecke, Ghent (BE)
G.J.L.H. Van Leenders, Rotterdam (NL)
K. Van Renterghem, Hasselt (BE)
B.W.G. Van Rhijn, Amsterdam (NL)
M. Vandenbossche, Brussels (BE)
G.W. Verhaegh, Nijmegen (NL)
F. Villacampa Auba, Madrid (ES)
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A. Villers, Lille (FR)
T. Visakorpi, Tampere (FI)
A. Vlahou, Athens (GR)
A. Volpe, Novara (IT)
A. Vuksanovic, Belgrade (RS)
A. Wagg, Edmonton (CA)
D.A.O. Waltregny, Liège (BE)
J. Walz, Marseille (FR)
N. Watkin, London (GB)
T. Wiegel, Ulm (DE)
D.N. Wood, London (GB)
B. Wullt, Lund (SE)
O. Yossepowitch, Petah-Tikva (IL)
S. Zastrow, Dresden (DE)
P.C. Zehnder, Berne (CH)
P. Zimmer, Dallas (US)
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<td>Joint Session of the EAU Section on Infections in Urology (ESIU) and the European Centre for Disease Prevention and Control (ECDC)</td>
<td>Joint Session of the European Association of Urology (EAU) and the Korean Urological Association (KUA)</td>
<td>Joint Session of the European Association of Urology (EAU) and the Arab Association of Urology (AAU)</td>
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<td>Joint Session of the European Association of Urology (EAU) and the Société Internationale d’Urologie (SIU)</td>
<td>Joint Session of the European Association of Urology (EAU) and the Urological Society of India (USI)</td>
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<td>Antimicrobial-resistance in nosocomial UTIs: A threat to patient safety</td>
<td>Urology beyond Europe</td>
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<td>Joint Meeting of the EAU Section on Infections in Urology (ESIU) and the European Centre for Disease Prevention and Control (ECDC)</td>
<td>EAU – World Chinese Joint Session</td>
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<td>EAU General Assembly</td>
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<td>Andrology in healthy aging</td>
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<td>Upper urinary tract urothelial cancer</td>
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<td>Novel approaches to overcome therapy resistance in prostate cancer</td>
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<td>Molecular diagnostic and biomarkers of bladder cancer</td>
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<td>Prostate cancer: Active surveillance</td>
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<td>12.00-12.30</td>
<td>Preserving sexual function after urological surgery</td>
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<td>Testosterone supplementation and prostate cancer</td>
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<td>11.30-12.00</td>
<td>How dangerous is testosterone supplementation?</td>
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<td>American Association of Urology (AUA) Lecture</td>
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<td>12.30-13.00</td>
<td>Sexual function: From research to reality</td>
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<td>Urological research funding</td>
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<td>13.30-13.45</td>
<td>How to put science in practice</td>
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<td>Changing concepts in medical and surgical approach</td>
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<td>New developments in uro-oncology</td>
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<td>14.15-14.30</td>
<td>Staging and characteristics of urological malignancies: Current evidence, rational and future perspectives</td>
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<td>On the frontiers in endourology, laparoscopy and robotics</td>
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<td>Meeting of the EAU Section of Transplantation Urology (ESPU) (in cooperation with ESUT and ESUI)</td>
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<td>Meeting of the EAU Section of Female and Functional Urology (ESFU) (Functional Urology: How to put science in practice)</td>
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<td>Options for preserving renal function</td>
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<td>09.00-09.10 EAU/ESUT Hands-on training Greenlight Laser Vaporisation – Basic Course 1</td>
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10.15-17.25 Special Session
Residents (ESRU) and Young Academic Urologists (YAU) day organised by the Young Urologist Office (YUO)

10.15-14.00 Meeting of the EAU Section of Infectious Diseases in Urology (ESIU)
ESIU brings the future to urology

11.00-12.00 Hands-on training Greenlight Laser Vaporisation – Basic Course 2

12.00-13.00 Hands-on training Greenlight Laser Vaporisation – Basic Course 3

13.00-14.00 Hands-on training Greenlight Laser Vaporisation – Basic Course 4

**Synopsis**
American Association supplementation and Andrology in healthy technology (ESUT) in sexual function after recommendations in supplementation in urological surgery research to reality Plenary Session 1 Preserving sexual function: From male infertility to reality...
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<td>12.30-13.30 Special Session</td>
<td>14.30-15.00 ESU Course 1</td>
<td>14.30-15.00 ESU Course 2</td>
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<td>Residents (ESU) and Young Academic Urologists (YAU)</td>
<td>ESUI brings the future to urology</td>
<td>History: Visualization in urology</td>
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<td>Retropubic radical prostatectomy – Tips, tricks and pitfalls</td>
<td>Urinary tract and genital trauma</td>
<td>Modern management of BPH</td>
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## Programme Book

### Programme Sunday, 13 April, Morning

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<td>European Society of Oncology (ESO) sessions: Recurrent pelvic cancer: What are the urological challenges?</td>
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| 11.15 | Prostate biopsy and imaging |

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**Synopsis**

- **Session 32**: Imaging and minimally invasive surgery in retroperitoneal tumours
- **Session 7**: Office management of male sexual dysfunction
- **Session 8**: Renal transplantation: Technical aspects, diagnosis and management of early and late urological complications
- **Session 9**: Lower urinary tract dysfunction and urodynamic micromarkers
- **Session 10**: Focal treatment in prostate cancer
- **Session 11**: An introduction to social media: Why this is important for urologists
- **Session 12**: Update on stone disease
- **Session 13**: Office management of male sexual dysfunction
- **Session 14**: Renal transplantation: Technical aspects, diagnosis and management of early and late urological complications
- **Session 15**: Lower urinary tract dysfunction and urodynamic micromarkers
- **Session 16**: Focal treatment in prostate cancer
- **Session 17**: An introduction to social media: Why this is important for urologists
- **Session 18**: Update on stone disease

EAU Stockholm 2014
## Programme Sunday, 13 April, Afternoon

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<td>Oncological outcomes after radical prostatectomy</td>
<td>How to perform partial nephrectomy?</td>
<td>Urological infection therapy</td>
<td>PBB, hemorhagic and interstitial cystitis</td>
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<td>New ideas in LUTD: Obstruction or underactivity</td>
<td>Botulinum toxin: From bench to bedside</td>
<td>Men's sexual health: Testosterone, premature ejaculation and Peyronies disease</td>
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<td>Management of locally advanced and metastatic renal cancer</td>
<td>Ultrasound in urology</td>
<td>Management and outcome in invasive and locally advanced bladder cancer</td>
<td>Laparoscopy for beginners</td>
<td>11.00-12.30 HOT 02</td>
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**Synopsis**

- **12.15-13.30**
  - **Pastor Session 41**
  - PCNL: Outcomes, safety and complexity
  - 12.30-13.30
    - 13.00-14.30 ESU/ESUT Hands-on training PCNL
    - 13.00-14.30 ESU/ESUT Hands-on training Laparoscopy course 1
    - 13.00-14.30 ESU/ESUT Hands-on training Robotic surgery course 1

- **14.00-15.30**
  - **Pastor Session 50**
  - Technical innovation in PCNL
  - 14.45-15.30 ESU/ESUT Hands-on training Laparoscopy course 2
  - 14.45-15.30 ESU/ESUT Hands-on training Robotic surgery course 2

- **15.45-17.15**
  - **Pastor Session 59**
  - Prostate cancer clinical staging – the limits of imaging?
  - 15.45-17.15 ESU/ESUT Hands-on training Laparoscopy course 3
  - 15.45-17.15 ESU/ESUT Hands-on training Robotic surgery course 3


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- **12.00-14.00**
  - ESU Course 13
  - Pathology (prostate, bladder/UT, kidney, testicles/penis)

- **12.00-14.00**
  - ESU Course 14
  - Management of locally advanced and metastatic renal cancer

- **12.00-14.00**
  - ESU Course 18
  - Ultrasound in urology

- **12.00-14.30**
  - ESU Course 17
  - Management and outcome in invasive and locally advanced bladder cancer

- **12.00-14.30**
  - ESU Course 16
  - Testicular cancer

- **12.00-14.30**
  - ESU Course 15
  - Laparoscopy for beginners

- **12.00-14.30**
  - ESU Course 14
  - Testicular cancer

- **12.00-14.30**
  - ESU Course 13
  - Pathology (prostate, bladder/UT, kidney, testicles/penis)

- **12.00-14.30**
  - ESU Course 12
  - Management of locally advanced and metastatic renal cancer

- **12.00-14.30**
  - ESU Course 11
  - Management and outcome in invasive and locally advanced bladder cancer

- **12.00-14.30**
  - ESU Course 10
  - Laparoscopy for beginners

- **12.00-14.30**
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  - Management and outcome in invasive and locally advanced bladder cancer

- **12.00-14.30**
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  - Laparoscopy for beginners

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- **12.00-14.30**
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  - Management of locally advanced and metastatic renal cancer

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  - Management and outcome in invasive and locally advanced bladder cancer

- **12.00-14.30**
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  - Laparoscopy for beginners

- **12.00-14.30**
  - ESU Course 9
  - Management and outcome in invasive and locally advanced bladder cancer

- **12.00-14.30**
  - ESU Course 8
  - Laparoscopy for beginners

- **12.00-14.30**
  - ESU Course 7
  - Management and outcome in invasive and locally advanced bladder cancer

- **12.00-14.30**
  - ESU Course 6
  - Laparoscopy for beginners

- **12.00-14.30**
  - ESU Course 5
  - Management and outcome in invasive and locally advanced bladder cancer

- **12.00-14.30**
  - ESU Course 4
  - Laparoscopy for beginners

- **12.00-14.30**
  - ESU Course 3
  - Management and outcome in invasive and locally advanced bladder cancer

- **12.00-14.30**
  - ESU Course 2
  - Laparoscopy for beginners

- **12.00-14.30**
  - ESU Course 1
  - Management and outcome in invasive and locally advanced bladder cancer

- **12.00-14.30**
  - ESU Course 0
  - Laparoscopy for beginners

- **12.00-14.30**
  - ESU Course 13
  - Pathology (prostate, bladder/UT, kidney, testicles/penis)

- **12.00-14.30**
  - ESU Course 12
  - Management of locally advanced and metastatic renal cancer

- **12.00-14.30**
  - ESU Course 11
  - Management and outcome in invasive and locally advanced bladder cancer

- **12.00-14.30**
  - ESU Course 10
  - Laparoscopy for beginners

- **12.00-14.30**
  - ESU Course 9
  - Management and outcome in invasive and locally advanced bladder cancer

- **12.00-14.30**
  - ESU Course 8
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  - Management and outcome in invasive and locally advanced bladder cancer

- **12.00-14.30**
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  - Laparoscopy for beginners
### Programme Monday, 14 April, Morning

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<td>Plenary Session 3 Refractory problems in functional urology</td>
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<td>State-of-the-art lecture Overactive Bladders (OAB): pharmacological therapy: Have we reached the end of our possibilities?</td>
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<td>9.45</td>
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<td>State-of-the-art lecture Urinary Tract Symptoms</td>
<td>V56-957</td>
<td>732-745</td>
<td>746-759</td>
<td>760-771</td>
<td>772-763</td>
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<td>Clinical discussion Refractory cases of stress urinary incontinence (SUI)</td>
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<td>10.30-10.45</td>
<td>Update Painful bladder syndrome: What’s new?</td>
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<td>State-of-the-art lecture The end of the line: Urinary diversion</td>
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<td>11.15</td>
<td>11.15-11.30</td>
<td>Castration-resistant prostate cancer</td>
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<td>Will transurethral resection of the prostate (TURP) remain state of the art?</td>
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<td>Expert challenges the expert Will transurethral resection of the prostate (TURP) remain state of the art?</td>
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**Synopsis**

- **07.30-11.00** Plenary Session 3 Refractory problems in functional urology
- **08.30-08.45** State-of-the-art lecture Overactive Bladders (OAB): pharmacological therapy: Have we reached the end of our possibilities?
- **09.00-09.45** Video Session 7
- **09.45-10.00** State-of-the-art lecture Urinary Tract Symptoms
- **10.00-10.30** Clinical discussion Refractory cases of stress urinary incontinence (SUI)
- **10.30-10.45** Update Painful bladder syndrome: What’s new?
- **11.00-11.30** Thematic Session 10 Castration-resistant prostate cancer
### Thematic Session 10: Urinary Tract Symptoms

<table>
<thead>
<tr>
<th>Time</th>
<th>Room</th>
<th>Content</th>
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<tbody>
<tr>
<td>08.30-11.30</td>
<td>Room C6</td>
<td><strong>ESU Course</strong> 20: The infectious couple - Urological aspects</td>
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<tr>
<td>08.30-11.30</td>
<td>Room C7</td>
<td><strong>ESU Course</strong> 20: Prostate cancer imaging: When and how to use it</td>
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<tr>
<td>08.30-11.30</td>
<td>Room C8</td>
<td><strong>ESU Course</strong> 20: Robotic renal surgery</td>
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<td>Room T2</td>
<td><strong>ESU Course</strong> 20: Management of small renal tumours</td>
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<td>08.30-11.30</td>
<td>Room T3</td>
<td><strong>ESU Course</strong> 20: Chronic pelvic pain in men and women</td>
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<tr>
<td>08.30-11.30</td>
<td>Room T4</td>
<td><strong>ESU Course</strong> 20: Diagnosis and management of non-muscle-invasive bladder cancer (NMIBC)</td>
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</table>

### State-of-the-art lecture

- **Aetiology and management of lower urinary tract incontinence**

### State-of-the-art lecture

- **Refractory problems in functional urology**

### Optimising the management of residual LUTS

- **EAU Guidelines: How to treat sphincter dysfunction?**

### Optimising clinical practice: Have we reached the end of our assessments for Lower Urinary Tract Symptoms (LUTS)?

### Refractory cases of painful bladder syndrome (PBS) and targeted therapy: Botulinum toxin or surgery?

### Fractious prostate cancer: Will radiation or surgery be the standard of care?

### EAU Stockholm 2014

- **HOT 13:** ESU/ESUT Hands-on training Ureteroscopy course 1
- **HOT 26:** ESU/ESUT Hands-on training Laparoscopy
- **INTUITIVE SURGICAL**
- **ESU/ESUT Hands-on training Robotic surgery course 5**
- **ESU/ESUT Hands-on training Laparoscopy**

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**Meeting Highlights:**

- **Thematic Session 67:** Prostate cancer: Improving biopsies for screening
- **Poster Session 67:**
- **Room C6:** Page 254
- **Room C7:** Page 255
- **Room C8:** Page 256
- **Room T2:** Page 257
- **Room T3:** Page 258
- **Room T4:** Page 259

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**Other Sessions:**

- **Thematic Session 11:** Prostate cancer: Diagnosis and treatment
- **Thematic Session 13:** Prostate: Expert management
- **Thematic Session 15:** Stone: Update on renal colic and targeted treatment
- **Thematic Session 17:** Cancer: Expert care in the next 12 months
- **Thematic Session 19:** Cancer: Novel stone and the future
- **Thematic Session 21:** Cancer: Expert care in the next 12 months
- **Thematic Session 23:** Cancer: Expert care in the next 12 months
- **Thematic Session 25:** Cancer: Expert care in the next 12 months
### Programme Monday, 14 April, Afternoon

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<td>12.15</td>
<td>Video Session 8 - Reconstructive surgery</td>
<td>Poster Session 68 - Signaling pathways in prostate tumor and stem cells</td>
<td>Poster Session 69 - Prostate cancer: Population-based screening</td>
<td>Poster Session 70 - Modern management of castration-resistant prostate cancer</td>
<td>Poster Session 71 - Education and training</td>
<td>Poster Session 72 - BPE: What’s new in basic research?</td>
<td>Poster Session 73 - Modern staging of urothelial carcinomas of the bladder and the upper tract: A new era has started</td>
<td>Poster Session 74 - Kidney transplant: From lab to clinic</td>
<td>Poster Session 75 - URS in renal stones, stones</td>
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<td>14.00</td>
<td>Video Session 9 - Techniques in motion</td>
<td>Poster Session 77 - MRI staging of prostate cancer: is it already standard?</td>
<td>Poster Session 78 - Technical aspects of robot-assisted prostatectomy</td>
<td>Poster Session 79 - Androgen deprivation therapy, still work to be done</td>
<td>Poster Session 80 - European Urological Scholarship Programme (EUSP) Session</td>
<td>Poster Session 81 - How to diagnose male LUTS and BPE?</td>
<td>Poster Session 82 - Management strategies in non muscle invasive bladder cancer: From first diagnosis to recurrence</td>
<td>Poster Session 83 - Kidney transplant surgery</td>
<td>Poster Session 84 - URS in renal stones, stones</td>
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<td>Video Session 10</td>
<td>Poster Session 85 - Initial prostate cancer staging - ultrasound versus MRI</td>
<td>Poster Session 86 - Surgical outcomes after open and minimally invasive radical prostatectomy</td>
<td>Poster Session 87 - New technologies for urology surgery</td>
<td>Poster Session 88 - BPE: Aetiology, epidemiology and treatment outcomes</td>
<td>Poster Session 89 - Outcomes in non-muscle invasive bladder cancer</td>
<td>Poster Session 90 - Testicular tumors</td>
<td>Poster Session 91 - New technologies and techniques</td>
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<td>12.00-14.00 ESU Course 35</td>
<td>Current concepts and controversy in the diagnosis and management of upper tract urothelial carcinoma (UTUC)</td>
<td>12.00-14.00 ESU Course 36</td>
<td>Extraperitoneal robotic assisted prostatectomy and partial nephrectomy</td>
<td>12.00-15.00 ESU Course 34</td>
<td>Laparoscopic and robot-assisted laparoscopic radical cystectomy</td>
<td>12.00-15.00 ESU Course 35</td>
<td>Robotic-assisted laparoscopic prostatectomy</td>
<td>12.00-15.00 ESU Course 33</td>
<td>Pediatrics urology for the adult urologist: A practical update</td>
<td>12.30-13.30 HOT 34</td>
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<td>EAU/ERUS Hands-on training in Oudrablett - neontatief administration for G4B - Course 6</td>
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<td>EAU/ERUS Hands-on training Robotic surgery course 6</td>
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**Video Session 8**

- 12.15-13.45 Poster One: Technologies for urology surgery
- 14.00-15.30 Poster Two: How to diagnose new in basic research?
- 16.30-17.30 Poster Three: Advanced course on laparoscopic nephrectomy
- 18.00-19.30 Poster Four: Advanced course on laparoscopic nephrectomy

**Video Session 10**

- 12.00-14.30 Poster One: Current concepts and controversy in the diagnosis and management of upper tract urothelial carcinoma (UTUC)
- 14.30-17.30 Poster Two: Extraperitoneal robotic assisted prostatectomy and partial nephrectomy
- 16.30-18.30 Poster Three: Laparoscopic and robot-assisted laparoscopic radical cystectomy
- 18.00-20.30 Poster Four: Robotic-assisted laparoscopic prostatectomy

**Poster Session 76**

- RCC: Non-organ sparing surgery
- RCC: Prostatectomy
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<tr>
<td>08.00</td>
<td>Plenary Session 4: State-of-the-art lecture</td>
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<td>Genomic alterations and early-onset prostate cancer</td>
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<td>Update: European Randomised Study of Screening for Prostate Cancer (ERSPC)</td>
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<td>Late breaking news: Efficacy and safety of Duodart™ treatment versus watchful waiting (WW) with step-up therapy to tamsulosin in the management of men with treatment-naïve, prostate enlargement, increased prostate-specific antigen (PSA) and moderately symptomatic benign prostatic hyperplasia (BPH): 2 Year results from CONDUCT study.</td>
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<td>Late breaking news: Active surveillance in HAROW – the first comprehensive prospective non-interventional study comparing treatment options in localized prostate cancer.</td>
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<td>09.00</td>
<td>EAU Guidelines snapshot: PSA screening and risk stratification</td>
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<td>Case discussion: What’s new in active surveillance</td>
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<td>09.55</td>
<td>State-of-the-art lecture: The association of BRCA mutations with prostate cancer risk and implications for management</td>
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<td>State-of-the-art lecture: Prediction of long-term adverse consequences of local treatment</td>
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<td>Late breaking news: Enzalutamide in men with chemotherapy-naïve metastatic castration resistant prostate cancer (MCRPC): Primary and European regional results of the phase 3 prevail study</td>
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<td>State-of-the-art lecture: EUROCARE: Regional differences in Europe regarding survival of prostate cancer</td>
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<td>Case discussion: Early identification and management of oligometastatic disease</td>
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<tr>
<td>11.45</td>
<td>Late breaking news: The International Consortium for Health Outcomes Measurement (ICHOM) activities on prostate cancer</td>
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<td>Souvenir session by the EAU Scientific Congress Office</td>
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<tr>
<td>13.50</td>
<td>Closing remarks</td>
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Programme Book

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## Friday, 11 April

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<thead>
<tr>
<th>Time</th>
<th>Room A2</th>
<th>Room A4</th>
<th>Room A6</th>
<th>Room A11</th>
<th>Room K1</th>
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<td></td>
<td>Understanding the heterogeneity of mCRPC to optimize survival</td>
<td>Causes and impacts of nocturia and bedwetting</td>
<td>The many faces of mCRPC: Assessing patient profiles and tailoring treatment in a changing therapeutic landscape</td>
<td>Unmet medical needs of patients with angiomyolipoma</td>
<td>Clinical innovation in endoscopic and laparoscopic urology</td>
<td>A new paradigm in the treatment of ED - the topical option</td>
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<td>17.45</td>
<td>SANOFI page 404</td>
<td>FERRING PHARMACEUTICALS page 401</td>
<td>BAYER HEALTHCARE page 400</td>
<td>NOVARTIS page 402</td>
<td>OLYMPUS page 403</td>
<td>APRICUS BIOSCIENCES page 399</td>
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## Saturday, 12 April

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<th>Room K2</th>
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<td>18.00</td>
<td>eURO Auditorium</td>
<td>18.00-19.30 Symposium</td>
<td>18.00-19.30 Symposium</td>
<td>18.00-19.30 Symposium</td>
<td>18.00-19.30 Symposium</td>
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<td>18.00-19.30 Symposium</td>
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<td></td>
<td>Redefining clinical practice in CRPC: New options, new thinking, new decisions</td>
<td>Innovative approaches in urological cancers</td>
<td>Managing patients with NMIBC: How can we improve?</td>
<td>Symposium</td>
<td>Impact of beliefs and evidence on initial BPH medical treatment decisions in the real-world</td>
<td>Symposium</td>
<td>Premature ejaculation: A deep look into the impact and its treatment</td>
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<td>19.30</td>
<td>ASTELLAS page 405</td>
<td>IPSEN page 409</td>
<td>MEDAC page 411</td>
<td>GLAXOSMITHKLINE page 407</td>
<td>MENARINI page 412</td>
<td>BAYER INSTITUT BIOCIMIQUE SA page 408</td>
<td>LILLY page 410</td>
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## Sunday, 13 April

<table>
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<th>Time</th>
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<tr>
<td>10.00</td>
<td>10.00-12.00 da Vinci Live 3D HD Robotic Surgery</td>
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<tr>
<td></td>
<td>Live surgery: da Vinci prostatectomy - Posterior transabdominal approach</td>
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<tr>
<td></td>
<td>INTUITIVE SURGICAL page 413</td>
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<tr>
<td>12.00</td>
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<tr>
<td>15.00</td>
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<tr>
<td>17.00</td>
<td>da Vinci Live 3D HD Robotic Surgery</td>
</tr>
<tr>
<td></td>
<td>3D video and live narration - da Vinci extraperitoneal prostatectomy</td>
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<tr>
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<td>INTUITIVE SURGICAL page 413</td>
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</table>
## Sunday, 13 April

<table>
<thead>
<tr>
<th>Time</th>
<th>Venue</th>
<th>Location</th>
<th>Symposium Title</th>
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<tr>
<td>17.45</td>
<td>eURO Auditorium</td>
<td>Room A2</td>
<td><strong>Symposium</strong> The assembly instructions: user guide on male LUTS</td>
<td>ASTELLAS</td>
<td>4/5</td>
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<tr>
<td>17.45</td>
<td>eURO Auditorium</td>
<td>Room A4</td>
<td><strong>Symposium</strong> The genesis of urgency: Unravelling the symptom complex of overactive bladder (OAB)</td>
<td>ALLERGAN</td>
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<tr>
<td>17.45</td>
<td>eURO Auditorium</td>
<td>Room A6</td>
<td><strong>Symposium</strong> Using novel therapies in the real world management of patients with mCRPC</td>
<td>FERRING PHARMA-CEUTICALS</td>
<td>4/16</td>
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<td>17.45</td>
<td>eURO Auditorium</td>
<td>Room A8</td>
<td><strong>Symposium</strong> LUTS/BPH: How can we improve the relevance of clinical studies to real life?</td>
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<td>17.45</td>
<td>eURO Auditorium</td>
<td>Room A10</td>
<td><strong>Symposium</strong> Towards a new prostate management</td>
<td>LEO PHARMA A/S</td>
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<td>Room A11</td>
<td><strong>Symposium</strong> Avanafil: A new step towards sexual satisfaction</td>
<td>STEBA BIOTECH</td>
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<td>17.45</td>
<td>eURO Auditorium</td>
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<td><strong>Symposium</strong> Prognostic signatures in prostate cancer</td>
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<td><strong>Symposium</strong> HolEP and beyond: An instructional workshop</td>
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<td><strong>Symposium</strong> OAB: Scientific theories becoming clinical practice: Past, present and future</td>
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## Monday, 14 April

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<td><strong>da Vinci Live Robotic Surgery</strong></td>
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<td>da Vinci Live Robotic Surgery</td>
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<td>Live surgery: da Vinci partial nephrectomy with Firefly™ fluorescence imaging</td>
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<td><strong>da Vinci Live Robotic Surgery</strong></td>
<td>INTUITIVE SURGICAL</td>
<td>4/24</td>
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<td>16.00</td>
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<td><strong>da Vinci Live Robotic Surgery</strong></td>
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<td>17.45</td>
<td>eURO Auditorium</td>
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<td><strong>Symposium</strong> OAB: Scientific theories becoming clinical practice: Past, present and future</td>
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<td>4/25</td>
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<td><strong>Workshop</strong> New considerations in the treatment and prophylaxis of UTI</td>
<td>BIONORICA</td>
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GUIDELINES RECOMMENDS

Selexid® as empirical, initial antimicrobial therapy for acute uncomplicated cystitis

- Selexid® specifically targeting UTI pathogens
- Resistance remains low, even in areas of extensive use
- Minimal impact on the normal microflora

Selexid® 200 mg and 400 mg film-coated tablets

Name Selexid® 200 mg and 400 mg film-coated tablets
Composition Active substance: Pivmecillinam hydrochloride. Excipients: cellulose, microcrystalline, hydroxypropyl cellulose, hypromellose, magnesium stearate, simethicone emulsion, paraffin, synthetic
Therapeutic indications
Urinary tract infections Posology and method of administration Adults: 400 mg, 2-3 times a day; Elderly population, Renal impairment, Hepatic impairment: Dosage adjustment is not necessary. Paediatric population: 20-40 mg/kg/day divided into 3 doses. Selexid® must be taken with at least half a glass of liquid. Selexid® may be taken with food. Duration of treatment 3-7 days. Consideration should be given to official guidance on the appropriate use of antibacterial agents. Contraindications Hypersensitivity to the active substance or to any of the excipients; Hypersensitivity to penicillins or cephalosporins; Any conditions resulting in impaired transit through the oesophagus; Genetic metabolism anomalies known to be leading to severe carnitine deficiency such as carnitine transporter defect; methylmalonic aciduria and propionic acidemia. Special warnings and precautions for use Pseudomembranous colitis caused by Clostridium difficile may occur. If diarrhoea occurs after use, the possibility of pseudomembranous colitis should be considered, and appropriate precaution should be taken; Should not be used by patients suffering from porphyria as pivmecillinam has been connected to acute attacks of porphyria; Concurrent treatment with valproic acid, valproate or other medication liberating pivalic acid should be avoided due to increased risk of carnitine depletion; Should be used with caution for long-term or frequently-repeated treatment, due to the possibility of carnitine depletion. Symptoms of carnitine depletion include muscle aches, fatigue, and confusion. The tablets must be taken with at least half a glass of fluid due to the risk of oesophageal ulceration. Interaction with other medicinal products and other forms of interaction Simultaneous administration of probenecid reduces the excretion of mecillinam and hence increases the blood level of the antibiotic; Clearance of methotrexate from the body can be reduced by concurrent use of penicillin; Concurrent treatment with valproic acid, valproate or other medication liberating pivalic acid should be avoided due to increased risk of carnitine depletion. The bactericidal effect of mecillinam may be hindered by concurrent administration of products with bacteriostatic effect, for instance erythromycin and tetracyclines. Fertility, pregnancy and lactation Can be used during pregnancy if clinically needed. Can be used during breastfeeding. There are no clinical studies with Selexid regarding fertility. A pre-clinical study did not show an effect on fertility in rats. Undesirable effects The most frequently reported adverse reactions are nausea and diarrhoea. Anaphylactic reactions and fatal pseudomembranous colitis have been reported. Infections and infestations, common: Vulvovaginal mycotic infection, uncommon: Clostridium difficile colitis, Blood and lymphatic system disorders, uncommon: Thrombocytopenia, Immune system disorders, uncommon: Anaphylactic reaction, Metabolism and nutrition disorders, uncommon: Carnitine decreased. Nervous system disorders, uncommon: Headache, Dizziness, Ear and labyrinth disorders, uncommon: Vertigo, Gastrointestinal disorders, common: Diarrhoea, Nausea, uncommon: Vomiting, Abdominal pain, Dyspepsia, Oesophageal ulcer, Oesophagitis, Mouth ulceration, Hepatobiliary disorders, uncommon: Hepatic function abnormal. Skin and subcutaneous tissue disorders, uncommon: Rash, Urticaria, Pruritus, General disorders and administration site conditions, uncommon: Fatigue. Class adverse reactions of beta-lactam antibiotics: Slight reversible increase in aspartate aminotransferase (ASAT), alanine aminotransferase (ALAT), alkaline phosphatase, and bilirubin, Neutropenia, Eosinophilia. Reporting of suspected adverse reactions Reporting suspected adverse reactions after authorisation of the medicinal product is important; It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system. Legal Category: Prescription only medicine Marketing authorisation holder: LEO Pharma A/S, Industriparken 55, 2750 Ballerup, Denmark Date of revision of the text: 11 Feb 2014 SX-2014-01-04

1. IDSA Guidelines 2014: www.idsociety.org

* In Sweden the indication is Lower uncomplicated Urinary Tract Infection
## European Association of Urology Nurses Programme Overview, 12-14 April 2014

### Synopsis

#### 12 April
**Saturday**
- Room A13: Lecture - Presentation of the EAUN Guidelines for writing guidelines
- Room A12: Workshop - How to close the gap between research and practice
- In front of Room A12: ESU-EAUN Hands-on training session on practical aspects of TRUS prostate biopsy - Course 1

#### 13 April
**Sunday**
- Room A13: Workshop - Inside the body - surgery in motion (videos)
- Room A12: Workshop - ESU-EAUN Hands-on training session on practical aspects of TRUS prostate biopsy - Course 2

#### 14 April
**Monday**
- Room A13: Workshop - Nursing solutions in difficult cases
- In front of Room A12: Unmoderated poster viewing

The extensive EAUN programme is available in the special EAUN programme book and EAUN 2014 App
Alphabetical list of Exhibitors

Please note that this list and the floorplan on the previous pages will not be comprehensive due to the printing date of this programme book (list and floorplan are updated through 6 March 2014).

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<thead>
<tr>
<th>EXHIBITOR</th>
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<td>A.M.I. GMBH</td>
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- **EAU HISTORICAL EXHIBITION** ................. B13:49
- **EAU RESEARCH FOUNDATION** .................. B13:49
- **EAU MADRID 2015** ................................. B13:49
- **EAU VIDEO LIBRARY** ............................... B15:11
- **EDAP TMS** ........................................... B07:11
- **EIGEN** .............................................. B10:39
- **ELEKTA** ............................................. B10:43
- **ELI LILLY AND COMPANY** .................... B11:19
- **ELMED LITHOTRIPSY SYSTEMS** ............. B09:31
- **ELMEDICAL LTD** ................................ B01:54
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- **EMIRATES UROLOGICAL SOCIETY (EUS)** ... B13:03
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- **ENDOCARE, INC.** .................................. B02:48
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- **ERASMUS S.A.** ..................................... B14:12
- **ERBE ELEKTROMEDIZIN GMBH** ................ B09:21
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- **EUROPA UOMO** .................................... B13:12
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- **EUROPEAN UROLOGY** ............................ B01:10

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- **GE HEALTHCARE** .................................. B09:49
- **GENOMIC HEALTH** ................................ B13:21
- **GLAXOSMITHKLINE** ............................... B01:21
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- **HITACHI MEDICAL SYSTEMS EUROPE HOLDING AG.** ........................................ B10:11
- **HOLOGIC, INC.** .................................. B06:05

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- **IDL BIOTECH AB** ................................ B11:51
- **INCONTROL MEDICAL, LLC** ............... B10:32
- **INFORMA HEALTHCARE** ..................... B09:33
- **INTUITIVE SURGICAL** ......................... B04:11
- **INVIVO** ........................................... B10:59
- **IPSEN** .............................................. B05:11
- **ISTEM MEDIKAL** ................................ B13:10

### J
- **JANSSEN PHARMACEUTICAL COMPANIES** ........ B05:21
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JENASURGICAL ........................................................................ B13:11
JOHN WILEY & Sons LTD .......................................................... B10:01

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KARL STORZ GMBH & CO. KG .................................................. B01:41
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the MENARINI GROUP ............................................................ B04:31
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MONTAVIT GMBH .................................................................... B06:03
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PROGENICS PHARMACEUTICALS, INC. .................................. B03:02
PROMEDON S.A. ..................................................................... B08:41
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<td>SYNERGO-MEDICAL ENTERPRISES</td>
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<td>TAEWOONG MEDICAL, CO. LTD</td>
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<td>TAKEDA</td>
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<td>T-DOC® COMPANY, LLC</td>
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<td>TELEFLEX</td>
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<td>TEVA ONCOLOGY</td>
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<td>TIME RESEARCH LIMITED</td>
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<td>TRIBUTE PHARMACEUTICALS CANADA INC.</td>
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<td>TRISTEL SOLUTIONS</td>
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<td>UPCOMING MEETINGS AREA</td>
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<td>UROMED KURT DREWS KG</td>
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<td>UROTECH GMBH &amp; UROVISION GMBH</td>
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<td>VIRTAMED AG</td>
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<td>VISION-SCIENCES, INC.</td>
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<td>WELLSPECT HEALTHCARE</td>
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<tr>
<td>WISEPRESS ONLINE BOOKSHOP</td>
<td>B04:01</td>
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<tr>
<td>WORLD FEDERATION OF INCONTINENT PATIENTS - WFIP</td>
<td>B13:18</td>
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<td><strong>Y</strong></td>
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<tr>
<td>YOUNG UROLOGISTS / RESIDENTS CORNER</td>
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<tr>
<td>ZEPHIR SURGICAL IMPLANTS</td>
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</table>
The EAU Education Office (ESU) presents interesting recent developments in the field of education and technological innovations. Education & Innovation offers you a hands-on experience with exciting technology, such as virtual simulators, smart phone apps and innovative devices.

Visit Education & Innovation in Hall C, behind the ESU Booth.

We would like to thank the following companies for their support: EPONA MEDICAL LAPX, INTUITIVE SURGICAL, MIMIC TECHNOLOGIES INC, EPONA MEDICAL, ERASMUS MC and GERMAN CANCER RESEARCH CENTER
BOOKING YOUR OWN CONFERENCE TRAVEL IS EASY AS ABC
WITH THE GLOBAL ONLINE BOOKING TOOL FROM STAR ALLIANCE CONVENTIONS PLUS

No matter where you are travelling from, the Star Alliance™ network offers you a wide choice of flights to the 29th Annual EAU Congress in Stockholm.

And with over 21,900 flights a day to 1,329 destinations across 195 countries, our 28 member airlines extend the same choice to any future conferences you are planning to attend.

You can also save money when you book your flights. Simply quote the Convention Code SK02A57 and you plus one travelling companion will receive a special discount. Better still, no matter which Star Alliance member airline’s frequent flyer programme you belong to, you can earn and redeem miles across all 28 airlines.

For more information, or to join the airline network that offers you more choice wherever your conferences take you, simply go to www.staralliance.com/conventionsplus
Abstracts
More than 1,100 abstracts have been accepted for presentation during poster and video sessions in Stockholm. The EAU Abstract CD 2014 will be distributed to all congress delegates by FERRING PHARMACEUTICALS (booth B01:29 in the exhibition). The EAU Poster DVD 2014 will be distributed to all congress delegates by AMGEN (booth B06:21 in the exhibition). All abstracts and PDFs of the posters are available online at www.eaustockholm2014.org/scientific-programme. Abstracts are also available through the Congress App.

The EAU Abstract CD 2014 is supported by an unrestricted educational grant from FERRING PHARMACEUTICALS
The EAU Poster DVD 2014 is supported by an unrestricted educational grant from AMGEN

Access to the Session Rooms
Seating is regulated on a first-come, first-served basis. We recommend delegates to go to the session room well in advance. Due to safety regulations, the organisers will close the session room when all seats are taken. It is not allowed to stand in the aisles of the rooms.

Address and Accessibility
Congress Centre
Stockholmsmässan is easily accessible by public transport. It takes only 10 min. by train from the Central Station in the city centre. The public transport system is easy to use and a very efficient way to get around the city. All congress delegates may collect a complimentary transportation pass in the registration area. This pass is valid on all public transport within the city of Stockholm during the congress, see also “Transportation pass”.

Address:
Stockholmsmässan
Mässvägen 1; Älvsjö
125 80 Stockholm
Sweden
T +46 (0)8 749 4100
www.stockholmsmassan.se

Commuter Train
The commuter train from Arlanda Airport stops at Älvsjö station, which is only a 200-meter walk from Stockholmsmässan’s Main entrance. The journey takes 47 minutes. There are also 8-12 commuter train departures every hour from Stockholm Central Station to Älvsjö Station. Trains depart from platforms 13 and 14 and you can take trains going to Södertäljehamn, Västerhaninge, Östertälje or Nynäshamn. Get off at train station Älvsjö.

By Car
Take the southbound E4/E20 and follow the signs to Stockholmsmässan, then take exit 155. Alternatively, if you are on the northbound E4/E20, take exit 153. Car parking is available under the main entrance, you can enter the parking garage on the south side of the venue. There are 2,000 spaces in the parking garage and in the outdoor spaces surrounding the congress centre. There are 20 parking spaces close to the Main entrance which are reserved for people with a disabled parking permit. The garage costs 35 SEK/hour or 100 SEK for a whole day. Outdoor parking spaces cost 30 SEK/hour or 90 SEK for a whole day. The automatic pay stations accept cards but if you want to use coins to pay there are money-changing machines by both the main entrance and the East entrance.

By Taxi
See Taxi Service

App - Your smart congress companion
Use the Congress Apps to navigate through the 29th Annual EAU Congress and the 15th International EAUN Meeting. The applications offer the best mobile overview of this scientific events. You do not need constant internet access to use the App. Check under “EAU 2014” and “EAUN 2014” in your App Store or Android Market to get your smart congress companion.

Award Gallery
At the EAU Award Gallery located in the main entrance hall, you will find a complete overview of all awards that are handed out by the EAU during this congress (see page 6-8 for an overview of the award winners). It also features information on past winners of the most prestigious EAU prizes.
The EAU Award Gallery provides a great opportunity to take in all the important developments and break-throughs in recent years.

Badge Tracking System
Congress delegates have a barcode on their badge which enables them to leave their contact details with exhibitors in a quick and easy way. The barcode will also be scanned at the entrance of the session rooms to gather CME points and statistical information.
Bank and Exchange
The national currency in Sweden is the Swedish Krona (SEK). Three ATM machines are available at the congress centre; two in the main entrance hall and one at the East entrance. There are also banks near the congress centre, please go to the EAU Information Desk for detailed information. Banks do not handle exchange anymore, the best place for exchange is “Forex” at Stockholm Central Station which is open daily 07.00-21.00 hrs.

Best Posters
The Best Posters Wall features the best scientific posters of the 29th Annual EAU Congress. This high-tech plasma wall is accessible during congress hours in the main entrance hall. The best posters can also be viewed through the congress website during and after the congress.
The EAU Best Posters wall 2014 is supported by an unrestricted educational grant from ALLERGAN

Business Centre
A small Business Centre is located on the balcony of the congress centre which is accessible from the main entrance hall. This service will be available to all congress participants during the congress and offers facilities such as computers, printers, copiers and internet.

Certificate of Attendance
A Certificate of Attendance for the Stockholm Congress can be printed online at www.eaustockholm2014.org as of Wednesday 16 April 2014. To print your Certificate of Attendance you need the number under the barcode on your badge (type the number without the *). Information on CME accreditation is available in this programme book on page 51.

Cloakroom / Luggage
The cloakroom is located in the main entrance hall and open during congress hours. Please be sure to collect all personal belongings at the end of each day.

CME Accreditation
The 29th Annual EAU Congress is accredited by the UEMS/EACCME through the European Board of Urology. More information on national credit systems and credits recognition is available in this programme book on page 51-52. See also “EU-ACME Desk”.

Congress Bag
Each delegate can collect a congress bag in the registration area.
The congress bags are sponsored by ASTELLAS

Daily Congress Newsletter: European Urology Today Special Edition
Special daily congress newsletters will be published on Saturday, Sunday and Monday during the congress. The newsletters cover on-site news, session and background information on a variety of subjects. The first edition also contains the Exhibition Guide; including an exhibition floor plan and an overview of all exhibitors with their company outline. The newsletters will also be available online at www.eaustockholm2014.org during and after the congress.
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j.roelofswaard@uroweb.org
Maurice Schlief
m.schlief@uroweb.org
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p.debont@congressconsultants.com
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p.hazenberg@uroweb.org
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PO Box 30016
6803 AA Arnhem
The Netherlands
T +31 (0)26 389 1751
F +31 (0)26 389 1752
info@congressconsultants.com
www.eaustockholm2014.org

EAU Education Office
(European School of Urology)
The European School of Urology (ESU), working with European faculties, aims to provide high quality international educational courses in urology. The ESU has a special booth in Hall C with extensive information on its activities. Registration for the courses can be made at the ESU registration desks in the registration area. The ESU Courses CD 2014 is distributed at the EAU desk next to the MILLENNIUM: THE TAKEDA ONCOLOGY COMPANY booth (booth B02:31 in the exhibition) to all congress delegates.
The ESU Courses CD 2014 is supported by an unrestricted educational grant from MILLENNIUM: THE TAKEDA ONCOLOGY COMPANY.

Fees ESU Courses (for congress registered delegates only)

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<tr>
<td>EAU members</td>
<td>€ 33</td>
<td>€ 49</td>
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<tr>
<td>Non-EAU members</td>
<td>€ 49</td>
<td>€ 71</td>
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<tr>
<td>Residents and nurses (members/non-members)</td>
<td>€ 22</td>
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Prices are excl. 21% VAT

Hands-on training sessions on Laparoscopy, Ureterorenoscopy, Bipolar TURP, Robotic surgery, Urodynamics, Women’s Health and Green Light Laser are organised by the ESU in cooperation with the EAU Robotic Urology Section (ERUS), the EAU Section of Uro-Technology (ESUT) and the EAU Section of Urolithiasis (EULIS). The registration fee is € 26 per hands-on training (excl. VAT).

Registration for hands-on trainings and courses can be made at the ESU registration desks and in the Self Service Area in the registration area.
The Hands-on training sessions are supported by educational grants from AMERICAN MEDICAL SYSTEMS, ALLERGAN, COOK MEDICAL, HITACHI, INTUITIVE SURGICAL, KARL STORZ GMBH & CO.KG, LABORIE and MEDIWATCH, LUMENIS, MIMIC and OLYMPUS EUROPA SE & CO.KG.

E-BLUS (European training in Basic Laparoscopic Urological Skills)
One of the main goals of the EAU is to establish and introduce common standards for training and European urological practice in order to improve patient care.
The E-BLUS exam certifies a basic level of laparoscopic urological skills. The exercises address bimanual dexterity, depth perception, suturing, clipping and cutting skills. Clinical application is found in such procedures as partial nephrectomy, total nephrectomy, pyeloplasty and radical prostatectomy. To aid in the training of these skills and to prepare for this E-BLUS exam, the exercises to be performed can be found in the instructional videos at http://hot.uroweb.org/exercises/.

At the Annual EAU Congress several exam sessions will be organised where you can demonstrate your skills and be awarded with a certificate if you pass the defined criteria. Interest usually exceeds the number of available positions, participation in the exam is therefore by invitation.

For more information: http://hot.uroweb.org or at the ESU booth in Hall C.
General information

**EAU Booth**
The EAU Booth (booth B13:49 in the exhibition) consists of the EAU Membership Booth, EBU Corner, Young Urologists / Residents Corner, EAU Madrid 2015 Promotion Counter, EAU Research Foundation and the EAU Historical Exhibition.

There is also information on European Urology and other EAU publications. The EAU Membership Booth provides information on membership status and membership benefits. Non-members are welcome to visit the EAU Booth for further information and to apply for EAU membership.

**EAU Policy on Live Surgery**
The EAU established an official policy on Live Surgery Events, offering organising centres a clear framework within which to plan and perform live surgeries at any EAU congress or meeting. It outlines a set of guidelines in which the overriding principle is that patient safety must take priority over all other considerations in the conduct of live surgery. Read more on: http://www.uroweb.org/events/eau-live-surgery-events/

**EAU Research Foundation**
The EAU Central Research Office initiates and coordinates, as well as refines investigator initiated and other clinical research protocols. It also acts to facilitate all aspects of clinical research and expand the current network of active research centres and investigators - basic and clinical - both within the EAU member states and its international affiliates. The office coordinates clinical and translational research in close liaison with the EAU Research Foundation. The EAU Research Foundation can be visited at the EAU Booth (booth B13:49 in the exhibition).

**Education & Innovation**
The EAU Education & Innovation booth (in Hall C), represents a joint effort of the European School of Urology, the EAU Section of Uro-technology, the EAU Section on Urolithiasis and the EAU Robotic Urology Section, which offers urologists a hands-on experience with notable technological innovations in urological treatment and training.

**Electricity**
The electricity in Sweden runs on 230 volts and the frequency is 50 Hz. Plugs have two round pins. A plug adaptor will be required if incompatible electronic devices are used.

**Emergency Phone Numbers**
In case of an emergency please call 112 for police, fire brigade or ambulance service. In case of an emergency in the congress centre please call +46 8 749 99 11 or contact a security guard immediately. See also “First Aid”.

**EU-ACME Desk**
Information on the EU-ACME programme, CME/CPD credits, membership status & benefits, accredited CME activities and national CME credits systems can be obtained at the EU-ACME Desk in the registration area. For more information see page 48.

**European Association of Urology Nurses (EAUN)**
The 15th International Meeting of the European Association of Urology Nurses (EAUN) is a 3-day scientific meeting that will be held in conjunction with the 29th Annual EAU Congress on 12-14 April in Room A12 and A13 in support of their goal to continually upgrade the nursing skills of urology nurses. Scheduled are for example abstract sessions and panel discussions. Expert nurses and urologists will give lectures, workshops and courses. See page 33 for the EAUN programme.

**European Board of Urology (EBU)**
The European Board of Urology (EBU) is a section of the UEMS (European Union of Medical Specialists) and responsible for regulatory matters. Visit the EBU Corner at the EAU Booth (booth B13:49 in the exhibition) to obtain more information on EBU’s core activities:

- European Board Examinations in Urology (FEBU) and Assessments
- Certification of Sub-Specialty Centres and Residency Training Programmes in Urology
- European Curriculum

**Electricity**
The electricity in Sweden runs on 230 volts and the frequency is 50 Hz. Plugs have two round pins. A plug adaptor will be required if incompatible electronic devices are used.

**European Urology**
European Urology, the official journal of the EAU, has been a respected urological forum for over 30 years and is currently read by more than 10,000 urologists across the globe. With an impact factor of 10.476 the Platinum Journal remains the leading scientific publication in the field of urology. To keep up with the rapidly evolving world of medicine, technology and surgical techniques, European Urology is constantly updating and innovating its features and layout in order to provide the best clinical guidance,
research and education for urologists across Europe and the world. The recently implemented electronic features and platforms make reading the articles and viewing the videos even more interesting! Come see European Urology for yourself – visit either the European Urology (booth B01:10) or the EAU Booth (booth B13:49) in the exhibition.

Excursions and Stockholm Information
Information on Stockholm and excursions will be available at the Tourist Information & Shop in the main entrance hall.

Exhibition
An extensive technical exhibition will be held jointly with the congress. The exhibition is open to technical equipment manufacturers, pharmaceutical companies and scientific publishers.

Exhibition Hours
Saturday, 12 April 09.15-18.15 hrs
Sunday, 13 April 09.15-18.15 hrs
Monday, 14 April 09.15-18.15 hrs

First Aid
There is a medical unit present for first aid in the main entrance hall indicated on the directional signs with . In case of emergency, contact a security guard immediately or call +46 8 749 99 11. See also “Emergency Phone Numbers”.

Guidelines
EAU Extended guidelines
The EAU extended urological guidelines edition 2014, are distributed at the EAU Booth (booth B13:49 in the exhibition). EAU members can collect the guidelines free of charge. This publication is also available for purchase.

EAU Pocket guidelines
EAU urological guidelines in pocket format including a CD are distributed by Olympus (booth B03:31 in the exhibition) to EAU members only.
The distribution of the EAU Pocket Guidelines 2014 is supported by OLYMPUS

Historical Exhibition
The EAU History Office has set up an historical exhibit located at the EAU Booth (booth B13:49 in the exhibition). The exhibit will present “Visualization in urology - From Andreas Vesalius to hi-tech imaging”.

Hospitality Suites Companies
ABBVIE K12; 1st floor
AMS K13; 1st floor
ASTELLAS Stone/lounge/VIP; ground floor
COOK MEDICAL K16-K17; 1st floor

Hotel Accommodation
The EAU has contracted the company K.I.T. Group GmbH to deal with the housing for the congress. K.I.T. staff will be available at the Hotel Desk in the registration area.

Insurance
The organisers do not accept responsibility for any personal damage. Participants are strongly recommended to arrange their own personal insurance.

Language
All presentations during the EAU Congress will be conducted in English, the official language of the EAU. There will be no translation provided.

Learning Objectives EAU Congress
The EAU congress provides a forum for presenting original unpublished data and sharing ideas for urological innovation as well as disseminating evidence-based knowledge of primary clinical relevance. Urologists and affiliated professionals attending the EAU Congress will be able to:

• Review innovative techniques and scientific advances in the field of urology and its sub-specialties
• Review the latest data and emerging trends from studies in clinical and translational research
• Enhance their knowledge of evidence-based approaches to the management of urological disease
• Gain new knowledge on emerging diagnostic and risk-assessment strategies in the management of urological disease
• Enhance their practical knowledge and skills by educational activities, including hands-on-training and courses
• Gain exposure to new developments in drugs and new cutting edge technology in the field of pharmaceutical research and medical technology through visiting the EAU exhibition
• Communicate, collaborate and network with representatives of a large international audience – medical professionals, national urological societies, patient groups, medical industry and the media.
Lost and Found
Found items should be returned to the EAU Information Desk in the main entrance hall. If you lose or find something, please report to this desk for assistance.

Media Policy
Photography, filming and interviews during the congress (with the exception of the EAU Press Centre and EAU Press Conference Room) are prohibited without written permission from EAU Communication Officer Ms. Ivanka Moerkerken (i.moerkerken@uroweb.org).

Mobile Phones
The sound and flash lights of mobile phones must be switched off during all sessions.

Personal Planner
Do not miss anything during this year’s congress, use the EAU Personal Planner!
- It is fully integrated with the scientific programme of the congress
- You can select your priority sessions and add your private appointments
- If you are presenting at the congress – your faculty appointments will be automatically displayed
- You can export it to your Outlook, Google Calendar or print it out

Visit the congress website for more information: http://www.eaustockholm2014.org/scientific-programme/eau-personal-planner/

Poster Builder Service
Poster presenters who created their posters for the Stockholm Congress through the EAU Online Poster Builder Service, can collect their posters at the Speaker Service Centre (1st floor).

Poster DVD
A DVD with a collection of scientific posters from the Stockholm Congress will be distributed by AMGEN (booth B06:21 in the exhibition).

The EAU Poster DVD 2014 is supported by an unrestricted educational grant from AMGEN

Prayer Room
A special room dedicated to prayer for men and women is located near the East Entrance (follow the signs).

Presentation Training Centre
Mr. Paul Casella (Iowa, USA) gives Individual Presentation Skills Training Sessions to help improve presentation and delivery skills. The one-on-one half hour sessions are free of charge and available to all speakers. Appointments for this very popular training session can be made at the Speaker Service Centre (1st floor).

Press Centre
Journalists and medical/science writers can obtain free registration to the congress. Journalists receive a press pack, to be collected at the EAU Press Centre (1st floor).

All press are invited to report to the EAU Press Centre to obtain the assistance and information they require. Internet access, printer and photocopier are provided.

Resource Centre
Urology Science and Learning
All of the congress’s scientific content, including abstracts, posters and webcasts will be available online on the Congress Website Resource Centre (www.eaustockholm2014.org). Content is constantly updated over the course of the congress and afterwards. Watch scientific sessions you may have missed, or reread the data of the latest research.

Access the Resource Centre by logging in with your MyEAU account or with the number under the barcode on your badge (type the number without the *).

Restaurant Reservations
The choices for eating out in Stockholm are endlessly varied. Traditional Swedish cooking is made up of unpretentious but tasty dishes offered in numerous restaurants (including very luxury ones). Popular dishes are Swedish Meatballs and ‘Smorgasbord’ (a lot of warm and cold dishes such as salmon, herring, shrimps, sardines, smoked reindeer, cheese, bread etc.). To make a restaurant booking go to the Tourist information & Shop in the main entrance hall.

Safety
All bags may be subject to inspection. Security is present for your safety. Please take all personal effects with you when leaving a session room.

Smoking Policy
Smoking is prohibited inside the congress centre and in the exhibition hall.
Social Media
We are using social media at the congress to encourage an open discussion on urology science and experiences at the congress. EAU congress speakers, opinion leaders, delegates and media share their ideas, commentary and photos on Facebook and Twitter. The EAU Facebook page is www.facebook.com/eaupage and the EAU Twitter profile is @uroweb. The hashtag used for the congress is #EAU14. Join the conversation!

Upcoming Meetings
Posters and other information on upcoming meetings can be displayed in the “Upcoming Meetings” promotion area in the exhibition. It is strictly forbidden to put up promotional material at any other location in the building.

Video Library
The EAU Video Library is located in the exhibition (booth B15:11). A wide choice of EAU videos, including all videos presented in Stockholm and at previous EAU Congresses, can be viewed on individual monitors. All videos can be copied to a DVD which can be collected at the ASTELLAS booth during exhibition hours (booth B02:29 in the exhibition), a service that is provided free of charge to all congress delegates. On Tuesday, 15 April DVD’s can be collected in the registration area at the “Support Desk”.
The Video Library is supported by an unrestricted educational grant from ASTELLAS

Speaker Service Centre
For extensive speaker information see page 46.

Taxi Service
The major taxi companies have fixed prices to and from Stockholmsmässan from Arlanda, Bromma and Stockholm City. If you wish to book a taxi in Stockholm we recommend to call the following companies:
- Taxi Stockholm, Telephone +46 815 00 00
- Taxi Kurir, Telephone +46 8 30 00 00
- Taxi 020, Telephone +46 20 38 38 38

The maximum price for trips within the marked zone boundaries is 625 SEK. Taxis will be available in the taxi rank in front of the main entrance.

Companies that are arranging a bus for their group pick-up are only allowed to use the East entrance. Opening hours of the East entrance are following:
- Friday 11 April 16.00 - 21.30
- Saturday 12 April 16.00 - 21.00
- Sunday 13 April 16.00 - 20.45
- Monday 14 April 16.00 - 19.45

Transportation Pass
Congress delegates may collect a complimentary transportation pass in the registration area which is valid on 11 - 15 April 2014. The pass covers underground, tram and bus within the city limits of Stockholm. The airport cannot be reached with this transportation pass. Flygbussarna, the Airport Coaches, operate between all Stockholm’s airports and Stockholm Central Station. Then it’s a short walk to the commuter trains that that stop at the congress centre “Stockholmsmässan” (Ålvsjö station). To get to the City Centre from Arlanda Airport, it is recommended to use the Arlanda Express. To obtain a 20% discount on your ticket go to the Arlanda express website https://www.arlandaexpress.com/ and fill out the discount code: EAU14.

Webcasts & Live Streams
Many sessions will be webcasted via www.eaustockholm2014.org. The webcasted sessions are indicated with a special logo in the synopsis and will be online within several hours after the session. The webcasts have not been edited and are exactly as presented. The statements and the opinions featured in the webcasts are solely those of the individual presenters and not of the EAU. Webcasts are not accredited and no CME credits can be obtained by watching the webcasts. In addition to the webcasts there will be live streams of several sessions available at the congress website: www.eaustockholm2014.org. These sessions are also indicated in the synopsis with a special logo.

WiFi / Charge and Connect Area
Free wireless internet, provided by the congress centre, will be available in all areas and session rooms. Please search for the “Stockholmsmässan”, you do not need to enter a username and password.
A special “Charge and Connect Area” with tables and power outlets is available in the exhibition. The “Charge and Connect Area” allows you to charge your laptops and phones.
Speaker guidelines

Speaker Service Centre
Only digital presentations will be accepted during the congress and all presentations should be handed in at least three hours prior to the start of the session at the Speaker Service Centre (1st floor). Failure to do so could result in presentations not being available for projection when required. If you have an early presentation, please hand in your presentation the previous day!

Opening hours
Thursday, 10 April 14.00 - 19.00
Friday, 11 April 08.00 - 19.00
Saturday, 12 April 07.00 - 19.30
Sunday, 13 April 07.00 - 19.30
Monday, 14 April 07.00 - 19.30
Tuesday, 15 April 07.00 - 14.00

If you are a chair person
Locate your session room in time. Please be in your session room at least 15 minutes prior to the start of the session.
Kindly note that:
• Speakers should strictly observe timing.
• Discussants should first clearly state their name, institution and country of origin.

If you are presenting a poster
Posters must be put up in the room 15 minutes prior to the start of the session. The poster boards are numbered and your poster should be mounted on the board which corresponds with your abstract number.
Pushpins are available in the session room. Please remove your poster immediately at the end of the session. A maximum of 5 PowerPoint slides is allowed during extended poster presentation. For standard poster presentations, a maximum of 2 PowerPoint slides is allowed.

Disclose links to the industry
The EAU Scientific Congress Office requests that you disclose to the audience any links you may have with the industry related to the topic of your lecture at the beginning of your session. A link can be: Being a member of an advisory board or having a consultancy agreement with a specific company.

Presentation Training Centre
Mr. Paul Casella (Iowa, USA) gives Individual Presentation Skills Training Sessions to help improve presentation and delivery skills. The one-on-one half hour sessions are free of charge and available to all speakers. Please go to the Speaker Service Centre to make an appointment for this popular training session.
Accreditation of the EAU Congress

The 29th Annual EAU Congress is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net.

The 29th Annual EAU Congress is designated for a maximum of 27 hours of European external CME credits.

EACCME credits

Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity. The EACCME credit system is based on 1 ECMEC per hour with a maximum of 3 ECMECs for half a day and 6 ECMECs for a full-day event.

EU-ACME members please scan your EAU congress badge when entering the lecture room to have CME credits added automatically to your account.

The CME credit registration is carried out by the EUACME Office and during the congress you can find their desk at the registration area.

CME credits per Country

The UEMS-EACCME® has such agreements with the following countries: Austria, Belgium, Cyprus, Czech Republic, Finland, Georgia, Greece, Hungary, Ireland, Regione Lombardia, Luxembourg, Malta, Norway, Romania, Slovakia, Slovenia, Spain, Sweden, Turkey, UK

CME credits per Speciality

The UEMS represents more than 50 medical disciplines through various bodies and structures.

UEMS Specialist Sections and Divisions: Allergology, Anaesthesiology, Cardiology (Cardiology foundation), Cardiothoracic Surgery, Child and Adolescent Psychiatry and Psychotherapy, Clinical Genetics, Clinical Neurophysiology, Dermatology and Venereology, Emergency Medicine, Endocrinology, Gastroenterology, Geriatrics, Gynaecology and Obstetrics, Infectious Diseases, Internal Medicine, Laboratory Medicine / Medical Biopathology, Medical Microbiology, Nephrology, Neurology, Neurosurgery, Nuclear Medicine, Occupational Medicine, Ophthalmology, Oro-Maxillo-Facial Surgery, Orthopaedics, Otorhinolaryngology, Paediatric Surgery, Paediatrics, Pathology, Physical Medicine and Rehabilitation, Plastic, Reconstructive and Aesthetic Surgery, Pneumology, Psychiatry, Public Health Medicine, Radiology, Radiotherapy, Rheumatology, Surgery, Thoracic Surgery, Urology, Vascular Surgery

Multidisciplinary Joint Committee: Hand Surgery, Immune Mediated Disease, Intensive Care Medicine, Manual Medicine, Oncology, Pain Medicine, Paediatric Urology, Sexual Medicine, Spine Surgery, Sports Medicine, Thematic Federation, Legal and Forensic Medicine

CME credits outside Europe

Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME credit to AMA credit can be found at www.ama-assn.org/go/internationalcme.

If you attended a conference in Europe and received a certificate for EACCME credit you can convert it to the AMA PRA Category 1 Credit™. To receive the credit, the conference must appear on the list of approved activities posted in the EACCME section of the UEMS Website.

To apply for conversion of EACCME credit to AMA PRA Category 1 Credit™, download the application for EACCME Credit Conversion and submit the completed application by fax or mail, a copy of the EACCME credit certificate and appropriate processing fee. A certificate of AMA PRA Category 1 Credit™ will be mailed within four weeks. If you wish to receive information about the conversion procedure of EACCME credits to AMA PRA category 1 credits, please contact the AMA.

Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.
The EU-ACME Programme - the initiative resulting from a close collaboration between the European Board of Urology (EBU) and the European Association of Urology (EAU) - stands for European Urology - Accredited Continuing Medical Education. Its primary task is assistance in the implementation, promotion and organization of Continuing Medical Education (CME) and Continuing Professional Development (CPD) among European urologists. Urologists have access to an online system - in compliance with the EBU/UEMS regulations - which helps them to keep track of their educational activities, irrespective of the country they practice in or where they have participated in accredited CME/CPD activities.

CME/CPD activities are generally geared towards practising physicians and are designed to provide information that is both relevant and essential to medical practice.

The EU-ACME office acts as a central ‘institution’ where all information forwarded by urologists, (inter) national urological associations and CME organisers/providers is kept.

As a service institution the EU-ACME office offers:
• registration of credit points for members of the urological society participating in the EU ACME programme,
• access to the online CME/CPD credit system via webpage www.eu-acme.org,
• the EU ACME membership card for urologist participating in the programme,
• yearly Credit Registry Report listing all collected CME/CPD credit points,
• registration of accredited on national and/or European level CME events,
• assistance in obtaining European Accreditation.

The international urological societies as European Association of Urology, European Society of Paediatric Urology and International Continence Society as well as national urological societies from: Austria, Czech Republic, Cyprus, Denmark, Egypt, Estonia, Greece, Hungary, Italy, Latvia, Malta, The Netherlands, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia have already joined the programme. For more information, please visit the website: www.eu-acme.org.

Information on the EU-ACME programme, your acquired CME/CPD credits and membership cards can be obtained at the EU-ACME information desk in the registration area.
Congress hotels

Älvsjö Hotel
Johan Skyttés Väg 190
125 21 Älvsjö
T +46 8 727 53 00
F +46 8 727 53 10
www.hotellalvsjo.se
Walking distance

Best Western Kom Hotel
Döbelns gatan 17
111 40 Stockholm
T +46 8 412 23 00
F +46 8 412 23 10
www.komhotel.se
Metro green line 19 from Hötorget towards Hagsätra. At Stockholms Central change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

Best Western Premier Kung Carl Hotel
Birger Jarlsgatan 21
111 45 Stockholm
T +46 8 463 50 00
F +46 8 463 50 50
www.hotellkungcarl.se
Metro 14 from Östermalmstorg towards Liljeholmen. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Birger Jarl Hotel
Tulegatan 8
113 53 Stockholm
T +46 8 674 18 00
F +46 8 673 73 66
www.birgerjarl.se
Metro 18 Rådmansgatan towards Hagsätra. At Stockholms Central change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

Clarion Sign Hotel
Östra Järnvägsgatan 35
101 26 Stockholm
T +46 8 676 98 00
F +46 8 676 98 99
www.clarionsign.com
Commuter train 35 from Stockholms Central towards Västerhaninge. Get off at Älvsjö.

Clarion Stockholm Hotel
Ringvägen 98
104 60 Stockholm
T +46 8 462 10 00
F +46 8 462 10 19
www.clarionstockholm.com
Bus 4 from Skanstull towards Radiohuset. At Stockholms Södra change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

Clarion Wellington Hotel
Storgatan 6
114 51 Stockholm
T +46 8 667 09 10
F +46 8 667 12 54
www.wellington.se
Metro 14 from Östermalmstorg towards Liljeholmen. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Comfort Hotel Stockholm
Kungsbron 1
111 22 Stockholm
T +46 8 566 222 00
F +46 8 566 224 44
www.nordichoicehotels.com
Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

Connect City Kungsholmen
Alströmergatan 41
112 47 Stockholm
T +46 8 441 02 20
F +46 8 441 02 30
www.connecthotels.se

Connect Stockholm International Fairs
Götlandsvägen 218
125 44 Älvsjö
T +46 8 749 61 60
F +46 8 749 61 70
www.connecthotel.se
Walking distance

Courtyard by Marriott Kungsholmen
Rålambsvågen 60
112 19 Stockholm
T +46 8 441 31 00
F +46 8 441 31 99
www.marriott.de
Metro 10 from Fridhemsplan towards Kungsträdgården. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Elite Eden Park Hotel
Sturegatan 22
114 36 Stockholm
T +46 8 555 627 00
F +46 8 555 627 01
www.elite.se
Metro 14 from Östermalmstorg towards Fruängen. At Telefonplan change to bus 142. Get off at Älvsjö.
Programme Book

Congress hotels

Elite Marina Tower Hotel
Saltsjöqvarns Kaj 25
131 71 Nacka
T +46 8 555 702 00
F +46 8 555 702 01
www.elite.se
Bus 53 from Saltsjöqvarn towards Roslagstull. Get off at Tagelbacken and walk to Central station. Take train Pendeltag. Get off at Älvsjö.

Elite Stockholm Plaza
Birger Jarlsgatan 29
111 45 Stockholm
T +46 8 566 220 00
F +46 8 566 220 20
www.elite.se
Metro 14 from Östermalmsgtorg towards Früängen. At Früängen take bus 163. Get off at Älvsjö.

First Royal Star Hotel
Mässvägen 1
125 30 Älvsjö
T +46 8 99 02 20
F +46 8 99 39 09
www.firsthotels.com
Walking distance

Freys Hotel
Bryggargatan 12
101 31 Stockholm
T +46 8 506 213 00
F +46 8 506 213 13
www.freyshotel.se
Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

Grand Hotel
Södra Blasieholmshamnen 8
103 27 Stockholm
T +46 8 679 35 00
F +46 8 611 86 86
www.grandhotel.se
Metro 11 from Kungsträdgården towards Akalla. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Hellsten Hotel
Luntmakargatan 68
113 51 Stockholm
T +46 8 661 86 00
F +46 8 661 86 01
www.hellsten.se
Metro 19 from Radmansgatan towards Hagsättra. At Stockholms Central change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

Lady Hamilton Hotel
Storkyrkobrinken 5
111 28 Stockholm
T +46 8 506 401 00
F +46 8 506 401 10
www.thecollectorshotels.se
Take Metro red line 14 from Gamla Stan towards Mörby centrum. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

New World Hotel
Åbyvägen 20
120 44 Årsta
T +46 8 602 55 00
F +46 8 602 56 00
www.newworldhotel.se
Bus 143 from Västberga kyrkogårdsväg towards Högdalen. Get off at Älvsjö.

Hilton Stockholm Slussen
Guldgränd 8
104 65 Stockholm
T +46 8 517 353 00
F +46 8 517 353 11
www.hilton.co.uk
Metro 14 from Slussen towards Mörby Centrum. At Stockholms Central change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

Quality Hotel Globe Stockholm
Arenaslingan 7
121 26 Stockholm
T +46 8 686 63 00
F +46 8 686 63 01
www.globehotel.se
Tvärbanan local train 22 from Globen towards Alvik. At Årstaberg change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

First Hotel Reisen
Skeppsbron 12
111 30 Stockholm
T +46 8 22 32 60
F +46 8 20 15 59
www.firsthotels.com
Bus 43 from Slottsbacken towards Tanto. At Stockholms Södra change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

First Royal Star Hotel
Mässvägen 1
125 30 Älvsjö
T +46 8 99 02 20
F +46 8 99 39 09
www.firsthotels.com
Walking distance

Freys Hotel
Bryggargatan 12
101 31 Stockholm
T +46 8 506 213 00
F +46 8 506 213 13
www.freyshotel.se
Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

Grand Hotel
Södra Blasieholmshamnen 8
103 27 Stockholm
T +46 8 679 35 00
F +46 8 611 86 86
www.grandhotel.se
Metro 11 from Kungsträdgården towards Akalla. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Hellsten Hotel
Luntmakargatan 68
113 51 Stockholm
T +46 8 661 86 00
F +46 8 661 86 01
www.hellsten.se
Metro 19 from Radmansgatan towards Hagsättra. At Stockholms Central change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.
Nobis Hotel Stockholm
Normalmstorg 2-4
111 86 Stockholm
T +46 8 614 10 00
F +46 8 601 30 45
www.nobishotel.se
Commuter train 36 from Stockholms Central towards Östertälje. Get off at Älvsjö.

Nordic Light Hotel
Vasaplan 7
111 20 Stockholm
T +46 8 50 56 30 00
F +46 8 50 56 30 90
www.nordiclighthotel.se
Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

Nordic Sea Hotel
Vasaplan 4
111 20 Stockholm
T +46 8 505 630 00
F +46 8 505 630 40
www.nordicseahotel.se
Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

Omena Hotel Stockholm
Torsgatan 10
111 23 Stockholm
T +46 10 470 55 50
www.omenahotels.com
Commuter train 36 from Stockholms Central towards Östertälje. Get off at Älvsjö.

Park Inn by Radisson Solna
Hotellgatan 11
171 25 Stockholm
T +46 8 470 91 00
F +46 8 470 91 09
www.parkinn.com
Metro 11 from Solna Centrum. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Radisson Blu Royal Viking
Vasagatan 1
101 24 Stockholm
T +46 8 506 540 00
F +46 8 506 540 01
www.radissonblu.com
Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

Radisson Blu Strand Hotel
Nybrokajen 9
103 27 Stockholm
T +46 8 506 640 00
F +46 8 506 640 01
www.radissonblu.com
Bus 69K from Nybroplan towards Fridhemsplan. At Stockholms Central change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

Radisson Blu Waterfront Hotel
Nils Ericsons Plan 4
111 64 Stockholm
T +46 8 505 060 00
F +46 8 505 060 01
www.radissonblu.com
Commuter train 35 from Stockholms Central towards Västerhaninge. Get off at Älvsjö.

Rex Hotel
Luntmakargatan 73
113 51 Stockholm
T +46 8 160 040
F +46 8 661 86
www.rexhotel.se
Metro 19 from Rådmansgatan towards Hagsättra. At Stockholms Central change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

Rica Gamla Stan Hotel
Lilla Nygatan 25
111 28 Stockholm
T +46 8 723 72 50
F +46 8 723 72 59
www.rica-hotels.com
Metro 14 from Gamla Stan towards Mörby centrum. At Stockholms Central change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

Rica Kungsgatan Hotel
Kungsgatan 47
111 56 Stockholm
T +46 8 723 72 20
F +46 8 723 72 99
www.rica.se
Commuter train 35 from Stockholms Central towards Västerhaninge. Get off at Älvsjö.

Rica Stockholm Hotel
Slöjdgatan 7
111 57 Stockholm
T +46 8 723 72 00
F +46 8 723 72 09
www.rica-hotels.com
Commuter train 35 from Stockholms Central towards Västerhaninge. Get off at Älvsjö.
Congress hotels

Rica Talk
Mässvägen 2
125 80 Stockholm
T +46 8 588 820 00
F +46 8 588 820 01
www.rica.se
Walking distance

Riddargatan Hotel
Riddargatan 14
114 35 Stockholm
T +46 8 555 730 00
F +46 8 555 730 11
wwwprofilhotels.com
Metro 14 from Östermalmstorg towards Fruängen. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Scandic Anglais
Humlegårdsgratan 23
102 44 Stockholm
T +46 8 517 340 00
F +46 8 517 340 11
www.scandichotels.com
Merto red line 14 from Östermalmstorg towards Fruängen. At Stockholms central change to commuter train 35 towards Nynäshamn or 36 towards Södertälje centrum. Get off at Älvsjö.

Scandic Grand Central
Kungsgatan 70
111 20 Stockholm
T +46 8 512 520 00
F +46 8 512 520 11
www.scandichotels.de
Commuter train 35 from Stockholms Central towards Västerhaninge. Get off at Älvsjö.

Scandic Malmen
Götgatan 49-51
102 66 Stockholm
T +46 8 517 347 00
F +46 8 517 347 11
www.scandichotels.se

Scandic Norra Bantorget
Wallingsgatan 15
111 24 Stockholm
T +46 8 517 670 00
F +46 8 517 670 11
www.scandichotels.com
Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

Scandic Park
Karlagatan 43
102 46 Stockholm
T +46 8 517 348 00
F +46 8 517 348 11
www.scandichotels.com
Metro 14 from Stadion. At Stockholms central to commuter train 35 towards Nynäshamn or 36 towards Södertälje centrum. Get off at Älvsjö.

Scandic Sergel Plaza
Brunkbergstorg 9
103 27 Stockholm
T +46 8 517 263 00
F +46 8 517 263 11
www.scandichotels.com
Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

Scandic Sjöfartshotellet
Katarinavägen 26
104 65 Stockholm
T +46 8 517 349 00
F +46 8 517 349 11
www.scandichotels.se

Sheraton Stockholm Hotel
Tegelbacken 6
101 23 Stockholm
T +46 8 412 34 00
F +46 8 412 34 09
www.starwoodhotels.com
Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

Stureplan Hotel
Birger Jarlsgatan 24
114 34 Stockholm
T +46 8 440 66 00
F +46 8 440 66 11
www.hotelstureplan.se
Metro 14 from Östermalmstorg towards Liljeholmen. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Tegnérlunden Plaza
Tegnérlunden 8
113 59 Stockholm
T +46 8 545 455 50
F +46 8 545 455 51
www.hoteltegnerlunden.se
Metro 19 from Radmansgatan towards Hagsätra. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.
Friday, 11 April - EAU Programme

Special Session

08.45 - 15.45  EAU-ICUD Consultation on minimally invasive surgery in urology (MISU)

Room A4

08.45 - 08.50  Opening by the Steering Committee: Aims of the Consultation
Chairs:  W. Artibani, Verona (IT)
J.H. Kaouk, Cleveland (US)
M. Menon, Detroit (US)
J. Rassweiler, Heilbronn (DE)

08.50 - 09.10  MI Adenomectomy
H. John, Zurich (CH)
R. Sotelo Noguera, Caracas (VE)

09.10 - 09.25  Discussion

09.25 - 09.55  MI Radical prostatectomy
C-C. Abbou, Vincennes (FR)
V. Patel, Celebration (US)

09.55 - 10.15  Discussion

10.15 - 10.45  MI Radical cystectomy
A Guru, East Amherst (US)
P. Wiklund, Stockholm (SE)

10.45 - 11.05  Discussion

11.05 - 11.25  MI Nephrectomy
A. Alcaraz, Barcelona (ES)
A. Hemal, Winston Salem (US)

11.25 - 11.40  Discussion

11.40 - 12.10  MI Nephron sparing surgery
I.S. Gill, Los Angeles (US)
A. Mottrie, Aalst (BE)

12.10 - 12.30  Discussion

12.30 - 12.50  Break

12.50 - 13.20  MI Reconstructive surgery
L. Kavoussi, Baltimore, MD (US)
F. Porpiglia, Turin (IT)

13.20 - 13.35  Discussion

13.35 - 13.55  MI Prolapse surgery
M. Kennelly, Charlotte (US)
PT. Piechaud, Bordeaux (FR)
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<tr>
<th>Time</th>
<th>Session Topic</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>13.55 - 14.10</td>
<td>Discussion</td>
<td></td>
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<tr>
<td>14.10 - 14.30</td>
<td>MI Lymphadenectomy</td>
<td>G. Janetschek, Salzburg (AT)</td>
</tr>
<tr>
<td>14.30 - 14.45</td>
<td>Discussion</td>
<td></td>
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<tr>
<td>14.45 - 15.05</td>
<td>MI Training and simulation</td>
<td>P. Dasgupta, London (GB)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>H.G. Van Der Poel, Amsterdam (NL)</td>
</tr>
<tr>
<td>15.05 - 15.20</td>
<td>Discussion</td>
<td></td>
</tr>
<tr>
<td>15.20 - 15.35</td>
<td>Future perspectives</td>
<td>J. Rassweiler, Heilbronn (DE)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>K. Tewari, New York (US)</td>
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<tr>
<td>15.35 - 15.45</td>
<td>Close</td>
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</tbody>
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### Antimicrobial-resistance in nosocomial UTIs: A threat to patient safety

**Room A2**

**Chairs:**  
T.E. Bjerklund Johansen, Oslo (NO)  
D. Monnet, Stockholm (SE)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10.30 - 10.50</td>
<td>Antimicrobial-resistance and UTIs: What is at stake for European hospitalised patients?</td>
</tr>
<tr>
<td></td>
<td>A.P. Magiorakos, Stockholm (SE)</td>
</tr>
<tr>
<td>10.50 - 11.10</td>
<td>Antimicrobial-resistant healthcare-associated UTIs in Europe: Results from the ECDC point prevalence survey</td>
</tr>
<tr>
<td></td>
<td>C. Suetens, Stockholm (SE)</td>
</tr>
<tr>
<td>11.10 - 11.30</td>
<td>Antimicrobial-resistant infections in urology departments: Results from the Global Prevalence Study of Infections in Urology (GPIU)</td>
</tr>
<tr>
<td></td>
<td>F.M.E. Wagenlehner, Gießen (DE)</td>
</tr>
<tr>
<td>11.30 - 11.50</td>
<td>How might increasing antimicrobial-resistance change prophylaxis and treatment in urology?</td>
</tr>
<tr>
<td></td>
<td>M.J. Grabe, Malmö (SE)</td>
</tr>
<tr>
<td>11.50 - 12.10</td>
<td>How to deal with urology patients carrying ESBL</td>
</tr>
<tr>
<td></td>
<td>H.M. Cek, Edirne (TR)</td>
</tr>
<tr>
<td>12.10 - 12.30</td>
<td>Discussion</td>
</tr>
</tbody>
</table>
### Urology beyond Europe

#### Joint Session of the European Association of Urology (EAU) and the Korean Urological Association (KUA)

**Room A6**

**Chairs:**  
G.T. Sung, Busan (KR)  
H. Van Poppel, Leuven (BE)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Details</th>
</tr>
</thead>
</table>
| 10.30  | Introduction                                                             | S.W. Han, Seoul (KR)  
H. Van Poppel, Leuven (BE)                                                |
| 10.35  | Session 1: Adjuvant and salvage treatments after radical prostatectomy  | G.T. Sung, Busan (KR)  
H. Van Poppel, Leuven (BE)                                                |
| 10.35  | Radiation therapy                                                       | A. Briganti, Milan (IT)                                                 |
| 10.55  | Hormone therapy                                                         | S.I. Kim, Suwon (KR)                                                   |
| 11.15  | Clinical cases                                                           | H.K. Ha, Busan (KR)                                                    |
| 11.25  | Session 2: Urinary diversion                                            | F.C. Burkhard, Berne (CH)  
S.J. Hong, Seoul (KR)                                                      |
| 11.25  | Complications                                                           | B.S. Hong, Seoul (KR)                                                  |
| 11.45  | Quality of life                                                          | K.G.W. Månsson, Lund (SE)                                               |
| 12.05  | Discussion                                                               |                                                                        |
| 12.10  | Session 3: Peyronie’s disease                                            | W. Aulitzky, Vienna (AT)  
S.W. Lee, Seoul (KR)                                                       |
| 12.10  | Medical treatment                                                        | W. Aulitzky, Vienna (AT)                                                |
| 12.30  | Surgical treatment                                                       | J.K. Ryu, Incheon (KR)                                                 |
| 12.50  | Clinical cases                                                           | D. Moon, Seoul (KR)                                                    |
Urology beyond Europe

10.30 - 13.00 EAU – World Chinese Joint Session

Room A8

Chairs: P-A. Abrahamsson, Malmö (SE)
F. M.J. Debruyne, Arnhem (NL)
T. Hwang, Taipei (TW)
L-P. Xie, Hangzhou (CN)

10.30 – 10.35 Introduction

10.35 – 11.55 Session 1

Moderators: P-A. Abrahamsson, Malmö (SE)
L-P. Xie, Hangzhou (CN)

10.35 – 10.45 Introduction

10.35 – 11.05 Screening of prostate cancer

10.35 – 10.45 Early detection of prostate cancer: The European view
P-A. Abrahamsson, Malmö (SE)

10.45 – 10.55 PSA screening for prostate cancer in Taiwan: A must or mud
T-L. Cha, Taipei (TW)

10.55 – 11.05 Updates on biomarkers in early diagnosis of prostate cancer
C-L. Xu, Shanghai (CN)

11.05 – 11.35 Intrarenal surgery for stones

11.05 – 11.15 Is there a role for laparoscopy
G. Janetschek, Salzburg (AT)

11.15 – 11.25 Title to be confirmed
Y-C. Lin, Taipei (TW)

11.25 – 11.35 RIRS for complex renal calculi
G-H. Zeng, Guangzhou (CN)

11.35 – 11.55 Treatment of failed stress urinary incontinence

11.35 – 11.45 Repeat mid-urethral sling after failed sling surgery
F. Van der Aa, Leuven (BE)

H-C. Kuo, Huanlien (TW)
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Topic</th>
<th>Speaker(s)</th>
<th>Location</th>
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<tr>
<td>11.55 – 12.25</td>
<td><strong>Session 2</strong></td>
<td><strong>Bladder cancer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.55 – 12.05</td>
<td>Current strategies for intravesical treatment of superficial bladder cancer</td>
<td>F. Debruyne, Arnhem (NL)</td>
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<td>12.05 – 12.15</td>
<td>Prognostic significant predictors of urothelial carcinoma</td>
<td>W-J. Wu, Kaohsiung (TW)</td>
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<td>12.15 – 12.25</td>
<td>Hydrodissection for improved staging in bladder cancer</td>
<td>H.S.S. Ho, Singapore (SG)</td>
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<td>12.25 – 12.55</td>
<td><strong>Andrology</strong></td>
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<td>12.25 – 12.35</td>
<td>Erectile dysfunction after radical prostatectomy: Treatment or rehabilitation</td>
<td>I. Moncada, Madrid (ES)</td>
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<td>12.35 – 12.45</td>
<td>Title to be confirmed</td>
<td>T-F. Tsai, Taipei (TW)</td>
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<td>12.45 – 12.55</td>
<td>Erectile dysfunction treatment beyond PDE-5 inhibitor</td>
<td>C.F. Ng, Hong Kong (HK)</td>
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<td>12.55 – 13.00</td>
<td><strong>Closing remarks</strong></td>
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Friday, 11 April - EAU Programme

Urology beyond Europe

10.30 - 13.00 Joint Session of the European Association of Urology (EAU) and the Arab Association of Urology (AAU)

Room A10

Chairs: H. Abol-Enein, Mansoura (EG)
        W. Artibani, Verona (IT)

10.30 - 10.35 Welcome and introduction
        H. Abol-Enein, Mansoura (EG)
        W. Artibani, Verona (IT)

10.35 - 11.10 Session 1: Training programmes
        Moderators: N.N-P. Buchholz, London (GB)
                    I. Khalaf, Nasr City (EG)

10.35 - 10.50 Training programmes in minimally invasive urology for the young urologist
        A. Volpe, Novara (IT)

10.50 - 11.05 Publication in the Arab world: The impact of the Arab Journal of Urology
        A. Shokeir, Mansoura (EG)

11.05 - 11.10 Discussion

11.10 - 11.45 Session 2: Prostate cancer
        Moderators: D. Rabah, Riyadh (SA)
                    A.K. Chamssuddin, Damascus (SY)

11.10 - 11.25 When and how to treat PSA relapse after radical prostatectomy
        S.G. Joniau, Leuven (BE)

11.25 - 11.40 Prostate cancer management: Arab perspective
        R.B. Khauli, Beirut (LB)

11.40 - 11.45 Discussion

11.45 - 12.20 Session 3: Female urology and kidney transplantation
        Moderators: N. Al-Hamdani, Baghdad (IQ)
                    F. Farag, Nijmegen (NL)

11.45 - 12.00 Female urology for general urologist: What is the minimal knowledge required?
        J.P.F.A. Heesakkers, Nijmegen (NL)

12.00 - 12.15 Current role of urologist in kidney transplantation
        M. Moukarzel, Beirut (LB)

12.15 - 12.20 Discussion
12.20 - 12.35  **Session 4: Urinary diversion**

*Moderators: K. Al-Kohlany, Sana’a (YE)*
*Y. Nouira, Ariana (TN)*

12.20 - 12.35  **Surgical tricks make the neobladder easy**
H. Abol-Enein, Mansoura (EG)

12.35 - 12.50  **Complication of orthotopic neobladder: How to avoid**
K.G.W. Månsson, Lund (SE)

12.50 - 12.55  **Discussion**

12.55 - 13.00  **Conclusion and closing remarks**
H. Abol-Enein, Mansoura (EG)
W. Artibani, Verona (IT)
Friday, 11 April - EAU Programme

Urology beyond Europe

10.30 - 13.00 Joint Session of the European Association of Urology (EAU) and the Iranian Urological Association (IUA)

Room A11

Chairs: S.J. Hosseini, Tehran (IR)
M. Marberger, Vienna (AT)

10.30 - 10.35 Introduction
S.J. Hosseini, Tehran (IR)
M. Marberger, Vienna (AT)

10.35 - 11.30 LUTS and sexual dysfunction

10.35 - 10.50 LUTS and sexual dysfunction: Joint problems?
A. Hamidi Madani, Rasht (IR)

10.50 - 11.05 Managing sexual dysfunction in patients with LUTS
M.A. Sadighi Gilani, Tehran (IR)

11.05 - 11.20 Sexual dysfunction after surgery for BOO: Procedure related and avoidable?
I. Eardley, Leeds (GB)

11.20 - 11.30 Questions and answers

11.30 - 12.55 High risk prostate cancer

11.30 - 11.45 Identifying high risk localised prostate cancer
S.F. Shariat, Vienna (AT)

11.45 - 12.00 Aggressive surgery is the way to go
S.J. Hosseini, Tehran (IR)

12.00 - 12.15 Neoadjuvant/ adjuvant hormonal/ medical therapy with the surgical approach?
B. Tombal, Brussels (BE)

12.15 - 12.30 Positive margins at radical prostatectomy: Adjuvant radiotherapy?
A. Heidenreich, Aachen (DE)

12.30 - 12.45 Primary radiotherapy as an alternative to surgery: Why, when and how?
M.A. Zargar Shoshtari, Tehran (IR)

12.45 - 12.55 Questions and answers

12.55 - 13.00 Closing remarks
S.J. Hosseini, Tehran (IR)
M. Marberger, Vienna (AT)
Friday, 11 April - EAU Programme

Urology beyond Europe

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**Room K1**

**Optimal management of urothelial carcinoma**

*Chairs:*  
C.F. Heyns, Cape Town (ZA)  
J.W. Thüroff, Mainz (DE)

| 10.30 - 10.36 | **Introduction**  
C.F. Heyns, Cape Town (ZA)  
J.W. Thüroff, Mainz (DE) |
|----------------|---------------------------------------------------------------|

| 10.36 - 11.00 | **Risk stratification in upper tract urothelial carcinoma**  
M. Roupret, Paris (FR) |
|----------------|---------------------------------------------------------------|

| 11.00 - 11.24 | **Conservative management in 2014: Optimal patient selection and techniques**  
J.J.M.C.H. De La Rosette, Amsterdam (NL) |
|----------------|---------------------------------------------------------------|

| 11.24 - 11.48 | **Optimal surgical approach to high grade upper tract urothelial carcinoma**  
A. Stenzl, Tübingen (DE) |
|----------------|---------------------------------------------------------------|

| 11.48 - 12.12 | **Role of lymph node dissection in urothelial carcinoma**  
G.N. Thalmann, Berne (CH) |
|----------------|---------------------------------------------------------------|

| 12.12 - 12.36 | **Robotic surgery in urothelial carcinoma**  
M.M. Desai, Los Angeles (US) |
|----------------|---------------------------------------------------------------|

| 12.36 - 13.00 | ** Continent urinary diversion: Patient selection and technical tips**  
J.W. Thüroff, Mainz (DE) |
|----------------|---------------------------------------------------------------|
**Friday, 11 April - EAU Programme**

### Urology beyond Europe

**10.30 - 13.00** Joint Session of the European Association of Urology (EAU) and the Urological Society of India (USI)

**Room K2**

*Chairs:*  
D. Jacqmin, Strasbourg (FR)  
D. Kirpekar, Pune (IN)

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<th>Time</th>
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| 10.30 - 10.35 | **Introduction**  
D. Jacqmin, Strasbourg (FR)  
D. Kirpekar, Pune (IN)        |
| 10.35 - 11.05 | **Urethral stricture**  
S.B. Kulkarni, Pune (IN)         |
| 11.05 - 11.25 | **Point counterpoint Is there a role for robotic surgery in kidney transplantation**  
G. Karam, Nantes (FR)  
M. Pranjal, Ahmedabad (IN)  
        |
| 11.25 - 12.25 | **Round table Management of kidney stones**  
                |
| 11.25 - 11.35 | **Ultra-Mini PCNL**  
J. Desai, Ahmedabad (IN)         |
| 11.35 - 11.45 | **Calyceal stones**  
S.V. Kandasami, Coimbatore (IN)  
        |
| 11.45 - 11.55 | **Ureteroscopic laser treatment**  
O. Traxer, Paris (FR)         |
| 11.55 - 12.05 | **ESWL**  
T.B.C.         |
| 12.05 - 12.25 | **Q&A**         |
| 12.25 - 12.55 | **Ergonomics in laparoscopic and robotic surgery**  
                |
| 12.25 - 12.35 | **Laparoscopy**  
M. Chiruvella, Hyderabad (IN)  
        |
| 11.35 - 11.45 | **Robotic**  
J. Hubert, Nancy (FR)         |
| 12.45 - 12.55 | **Q&A**         |
| 12.55 - 13.00 | **Conclusion**  
D. Jacqmin, Strasbourg (FR)  
D. Kirpekar, Pune (IN)         |
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### Room A6

**Chairs:** D.M. Castro-Diaz, Santa Cruz Tenerife (ES)
H. Villavicencio Mavrich, Barcelona (ES)

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<td>13.20 - 13.40</td>
<td>What is the future of research in urology?&lt;br&gt;J.W.F. Catto, Sheffield (GB)</td>
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<td>13.40 - 14.00</td>
<td>Current management of neurogenic voiding dysfunction in childhood&lt;br&gt;S. Tekgül, Ankara (TR)</td>
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<td>14.00 - 14.20</td>
<td>Diagnosis and medical treatment of lower urinary tract symptoms in adult men&lt;br&gt;M. Oelke, Hanover (DE)</td>
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<td>14.40 - 15.00</td>
<td>How to manage hormone resistant prostate cancer&lt;br&gt;M.J. Ribal, Barcelona (ES)</td>
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<td>15.00 - 15.20</td>
<td>Analysis of results of robotic radical prostatectomy, CAU study&lt;br&gt;H. Davila Barrios, Caracas (VE)</td>
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<td>15.20 - 15.40</td>
<td>Current and future trends in robotic surgery&lt;br&gt;H.G. Van Der Poel, Amsterdam (NL)</td>
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<td>15.40 - 15.45</td>
<td>Closing remarks&lt;br&gt;D.M. Castro-Diaz, Santa Cruz Tenerife (ES)&lt;br&gt;H. Villavicencio Mavrich, Barcelona (ES)</td>
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Simultaneous translation from English to Spanish will be provided
# Urology beyond Europe

**Friday, 11 April - EAU Programme**

## Joint Session of the European Association of Urology (EAU) and the Maghreb Union Countries

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<td>13.15 - 15.45</td>
<td><strong>Introduction</strong>&lt;br&gt;A. Joual, Casablanca (MA)</td>
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<td>13.20 - 13.50</td>
<td><strong>Prostate cancer screening</strong>&lt;br&gt;<em>Moderators:</em>&lt;br&gt;P. Coloby, Cergy Pontoise (FR)&lt;br&gt;A. Joual, Casablanca (MA)</td>
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<td>13.20 - 13.30</td>
<td><strong>Prostate cancer in the Maghreb</strong>&lt;br&gt;F. Attyaoui, Tunis (TN)</td>
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<td>13.30 - 13.45</td>
<td><strong>New guidelines for PSA screening: Global perspective</strong>&lt;br&gt;G.P. Haas, Syracuse (US)</td>
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<td>13.45 - 13.50</td>
<td><strong>Q&amp;A</strong></td>
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<td>13.50 - 16.25</td>
<td><strong>Prostate cancer diagnosis and management</strong>&lt;br&gt;<em>Moderators:</em>&lt;br&gt;C-C. Abbou, Vincennes (FR)&lt;br&gt;K. Atallah, Tunis (TN)</td>
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<td>13.50 - 14.00</td>
<td><strong>Biomarkers of aggressiveness</strong>&lt;br&gt;S.F. Shariat, Vienna (AT)</td>
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<td>14.00 - 14.10</td>
<td><strong>MRI as an imaging biomarker for prostate cancer</strong>&lt;br&gt;T.B.C.</td>
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<td>14.10 - 14.20</td>
<td><strong>Role penile rehabilitation after radical prostatectomy</strong>&lt;br&gt;J. Romero Otero, Madrid (ES)</td>
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<td>14.20 - 14.25</td>
<td><strong>Q&amp;A</strong></td>
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<td>14.25 - 14.55</td>
<td><strong>Bladder cancer</strong>&lt;br&gt;<em>Moderators:</em>&lt;br&gt;M. Ounnoughene, Tizi Ouzou (DZ)&lt;br&gt;S.F. Shariat, Vienna (AT)</td>
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<td>14.25 - 14.40</td>
<td><strong>Management of T1 urothelial carcinoma of the bladder</strong>&lt;br&gt;G. Dalbagni, New York (US)</td>
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<td>14.40 - 14.50</td>
<td><strong>Surgical quality indicators of cystectomy</strong>&lt;br&gt;K. Touijer, New York (US)</td>
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<td>14.50 - 14.55</td>
<td><strong>Q&amp;A</strong></td>
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14.55 - 15.40  **Panel discussion of clinical scenarios**

*Panel:*  
C-C. Abbou, Vincennes (FR)  
K. Atallah, Tunis (TN)  
P. Coloby, Cergy Pontoise (FR)  
A. Joual, Casablanca (MA)  
S.M. Moudouni, Marrakech (MA)  
M. Ounnoughene, Tizi Ouzou (DZ)  
R. Rabii, Casablanca (MA)

15.40 - 15.45  **Closing remarks**

P. Coloby, Cergy Pontoise (FR)
**Urology beyond Europe**

**Joint Session of the European Association of Urology (EAU) and the Indonesian Urological Association (IUAI)**

**Room A10**

*Chairs:*  
C.R. Chapple, Sheffield (GB)  
C.A. Mochtar, Jakarta (ID)

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<td>13.15 - 15.45</td>
<td>Session 1: Incontinence/OAB</td>
<td>Identifying various aspects of LUTS: The role of urodynamics</td>
<td>H.E. Rahardjo, Jakarta (ID)</td>
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<td>13.15 - 13.45</td>
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<td>When would I carry out invasive urodynamics in either a male or female patient?</td>
<td>J.P.F.A. Heesakkers, Nijmegen (NL)</td>
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<td>13.45 - 14.45</td>
<td>Session 2: Vesicovaginal fistula</td>
<td>Surgical approach of vesicovaginal fistula</td>
<td>A. Rodjani, Jakarta (ID)</td>
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<td>13.45 - 14.05</td>
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<td>Surgical management of ureterovaginal fistula</td>
<td>C.R. Chapple, Sheffield (GB)</td>
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<td>14.45 - 15.45</td>
<td>Session 3: Male OAB</td>
<td>The significance of storage symptoms</td>
<td>C.A. Mochtar, Jakarta (ID)</td>
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<td>14.45 - 15.05</td>
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<td>Pharmacotherapy for storage disorders in the male</td>
<td>M.J. Drake, Bristol (GB)</td>
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<td>15.15 - 15.45</td>
<td>Session 5: Orthotopic neobladder/urinary diversions</td>
<td>Implication of ileal neobladder to voiding function</td>
<td>F. Safriadi, Bandung (ID)</td>
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<td>15.15 - 15.35</td>
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<td>A pragmatic approach to selection of diversion in patients</td>
<td>K.G.W. Månsson, Lund (SE)</td>
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Friday, 11 April - EAU Programme

Urology beyond Europe

13.15 - 15.45 EAU - International: Caucasus and Central Asia Session

Room A11

Chairs: A. Akilov, Tashkent (UZ)  
B. Djavan, Vienna (AT)  
M.K. Alchinbayev, Almaty (KZ)

Coordinator: N. Turmanidze, Tbilisi (GE)

13.15 - 13.20 Welcome and introduction  
B. Djavan, Vienna (AT)

13.20 - 14.10 Localised prostate cancer

Moderators: A.B. Chkhotua, Tbilisi (GE)  
B. Djavan, Vienna (AT)  
S. Javad-Zada, Baku (AZ)

13.20 - 13.35 Early detection and treatment approaches of prostate cancer in Azerbaijan  
F. Guliyev, Baku (AZ)

13.35 - 13.50 Laparoscopic prostatectomy in Georgia  
D.O.N. Nikoleishvili, Tbilisi (GE)

13.50 - 14.10 Innovations and new perspectives in laparoscopy  
G. Janetschek, Salzburg (AT)

14.10 - 14.45 Men’s health

Moderators: M.K. Alchinbayev, Almaty (KZ)  
F. Debruyne, Arnhem (NL)  
Z. Tchanturaia, Tbilisi (GE)

14.10 - 14.25 Hot issues in men’s health  
F. Debruyne, Arnhem (NL)

14.25 - 14.35 Implementation of the national programme “Men’s Health School” in Kazakhstan  
K. Nadyrov, Almaty (KZ)

14.35 - 14.45 The development perspectives in urology services in Tajikistan  
A. Radzhabov, Dushanbe (TJ)

14.45 - 15.45 Stone disease

Moderators: Z. Khakimkhodzhaev, Bishkek (KG)  
A. Muradyan, Yerevan (AM)

14.45 - 15.00 Urinary stone disease distribution map of Armenia  
A.M. Grabsky, Yerevan (AM)

15.00 - 15.15 Modern approaches in the treatment of urolithiasis in Uzbekistan  
B. Ayubov, Tashkent (UZ)
15.15 – 15.30  **New perspectives in endourology**  
J.J.M.C.H. De La Rosette, Amsterdam (NL)

15.30 – 15.45  **Case discussion: Management of renal stones today**

*Moderator:* B. Djavan, Vienna (AT)

*Panel:*  
A. Akilov, Tashkent (UZ)  
J.J.M.C.H. De La Rosette, Amsterdam (NL)  
G. Janetschek, Salzburg (AT)
### Friday, 11 April - EAU Programme

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**Room K1**

*Chairs:*  
S. Egawa, Tokyo (JP)  
M. Wirth, Dresden (DE)

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<td>13.20 - 14.00</td>
<td>Prostate cancer: PSA screening</td>
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<td><em>Moderators:</em> K. Ito, Gunma (JP)</td>
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<td>M.J. Roobol, Rotterdam (NL)</td>
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<td>13.20 - 13.35</td>
<td>PSA screening: Pros and cons</td>
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<td>M.J. Roobol, Rotterdam (NL)</td>
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<td>Panel discussion: PSA screening- Pros vs. cons</td>
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<td>T. Kimura, Tokyo (JP)</td>
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<td>S. Sakamoto, Chiba (JP)</td>
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<td>14.00 - 14.55</td>
<td>Kidney cancer</td>
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<td><em>Moderators:</em> J.E. Gschwend, Munich (DE)</td>
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<td>Y. Tomita, Yamagata (JP)</td>
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<td>14.00 - 14.15</td>
<td>Update on the targeted therapy</td>
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<td>K. Saito, Tokyo (JP)</td>
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<td>14.15 - 14.30</td>
<td>Surgery in the era of the targeted therapy</td>
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<td>J.E. Gschwend, Munich (DE)</td>
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<td>Panel discussion: Combination of targeted therapy and surgery - individual based discussion</td>
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<td>P.F.A. Mulders, Nijmegen (NL)</td>
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<td>14.55 - 15.35</td>
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<td>M. Oelke, Hanover (DE)</td>
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<td>14.55 - 15.10</td>
<td>Update on the treatment of overactive bladder</td>
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<td>S. Takahashi, Tokyo (JP)</td>
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15.10 - 15.35  **Panel discussion: Drug treatment for overactive bladder – What is the appropriate choice?**

*Panel:*
- Y. Matsukawa, Nagoya (JP)
- T. Mitsui, Sapporo (JP)
- M. Oelke, Hanover (DE)
- P. Radziszewski, Warsaw (PL)

15.35 - 15.45  **Conclusion**

S. Naito, Fukuoka (JP)
**Friday, 11 April - EAU Programme**

### Urology beyond Europe

**13.15 - 15.45 Joint Session of the European Association of Urology (EAU) and the Pan-African Urological Surgeons’ Association (PAUSA)**

**Room K2**

*Chairs:*  
M. Eissa, Cairo (EG)  
V.G. Mirone, Naples (IT)

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<td>V.G. Mirone, Naples (IT)</td>
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<td>13.20</td>
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<td>13.20</td>
<td><strong>African perspective</strong></td>
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<td>S.M. Gueye, Dakar (SN)</td>
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<td>13.35</td>
<td><strong>European perspective</strong></td>
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<td>F.R. Cruz, Porto (PT)</td>
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<tr>
<td>13.50</td>
<td><strong>Discussion</strong></td>
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<td>14.05</td>
<td><strong>Prostate cancer</strong></td>
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<td>14.05</td>
<td><strong>Prostate cancer in subsaharan Africa</strong></td>
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<td>E. Oluwabunmi Olapade-Olaopa, Ibadan (NG)</td>
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<td>14.20</td>
<td><strong>Prostate cancer in Europe</strong></td>
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<td>F. Zattoni, Padova (IT)</td>
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<td>14.35</td>
<td><strong>Discussion</strong></td>
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<tr>
<td>14.50</td>
<td><strong>Recent trends in endourology</strong></td>
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<td>14.50</td>
<td><strong>European perspective</strong></td>
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<td>A. Patel, London (GB)</td>
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<td>15.05</td>
<td><strong>African perspective</strong></td>
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<td>A. Abdel-Karim, Alexandria (EG)</td>
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<td>15.20</td>
<td><strong>Discussion</strong></td>
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<td>15.35</td>
<td><strong>Conclusion</strong></td>
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<td>M. Eissa, Cairo (EG)</td>
</tr>
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<td></td>
<td>V.G. Mirone, Naples (IT)</td>
</tr>
</tbody>
</table>

**Friday, 11 April - EAU Programme**
Friday, 11 April - EAU Programme

18.00 - 19.30  EAU Opening Ceremony

**eURO Auditorium**

**Opening addresses**
Per-Anders Abrahamsson, Malmö (SE), EAU Secretary General

**Announcement of the new EAU Honorary Members**
Citation by P-A. Abrahamsson, Malmö (SE)
New Honorary Members: R. Flanigan, Maywood (USA)
S. Naito, Fukuoka (JP)
J. Thüroff, Mainz (DE)

**Presentation of the EAU Willy Gregoir Medal 2014**
Citation by P-A. Abrahamsson, Malmö (SE)
Presented to: M. Pavone-Macaluso, Palermo (IT)
*The EAU is proud to present the Willy Gregoir Medal to an important senior urologist who contributed in an extraordinary way to the development of the urological specialty in Europe*

**Presentation of the EAU Frans Debruyne Life Time Achievement Award 2014**
Citation by P-A. Abrahamsson, Malmö (SE)
Presented to: L. Denis, Antwerp (BE)
*The EAU wishes both to honour and acknowledge the important and longstanding contribution by a distinguished colleague to the activities and development of the EAU*

**Presentation of the EAU Crystal Matula Award 2014**
Citation by P-A. Abrahamsson, Malmö (SE)
Presented to: S.F. Shariat, Vienna, Austria (AT)
*This prestigious prize is granted to a promising younger urological academician*
Supported by an unrestricted educational grant from LABORIE

**Presentation of the EAU Hans Marberger Award 2014**
Citation by P-A. Abrahamsson, Malmö (SE)
Presented to: C. Netsch, Hamburg (DE)
*The Hans Marberger Award is awarded for the best European paper published on Minimally Invasive Surgery in urology*
Supported by an unrestricted educational grant from KARL STORZ GMBH & CO.KG

**Presentation of the EAU Innovators in Urology Award 2014**
Citation by P-A. Abrahamsson, Malmö (SE)
Presented to: R. Gaston, Bordeaux (FR)
*The Innovators in Urology Award is to acknowledge and highlight inventions and clinical contributions which have had a major impact on influencing the treatment and/or diagnosis of a urological disease*

**Presentation of the EAU Prostate Cancer Research Award 2014**
Citation by P-A. Abrahamsson, Malmö (SE)
Presented to: Z. Culig, Innsbruck (AT)
*The EAU Prostate Cancer Research Award is awarded for the best paper published on clinical or experimental studies in prostate cancer*
Supported by an unrestricted educational grant from the FRITZ H. SCHRODER FOUNDATION

19.30 - 21.00  EAU Networking Reception

**Main Entrance Hall**
Choose a taxi carefully

Look for the price sticker that should be prominently displayed on the outside of the vehicle.

<table>
<thead>
<tr>
<th>Taxiföretagets eller sammanslutningens namn</th>
<th>Prisinformation</th>
<th>Det högsta jämförpriset som tillämpas av detta taxifordon</th>
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<tr>
<td>När</td>
<td>Jämförpris</td>
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<tr>
<td>Vardag klockan 09-16</td>
<td>10 km som tar 15 min</td>
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<td>Vardag klockan 16-09</td>
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<td>Fredag klockan 16-måndag klockan 09</td>
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<td>Valborg, Midsommar-, Jul-, Nyårsafton klockan 15 till klockan 09 nästa dag</td>
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<td>320 kr</td>
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</tbody>
</table>

Compare the prices given in large numbers, i.e., the highest unit price of each vehicle.

The highest unit price of most taxis is between SEK 290 - 390

- Sweden does not regulate prices; they may vary greatly. It is the customer’s responsibility to check prices beforehand.
- Check the price on the yellow label, which is usually on the rear door window, before entering the vehicle.
- The price on the yellow label is based on a 10 km, 15-minute journey.
- When taking a taxi at a taxi station, you do not need to take the first vehicle in line – you are free to select any taxi company.
- The price indicated on the taximeter is in Swedish kronor. Always ask for a taximeter receipt when paying for the journey.
Special Session

07.30 - 08.30  EAU General Assembly

Room A2

Welcome by the EAU Secretary General

Approval minutes General Assembly of 16 March 2013, Milan, Italy

General report by the EAU Secretary General
P-A. Abrahamsson, Malmö (SE)

Report by the EAU Treasurer
M. Wirth, Dresden (DE)

Specific reports on the EAU Offices by the EAU Executive

Approval of the election of Secretary General Elect
C. Chapple, Sheffield (GB)

Approval on the new EAU Office chairmen for:
• Guidelines Office - J. N'Dow, Aberdeen (GB)
• Young Urologists Office - M. Sedelaar, Nijmegen (NL)

Report by the Secretary General on the EAU Membership Office
• Approval new EAU members
• Approval new Honorary members

Other business

Future Congresses
Presentation of the 30th Annual EAU Congress in Madrid, 20 - 24 March 2015
**Saturday, 12 April - EAU Programme**

**Plenary Session 1**

08.30 - 10.15  **Andrology in healthy ageing**

**eURO Auditorium**

_Chairs:_  
J.O.R. Sonksen, Herlev (DK)  
H. Van Poppel, Leuven (BE)

08.30 - 08.45  **State-of-the-art lecture**  
Current recommendations in male infertility

W.H-G. Weidner, Giessen (DE)

_Aims and objectives_

In 50% of involuntary childless couples a potential male factor is associated with abnormal semen parameters. There is consensus that andrological examination is necessary if a semen analysis according to WHO compared with reference values shows abnormalities in at least 2 tests. Functional ejaculate parameters may complete standard investigations. Significant clinical entities contribute to male infertility. Men with Non-Obstructive Azoospermia (NOA) are at highest risk for genetic disorders. Y microdeletion testing is necessary in these men. Klinefelter’s syndrome is the most common sex chromosome abnormality. Testicular sperm retrieval procedures are the therapy of choice in NOA patients. Testing for CIS is necessary. In obstructive azoospermia well consented microsurgical operative techniques are available. In absence of the vas deferens, epididymal sperm retrieval and testing for CF mutation are standard procedures. New data prove evidence that microsurgical varicocelectomy improves not only sperm quality, but also pregnancy rates. With the exception of epididymitis the influence of infection and inflammation for the fertility of a man is not consented. Concerning cryopreservation of semen spermatogonial stem cell preservation has been introduced before chemotherapy.

References:
2. World Health Organization. WHO laboratory manual for the examination and processing of human semen.  

08.45 - 09.00  **State-of-the-art lecture**  
Testosterone supplementation in the ageing male

S. Arver, Stockholm (SE)

09.00 - 09.10  **EAU Guidelines snapshot**  
Testosterone supplementation and prostate cancer

G.R. Dohle, Rotterdam (NL)

_Aims and objectives_

Testosterone replacement therapy appears relatively safe for ageing men with symptomatic hypogonadism, even those who have been successfully treated for localised prostate cancer. So far no studies have shown an increased risk for prostate cancer associated with testosterone treatment. However, larger studies and longer follow-up data are needed before we can conclude that testosterone therapy does not result in a higher risk of prostate cancer and in tumour recurrence. Surveillance of prostate symptoms and PSA is mandatory in men older than 40 years who are on testosterone therapy, according to current guidelines for male hypogonadism.

09.10 - 09.25  **State-of-the-art lecture**  
How dangerous is testosterone supplementation?

J.P. Mulhall, New York (US)

09.25 - 09.45  **American Association of Urology (AUA) Lecture**  
Sexual function after urological surgery

A.L. Burnett, Baltimore (US)
**Aims and objectives**
To present current and emerging therapies to manage sexual dysfunctions after pelvic surgery such as radical prostatectomy.

**09.45 - 09.55 State-of-the-art lecture Preserving sexual function: From research to reality**

M. Albersen, Leuven (BE)

**Aims and objectives**
Since the description of the anatomy and the function of the periprostatic neurovascular bundle by Walsh and Donker in 1982, a large body of research has been directed at the preservation of these bundles, and thus erectile function, following radical prostatectomy. In the literature - when thoroughly assessed - 30 years after Walsh’s seminal discovery, we still observe a high percentage of men who develop, either-or-not temporarily, erectile dysfunction. At present, so called ‘penile rehabilitation’ programs following nerve-sparing radical prostatectomy have been targeting denervation-induced changes in the corpus cavernosum. Recovery and regeneration of the nerve itself has so far not been a target for clinical sexual rehabilitation in these men, but has been a focus of intense research in the lab. In the current lecture, we will discuss how stem cell therapy may hold promise for cavernous nerve regeneration, and review the evidence for stem cell therapy for post-prostatectomy erectile dysfunction from the bench to the bedside.

**09.55 - 10.15 State-of-the-art lecture Urological research funding in Horizon 2020**

M.J.H. Van Griethuiysen, Rotterdam (NL)

**Aims and objectives**
Research funding under Horizon 2020
Saturday, 12 April - EAU Programme

Abstract Session

08.30 - 10.00  Novel approaches to overcome therapy resistance in prostate cancer

**Room A6**

**Poster Session 1**

*Chairs:* F. Claessens, Leuven (BE)  
N. Mottet, Saint Etienne (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**State-of-the-art:** Mechanisms of therapy resistance in prostate cancer  
F. Claessens, Leuven (BE)

* 1  *Patient-derived tissue culture and xenograft models for studying prostate tumor responses to therapy*  

* 2  *Polyamide targeting transcription of long chain acyl-CoA synthetase 3: A novel therapeutic approach for prostate cancer*  

* 3  *Wnt/β-catenin signalling is a potential therapeutic target for castrate-resistant prostate cancer*  
Y. Kawano, Y. Maeda, M. Takanobu, T. Imamura, W. Takahashi, Y. Wada, R. Kypta, M. Eto (Kumamoto, Japan; Derio, Spain)

4  *Combinational epigenetic therapy targeting EZH2 and histone deacetylase in prostate cancer cells: Synergic effect on induction of apoptosis and TIMP3 tumor suppressor gene*  
T. Shinojima, R. Mizuno, T. Kosaka, E. Kikuchi, A. Miyajima, M. Oya, D.S.B. Hoon, L. Lessard (Tokyo, Japan; Santa Monica, United States of America)

5  *Synergistic anticancer effect of combination treatment with MEK inhibitor and PI3K inhibitor in castration-resistant prostate cancer*  

6  *Cancer-testis antigens as potential targets for specific immunotherapy in prostate cancer*  
S. Guo, M. Rieken, G. Bonkat, S. Wyler, G. Müller, L. Bubendorf, G. Spagnoli, C. Mengus, A. Bachmann (Basel, Switzerland)

7  *Pre-clinical evaluation of targeted intraoperative radiotherapy using the Intrabeam® system in locally advanced prostate cancer*  
F. Buge, S. Chiavassa, J. Rigaud, C. Hervé, G. Delpon, S. Supiot (Nantes, Nantes Saint Herblain, France)

8  *A novel approach to identifying optimal treatment strategies in docetaxel-resistant prostate cancer*  

9  *Tetrandrine blocks autophagic flux by preventing lysosomal acidification in prostate cancer*  
W.Q. Qiu, Y.G. Gong, Y.G. Guo (Beijing, China)

10  *Interleukin-15 boosts expansion of CD8 T, NK and NKT cells by upregulation of telomerase activity*  
S.K. Nayyar, C.A. Sakellarious, O. Elhage, O. Ukimura, I. Gill, R.A. Smith, C. Galustian, P. Dasguta (London, United Kingdom; Los Angeles, United States of America)
11 The intriguing role of fibroblasts in therapeutic effect of finasteride on xenograft model of prostate cancer
Y-N. Niu, K. Wang, D. Fan, S. Jin, M. Wang, N. Xing (Beijing, China)

12 Enhanced sensitivity to sunitinib by inhibition of Akt-1 expression in human castration-resistant prostate cancer PC3 cells both in vitro and in vivo
M. Nishikawa, H. Miyake, F. Masato (Kobe, Japan)
Abstract Session

08.30 - 10.00 Upper urinary tract urothelial cancer

Room A4

Poster Session 2

Chairs: J.W.F. Catto, Sheffield (GB)
        S.F. Shariat, Vienna (AT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Who should be tested for Lynch?
J.W.F. Catto, Sheffield (GB)

13 Nephroureterectomy surgery in England in 2012: British Association of Urological Surgeons (BAUS) registry data
S.S. Connolly, M.A. Rochester (Cambridge, Norwich, United Kingdom)

16 Radical nephroureterectomy versus endoscopic procedures for the treatment of upper urinary tract urothelial carcinoma: A meta-analysis of comparative studies
R. Yacoubi, T. Seisen, P. Colin, L. Nison, G. Bozzini, S. Drouin, S. Shariat, M. Rouprêt (Boulogne, Paris, Lille, France; Vienna, Austria)

15 Risk stratification model based on robust multi-institutional data stratified by preoperative clinicopathological factors including promising serum biomarkers in patients with upper urinary tract urothelial carcinoma undergoing radical nephroureterectomy
S. Morizane, H. Iwamoto, T. Masago, A. Yao, M. Honda, T. Sejima, A. Takenaka (Yonago, Japan)

16 Impact of platelet count kinetics on recurrence-free survival after radical nephroureterectomy for upper tract urothelial carcinoma

17 Frequency and prognostic value of PTEN loss in patients with upper tract urothelial carcinoma
M. Rieken, E. Xylinas, D. Lee, F. Khani, T. Klatte, C. Wood, J. Karam, A. Weizer, J. Raman, M. Remzi, C. Guo, N. Rioux-Leclercq, A. Haitel, C. Bolenz, K. Bensalah, A. Sagalowsky, F. Montorsi, Y. Lotan, A. Bachmann, A. De Marzo, S.F. Shariat, B. Robinson, V. Margulis (New York, Houston, Ann Arbor, Hershey, Dallas, Baltimore, United States of America; Vienna, Korneuburg, Austria; Rennes, France; Mannheim, Germany; Milan, Italy; Basel, Switzerland)

* 18 Intravesical seeding of upper tract urothelial carcinoma cells during nephroureterectomy: An exploratory analysis from the THPMG trial
A. Ito, I. Shintaku, M. Satoh, S. Yamashita, Y. Arai (Sendai, Higashimatsushima, Rifu, Japan)

* 19 Impact of micropapillary histological variant on survival after radical nephroureterectomy for upper tract urothelial carcinoma
20 Clinical implications of intravesical recurrence after nephroureterectomy for upper urinary tract urothelial carcinoma

21 Association of perioperative blood transfusion with oncologic outcomes after radical nephroureterectomy for upper tract urothelial carcinoma
M. Rieken, T. Schubert, E. Xyllinas, L. Kluth, M. Rouprêt, T. Quoc-Dien, R.K. Lee, B. Al Hussein Al Awamleh, H. Fajkovic, G. Novara, V. Margulis, Y. Lotan, J. Martinez-Salamanca, K. Matsumoto, C. Seitz, M. Remzi, P. Karakiewicz, D. Scherr, A. Briganti, A. Bachmann, S.F. Shariat (New York, Boston, Dallas, United States of America; Paris, France; Vienna, Korneuburg, Austria; Padua, Milan, Italy; Madrid, Spain; Sagamihara, Kanagawa, Japan; Montreal, Canada; Basel, Switzerland)

22 Does transperitoneal or retroperitoneal hand-assisted laparoscopic nephroureterectomy really matter to bladder recurrence?
C.-Y. Hu, S.-M. Wang, Y.-S. Pu (Taipei, Taiwan)

23 Comparison of white-light, photodynamic diagnosis and narrow-band imaging for the detection of non-muscle invasive bladder cancer: Results from a randomized multicenter diagnostic phase-III study

24 Impact of diagnostic ureterorenoscopy on intravesical recurrence following nephroureterectomy for upper tract urothelial carcinoma

25 Hydrogel based drug retention system for the treatment of upper tract urothelial carcinoma
D. Lifshitz, M. Meiron, M. Konorty, M. Schoenberg (Petach Tikva, Ra’anana, Israel)
# Abstract Session

## 08.30 - 10.00 Prostate cancer: Active surveillance

**Room A8**

**Poster Session 3**  
*Chairs: M.R. Cooperberg, San Francisco (US)*  
*J.J. De Jong, Groningen (NL)*

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

### *26 Long term follow-up of a large active surveillance cohort*

**L. Klotz**, D. Vesprini, A. Loblaw (Toronto, Canada)

### 27 Protocol based versus non-protocol based discontinuation in the Prostate cancer Research International: Active Surveillance (PRIAS) study


### 28 Current use of active surveillance in Australia - a patterns of care analysis from the Prostate Cancer Registry

**M.T. Weerakoon**, S.M. Evans, J.L. Millar, M. Frydenberg, N. Lawrentschuk, D.M. Bolton, D.G. Murphy (Richmond, Melbourne, Australia)

### *29 Active surveillance in the National Prostate Cancer Register (NPCR) of Sweden: Patterns of care and outcomes after 5 years of follow-up*

**S. Loeb**, Y. Folkvaljon, D. Makarov, O. Bratt, A. Bill-Axelson, P. Stattin (New York, United States of America; Uppsala, Lund, Umeå, Sweden)

### 30 Active surveillance in 853 men with low and intermediate risk prostate cancer


### 31 Impact of radical prostatectomy on quality of life after initial active surveillance: More to lose?


### 32 Disease specific mortality of low-risk localized prostate cancer: A prospective population-based cohort of 1534 men with two decades of follow-up

**R. Klaff**, E. Varenhorst, J. Rosell, G. Sandbiom (Linköping, Stockholm, Sweden)

### 33 Transperineal biopsy related erectile dysfunction in active surveillance


### 34 Comparing epidemiological data from the United States and Germany reveals different treatment habits for low-risk prostate cancer

35 How to expand indications for active surveillance without compromising cancer control: A systematic assessment of the currently used criteria for prostate cancer patients

U. Capitanio, N. Suardi, A. Gallina, R. Bertini, V. Scattoni, L. Villa, P. Dell’Oglio, A. Nini, V. Cucchiara, E. Zaffuto, V. Mirone, A. Briganti (Milan, Naples, Italy)

36 Outcome of radical prostatectomy for misclassified active surveillance candidates


37 13 years of experience in active surveillance for prostate cancer: Malcompliance is a major concern in the long term

L.J. Hefermehl, D. Disteldorf, S. Talimi, R. Groebli, B. Lyttwin, K. Lehmann (Baden, Switzerland)

38 Per-lesion based active surveillance in 502 men with median follow-up of 4.5 years: Image-based monitoring of targeted biopsy-proven prostate cancer

A.L. De Castro Abreu, I. Gill, D. Bahn, S. Shoji, M. Arnaud, J. Ca, P. Silverman, O. Ukimura (Los Angeles, United States of America)
Abstract Session

08.30 - 10.00 Molecular diagnostic and biomarkers of bladder cancer

Room A10

Poster Session 4

Chairs: M. Sanchez-Carbayo, Madrid (ES)
E.C. Zwarthoff, Rotterdam (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Introduction on the session topic
M. Sanchez-Carbayo, Madrid (ES)

* 39 Notch2 promotes bladder cancer progression: Pre-clinical rationale for a novel targeted therapy
T. Hayashi, K.M. Gust, W. Jäger, S. Awrey, N. Li, M. Altamirano-Dimas, R. Buttyan, L. Fazli, A. Matsubara, P.C. Black (Vancouver, Canada; Hiroshima, Japan)

* 40 Molecular classification of T1 urothelial bladder cancer identifies high-risk subtypes

* 41 Genome-wide mutational signatures of aristolochic acid in urothelial cancer

42 Identification, counting and characterization of circulating tumor cells (CTC) in high-risk non-muscle invasive bladder cancer (NMIBC): Prognostic value and clinical significance
G.M. Busetto, R. Giovannone, P. Gazzaniga, A. Gradilone, V. Gentile, E. De Berardinis (Rome, Italy)

* 43 Promoter hypermethylation of KISS1R, KiSS1, SEPT9 and CSAD as a prognostic biomarker panel to assess the metastatic potential of muscle invasive bladder tumors
B. Stubendorff, K. Wilhelm, K. Posselt, J. Catto, A. Hartmann, S. Füssel, M. Gajda, H. Wunderlich, M-O. Grimm, K. Junker (Homburg, Jena, Dresden, Erlangen, Eisenach, Germany; Sheffield, United Kingdom)

44 Stathmin-1 has prognostic relevance and is a potential therapeutic target in muscle invasive urinary bladder cancer

45 The role of enhancer RNAs in regulating differentially expressed pathological grade associated genes in urothelial bladder cancer – results from a whole transcriptomal analysis
Y. Liu, A.P. Noon, T. Hermanns, G.S. Kulkarni, T.H. Van Der Kwast, A.R. Zlotta, J.L. Wrana (Toronto, Canada)

46 Significant correlation of preoperative routine blood parameters and postoperative outcome in patients undergoing radical cystectomy for bladder cancer
T. Grimm, A. Buchner, B. Schneeevigt, C.G. Stief, A. Karl (Munich, Germany)
47  Diagnostic validation of urinary Tyr-phosphorylated proteins as a new marker for bladder cancer
P. Destefanis, A. Battaglia, M. Allasia, S. Chiesa, E. Garzino, A. Khajavi, A. Notarpietro, F. Mannu,
S. Polidoro, C. Sacerdote, D. Fontana, B. Frea, G. Giribaldi, F. Turrini (Turin, Sassari, Italy)

48  Increased expression of serum uroplakin III is associated with the detection and pathological features of
aggressive bladder cancer
H. Tsumura, M. Kazumasa, M. Toshihide, M. Ikeda, T. Satoh, K. Yoshida, Y. Sato, M. Iwamura (Sagamihara,
Japan)

49  An integrated genomic analysis reveals frequent genetic alterations in the spindle checkpoint genes of the
cell cycle in bladder cancer
S. Wu, Y. Huang, Z. Cai (Shenzhen, China)
### Saturday, 12 April - EAU Programme

#### Abstract Session

**08.30 - 10.00**  
**Penile cancer**

**Room A11**

**Poster Session 5**

*Chairs:  C. Protzel, Rostock (DE)  
E. Solsona, Valencia (ES)*

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>50</td>
<td><em>Has centralisation of penile cancer services in the United Kingdom improved survival?</em></td>
<td>B.E. Ayres, L. Hounsome, H. Alnajjar, D. Sharma, J. Verne, N.A. Watkin (London, Bristol, United Kingdom)</td>
</tr>
<tr>
<td>51</td>
<td>The effect of centralisation on the management of penile cancer</td>
<td>E. Green, R. Iype, V.A.C. Ramani, N.W. Clarke, T. Elliot, N. Parr, M.W Lau, V.K. Sangar (Manchester, Upton, United Kingdom)</td>
</tr>
<tr>
<td>52</td>
<td>MicroRNA expression signature discriminates between metastatic and non-metastatic penile carcinomas</td>
<td>J.M. Hartz, C. Protzel, D. Engelmann, B.M. Puetzer, O.W. Hakenberg (Rostock, Germany)</td>
</tr>
<tr>
<td>53</td>
<td>Correlation of genomic alterations and HPV infection in penile carcinoma</td>
<td>M. Jörg, U. Becker, A. Hartmann, A. Knöll, M. Burger, K. Junker (Jena, Erlangen, Regensburg, Homburg, Germany)</td>
</tr>
<tr>
<td>55</td>
<td>Strong expression of glucosetransporter 1 in the invasion front correlates with aggressive behaviour in penile cancer</td>
<td>C. Protzel, H.P. Burmeister, C. Kakies, A. Erbersdobler, B. Kleist, O.W. Hakenberg (Rostock, Germany; Christiansand, Norway)</td>
</tr>
<tr>
<td>56</td>
<td><em>The role of ultrasound in the detection of inguinal nodal metastasis in patients with primary squamous cell carcinoma of the penis: A prospective cohort analysis of 726 inguinal basins assessed in a single institution</em></td>
<td>W. Lam, A. Kaul, B. Ayres, C. Corbishley, M. Perry, D. Sharma, J. Pilcher, N. Watkin (London, United Kingdom)</td>
</tr>
<tr>
<td>58</td>
<td>Neoadjuvant taxane-based combination chemotherapy in patients with advanced penile cancer</td>
<td>R.S. Djajadiningrat, A.M. Bergman, S. Horenblas (Amsterdam, The Netherlands)</td>
</tr>
</tbody>
</table>
The role of lymph node count and node density after lymphadenectomy for penile cancer
Y. Kai, L. Zai-Shang, C. Peng, Z. Zi-Jun, T. Hua, Q. Zi-Ke, L. Zhou-Wei, Z. Fang-Jian, L. Yong-Hong, H. Hui (Guangzhou, Xinjiang, Guizhou, China)

Feasibility of performing delayed dynamic sentinel lymph node biopsy (DSNB) following primary surgery for penile carcinoma
Abstract Session

08.30 - 10.00  Sphincter or sling in PPI

Room K1

Poster Session 6

Chairs:  T.B.C.
        F. Haab, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Sling vs sphincter
F. Haab, Paris (FR)

*63 Early outcomes for the first patients within a 2-arm randomized and parallel sling-versus-sphincter feasibility protocol

*64 Long-term impact of artificial urinary sphincter reimplantation following prior device explantation for erosion and/or infection
D.S. Elliott, B. Linder (Rochester, United States of America)

*65 Functional outcomes over 10 years after artificial urinary sphincter (AMS 800) implantation in men with stress urinary incontinence

66 Prediction of post-prostatectomy incontinence: Clinical nomogram and validation

67 Long-term results of artificial urinary sphincter (AMS 800) – an analysis of 353 consecutive patients
A. jürß, J. Kilian, W.H. Meyer-Moldenhauer, T. Bach (Hamburg, Germany)

68 Results following replacement and revision artificial urinary sphincter (AUS) surgery compared to primary implantation

69 Transcorporal artificial urinary sphincter implantation for incontinence in high-risk patient: Functional outcomes in a retrospective study
E. Lelong, R. Caremel, J.D. Rebibo, P. Grise (Rouen, France)

70 Radiotherapy is associated with increased bladder neck stricture and reduced continence outcomes following implantation of the artificial urinary sphincter in men with post radical prostatectomy incontinence
S. Guillaumier, J.C. Jenks, M. Pakzad, R. Hamid, P.J.R. Shah, J.L. Ockrim, T.J. Greenwell (London, United Kingdom)

71 Obesity as a risk factor for AdVance sling failure
A. Kretschmer, C.G. Stief, R.M. Bauer (Munich, Germany)

72 Male Remeex System™ (MRS) for the surgical treatment of male incontinence: 12 years from the first case
A. Sousa Escandon (Monforte de Lemos, Spain)
73 Two-dimensional perineal ultrasonography in men before and after radical prostatectomy
D.S.L. Costa Cruz, C.A.L. D’Ancona, J. Baracat, M.A.D. Alves, M. Cartapatti, R. Damião (Rio de Janeiro, Campinas, Brazil)

74 High-risk and non-high risk PCa patients have comparable time to continence, voiding symptoms and quality of life after radical prostatectomy
Abstract Session

08.30 - 10.00 Urethral stricture diseases

Room K2

Poster Session 7

Chairs:  K-D. Sievert, Tübingen (DE)
        D.J. Summerton, Leicester (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 75 Influence of local steroid injections on recurrence rate of urethral strictures after internal urethrotomy
C. Germann, P. Stucki, A. Mattei, H. Danuser (Luzern, Switzerland)

76 Perineal urethrostomy: The last resort?
N. Lumen, M. Beysens, W. Oosterlinck (Ghent, Belgium)

77 Nontransecting augmented roof anastomosis: The technique of choice for long bulbar urethral strictures with limited spongiofibrosis
C. Gingu, A. Dick, S. Patrascoiu, C. Surcel, M. Crasneanu, M. Harza, M.A. Manu, M. Mihai, L. Domnisor, I. Sinescu (Bucharest, Romania)

78 Dorsal onlay skin graft versus buccal mucosal graft for repair of long anterior urethral stricture: A prospective randomized study
M.M. Hussein, M. Zaki, W. Gamal, E. Salem, R. Hammady (Sohag, Egypt)

79 Withdrawn

80 Urethroplasty after irradiation
S.A. Ahyai, O. Engel, T.A. Ludwig, L. Kluth, A. Becker, C. Rosenbaum, R. Dahlem, M. Fisch (Hamburg, Germany)

81 Effectiveness of urethral end-to-end anastomosis in case of short bulbar urethral strictures of diverse genesis
M.I. Kogan, V. Mitusov, A. Shangichev, S. Naranov (Rostov-on-Don, Russia)

82 The outcome of redo bulbar and membranous urethroplasty

* 83 Patient reported complaints and complications after bulbar urethroplasty: A critical analysis of 292 patients
M.A. Granieri, G.D. Webster, M.O. Fraser, A.C. Peterson (Durham, United States of America)

84 Correction of congenital penile curvature using different corporoplasty techniques: The long-term outcome with attention to patient satisfaction
W. Zachalski, K. Krajka, M. Matuszewski (Gdansk, Poland)

85 Tissue engineered buccal mucosal urethroplasty: Long term clinical outcomes
N. Osman, T. Kuo, J.M. Patterson, S. Bhargava, R.D. Inman, S. MacNeil, C.R. Chapple (Sheffield, United Kingdom; Bangalore, India)

86 Urethral ultrasound versus magnetic resonance urethrography versus retrograde urethrography in the evaluation of anterior urethral stricture: A prospective study
A.M. Abdel-Aal, A.O. Khalifa, M. Selim (Shibin Elkom, Egypt)
87  The evolution of urethroplasty for bulbar urethral stricture disease; more options, better outcomes
M.A. Granieri, G.D. Webster, M.O. Fraser, A.C. Peterson (Durham, United States of America)
Abstract Session

08.30 - 10.00 Options for preserving renal function

Room C6

Poster Session 8

Chairs:  I. Abdullin, Moscow (RU)
        A. Volpe, Novara (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

88  Active surveillance for renal angiomyolipoma: Outcomes and predictive factors of delayed intervention
    I. Ouzaid, R. Autorino, B.R. Hertz, E.M. Remer, G. McLennan, G-P. Haber (Cleveland, United States of America)

89  Role of active surveillance in the management of small renal masses in elderly and co-morbid patients: A retrospective study with long-term follow-up
    E. Brunocilla, M. Borghesi, R. Schiavina, L. Della Mora, M. Cevenini, C. Pultrone, C. Del Prete, G. Gentile, C. Monti, G. Martorana (Bologna, Italy)

90  Renal surgery in the elderly - validation of perioperative outcomes and postoperative complications in 160 consecutive patients undergoing retroperitoneoscopic partial nephrectomy
    J. Göcksch, D. Marghawal, S. Filiz, N. Flechtenmacher, C. Wülfing (Hamburg, Germany)

91  Evaluation of renal function under controlled hypotension in zero ischemia robotic assisted partial nephrectomy for peripheral renal tumors
    R. Papalia, G. Simone, M. Ferriero, S. Guaglianone, M. Gallucci, E. Forastiere (Rome, Italy)

92  Renal scanning functional outcomes of “clampless” laparoscopic partial nephrectomy: The viable harmless alternative to “clamped”?  
    F. Porpiglia, R. Bertolo, D. Amrapore, T. Angusti, V. Podio, A. Olivero, C. Fiori (Orbassano (Turin), Italy)

93  Change of differential renal function after laparoscopic and robot-assisted partial nephrectomy with short warm ischemic time

94  Kidney injury following clampless and clamped laparoscopic partial nephrectomy: Is an early detection of acute postoperative damage possible? Role of neutrophil gelatinase-associated lipocain
    F. Porpiglia, D. Amrapore, R. Bertolo, E. Arosio, F. Ragni, C. Fiori (Orbassano (Turin), Italy)

95  Impact of warm ischemia during laparoscopic partial nephrectomy on experimental solitary kidney animal model: Doppler ultrasonography assessment
    S. Diez Farto, E. Morcillo-Martín, J.P. Rioja Zuazu, M.A. Sánchez Hurtado, I. Díaz-Guemes Martín-Portugués, F.M. Sánchez Margallo, F. Rodríguez-Rubio, F. Soria Galvez (Cadiz, Cáceres, Zaragoza, Spain)

96  Ischemia effect on kidney function after partial nephrectomy
    O. Voylenko, O. Stakhovskyi, I. Vitruk, V. Kotov, E. Stakhovsky (Kyiv, Ukraine)

* 97  Intermediate term oncologic outcomes of renal cryoablation: An international multi-institution analysis
98 Long-term oncologic outcomes of laparoscopic renal cryoablation: 10 years results from a single institution

99 Comparison of immune status of patients with renal cell carcinoma after laparoscopic radiofrequency ablation and partial nephrectomy
A. Nosov, S. Petrov, E. Samarceva, S. Reva (Saint-Petersburg, Russia)

100 A multicenter evaluation of long-term oncological outcome of RFA in a biopsy-proven cohort
M. Salagierski, L. Goeman, W. Marchand, T. Tailly, T. Van Den Broeck, I. Garetto, A. Veltri, S. Joniau (Lódź, Poland; Brussels, Roeselare, Leuven, Belgium; Orbassano, Italy)

101 Early results of the use of stereotactic body radiotherapy in patients with the tumour of a single kidney
N. Vorobyov, G. Andreev, A. Kalesnik, I. Zubatkina, A. Kubasov, A. Lyubinsky (Saint-Petersburg, Russia)
Saturday, 12 April - EAU Programme

Abstract Session

**08.30 - 10.00  Best Posters EAU Regional Meetings**

**Room T1**

**Best Posters EAU Regional Meetings**

*Chairs:*  C.R. Chapple, Sheffield (GB)
           B. Djavan, Vienna (AT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

- **Value of MRI-ultrasound fusion for guidance of targeted prostate biopsy**  
  A.K. Czech, Krakow (PL)

- **Percutaneous nephrolithotomy characteristics in elderly patients**  
  S. Nedelea, Bucharest (RO)

- **Role of partial cytoreduction in metastatic renal cell carcinoma**  
  O. Stakhovskyi, Kiev (UA)

- **Prostate-specific antigen level and detection of circulating tumour cells in castration-resistant prostate cancer**  
  O. Čapoun, Prague (CZ)

- **Role of local immune cells in bladder cancer recurrence of single-tumor patients**  
  K. Krpina, Rijeka (HR)

- **Value of diffusion weighted imaging MRI in differentiation renal tumors**  
  K. Havlova, Teplice (CZ)

- **Percutaneous nephrolithotripsy in patients with solitary kidneys: A single-center experience**  
  K. Petkova, Sofia (BG)

- **Fold back perineo-scrotal flap plus penile inversion vaginoplasty for male to female gender reassignment surgery in circumscribed subjects**  
  K. Tavakkoli Tabassi, Tehran (IR)

- **Comparison of two different techniques for transobturator tape procedure with concomitant anterior colporrhaphy: One incision versus two incision technique**  
  T. Yonguc, Izmir (TR)

- **Mondor’s disease of the penis**  
  A. Al-Amiri, Slough (GB)

- **Partial nephrectomy may protect from future cardiovascular disease - first experimental evidence**  
  O. Ivanovski, Skopje (MK)

- **Neutrophil to lymphocyte ratio as an independent prognostic factor in nonmetastatic renal cell carcinoma**  
  N. Grivas, Ioannina (GR)

- **The role of tadalafil in prevention of postoperative graft retraction in the treatment of severe Peyronie’s disease**  
  V. Kojovic, Belgrade (RS)
Saturday, 12 April - EAU Section Meetings

Meeting of the EAU Section of Uro-Technology (ESUT) in collaboration with ERUS and EULIS

10.15 - 17.30 On the frontiers in endourology, laparoscopy and robotics

**eURO Auditorium**

*Chair:* J. Rassweiler, Heilbronn (DE)

10.15 - 17.30 **Live broadcast from the Karolinska Hospital, Stockholm**

*Coordinators at Karolinska*
C-C. Abbou, Vincennes (FR)
C.M. Annerstedt, Herlev (DK)
E.M. Brehmer, Aarhus N (DK)

*Coordinators in eURO Auditorium*
V. Bucuras, Timisoara (RO)
T. Frede, Mülheim (DE)
R. Muschter, Rotenburg (DE)

10.15 - 10.20 **Welcome and introduction**

ESUT J. Rassweiler, Heilbronn (DE)
ERUS H.G. Van Der Poel, Amsterdam (NL)
EULIS K. Sarica, Istanbul (TR)

10.20 - 10.30 **Cases from last year in Milan**

G. Guazzoni, Milan (IT)

10.20 - 10.30 **Ethics of live surgery**

P.T. Piechaud, Bordeaux (FR)

10.30 - 13.00 **Live surgery Part 1**

*Moderators:* P.J. Oster, Fredericia (DK)
C.M. Scoffone, Turin (IT)
H.G. Van Der Poel, Amsterdam (NL)
R.F. Van Velthoven, Brussels (BE)

10.30 - 11.00 **Robotic cystectomy with intracorporeal ileal neobladder**
P. Dasgupta, London (GB)

11.00 - 11.20 **Laparoscopic partial nephrectomy with 3D HD technology**

E. Liatsikos, Patras (GR)

11.20 - 11.40 **3D laparoscopic ablative procedure nephrectomy**

J-U. Stolzenburg, Leipzig (DE)

11.40 - 12.10 **Robotic partial nephrectomy with isocyanine green**

A. Mottrie, Aalst (BE)

12.10 - 12.30 **Robotic flexible ureteroscopy using digital technology**

R. Saglam, Ankara (TR)

12.30 - 12.50 **Retrograde management of a renal stone using digital technology**

O. Traxer, Paris (FR)
12.50 - 13.00  **Ultra-mini PCNL (Video)**  
T. Knoll, Sindelfingen (DE)

**13.00 - 15.00  Live surgery Part 2**

*Moderators:*  
W. Artibani, Verona (IT)  
A.J. Gross, Hamburg (DE)  
M.P. Laguna, Amsterdam (NL)  
A. Skolarikos, Athens (GR)

13.00 - 13.20  **Robotic cystectomy with intracorporeal ileal neobladder**  
C.M. Annerstedt, Herlev (DK)

13.20 - 13.40  **3D mini laparoscopic pyeloplasty**  
A. Breda, Barcelona (ES)

13.40 - 16.00  **3D HD Laparoscopic partial nephrectomy**  
A. Alcaraz, Barcelona (ES)

14.00 - 14.20  **Robotic sacrocolpopexy**  
P.T. Piechaud, Bordeaux (FR)

14.20 - 14.40  **SPIES assisted RIRS in upper tract TCC**  
G. Giusti, Milan (IT)

14.40 - 15.00  **NBI and digital endoscopy of upper urinary tract**  
E.M. Brehmer, Stockholm (SE)

**15.00 - 17.10  Live surgery Part 3**

*Moderators:*  
M. Burchardt, Greifswald (DE)  
I.Y. Ozgok, Ankara (TR)  
C.H. Rochat, Geneva (CH)  
D. Stoianovici, Baltimore (US)

15.00 - 15.30  **Robotic cystectomy with intracorporeal ileal neobladder**  
P. Wiklund, Stockholm (SE)

15.30 - 15.50  **Bipolar enucleation of prostate adenoma**  
T.R.W. Herrmann, Hanover (DE)

15.50 - 16.10  **Bipolar enucleation TURP**  
J. Rassler, Leipzig (DE)

16.10 - 16.30  **Laservaporisation of the prostate using the GL XPS system**  
F. Gomez Sanchez, Madrid (ES)

16.30 - 16.50  **iPad assisted PCNL**  
M. Muller, Heidelberg (DE)  
J. Rassweiler, Heilbronn (DE)  
M-C. Rassweiler, Mannheim (DE)  
M. Ritter, Mannheim (DE)

16.50 - 17.10  **NBI in en bloc TURB**  
B. Malavaud, Toulouse (FR)

**17.10 - 17.20  A novel approach for BPH treatment: Convective thermal ablation using the Rezum System (Video)**  
L. Mynderse, Rochester (US)
17.20 - 17.30  **Conclusions**  
M.P. Laguna, Amsterdam (NL)

**Aims and objectives**
Following a more than 10 year tradition of live surgery sessions, the EAU Section of Uro-Technology (ESUT) presents an ambitious programme focussing on novel techniques in percutaneous, endourological, laparoscopic and robotic assisted procedures. This year, with ‘On the frontiers in endourology, laparoscopy and robotics’ we want to focus on novel technology improving the performance of video assisted surgery in all fields of urology. This session is conducted in collaboration with the EAU Section of Robotic Surgery in Urology (ERUS) and in collaboration with the EAU Section of Urolithiasis (EULIS). In the laparoscopic and robot assisted cases, we will focus on the developments of imaging (3D-HD) as well as new instruments and devices (laser) improving the ergonomics of laparoscopy. The latest digital developments for flexible endoscopy of the upper urinary tract for diagnosis and treatment of tumours and calculi are demonstrated even with the use of a new robot. Additionally the use of the iPad for access to the collecting system as well as the use of miniaturised instruments (ie ultra-mini-perc) will be demonstrated. Finally, new endoscopic techniques to manage bladder tumours (en bloc resection) as well as benign prostatic disease (bipolar enucleation) will be shown.

ESUT faculty consists of internationally well known experts serving as surgeons and moderators. The different surgical procedures will be transmitted from Karolinska Hospital in Stockholm in high-definition and 3D-quality. A split-screen will allow the delegates to follow the uncommented procedures. Traditionally, the format of ESUT Live Surgery will allow all delegates to directly communicate with the surgeons to ask questions and to discuss every aspect of the procedure. Moreover, the ESUT session will be available online.  
Supported by unrestricted educational grants from AMERICAN MEDICAL SYSTEMS, COOK MEDICAL, INTUITIVE SURGICAL, KARL STORZ GMBH & CO.KG, LISA LASER PRODUCTS, NXTHERA, OLYMPUS, ROCAMED, STARMEDTEC, SURGIQUEST
Saturday, 12 April - EAU Section Meetings

Meeting of the EAU Section of Urolithiasis (EULIS)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>10.15 - 14.00</td>
<td>Urolithiasis management - Changing concepts in medical and surgical approach</td>
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<tr>
<td>Room A2</td>
<td><strong>Chair:</strong> K. Sarica, Istanbul (TR)</td>
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<tr>
<td>10.15 - 10.20</td>
<td><strong>Introduction</strong>&lt;br&gt;K. Sarica, Istanbul (TR)</td>
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<td>10.20 - 11.20</td>
<td><strong>Medical management: Has something changed in recent years?</strong>&lt;br&gt;<strong>Moderators:</strong>&lt;br&gt;K.H. Andreassen, Fredericia (DK)&lt;br&gt;G. Gambaro, Rome (IT)&lt;br&gt;D.J. Kok, Rotterdam (NL)&lt;br&gt;J.M. Reis Santos, Lisbon (PT)</td>
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<td>10.20 - 10.40</td>
<td><strong>Oxalobacter formigenes in calcium oxalate stone formers - New treatment options?</strong>&lt;br&gt;R. Siener, Bonn (DE)</td>
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<td>10.40 - 11.00</td>
<td><strong>Medical expulsive therapy: Why, when and how?</strong>&lt;br&gt;A. Trinchieri, Lecco (IT)</td>
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<td>11.00 - 11.20</td>
<td><strong>Medical management: What are the barriers limiting the desired success rates?</strong>&lt;br&gt;B. Hess, Zurich (CH)</td>
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<td>11.20 - 12.30</td>
<td><strong>Surgical management: Changing concepts and changing methods</strong>&lt;br&gt;<strong>Moderators:</strong>&lt;br&gt;H-M. Fritsche, Regensburg (DE)&lt;br&gt;S. Lahme, Pforzheim (DE)&lt;br&gt;I. Saltirov, Sofia (BG)&lt;br&gt;A. Skolarikos, Athens (GR)</td>
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<td>11.20 - 11.40</td>
<td><strong>PCNL: Standard, mini, micro – where do we end up?</strong>&lt;br&gt;M. Straub, Munich (DE)</td>
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<td>11.40 - 12.10</td>
<td><strong>'Acute' stone management: Are management concepts changing?</strong>&lt;br&gt;K. Sarica, Istanbul (TR)</td>
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<td>12.10 - 12.30</td>
<td><strong>Gender aspects in urolithiasis (diagnosis, treatment and prophylaxis)</strong>&lt;br&gt;M. Özsoy, Vienna (AT)</td>
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<td>12.30 - 13.00</td>
<td><strong>Point-counterpoint session: Traditional and new – each has opponents</strong></td>
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<td>12.30 - 13.00</td>
<td><strong>RIRS vs PCNL - Changing indications</strong>&lt;br&gt;<strong>Moderators:</strong>&lt;br&gt;P.A. Geavleite, Bucharest (RO)&lt;br&gt;P.J. Osther, Fredericia (DK)</td>
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<td>12.30 - 12.45</td>
<td><strong>'PCNL': Are the indications really decreasing? No!!</strong>&lt;br&gt;N.N-P. Buchholz, London (GB)</td>
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<tr>
<td>12.45 - 13.00</td>
<td><strong>'RIRS': Are the indications really increasing? Yes!!</strong>&lt;br&gt;O. Traxer, Paris (FR)</td>
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</table>
13.00 - 13.30  Management of complex renal stones

Moderators:  T. Bach, Hamburg (DE)
             A. Galan, Elche (ES)
             A. Papatsoris, Athens (GR)
             G. Wendt-Nordahl, Sindelfingen (DE)

13.00 - 13.15  Multitract PNL – still an effective option in experienced hands
T. Knoll, Sindelfingen (DE)

13.15 - 13.30  NO; ECIRS: Combined antegrade–retrograde approach is the treatment of choice
C.M. Scoffone, Turin (IT)

13.30 - 13.50  Evidence-based management of upper urinary tract stone disease
P.J. Oster, Fredericia (DK)

13.50 - 14.00  Announcements and final remarks
K. Sarica, Istanbul (TR)

Aims and objectives
Significant advances have been made in the management of upper urinary tract stone disease with the advent of SWL and the development of small-calibre endoscopes that allow access to the entire urinary tract. Parallel to the technological advancements over the last 20 years, the contemporary management of stone disease has changed (and of course is changing) considerably, continuously bringing us powerful tools to select the right patient for the right treatment based on treatment algorithms derived from evidence-based outcomes. However, it is an unchanged fact that the fundamental principle guiding us in the selection of proper methods is to maximise stone clearance while minimising patient morbidity. In this EULIS session we will focus on the changing concepts in modern management of stone disease from both the medical and the surgical aspect.
Saturday, 12 April - EAU Section Meetings

Joint Meeting of the EAU Section of Oncological Urology (ESOU) and the European Organisation for Research and Treatment of Cancer Genito-Urinary Cancer Group (EORTC GUCC)

10.15 - 14.00 New developments in uro-oncology

Room A4

10.15 - 12.15 ESOU: Contemporary surgical treatment of high risk prostate cancer and muscle invasive bladder cancer: Cost comparison analysis

Chairs: M. Brausi, Modena (IT)
        B. Djavan, Vienna (AT)

10.15 - 10.30 European Uro-Oncology Group (EUOG): Clinical utility of circulating tumour cells (CTC) in prostate cancer: Primetime?

S. Osanto, Leiden (NL)

10.30 - 10.35 Discussion

10.35 - 11.25 Debate Surgical treatment of high risk prostate cancer: Cost comparison analysis

10.35 - 10.47 Robot assisted radical prostatectomy: The new standard?

B. Rocco, Milan (IT)

10.47 - 10.59 Robot assisted RP for cT3 prostate cancer: The Australian experience

D. Murphy, Melbourne (AU)

10.59 - 11.11 Open radical prostatectomy: Still here?

A. Heidenreich, Aachen (DE)

11.11 - 11.25 Discussion

11.25 - 12.15 Debate: Surgical treatment of muscle invasive bladder cancer: Cost comparison analysis

11.25 - 11.45 Robot assisted radical cystectomy: The new standard?

R. Gaston, Bordeaux (FR)

11.45 - 12.05 Open minimally invasive radical cystectomy: Still the best option?

M. Brausi, Modena (IT)

12.05 - 12.15 Discussion

12.15 - 14.00 EORTC GUCC:

Chairs: N.W. Clarke, Manchester (GB)
        C.N. Sternberg, Rome (IT)

12.15 - 12.20 Introduction

N.W. Clarke, Manchester (GB)

12.20 - 12.40 Treatment of advanced renal cell carcinoma and the concept of patient’s adherence

A. Bex, Amsterdam (NL)
12.40 - 13.00  The SPECTA prostate concept or high-risk prostate cancer beyond retrospective data
M. Spahn, Berne (CH)

13.00 - 13.20  What more do we need to know about BCG?
C.A. Rentsch, Basel (CH)

13.20 - 13.40  Advanced bladder cancer in the era of targeted therapies
A. Necchi, Milan (IT)

13.40 - 14.00  Next generation trials for urologists and uro-oncologists, where are we headed?
B. Tombal, Brussels (BE)
Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS) and the EAU Section of Andrological Urology (ESAU)

10.15 - 14.00 Surgical and andrological aspects in men’s health

Room A6

Chairs:  S. Deger, Ostfildern (DE)  
         W.H-G. Weidner, Giessen (DE)

10.15 - 11.00 Challenges in PCa surgery

Moderators:  C.C. Schulman, Brussels (BE)  
             K-D. Sievert, Tübingen (DE)

10.15 - 10.30 Recurrent anastomotic strictures
         R. Dahlem, Hamburg (DE)

10.30 - 10.45 Rectal fistula after Radical Retropubic Prostatectomy or radiation: A major challenge
         A.R. Mundy, London (GB)

10.45 - 11.00 Closing remarks from moderators and panel

11.00 - 11.40 Radical Retropubic Prostatectomy: The best operative techniques for the optimal outcome for sexual function and life quality

Moderators:  E.J.H. Meuleman, Amsterdam (NL)  
             V. Pansadoro, Rome (IT)

11.00 - 11.20 Surgical aspects
         S. Deger, Ostfildern (DE)

11.20 - 11.40 Penile rehabilitation after Radical Retropubic Prostatectomy and radiation
         F. Fusco, Naples (IT)

11.40 - 12.20 Urethroplasty

Moderators:  D.E. Andrich, London (GB)  
             D. Ralph, London (GB)

11.40 - 12.00 Techniques for the best outcome in recurrent urethral stricture
         A. Zhivov, St. Petersburg (RU)

12.00 - 12.20 Andrological aspects of urethroplasty
         E. Palminteri, Arezzo (IT)

12.20 - 13.20 The small and deformed penis

Moderators:  M. Alici, Istanbul (TR)  
             C. Bettocchi, Bari (IT)

12.20 - 12.35 Andrological and sexual aspects
         C. Bettocchi, Bari (IT)
12.35 - 12.50  Surgical management of the buried penis  
A.F.M. Spinoit, Ghent (BE)

12.50 - 13.05  Surgical aspects of Peyronie’s disease  
R.P. Djinovic, Belgrade (RS)

13.05 - 13.20  Peyronie’s disease and impact on sexuality  
A. Kadioglu, Istanbul (TR)

13.20 - 13.30  Priapism and chronic scrotal pain syndrome  

Moderators: E.J.H. Meuleman, Amsterdam (NL)  
C. Trombetta, Trieste (IT)

13.20 - 13.35  Diagnostic and treatment of priapism  
D.J. Ralph, London (GB)

13.35 - 13.50  Chronic scrotal pain syndrome  
G.R. Dohle, Rotterdam (NL)

S. Deger, Ostfildern (DE)

13.55 - 14.00  ESAU activities 2014–2015  
N. Sofikitis, Ioannina (GR)

Aims and objectives  
The session covers surgical and andrological aspects in men’s health. One focus for the andrologist remains the optimal outcome for sexual function and life quality after RRP and radiation. A second point of interest are the andrological aspects of urethroplasty concerning erection, ejaculation and orgasm. A further ongoing problem in andrological urology is a small and deformed penis. This area is covered under different aspects including mere surgery and sexual dysfunction. Finally, priapism and chronic scrotal pain syndrome are discussed.
Saturday, 12 April - EAU Section Meetings

Joint Meeting of the EAU Section of Urological Imaging (ESUI), the EAU Section of Uropathology (ESUP) and the EAU Section of Urological Research (ESUR)

10.15 - 14.00 Staging and characterisation of urological malignancies: Current evidence, rationale and future perspectives

Room A8

Chairs: Z. Culig, Innsbruck (AT)
       A. Lopez-Beltran, Cordoba (ES)
       J. Walz, Marseille (FR)

10.15 - 10.20 Introduction
Z. Culig, Innsbruck (AT)
A. Lopez-Beltran, Cordoba (ES)
J. Walz, Marseille (FR)

10.20 - 11.10 Characterisation of renal cell cancer

Chairs: F. Algaba, Barcelona (ES)
       K. Junker, Homburg (DE)
       H. Wijkstra, Amsterdam (NL)

10.20 - 10.28 Staging and imaging for renal cell cancer: Why, when, what and how to use the information?
S. Siracusano, Trieste (IT)

10.28 - 10.32 Discussion

10.32 - 10.40 What information can we get from biopsy?
F. Algaba, Barcelona (ES)

10.40 - 10.44 Discussion

10.44 - 10.52 What new developments are on the horizon (imaging, biomarkers ...)?
O. Boerman, Nijmegen (NL)

10.52 - 10.56 Discussion

10.56 - 11.04 Where do we need to do further research? The EAU Guidelines Office view
B. Ljungberg, Umeå (SE)

11.04 - 11.10 Discussion

11.10 - 12.00 Characterisation of bladder cancer

Chairs: A. Lopez-Beltran, Cordoba (ES)
       A. Vlahou, Athens (GR)
       J. Walz, Marseille (FR)

11.10 - 11.18 Staging and imaging for bladder cancer: Why, when, what and how to use the information?
J. Walz, Marseille (FR)
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<td>11.18 - 11.22</td>
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<td>11.22 - 11.30</td>
<td>What information can and should we get from pathology after TURB and cystectomy? A. Lopez-Beltran, Cordoba (ES)</td>
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<td>11.34 - 11.42</td>
<td>What new developments are on the horizon (imaging, biomarkers ...)? Y. Allory, Creteil (FR)</td>
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<td>11.42 - 11.46</td>
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<td>11.46 - 11.54</td>
<td>Where do we need to do further research? The EAU Guidelines Office view A. Stenzl, Tuebingen (DE)</td>
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<td>12.00 - 12.10</td>
<td>ESUI Vision Award 2014 Supported by an unrestricted medical grant from HITACHI MEDICAL SYSTEMS EUROPE</td>
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<td>12.10 - 13.00</td>
<td>Characterisation of prostate cancer</td>
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<td>Chairs: A. Bjartell, Malmö (SE)</td>
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<td>B.M. Carey, Leeds (GB)</td>
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<td>R. Montironi, Torrette Di Ancona (IT)</td>
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<td>12.22 - 12.30</td>
<td>What information can and should we get from biopsy? R. Montironi, Torrette Di Ancona (IT)</td>
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<td>13.00 - 13.50</td>
<td>Characterisation of testis cancer</td>
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<td>Chairs: E. Belgrano, Trieste (IT)</td>
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<td>M. Colecchia, Milan (IT)</td>
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<td>M. Mancini, Padua (IT)</td>
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<td>13.00 - 13.08</td>
<td>Staging and imaging for testis cancer: Why, when and what? N. Nicolai, Milan (IT)</td>
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<td>13.08 - 13.12</td>
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<td>13.12 - 13.20</td>
<td>What information can we get from pathology after orchiectomy and RPLND? M. Colecchia, Milan (IT)</td>
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</table>
13.20 - 13.24  **Discussion**

**What new developments are on the horizon (imaging, biomarkers ...)?**

C.G.A. Ruf, Hamburg (DE)

13.24 - 13.32  **Discussion**

13.32 - 13.36  **Discussion**

**Where do we need to do further research? The EAU Guidelines Office view**

P. Albers, Düsseldorf (DE)

13.44 - 13.50  **Discussion**

**13.50 - 14.00 Summary**

*Chairs: Z. Culig, Innsbruck (AT)*

* A. Lopez-Beltran, Cordoba (ES)*

* J. Walz, Marseille (FR)*

**Aims and objectives**

The joint meeting of the ESUI, ESUP and ESUR addresses staging and characterization of urological malignancies. The aim of the session is to provide for each cancer entity an overview how malignancies can be characterized and classified based on current staging standards, which are mainly based on imaging. By focusing on the question how this characterization can be improved, the information obtained from pathology will be critically evaluated for their added value in clinical decision making. Following this, the most recent research results are put into context to identify possible future solutions for pending problems and limitations. Finally, for each cancer entity, members of the EAU guidelines office will address current weaknesses and suggest fields of future research priorities.

During the session, the prize giving ceremony for the 2014 ESUI vision award winner will be held, followed by a presentation of the awarded study. The aim of the ESUI vision award is to highlight the most innovative imaging study published during the last year in urology.
Meeting of the EAU Section of Transplantation Urology (ESTU) (in cooperation with ESUT and ERUS)

**Room A11**

**Chairs:**  A.J. Figueiredo, Coimbra (PT)
            E. Lledo García, Madrid (ES)

**10.15 - 10.20**  **Introduction**
A.J. Figueiredo, Coimbra (PT)
E. Lledo García, Madrid (ES)

**10.20 - 12.45**  **The donation**

**Moderators:**  A.J. Figueiredo, Coimbra (PT)
                 E. Lledo García, Madrid (ES)

10.20 - 10.35  **Living kidney donation - history and future perspectives**
F. Friedersdorf, Berlin (DE)

10.35 - 10.50  **Living kidney donor - where are the limits for donation?**
M. Giessing, Düsseldorf (DE)

10.50 - 11.10  **Minilap LDN**
Video presentation - A. Breda, Barcelona (ES)

11.10 - 11.30  **Robotic LDN**
Video presentation - S. Siemer, Homburg (DE)

11.30 - 11.50  **LESS LDN**
Video presentation - B.A. Da Costa Parada, Coimbra (PT)

11.50 - 12.20  **Technology and virtuosism - is LDN a different surgery?**

11.50 - 12.05  **Yes**
F.J. Burgos Revilla, Madrid (ES)

12.05 - 12.20  **No**
L. Peri Cusi, Barcelona (ES)

12.20 - 12.45  **Surgical challenges in living donor transplantation**
G. Gancio, Miami (US)

12.50 - 13.35  **The outcomes**

**Moderators:**  P. Di Tonno, Bari (IT)
                 C. Terrone, Novara (IT)

12.50 - 13.05  **Medical and economical results of the different LDN techniques**
G. Karam, Nantes (FR)

13.05 - 13.20  **Psychology - what happens to the donor**
G. Greif-Higer, Mainz (DE)
13.20 - 13.35  Causes of graft failure in living donor transplant  
E. Lledo García, Madrid (ES)

13.35 - 13.50  Living kidney donation outcomes: What lessons have we learned?  
A.B. Chkhotua, Tbilisi (GE)

13.55 - 14.00  Discussion and final remarks  
A.J. Figueiredo, Coimbra (PT)  
E. Lledo García, Madrid (ES)

Aims and objectives  
Living donor kidney transplantation is one of the most challenging yet rewarding activities in urology. This session, held in cooperation with ESUT and ERUS, will discuss the most recent advances in the field, including video demonstrations of the various techniques of living donor nephrectomy, presentation of difficult cases where urological expertise is paramount. The responsibility of inflicting physical damage to an altruistic healthy person poses unique problems, making the ponderation of indications and results an essential part of this activity.
### Meeting of the EAU Section of Female and Functional Urology (ESFFU)

#### Saturday, 12 April - EAU Section Meetings

**10.15 - 14.00** Functional urology: How to put science in practice

**Room K1**

*Chair:* J.P.F.A. Heesakkers, Nijmegen (NL)

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<td>J.P.F.A. Heesakkers, Nijmegen (NL)</td>
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<td>10.20 - 10.30</td>
<td><strong>Probiotics: Lactobacillus, cranberry</strong></td>
<td>T.M. De Reijke, Amsterdam (NL)</td>
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<td>10.30 - 10.50</td>
<td><strong>Perioperative antibiotics: What and when?</strong></td>
<td>T.T. Tarcan, Istanbul (TR)</td>
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<td>10.50 - 11.10</td>
<td><strong>Asymptomatic bacteriuria in pregnancy: Why should we screen and treat?</strong></td>
<td>S. Eneil, London (GB)</td>
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<td>11.10 - 11.50</td>
<td><strong>Scientific proof and results of various treatment modalities in IC/BPS</strong></td>
<td>Moderator: J. Nordling, Herlev (DK)</td>
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<td>11.10 - 11.20</td>
<td><strong>BoNTA</strong></td>
<td>A. Apostolidis, Thessaloniki (GR)</td>
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<td>11.20 - 11.30</td>
<td><strong>GAG layer treatment</strong></td>
<td>C. Persu, Bucharest (RO)</td>
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<td>11.30 - 11.40</td>
<td><strong>Behavioural treatment: Psychotherapy, painkillers</strong></td>
<td>E.J. Messelink, Groningen (NL)</td>
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<td>11.40 - 11.50</td>
<td><strong>Discussion</strong></td>
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<td>11.50 - 12.10</td>
<td><strong>Catheters, blockages and infections: The good, the bad and the ugly</strong></td>
<td>N. Thiruchelvam, Cambridge (GB)</td>
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<td>12.10 - 12.30</td>
<td><strong>Detrusor underactivity</strong></td>
<td>G. Van Koeveringe, Maastricht (NL)</td>
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<td>12.30 - 12.45</td>
<td><strong>Latest developments in: Slings</strong></td>
<td>H. Hashim, Bristol (GB)</td>
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<td>12.45 - 13.00</td>
<td><strong>Latest developments in: Bulking agents</strong></td>
<td>A. Ergen, Ankara (TR)</td>
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<td>13.00 - 13.15</td>
<td><strong>Artificial sphincters (AMS, flowsecure, atoms etc)</strong></td>
<td>R. Bauer, Munich (DE)</td>
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<td>13.15 - 13.25</td>
<td><strong>New tape</strong></td>
<td>F. Van Der Aa, Leuven (BE)</td>
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13.25 - 13.35  **Bulk**  
F.C. Burkhard, Berne (CH)

13.35 - 13.45  **Pubovaginal sling**  
E. Costantini, Perugia (IT)

13.45 - 13.55  **AMS800**  
E. Chartier-Kastler, Paris (FR)

**13.55 - 14.00**  **Close**  
J.P.F.A. Heesakkers, Nijmegen (NL)

**Aims and objectives**  
The programme of the ESFFU in 2014 comprises a variety of functional urological items that are presenting as realistic medical problems in clinical practice.

First some topics that deal with urinary tract infections and infection-like diseases like IC/BPS will be addressed. The role of probiotics, application of peri-operative antibiotics and the treatment of asymptomatic antibiotics in pregnancy, as mentioned in the EAU guidelines will be discussed. Then we switch to practical topics like catheter management and detrusor underactivity. After the break latest developments of various treatment options for stress urinary incontinence will be addressed. ESFFU ends with a debate on how to handle female SUI when no urethral hypermobility is present. Since more and more women are operated on because of SUI, more failed cases are seen in the clinic that ask for a solution. The various options are presented by experts in the field.
## Meeting of the EAU Section of Infections in Urology (ESIU)

### Room C6

**Chairs:** T.E. Bjerkland Johansen, Oslo (NO)
P. Tenke, Budapest (HU)

### 10.15 - 14.00  ESIU brings the future to urology

<table>
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<th>Session</th>
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<td><strong>Welcome and introduction</strong>&lt;br&gt;T.E. Bjerkland Johansen, Oslo (NO)</td>
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<td>10.20 - 11.20</td>
<td><strong>The evidence basis for alternative treatments in urology</strong>&lt;br&gt;<em>Moderators:</em> H.M. Çek, Istanbul (TR)&lt;br&gt;J. N’Dow, Aberdeen (GB)</td>
</tr>
<tr>
<td>10.20 - 10.35</td>
<td><strong>Non-antimicrobial therapy and prophylaxis of UTI</strong>&lt;br&gt;K.G. Naber, Straubing (DE)</td>
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<tr>
<td>10.35 - 10.50</td>
<td><strong>Phytotherapy in urinary stones, prostatitis and BPH</strong>&lt;br&gt;R. Bartoletti, Florence (IT)</td>
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<tr>
<td>10.50 - 11.05</td>
<td><strong>Phytotherapy and other alternative treatments in the prevention and palliation of cancer</strong>&lt;br&gt;Z. Tandoğdu, Newcastle Upon Tyne (GB)</td>
</tr>
<tr>
<td>11.05 - 11.25</td>
<td><strong>Discussion</strong></td>
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<td>11.25 - 12.40</td>
<td><strong>Prostate cancer, infection and computerised biopsy systems</strong>&lt;br&gt;<em>Moderators:</em> M.J. Grabe, Malmö (SE)&lt;br&gt;A. Heidenreich, Aachen (DE)</td>
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<tr>
<td>11.25 - 11.40</td>
<td><strong>Risk factors for infection after prostate biopsies and strategies to reduce infections</strong>&lt;br&gt;F.M.E. Wagenlehner, Gießen (DE)</td>
</tr>
<tr>
<td>11.40 - 11.55</td>
<td><strong>Can new imaging and computerised systems reduce the number of biopsies?</strong>&lt;br&gt;E. Baco, Oslo (NO)</td>
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<td>11.55 - 12.10</td>
<td><strong>Ethical aspects of informing patients about risks and benefits in prostate biopsies</strong>&lt;br&gt;V.B. Mouraviev, Syracuse (US)</td>
</tr>
<tr>
<td>12.10 - 12.25</td>
<td><strong>Resistance in infection and cancer. Are there common mechanisms?</strong>&lt;br&gt;R.S. Pickard, Newcastle upon Tyne (GB)</td>
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<td>12.25 - 12.40</td>
<td><strong>Discussion</strong></td>
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<td>12.40 - 13.55</td>
<td><strong>Rethinking the pathogenesis of UTI</strong>&lt;br&gt;<em>Moderators:</em> R.S. Pickard, Newcastle upon Tyne (GB)&lt;br&gt;B. Wullt, Lund (SE)</td>
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<td>12.40 - 12.55</td>
<td><strong>The microbiome of the urinary tract. Is sterile urine a myth?</strong>&lt;br&gt;M.J. Drake, Bristol (GB)</td>
</tr>
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</table>
12.55 - 13.10  The future is here. Implantation of benign E coli to treat uropathogenic E coli  
B. Köves, Budapest (HU)

13.10 - 13.25  Molecular basis of oestrogens protection against UTI  
A. Ali, Newcastle Upon Tyne (GB)

13.25 - 13.40  The role of hormone replacement therapy in recurrent UTI  
E. Costantini, Perugia (IT)

13.40 - 13.55  Discussion

13.55 - 14.00  Close  
P. Tenke, Budapest (HU)

Aims and objectives
The ESIU section session will provide an up-to-date discussion of prostate biopsies; the risk of infective complications; the importance of reducing biopsy numbers; and how to inform patients before biopsies. In separate parts the role of phytotherapy in UTI, urinary stones and cancer will be explored and speakers will rethink the pathogenesis of recurrent UTI and update delegates on the importance of oestrogens and the contemporary treatment with live benign E Coli. All topics will be addressed by key international experts and opinion leaders.

Upon the completion of the ESIU session, the delegates will know how to inform patients before prostate biopsies, how to avoid infective complications and how the number of biopsies may be reduced. He or she will know the evidence for using phytotherapy in urology and will understand the mechanisms of drug resistance in infection and cancer. Attendees will have deep insight into the pathogenesis of recurrent UTI. They will know when and how to administer oestrogen replacement therapy and be updated on treatment with implantation of benign E Coli.
### Special Session

#### 10.15 - 17.25  Residents (ESRU) and Young Academic Urologists (YAU) day organised by the Young Urologist Office (YUO)

**Room T1**

*Chairs:* C.G.A. Ruf, Hamburg (DE)  
F. Sanguedolce, London (GB)  
J.P.M. Sedelaar, Nijmegen (NL)

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| 10.15 - 10.30 | **Introduction**  
C.G.A. Ruf, Hamburg (DE)  
J.P.M. Sedelaar, Nijmegen (NL) |
| 10.30 - 11.10 | **What residents need to know about the EAU**  
Chair: L.G. Martinez Bustamante, Izola (SI) |
| 10.30 - 10.40 | **European School of Urology (ESU)**  
J. Palou, Barcelona (ES) |
| 10.40 - 10.50 | **Regional Offices**  
B. Djavan, Vienna (AT) |
| 10.50 - 11.00 | **European Board of Urology (EBU)**  
S.C.M. Müller, Bonn (DE) |
| 11.00 - 11.10 | **European Urology Scholarship Programme (EUSP)**  
V.G. Mirone, Naples (IT) |
| 11.10 - 12.10 | **Young Academic Urologists (YAU) Session** |
| 11.10 - 11.16 | **What are we doing and where are we going?**  
F. Sanguedolce, London (GB) |
| 11.16 - 12.10 | **Insights and outsights from:** |
| 11.16 - 11.22 | **Prostate cancer group**  
G. Giannarini, Berne (CH) |
| 11.22 - 11.28 | **Renal cancer group**  
S.D. Brookman-May, München (DE) |
| 11.28 - 11.34 | **Urothelial cancer group**  
E.N. Xylinas, Paris (FR) |
| 11.34 - 11.40 | **Robotics group**  
N. Suardi, Milan (IT) |
| 11.40 - 11.46 | **Endourology and urolithiasis**  
S. Hruby, Salzburg (AT) |
| 11.46 - 11.52 | **BPH group**  
C. De Nunzio, Rome (IT) |
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| 11.52 - 11.58 | Paediatric group  
E. Baldassarre, Aosta (IT) |
| 11.58 - 12.04 | Female and functional urology group  
F. Van der Aa, Leuven (BE) |
| 12.04 - 12.10 | Men’s health group  
P. Verze, Naples (IT) |
| **12.10 - 12.40** | Campbell Team Challenge Quiz  
*Quizmasters:*  
M. Čechová, Prague (CZ)  
Á. Rosecker, Szeged (HU)  
*Panel:*  
O.W. Hakenberg, Rostock (DE) |
| **12.40 - 12.55** | Break |
| **12.55 - 13.55** | Developments in urology - What is the pipeline?  
*Chairs:*  
K. Hendricksen, Nijmegen (NL)  
F. Sanguedolce, London (GB) |
| 12.55 - 13.10 | Electrochemotherapy in urological cancer  
J.L. Vasquez, Copenhagen (DK) |
| 13.10 - 13.25 | Stem cells in urology  
J.A. Schalken, Nijmegen (NL) |
| 13.25 - 13.40 | Tissue engineering solutions in reconstructive surgery  
J-N. L. Cornu, Vincennes (FR) |
| 13.40 - 13.55 | Fusion imaging in urology  
P. Sooriakumaran, Sandford on Thames (GB) |
| **13.55 - 14.30** | Social media in urology  
*Chairs:*  
C. Meyer, Hamburg (DE)  
J.L. Vasquez, Copenhagen (DK) |
| 13.55 - 14.10 | Do’s and don’ts of social media  
M.R. Van Balken, Arnhem (NL) |
| 14.10 - 14.25 | Potential of social media in urology  
Q.D. Trinh, Boston (US) |
| 14.25 - 14.30 | Communication within ESRU  
F. Teixeira Gabriel Furriel, Coimbra (PT) |
| **14.30 - 15.50** | Surgery I: Tips and tricks  
*Chairs:*  
C.G.A. Ruf, Hamburg (DE)  
M.S. Skrodzka, Białystok (PL) |
| 14.30 - 14.50 | TURBT  
T.S. O’Brien, London (GB) |
| 14.50 - 15.10 | URS  
H-M. Fritsche, Regensburg (DE) |
15.10 - 15.30  **Scrotal surgery**  
A. Heidenreich, Aachen (DE)

15.30 - 15.50  **Drainage placement and biopsies**  

15.50 - 16.30  **Surgery II: Discussion on education**  
Chairs:  
R. Pereira e Silva, Lisbon (PT)  
Z. Tandoğdu, Newcastle Upon Tyne (GB)

15.50 - 16.00  **The 40 hours project: Implementation of skills training on clinical practice**  
B.M.A. Schout, Amstelveen (NL)

16.00 - 16.10  **Surgical training in the US**  
J.S. Ellison, Bristol (GB)

16.10 - 16.20  **What procedures are done by residents in Europe**  
G. Patrano, Rome (IT)

16.20 - 16.30  **Do we need to improve surgical education**

16.20 - 16.30  **Panel:**  
J.S. Ellison, Bristol (GB)  
A.J. Figueiredo, Coimbra (PT)  
A. Pycha, Bolzano (IT)  
J.O.R. Sonksen, Herlev (DK)

16.30 - 17.15  **Nightmare session**  
Case presenters:  
A. Marsh, Copenhagen (DK)  
N. Osman, Sheffield (GB)  
L. Schneidewind, Greifswald (DE)

Panel:  
M.J. Drake, Bristol (GB)  
M. Fode, Herlev (DK)

17.15 - 17.25  **Prizes and awards**
Saturday, 12 April - EAU Programme

Special Session

12.30 - 13.30  History: Visualisation in urology

Room C2

Chair: D. Schultheiss, Giessen (DE)

12.30 - 12.45  Cross-sectional anatomical imaging: From Leonardo da Vinci to Godfrey Hounsfield
D. Schultheiss, Giessen (DE)

12.45 - 13.00  From uroscopy to microscopy: The examination of urine
P. Rathert, Düsseldorf (DE)

13.00 - 13.15  Bringing light into the urinary tract: The development of endoscopy
P.E. Van Kerrebroeck, Maastricht (NL)

13.15 - 13.30  Reality and imagination
H. Fangerau, Ulm (DE)

Aims and objectives
Looking into the body is the key for the understanding of diseases. Therefore, anatomical imaging, optical examination of the urine, and direct endoscopy are different ways of visualisation in urology.
The presentations of this session will highlight the historical development of all these different techniques to visualise the human body and its function.
The session will be closed by some theoretical thoughts about the question “What we see is really the truth?” or “Do we only see what we know?”
Abstract Session

14.15 - 15.45 Endourology

Room A6

Video session 1

Chairs: P.A. Geavlete, Bucharest (RO)
J-T. Klein, Heilbronn (DE)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

V1 Selecting the right Ho:YAG laser intracorporeal lithotripsy mode during retrograde flexible ureteroscopic approach
D.R. Multescu, D. Georgescu, G. Nita, M. Dragutescu, B. Geavlete, R. Satalan, P. Geavlete (Bucharest, Romania)

V2 Retrograde intrarenal surgery (RIRS), an alternative technique in the treatment of lithiasis and reconstructive renal surgery
E. Piersas Ayala, V. Vidaña Tubau, P. Pizá Reus (Palma de Mallorca, Spain)

V3 Micro-ECIRS (Endoscopic Combined Intrarenal Surgery) for kidney stones: Our initial experience
M. Cossu, M. Poggio, C. Fiori, N. Serra, M. Manfredi, G. Cattaneo, R. Bertolo, P. Porpiglia (Orbassano, Turin, Italy)

V4 The newly developed Uro Dyna-CT enables complex 3D-planned punctures
M. Ritter, M-C. Rassweiler, M.S. Michel (Mannheim, Germany)

V5 Backstop gel®: A breakthrough in semirigid ureterorenoscopy
G. Giusti, S. Proietti, R. Peschechera, G. Taverna, M. Seveso, P. Grazioti (Milan, Italy)

V6 Xenx (Xenolith), a new anti-repulsion device in the treatment of ureteral stones: A multicenter European study
N. Macchione, F. Longo, F. Sanguedolce, S. Kachrila, J. Masood, N. Bucholz, S. Hruby, E. Montanari (Milan, Italy; London, United Kingdom; Salzburg, Austria)

V7 Endoscopic rendez-vous of ureteral iatrogenic detachment

V8 Stone migration in the pleural cavity: An unusual complication of percutaneous renal surgery
M. Lezrek, H. Tazi, A. Slimani, M. Asseban, K. Bazine, E.H. Kasmaoui, A. Bedouch, M. Alami (Meknes, Morocco)
Saturday, 12 April - EAU Programme

Abstract Session

**Critical evaluation of established markers in prostate cancer**

**Room A2**

**Poster Session 9**

*Chairs:* S. Füssel, Dresden (DE)  
H. Klocker, Innsbruck (AT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

*102*  
**Involvement of TMPRSS2-ERG status and GSTP-1 expression as prognostic biomarkers in the clinical management of prostate cancer**  

*103*  
**Recurrent chromosomal deletions status obtained on tissue cores is highly correlated with local invasive and systemic prostate cancer growth**  

*104*  
**Loss of speckle-type POZ protein (SPOP) during prostate cancer progression indicates its role as tumour suppressor gene**  

*105*  
**Identification and characterization of long noncoding RNA markers for prostate cancer detection**  

*106*  
**Serum MMP-7, sFas and FasL levels in predicting therapy resistance and survival in castration-resistant prostate cancer patients treated with docetaxel**  
T. Szarvas, S. Sevcenco, S.F. Shariat, G. Kramer (Vienna, Austria)

*107*  
**Competing risk analysis of metabolic factors and prostate cancer**  
C. Häggström, T. Stocks, G. Nagel, J. Manjer, T. Bjørge, H. Ulmer, H. Jonsson, P. Stattin (Umeå, Malmö, Sweden; Ulm, Germany; Bergen, Norway; Innsbruck, Austria)

*108*  
**Circulating microRNAs and kallikreins before and after radical prostatectomy**  
G. Cochet, M.G. Egidì, E. cottini, F. D’Amico, F. Barillaro, A. Boni, S. Pohja, E. Mearini (Terni, Italy)

*109*  
**Expression of androgen and estrogen signalling components and stem cell markers is highly predictive cancer progression of metastatic prostate cancer**  

*110*  
**The expression profile of phosphatidylinositol in high resolution imaging mass spectrometry is a potential biomarker for prostate cancer**  
111 Epithelial markers for the molecular detection of occult lymph node metastases are here to stay
A. Wetterwald, A. Fleischmann, J. Hensel, B. Özdemir, M.G. Cecchini, G.N. Thalmann (Berne, Switzerland)

112 Measurement of prostate cancer-associated aberrant glycosylation of prostate specific antigen can improve diagnostic accuracy

113 Germline genetic variants and prostate cancer prognosis
W.L. Ong, P.P. Pharoah (Cambridge, United Kingdom)

114 Systemic alterations of Wnt Inhibitors in patients with prostate cancer and bone metastases
T. Todenhöfer, P. Leidenberger, J. Hennenlotter, U. Kühs, A. Hohneder, S. Aufderklamm, A. Stenzl, C. Schwentner (Tübingen, Germany)
Abstract Session

High quality cystectomy

14.15 - 15.45

Room A4

Poster Session 10

Chairs: E. Compérat, Paris (FR)
M.J. Ribal, Barcelona (ES)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

EAU Guidelines Office snapshot
J.A. Witjes, Nijmegen (NL)

115 Gender differences for bladder cancer survival in Austria: A descriptive, long-term, nation-wide analysis involving 27,395 patients
S. Madersbacher, I. Berger, C. Wehrberger, G. Haidinger, N. Zielonke, T. Waldhör (Vienna, Wiener Neustadt, Austria)

* 116 Chemoinduced downstaging as a potential surrogate marker of efficacy and of increased survival following neoadjuvant chemotherapy of locally advanced urothelial urinary bladder cancer
R. Rosenblatt, A. Sherif, E. Rintala, R. Wahlqvist, A. Ulén, S. Nilsson, P-U. Malmström (Stockholm, Umeå, Uppsala, Sweden; Helsinki, Finland; Oslo, Norway)

* 117 Implications of circulating tumor cells on adjuvant chemotherapy decision-making in patients with urothelial carcinoma of the bladder treated with radical cystectomy

118 Does the extent of lymphadenectomy impact survival after radical cystectomy: A systematic review
H.M. Bruins, V. Hernandez, E. Veskimae, M. Imamura, T.B. Lam, M. Neuberger, P. Dahm, A.G. Van Der Heijden, E. Comperat, N.C. Cowan, M. De Santis, G. Gakis, T. Lebret, M.J. Ribal, A. Sherif, J.A. Witjes (Nijmegen, The Netherlands; Madrid, Barcelona, Spain; Tampere, Finland; Aberdeen, Birmingham, United Kingdom; Gainesville, United States of America; Paris, Suresnes, France; Vienna, Austria; Tübingen, Germany; Umeå, Sweden)

* 119 Rapid tumour progress after robot assisted radical cystectomy: Increased risk for intraoperative tumour seeding?
M. Saar, J. Kamradt, C.H. Ohlmann, S. Siemer, M. Stöckle (Homburg/Saar, Germany)

120 The curative potential of lymphadenectomy after response to chemotherapy in patients with urothelial carcinoma presenting with regional or distant nodal metastases: Analysis of a series from a tertiary cancer centre

121 Favourable quality of life and urinary functions after bladder preservation in muscle-invasive bladder cancer patients treated with induction chemoradiotherapy plus partial cystectomy with pelvic lymph node dissection
ERCC1-negative tumors benefit from neoadjuvant cisplatin-based chemotherapy whereas patients with ERCC1-positive tumors do not – results from a cystectomy trial database

T. Hemdan, U. Segersten, P-U. Malmström (Uppsala, Sweden)

Long-term outcome following management of muscle invasive bladder cancer: Bladder-sparing Radical Therapy (BRT) and subsequent salvage cystectomy versus immediate primary cystectomy

A. Sujenthiran, J. Van Der Meulen, J.D. Kelly, P.J Cathcart (London, United Kingdom)

External validation of the pathological nodal staging score in bladder cancer: A population-based study

E.N. Xylinas, L.A. Kluth, M. Rieken, B. Al Hussein Al Awamih, M. Sun, P.I. Karakiewicz, M. Gonen, S.F. Shariat (New York, United States of America; Montreal, Canada; Vienna, Austria)

Outcome after treatment of small cell cancer of the bladder by neoadjuvant chemotherapy and radical cystectomy with extended pelvic lymph node dissection

G.N. Thalmann, B. Roth, M. Spahn, P. Zehnder, F.C. Burkhard (Berne, Switzerland)

Prognostic model for predicting survival in patients with disease recurrence following radical cystectomy

Abstract Session

**Lasers for BPE**

14.15 - 15.45

**Room A8**

**Poster Session 11**

**Chairs:** A. Bachmann, Basel (CH)  
G.H. Fournier, Brest (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**EAU Guidelines Office snapshot on technology**  
E. Liatsikos, Patras (GR)

* 127  
**PROPIL’s study, early outcomes at 1 month: Evolution of the penetration depth by enhanced contrast ultrasonography after photovaporization of the prostate by the GREENLIGHT laser XPS®**  
T. Bodin, F. Bruyere, L. Brunereau, A. Bleuzen, F. Patat (Tours, France)

* 128  
**Prospective randomized controlled trial comparing GreenLight (GL) 180-W XPS PVP and transurethral resection of the prostate (the Goliath Study): Patient questionnaires and one year follow-up**  

* 129  
**Cost effectiveness of XPS vs TURP, a UK analysis**  
J.A. Thomas, A. Tubaro, N. Barber, A. Thorpe, N. Armstrong, A. Bachmann, B. Van Hout (Bridgend, Frimley, Camberley Surrey, Newcastle upon Tyne, York, Sheffield, United Kingdom; Rome, Italy; Basel, Switzerland)

* 130  
**Randomized control trial comparing high power and medium power settings for holmium laser enucleation of prostate**  
H.N. Shah, R. Shah (Mumbai, India)

131  
**The outcome of holmium laser enucleation of the prostate in benign prostatic hyperplasia patients with detrusor underactivity**  

132  
**HoLEP in the octogenarian population**  
C. Chemasle, V. Meiyappan, Q.M. King, J.M. Chrisp, S.W. Coppinger (Palmerston North, New Zealand)

133  
**Bleeding complication rates after holmium laser enucleation of the prostate in patients with concomitant anticoagulation therapy**  
A. Becker, L.A. Kluth, A. Placke, F. Chun, S. Ahyai (Hamburg, Germany)

134  
**Complications following holmium laser enucleation of the prostate (HoLEP)**  

135  
**Thulium laser in patients with benign prostatic hyperplasia on anticoagulant and antiplatelet drugs**  
S. Mattioli, A. Picinotti, A. Burgio (Varese, Arezzo, Italy)
136 A prospective-randomized comparison of a 1.9 \( \mu m \) and 2 \( \mu m \) thulium:yttrium-aluminium-garnet laser device for Thulium VapoEnucleation of the prostate: Early results
C. Tiburtius, A.J. Gross, S. Knipper, C. Netsch (Hamburg, Germany)

137 Sexual outcome of patients performing Thulium Laser Enuclation (ThuLEP) for BPH: First study on 110 pts
G. Bozzini, C. Marenghi, A. Macchi, S. Maruccia, S. Casellato, M. Picozzi, L. Carmignani (Milan, Italy)

138 Prospective evaluation of ambulatory 180W-XPS Greenlight laser therapy for benign prostate hyperplasia
### Abstract Session

**Bladder cancer biomarkers in prediction of disease aggressiveness**

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**Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.**

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<td>139</td>
<td>Overexpression of Drosha, Argonaute 1 and 2 in patients with urothelial carcinomas</td>
<td>N. Ratert, K. Jung, A. Erbersdobler, E. Kilić, T. Ecke (Berlin, Rostock, Bad Saarow, Germany)</td>
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<td>140</td>
<td>Molecular genetic analysis of multifocal bladder tumours</td>
<td>R. Turo, F.M. Platt, C.D. Hurst, P. Harnden, W.R. Cross, M.A. Knowles (Leeds, United Kingdom)</td>
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<td>141</td>
<td>TERT promoter mutations discriminate the origin of urogenital tumors: A genomic and molecular study</td>
<td>S. Wu, Z. Cai (Shenzhen, China)</td>
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<td>142</td>
<td>Prognostic significance of nestin expression in pT1 high-grade bladder urothelial carcinoma patients treated with BCG</td>
<td>V. Şen, O. Bozkurt, O. Demir, B. Tuna, K. Yorukoglu, H. Ellidokuz, U. Mungan (Izmir, Turkey)</td>
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<td>143</td>
<td>The value of the complete Her2 status in urothelial carcinoma of the bladder by hybrid staining of chromogenic in situ hybridisation and immunohistochemistry</td>
<td>B.M. Kiss, V. Skuginnna, A. Fleischmann, G.N. Thalmann, R. Seiler (Berne, Switzerland)</td>
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<td>145</td>
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<td>147</td>
<td>The expression of uPAR may be a prognostic marker in urothelial neoplasia of the bladder</td>
<td>L.H. Dohn, H. Pappot, M. Illemann, G. Høy-Hansen, I.J. Christensen, L. Colapaoli, H. Von Der Maase, O.D. Laerum (Copenhagen, Denmark; Bergen, Norway)</td>
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<td>150</td>
<td>Polymorphisms of carcinogen transporting gene SLC01B1 associate with bladder cancer susceptibility</td>
<td>N. Fujimoto, H. Bui, T. Kubo, I. Tomisaki, T. Matsumoto (Kitakyushu, Japan)</td>
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### Abstract Session

**Room A11**

**Poster Session 13**

**Chairs:** A. Giwercman, Malmö (SE)
W.H-G. Weidner, Giessen (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

#### Introduction on the session topic

W.H-G. Weidner, Giessen (DE)

* **151** Nephrin-podocin complex as a possible regulator of spermatogenesis  
  N. Enatsu, K. Yamaguchi, T. Fukuda, K. Okada, K. Chiba, K. Matsushita, H. Miyaake, M. Fujisawa (Kobe City, Japan)

* **152** Repetitive DNA elements act as landmark in establishment and function of sperm chromatin  
  Y. Yang, B. Samans, S. Krebs, G.V. Sarode, E. Wolf, H. Blum, T. Dansranjavin, W. Weidner, U. Schagdarsurengin (Giessen, Munich, Germany)

**153** Numb and Numb-like function in rat testes: Analysis using in vivo gene transfer technique  
  S. Iwatsuki, S. Sasaki, H. Kubota, Y. Umemoto, K. Mizuno, K. Kohri (Nagoya, Japan)

* **154** Offspring production with sperm grown in vitro from cryopreserved testis tissues  
  T. Yokonishi, T. Sato, M. Komeya, K. Katagiri, N. Ogonuki, K. Inoue, A. Ogura, K. Hata, Y. Kubota, T. Ogawa (Yokohama, Tsukuba, Tokyo, Japan)

**155** Atherosclerosis-associated mixed testicular atrophy: Novel hormonal and microvascular aspects in ApoE-/-/LDL receptor-/- double knockout mouse model  
  K. Steinfeld, R. Middendorff, M. Kampshulte, A. Mietens, A.C. Langheinrich, G. Krombach, T. Linn, C. Mühlfeld, S. Wudy, M. Hartmann, A. Paradowska-Dogan, B. Altinkilik, M. Bergmann, W. Weidner (Giessen, Hanover, Germany)

**156** Promoter hyper-methylation of BOLL gene is associated with spermatogenic failure  
  Y-M. Lin, T-Y. Lin, Y-S. Cheng, C-W. Lu, H-Y. Ma, C-Y. Lin (Tainan, Taiwan)

**157** Selection of spermatozoa for assisted reproduction involves a hitherto ignored and uncontrolled hypotonic shock that affects basic sperm volume control and sperm motility  
  E. Holmes, L. Björndahl, U. Kvist (Stockholm, Sweden)

**158** Age blunts clinically-significant differences between men with primary or secondary infertility: Results of a real-life cross-sectional study  
  P. Capogrosso, E. Ventimiglia, M. Colicchia, A. Serino, L. Boeri, G. Castagna, F. Castiglione, L. Villa, A. Russo, G. La Croce, M. Brown, A. Salonia (Milan, Italy; London, United Kingdom)

**159** Does intra-cytoplasmic morphological sperm injection (IMSI) improve outcome in assisted reproductive techniques (ART) in men with raised DNA fragmentation?  
160 Is there a relationship between semen parameters, age and DNA fragmentation in men undergoing assisted reproductive techniques (ART)?

161 Secretory function of Sertoli cells recovered by microsurgical testicular biopsy

162 Flexible vesiculovasoscopy using a microoptical system in a human cadaver model – a next step towards endoscopic diagnostics of seminal tract pathology
A.J. Miernik, M. Maas, U. Wetterauer, T. Diemer, W. Weidner, M. Schoenthaler (Freiburg, Giessen, Germany)
Abstract Session

14.15 - 15.45 Predictors for oncological outcome after radical prostatectomy

Room K1

Poster Session 14

Chairs: A. Gallina, Milan (IT)  
R.E. Sanchez Salas, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

State-of-the-art: How to implement predictions  
R.E. Sanchez Salas, Paris (FR)

163 Agreement analysis after prospective pathological review of 588 radical prostatectomies from the Propenlap study  

164 High incidence of predominant Gleason pattern 4 is associated with low testosterone serum level in localized prostate cancer: An update with 937 patients  

165 Preoperative MRI improves the surgical outcome in patients with non-palpable prostate cancer in a randomized study  

166 External validation of the pathological nodal staging score for prostate cancer in a contemporary cohort: A population-based study  
M. Rieken, L. Kluth, E. Xylinas, H. Fajkovic, P. Karakiewicz, C. Seitz, A. Bachmann, A. Briganti, M. Gönen, S.F. Shariat (New York, United States of America; Vienna, Austria; Montreal, Canada; Basel, Switzerland; Milan, Italy)

167 Prognostic value of lymph node density in prostate cancer node-positive patients treated with radical prostatectomy and pelvic lymph node dissection  
R. Schiavina, E. Brunocilla, M. Borghesi, V. Vagnoni, D. Romagnoli, L. Della Mora, M. Cevenini, C. Del Prete, F. Mengoni, D. Diazi, G. Martorana (Bologna, Italy)

168 Expression profile of CD44s, CD44v6, and CD44v10 in localized prostate cancer: Impact on prognostic outcomes following radical prostatectomy  
H. Tei, H. Miyake, M. Fujisawa (Kobe, Japan)

169 Impact of prostate volume on the risk of biochemical recurrence after radical prostatectomy  
G. Gandaglia, M. Bianchi, A. Gallina, F. Abdollah, N. Passoni, N. Fossati, V. Cucciona, E. Zaffuto, V. Mirone, R. Colombo, A. Briganti (Milan, Naples, Italy)

170 Country-specific, externally validated pre and post-treatment prostate cancer nomograms for the prediction of pathological stage and biochemical recurrence-free survival  

EAU Stockholm 2014
171 Use of erectile medication (PDE5-I) is an independent risk factor for PSA recurrence following radical prostatectomy


172 Age stratified comparative analysis of perioperative, functional and oncologic outcomes in patients after robotic assisted radical prostatectomy: A propensity score-matched study

S. Samavedi, H. Abdul Muhsin, S. Pigilam, K. Palmer, G. Ebra, B. Rocco, V. Patel (Celebration, Florida, United States of America; Milan, Italy)

173 Clinical and pathological characteristics of the patients in spite of positive surgical margins who were free from biochemical recurrence after radical prostatectomy


174 Comparative effectiveness of robotic-assisted versus open radical prostatectomy cancer control outcomes

N. Hanna, J.C. Hu, G. Gandaglia, P.L. Nguyen, Y-C.T. Shih, K. Chamie, J.L. Wright, P.I. Karkiewicz, M. Sun (Montreal, Canada; Los Angeles, Boston, Chicago, Seattle, United States of America)
### Abstract Session

#### 14.15 - 15.45

**Whats new in urinary diversion**

**Room K2**

**Poster Session 15**

*Chairs:* D. Eberli, Zurich (CH)

D.N. Wood, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**State-of-the-art: Tissue engineering in bladder substitution: What is the future?**

D. Eberli, Zurich (CH)

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<tr>
<th>Abstract Number</th>
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<th>Authors</th>
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<tr>
<td>175</td>
<td>Cell selection strategies for autologous urothelial cell-based tissue-engineering therapies</td>
<td>F. Wezel, J. Pearson, J. Southgate (Mannheim, Germany; York, United Kingdom)</td>
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<td>179</td>
<td>Human umbilical mesenchymal stem cells-seeded bladder acellular matrix grafts for reconstruction of bladder defects in a canine model</td>
<td>H. Yuan, P. Han, Q. Wei (Chengdu, China)</td>
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<td>180</td>
<td>Primary human urothelial cell culture on a matrix of spider silk: A novel technique in bladder reconstruction</td>
<td>A. Steins, P. Dik, A.A. Van Apeldoorn, K. Reimers, P.J. Coffer, K. Schepers (Utrecht, Enschede, The Netherlands; Hanover, Germany)</td>
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<tr>
<td>181</td>
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<td>* 182</td>
<td>Does intraoperative fluid restriction combined with preemptive noepinephrine affect functional outcome in patients undergoing radical cystectomy with orthotopic bladder substitution?</td>
<td>F.C. Burkhard, U.E. Studer, G.N. Thalmann, P.Y. Wuethrich (Berne, Switzerland)</td>
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<td>183</td>
<td>Is estimated GFR a reliable measurement after cystectomy and ileal loop diversion?</td>
<td>R. Robinson, C.D. Tait, P. Somov, M.W. Lau, V.K. Sangar, V.A.C. Ramani, N.W. Clarke (Manchester, Salford, United Kingdom)</td>
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<td>184</td>
<td>Long-term observation of changes in renal function following radical cystectomy and urinary diversion</td>
<td>M. Nishikawa, H. Miyake, M. Fujisawa (Kobe, Japan)</td>
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<td>185</td>
<td>Modified ureterosigmoidostomy (Mainz II): A long-term analysis of outcomes and complications</td>
<td>Y. Philippou, P. Kumar, C.R. Woodhouse (Surrey, United Kingdom)</td>
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186 Efficacy of polydimethylsiloxane (Macroplastique®) injection for Mitrofanoff leakage after continent urinary diversion surgery
Abstract Session

**RCC: New therapeutic approaches and drug response**

**Room C6**

**Poster Session 16**

*Chairs: J. Bedke, Tübingen (DE)  T. Klatte, Vienna (AT)*

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

187  Predicting targeted therapy tumor resistance in renal cell carcinoma patient-derived xenografts implanted into chicken embryos

188  Development of a realistic in vivo bone metastasis model for human renal cell carcinoma
*M.P. Valta*, H. Zhao, A. Ingels, A.E. Thong, R. Nolley, M. Saar, D.M. Peehl (Turku, Finland; Stanford, United States of America; Paris, France; Homburg/Saar, Germany)

189  Enhanced anti-tumour effects of anti-CTLA-4 antibody and anti-PD-1 antibody to kidney cancer model in mice
*T. Motoshima*, Y. Komohara, H. Hasita, Y. Kawano, Y. Wada, M. Takeya, M. Eto (Kumamoto, Japan)

190  Combination therapy with anti-CD137 and anti-PD-L1 antibodies against renal cell carcinoma
*T. Azuma*, H. Nishimatsu, H. Kume, L. Chen, Y. Homma (Tokyo, Japan; New Haven, United States of America)

191  The antisense long non-coding mitochondrial RNA (AS-ncmtRNA) as target for a novel treatment of renal carcinoma
*V. Borgna*, J. Villegas, L. Oliveira-Cruz, T. Socias, S. Belmar, V. Burzio, L.O. Burzio (Santiago, Chile)

192  Combination therapy with sunitinib and 177-Lu-girentuximab in RCC

193  How do genetic polymorphisms influence in sunitinib treated metastatic renal carcinoma? A prospective observational study and validation

194  Molecular mechanism mediating cytotoxic activity of axitinib in sunitinib-resistant human renal cell carcinoma cells
*A. Miyazaki*, H. Miyake, M. Fujisawa (Kobe, Japan)

195  Stromal expression of Fer plays as suppressor for tumour progression and it was a useful predictor for survival in patients with renal cell carcinoma
*Y. Miyata*, H. Sakai, P. Greer (Nagasaki, Japan; Kingston, Canada)

196  Withdrawn
197  The effect of anti-VEGF tyrosine kinase inhibitors on biomarkers and tumour heterogeneity in metastatic clear cell renal cancer

198  IL-6 induced by TKI on RCC cells - as a mechanism of resistance to TKI therapy
K. Ishibashi, Y. Kojima, T. Haber, J. Thüroff, W. Brenner (Fukushima City, Japan; Mainz, Germany)

199  Prediction of targeted therapy response in metastatic renal cell carcinoma by DNA methylation markers

200  MTOR pathway regulates the expression of angiotensin II type 1 receptor in renal cell carcinoma
G. Kaneko, A. Miyajima, T. Kosaka, R. Mizuno, E. Kikuchi, M. Oya (Tokyo, Japan)

Summary
J. Bedke, Tübingen (DE)
Abstract Session

**Saturday, 12 April - EAU Programme**

### 16.00 - 17.30 Bladder cancer surgery

**Room A6**

**Video session 2**

*Chairs: A. Carbone, Latina (IT)  
M. Roupret, Paris (FR)*

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

**V9** Robot-assisted intracorporeal ileal neobladder: Simplified step-by-step technique and surgical outcomes  
*P. Ouzaid, R. Autorino, D. Samarasekera, V. Ganesan, J. Krishnan, G.-P. Haber* (Cleveland, United States of America)

**V10** Laparoscopic radical cystectomy with concomitant nephroureterectomy  

**V11** Robotic radical cystectomy with intracorporeal orthotopic ileal neobladder: Original technique  
*E. Cottini, G. Cochetti, F. D’Amico, F. Barillaro, A. Boni, E. Mearini* (Terni, Italy)

**V12** A novel concept of focal therapy for bladder tumors: Robot-assisted HIFU  
*A. Abreu, S. Shoji, S. Leslie, A. Marien, T. Maatsugasumi, S. Chopra, R. Azhar, A. Dharmaraja, Y. Ma, I. Gill, O. Ukimura* (Los Angeles, United States of America)

**V13** Laparoscopic radical cystectomy: Step by step description of the technique and its variations  
*S. Fernández-Pello Montes, I. González Rodríguez, J.V. Baldissera Aradas, G. Cruceyra Betriu, J. Mosquera Madera, J. Cuervo Calvo* (Gijón, Spain)

**V14** Robot assisted totally intracorporeal stapled ileal neobladder in female  
*G. Simone, M. Papalia, M. Ferriero, S. Guaglianone, M. Gallucci* (Rome, Italy)

**V15** Totally intracorporeal laparoscopic radical cystectomy with orthotopic “U” shaped ileal neobladder: Technique description, oncologic and functional outcomes of the first thirty patients  

**V16** Robot-assisted radical cystectomy for female patients. The OLV Vattikuti Robotic Surgery Institute technique  
*A. Ploumidis, A. Volpe, V. Ficarra, A. Mottrie* (Aalst, Belgium)
# Saturday, 12 April - EAU Programme

## Saturday, 12 April - EAU Programme

### Abstract Session

**16.00 - 17.30 Improvement in prostate cancer biomarkers measurement**

**Room A2**

**Poster Session 17**

**Chairs:** H.G. Lilja, New York (US)  
M.P. Matikainen, Helsinki (FI)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

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<tr>
<td>204</td>
<td>Plasma circulating miRNAs: A new potential biomarker for prostate cancer diagnosis</td>
<td>S. Giglio, C. De Nunzio, R. Cirombella, A. Tubaro, A. Vecchione (Rome, Italy)</td>
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<td>207</td>
<td>The isolation of prostate cancer specific circulating tumor cells in the blood of patients with metastatic castration-resistant prostate cancer</td>
<td>G. Theil, S. Schmidt, K. Fischer, K. Lüecke, N. Björn, N. Mohammed, P. Fornara (Halle/Saale, Postdam, Germany)</td>
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210 Association of genetic variants in telomere-related genes with prostate cancer risk and recurrence
C.Y. Gu, Q.X. Li, Y. Zhu, D.W. Ye (Shanghai, China)

211 Immunohistochemical detection of core2 β-1,6-N-acetylgalcosaminyltransferase is an independent risk factor for PSA recurrence after radical prostatectomy

212 The association between genetic variants identified by GWAS and prostate cancer risk and mortality

213 The role of known low-penetrance genetic prostate cancer markers in hereditary prostate cancer
Saturday, 12 April - EAU Programme

Abstract Session

16.00 - 17.30 Optimizing outcomes post cystectomy

Room A4

Poster Session 18

Chairs: M. Burger, Regensburg (DE)
B. Roth, Berne (CH)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

214 Metabolic syndrome, obesity and radical cystectomy complications: A Clavien classification system–based analysis
F. Cantiello, A. Ciccone, R. Autorino, C. De Nunzio, A. Salonia, A. Briganti, G. Ucciero, S. Perdonà, A. Tubaro, R. Damiano (Catanzaro, Rome, Milan, Naples, Italy; Cleveland, United States of America)

* 215 Radiologic response predict prognosis in patients with muscle invasive bladder cancer undergoing carboplatin–based neoadjuvant chemotherapy

216 Early postoperative cognitive dysfunction in patients undergoing open radical cystectomy with urinary diversion and intraoperative fluid regimen: An observational study
F.C. Burkhard, F. Geese, G.N. Thalmann, PY. Wuehrich (Berne, Switzerland)

217 Perioperative outcomes in patients undergoing radical cystectomy for bladder cancer using the national surgical quality improvement program (NSQIP) database

218 90-day mortality represents a more realistic endpoint than 30-day mortality after radical cystectomy
J. Schifffmann, M. Azizi, I. Pope, V. Trudeau, N. Hanna, P.I. Karakiewicz, M. Sun (Hamburg, Germany; Montreal, Canada)

219 Efficacy of an exercise–based rehabilitation programme in radical cystectomy pathways: A randomised controlled trial

220 The risks and benefits of extended pelvic lymph node dissection in patients undergoing radical cystectomy
H. Abdi, F. Pourmalek, M.E. Gieave, A.I. So, R.C. Black (Vancouver, Canada)

221 Prostate sparing cystectomy: 20 years single center experience

* 222 Outcomes for radical cystectomy in potential candidates for bladder preservation therapy
E.J. Pietzak, Z.L. Smith, S.B. Malkowicz, T.J. Guzzo (Philadelphia, United States of America)

* 223 Chronic urinary retention after radical cystectomy and orthotopic neobladder in women: Risk factors and relation to time
B. Ali-El-Dein, M.H. Zahran, D-E. Taha, A.A. Shaaban (Mansoura, Egypt)
224 Quality of life of 171 patients with bladder cancer undergoing ileal orthotopic neobladder: A multicentre study among long-term survivors

225 The added value of intracorporeal urinary diversion after robotic radical cystectomy: A propensity matched comparative study
I. Ouzaid, V. Ganesan, R. Autorino, J. Krishnan, R. Stein, G-P. Haber (Cleveland, United States of America)
Abstract Session

**16.00 - 17.30 Surgical and minimally invasive therapy in BPE, what's new?**

**Room A8**

**Poster Session 19**

*Chairs:* T. Esen, Istanbul (TR)  
K. Van Renterghem, Hasselt (BE)

Posters viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**EAU Guidelines Office snapshot**

T. Esen, Istanbul (TR)

**226** Surgical management of benign prostatic obstruction: Current practice patterns and attitudes in Europe  
R. Sosnowski, C. De Nunzio, N. Thiruchelvam, S. Ahyai, R. Autorino, A. Bachmann, A. Briganti, G. Novara, C. Fülhase (Warsaw, Poland; Rome, Naples, Milan, Padua, Italy; Cambridge, United Kingdom; Hamburg, Munich, Germany; Basel, Switzerland)

**227** The test of time for new advances in BPH endoscopic treatment – prospective, randomized comparisons of bipolar plasma enucleation versus open prostatectomy and continuous versus standard plasma vaporization and monopolar TURP  
B. Geavlete, F. Stanescu, C. Moldoveanu, M. Jecu, L. Adou, C. Ene, C. Bulai, P. Geavlete (Bucharest, Romania)

**228** New alternative method of gross BPH treatment – endovascular superselective embolization of prostatic arteries  
D. Kurbatov, S. Dubsky, I. Sitkin, A. Lepetukhin (Moscow, Russia)

**229** Unilateral versus bilateral prostatic arterial embolization in patients with benign prostatic hyperplasia  

**230** Characterizing Rezūm® system water vapor treatments for benign prostatic hyperplasia with serial magnetic resonance imaging and 3D rendering  
L Mynderse, P Hanson, A Robb, R Cedano, D. Pacik, V. Vit, G Varga, T Larson, C Dixon (Rochester, Scottsdale, New York, United States of America; La Romana, Dominican Republic; Brno, Czech Republic)

**231** A long term solution in secondary bladder neck sclerosis cases – bipolar plasma vaporization overcoming standard TUR in a prospective, randomized comparison  
B. Geavlete, C. Moldoveanu, F. Stanescu, M. Jecu, L. Adou, C. Ene, C. Bulai, P. Geavlete (Bucharest, Romania)

**232** The temporary bilateral internal iliac arteries clamping during robot-assisted laparoscopic simple prostatectomy (RASP): Our experience  
C. Falavolti, F. Sergi, A.M. Bove, E. Altobelli, M. Buscarini (Rome, Italy)

**233** Transurethral resection of prostate (TURP) with rectal balloon: New technique to control postoperative blood loss (preliminary results)  

**234** Transurethral water vapor therapy for BPH: A single center’s experience using the Rezūm® System  
L. Wagrell, M. Tornblom (Stockholm, Sweden)
235  Morbidity and mortality after benign prostatic hyperplasia surgery: Data from the national surgical quality improvement program

236  The changing practice of TURP
M. Elmussareh, T. Morrison, J.R. Wilson (York, United Kingdom)

237  Dutasteride can reduce intraoperative bleeding during transurethral resection of the prostate: Evaluation of vascular endothelial growth factor (VEGF) and CD34
G.M. Busetto, R. Giovannone, V. Gentile, G. Antonini, E. De Berardinis (Rome, Italy)

238  Patients with metabolic syndrome and prostatic inflammatory infiltrates presented higher post-operative storage symptoms when treated with transurethral prostatic resection (TURP): A single centre cohort analysis
C. De Nunzio, M. Gacci, C. Leonardo, F. Presicce, A. Brassetti, F. Cancrini, M. Leo, M. Carini, G. Vittori, A. Tubaro (Rome, Florence, Italy)
### Abstract Session

**16.00 - 17.30 Bladder cancer cell biology**

#### Room A10

**Poster Session 20**

**Chairs:**  
F. Liedberg, Malmö (SE)  
C. Schwentner, Tübingen (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**State-of-the-art: Bladder cancer stem cells**  
J. Southgate, York (GB)

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<th>No.</th>
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<tr>
<td>239</td>
<td><em>P21-activated kinase 5 (PAK5) and epithelial mesenchymal transition in bladder cancer</em></td>
<td>F. Ismail, P. Dasgupta, M.S. Khan, W. Jiang, T. Martin, C.M Wells (London, Cardiff, United Kingdom)</td>
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<td>240</td>
<td>Expression profile of epithelial-mesenchymal transition markers in non-muscle invasive urothelial carcinoma of the bladder: Correlation with intravesical recurrence following transurethral resection</td>
<td>H. Miyake, L. Bing, M. Fujisawa (Kobe, Japan)</td>
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<td>241</td>
<td>Withdrawn</td>
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<td>243</td>
<td>Glycan modification of podoplanin enhances growth factor production through stabilization of platelet aggregation in bladder cancer cell</td>
<td>Y. Tobisawa, T. Okamoto, S. Hatakeyama, T. Yoneyama, T. Koie, C. Ohyama (Hirosaki, Japan)</td>
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<td>244</td>
<td>Hexokinase 2 promoting epithelial-mesenchymal transition and metastases via Twist1 activation</td>
<td>G-S. Shieh, W-H. Yang, C-L. Wu, A-L. Shiau (Tainan, Taiwan)</td>
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<td>245</td>
<td>Plectin-1 depletion in muscle invasive bladder cancer cell lines promotes phosphorylation of Fer tyrosine kinase and enhances invasion potential</td>
<td>H. Iwamura, T. Yoneyama, Y. Tobisawa, S. Hatakeyama, T. Koie, C. Ohyama (Hirosaki, Japan)</td>
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<td>247</td>
<td>Neuregulin 1 HRG-beta1 plays a critical role in cell survival of urothelial carcinoma cancer stem-like cells</td>
<td>R. Inoue, Y. Hirohashi, T. Torigoe, H. Kitamura, S. Nishida, A. Takahashi, N. Masumori, N. Sato (Sapporo, Japan)</td>
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<td>248</td>
<td>Downregulation of CHEK2 protein kinase in the urothelium of healthy male tobacco smokers: One further step of urothelial carcinogenesis?</td>
<td>W. Otto, S. Denzinger, S. Bertz, M. Burger, A. Hartmann (Erlangen, Regensburg, Germany)</td>
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<td>249</td>
<td>Cellular interaction of tumour associated fibroblasts and tumour cells in urinary bladder cancer</td>
<td>A. Enkelmann, M. Horstmann, K. Junker, M-O. Grimm (Jena, Homburg/Saar, Germany)</td>
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**Abstract Session**

**Room A11**

**Poster Session 21**

**Chairs:**
- A. Kadioglu, Istanbul (TR)
- Z. Kopa, Budapest (HU)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**Introduction on the session topic**

Z. Kopa, Budapest (HU)

* 250  **Semen quality in middle-aged males: Associations with prostate-specific antigen and age-related prostate conditions**
K. Ausmees, G. Timberg, M. Punab, R. Mändar (Tartu, Estonia)

* 251  **Does antioxidant therapy add any benefit in improvement of DNA damage to standard inguinal varicocelectomy? A randomized case-control study**
G. Pourmand, M. Movahedin, M. Noori, S. Dehghani, M. Hosseini, M. Ziloochi, V. Arabgari, F. Heidari, M. Pourhosein (Tehran, Iran)

252 **Telomerase assay in percutaneously recovered testicular cells predicts the outcome of a subsequent therapeutic testicular biopsy**
E. Vlahopoulou, Y. Mio, S. Skouros, G. Semini, D. Baltogiannis, I. Giannakis, P. Georgopoulos, P. Habilomatis, P. Tsoumanis, A. Takenaka, N. Sofikitis (Ioannina, Greece; Yonago, Japan)

* 253  **Prevalence and characteristics of metabolic syndrome in Caucasian-European men presenting for primary couple’s infertility: Results of a cross-sectional survey**
E. Ventimiglia, M. Colicchia, L. Boeri, A. Serino, C. Regina, P. Capogrosso, G. Castagna, L. Villa, F. Castiglione, R. Matloob, M. Brown, R. Damiano, A. Salonia (Milan, Catanzaro, Italy; London, United Kingdom)

254 **Impact of metabolic syndrome on seminal inflammation and sperm parameters: A case-control study**
A. Pilatz, I. Halefeld, C. Hudemann, D. Schultheiss, H. Renz, H-C. Schuppe, T. Linn, W. Weidner, F. Wagenlehner (Gießen, Marburg, Germany)

255 **Impact of age, days of abstinence, and BMI on results of semen analysis from men of sub-fertile couples**

* 256  **Microsurgical refertilisation following vasectomy: Results and predictors for a successful clinical outcome**
G. Spiliopoulos, S. Kliesch (Münster, Germany)

257 **Management of asthenozoospermia associated with elevated MAR-test by desloratadine (eslotin)**
A. Khelaia, N. Shervashidze, L. Managadze (Tbilisi, Georgia)

258 **Changes in semen quality among fertile men from Spain over a 30-year period**

259 **Non-obstructive azoospermia: Is there evidence for an infectious origin?**
260  The abdominal CT radiation does not modify seminal parameters  
A. Ciudin, M.G. Diaconu, J.M. Corral, V. Constantin, A. Carap, R. Alvarez-Vijande, J.L. Ballesca, A. Alcaraz  
(Barcelona, Spain; Bucharest, Romania) 

261  The incidence of chronic post-vasectomy scrotal pain – a prospective cohort study with a mean follow-up of five years  
Abstract Session

16.00 - 17.30 Management of lymph node disease in prostate cancer

Room K1

Poster Session 22

Chairs: F. Calais Da Silva Junior, Lisbon (PT)
H.A. Özen, Ankara (TR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Standardizing report and outcome of surgery in prostate cancer
S. Loeb, New York (US)

262 Assessing the optimal postoperative management of node positive prostate cancer patients: Results from a large, multi-institutional series
K. Touijer, N.M. Passoni, A. Briganti, N. Suardi, C. Cozzarini, P. Scardino, J.A. Eastham, R.J. Karnes (New York, Rochester, United States of America; Milan, Italy)

263 Selecting the optimal candidate for adjuvant radiotherapy after radical prostatectomy among patients with lymph node metastases from prostate cancer

* 264 Removal of limited nodal disease in patients undergoing radical prostatectomy: Long term results confirm a chance for cure
R. Seiler, U.E. Studer, K. Tschan, P. Bader, F.C. Burkhard (Berne, Switzerland)

265 Assessing the optimal extent of salvage lymph node dissection in patients with single pelvic nodal uptake at [11c]-choline PET/CT scan from recurring prostate cancer
N.M. Passoni, G. Gandaglia, A. Gallina, E. Di Trapani, M. Moschini, A. Nini, A. Larcher, N. Di Muzio, C. Cozzarini, M. Picchio, V. Cucchiara, R. Damiano, F. Cantiello, A. Briganti (Milan, Catanzaro, Italy)

266 Pelvic lymph node dissection can be safely omitted in men with a risk of nodal metastases ≤5% based on the Briganti nomogram: Validation of the EAU guidelines recommendations for nodal dissection based on patient outcome

267 Long term outcomes of salvage lymph node dissection for clinically recurrent prostate cancer: Results of a single institution series with a minimum follow-up of 5 years

268 Patients with lymph-node metastasis after radical prostatectomy and pelvic lymph-node dissection are not all subject to the same risk of cancer death: Identifying different risk-category according to the number of positive nodes and Gleason score
R. Schiavina, M. Borghesi, E. Brunocilla, V. Vagnoni, L. Della Mora, C. Pultrone, C. Del Prete, M. Cevenini, H. Dababneh, G. Martorana (Bologna, Italy)

269 Overall and cancer-specific survival in patients undergoing salvage extended pelvic lymph node dissection in recurrent prostate cancer
D.K. Osmonov, A.V. Aksenov, C.M. Naumann, M.F. Hamann, K-P. Jünemann (Kiel, Germany)
270  Prospective randomized multicenter study comparing limited vs extended pelvic lymphadenectomy in intermediate and high risk prostate cancer – comparison of complications (SEAL, AUO AP 55/09)
   J. Schwerfeld-Bohr, M. Kaemper, S. Krege, A. Heidenreich (Krefeld, Aachen, Germany)

* 271  Lymph nodes in prostate cancer patients treated with radical prostatectomy: Oncological outcomes of patients with positive nodes and complications of an extended pelvic lymphadenectomy with robotic assisted approach: Results from a single tertiary care center
Abstract Session

**16.00 - 17.30 Upper tract surgery for benign disease**

**Room K2**

**Poster Session 23**

*Chairs:* T.A. Drewa, Bydgoszcz (PL)
L-P. Xie, Hangzhou (CN)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

272 **The simple nephrectomy: A misnomer?**

273 **Renal trauma: Is routine follow-up imaging warranted?**
K.J. Breen, N. Khan, E. Rogers, P. Sweeney, E.A. Kiely, M.F. O’Brien (Cork, Ireland)

274 **Laparoscopic pyeloplasty improved clinical symptoms and renal function in patients with less than 20% split renal function**

275 **Intraoperative and postoperative complications of laparoscopic pyeloplasty: A single surgical team experience with 236 cases**
P. Verze, P. Fedelini, C. Meccariello, D. Arcaniolo, D. Taglialetela, R. La Rocca, V. Mirone (Naples, Italy)

276 **Evaluation of barbed sutures for laparoscopic pyeloplasty**
C.J. Dowson, H. Sur, A.J. Blacker (Coventry, United Kingdom)

277 **A 2 weeks DJ stent indwelling time is safe and sufficient for patients undergoing dismembered pyeloplasty - long term data from a prospective randomized comparison**
T. Von Ruette, F.D. Birkhaeuser, G.N. Thalmann, P. Zehnder (Bern, Switzerland)

278 **Presence of transient hydronephrosis at 1 month after surgery has no significant impact on renal function at 1 year after ileal neobladder construction**

279 **Withdrawn**

280 **Transvesical laparoscopic surgery for double pelvis and ureter**
Y. Naito, A. Kawauchi, Y. Yamada, A. Hujihara, F. Hongo, K. Kamoi, K. Okihara, T. Miki (Kyoto, Shiga, Japan)

*281 **Ureteral reconstruction in patients with long strictures of pelvic ureter**
B. Komyakov, V.A. Ochelenko (St-Petersburg, Russia)

282 **Complications of intestinal ureteral replacement**
B. Komyakov, V.A. Ochelenko (St-Petersburg, Russia)

283 **Reconstruction of long ureteral defects using reinforced tubular collagen scaffolds in a preclinical animal model**
284 When is a conservative management recommended for ureterointestinal strictures following radical cystectomy with ileal conduit?

E. Baten, S. Joniau, H. Van Poppel, F. Van Der Aa (Leuven, Belgium)

* 285 Robot-assisted reconstructive surgery of the lower ureteric segment and urinary bladder in adults – experience in 40 patients at a single institution

M. Musch, L. Hohenhorst, A. Paillart, Y. Davoudi, H. Loewen, D. Kroepfl (Essen, Wuppertal, Germany)
Abstract Session

16.00 - 17.30  

RCC: Molecular characterisation and prognosis markers

Room C6

Poster Session 24

Chairs:  H. Axelson, Malmö (SE)
K. Junker, Homburg (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

286  Collecting duct carcinomas have a different genetic signature compared to upper urinary tract urothelial carcinomas

V. Jung, F. Becker, M. Parr, A. Hartmann, S. Füssel, M. Thoma, R. Grobholz, B. Wullich, A. Strauss,
C.-L. Behnes, W. Otto, M. Stöckle, K. Junker (Homburg/Saar, Erlangen, Dresden, Göttingen, Regensburg, Germany; Aarau, Switzerland)

* 287  Development of a “bar code” method for the detection of quantitative genomic alterations in metastatic renal cell carcinoma

F.-X. Nouhaud, F. Blanchard, R. Sesboué, J.-C. Sabourin, C. Pfister, F. Di Fiore (Rouen, France)

288  Whole genome deep sequencing decomposes the genome evolution of renal cell carcinomas

S. Wu, H. Mei (Shenzhen, China)

289  Post-GWAS functional characterization of the 12p11.23 renal cancer susceptibility locus

P. Bigot, L. Jessop, M. Machiela, T. Myers, N. Sikdar, S. Chanock (Bethesda, United States of America)

290  Paraneoplastic symptoms: Cachexia, polycythemia, and hypercalcemia are, respectively, related to vascular endothelial growth factor (VEGF) expression in renal clear cell carcinoma

S. Ningshong, S. Huang, D. Guanxiong (Nanjing, Shanghai, China)

* 291  Verification of a functionalized structured medical wire for the isolation of circulating tumor cells (CTC) in patients with renal cell carcinoma

G. Theil, K. Fischer, A. Wencker, N. Mohammed, K. Luecke, P. Fornara (Halle/Saale, Germany)

292  Analysis of renal tissue environment using quantitative proteomics techniques: Healthy tissue from donors vs healthy tissue from renal cell carcinoma kidneys

C. Gómez Del Cañizo, V. Díez Nicolás, I. Ruppen-Cañás, V. Gómez Dos Santos, P. Ximénez-Embún,
J.L. Martínez Torrecuadrada, C. Varona Crespo, E. Cristóbal Lana, S. Álvarez Rodríguez, V. Hevia Palacions,
F.J. Burgos Revilla (Madrid, Spain)

293  DNA methylation of NEFM is a potential prognostic marker in clear cell renal cell carcinoma

A. Laird, D. Sproul, G.D. Stewart, D.J. Harrison, R.R. Meehan (Edinburgh, St. Andrews, United Kingdom)

294  Prognostic impact of urokinase-type plasminogen activator system components in patients with clear cell renal cell carcinoma

S. Füssel, M. Kotzsch, K. Erdmann, H. Taubert, A. Lohse-Fischer, S. Zastrow, M. Meinhardt, K. Bluemke,
P. Fornara, V. Magdolen, M.P. Wirth (Dresden, Erlangen, Halle, Munich, Germany)

295  Expression profile of e-cadherin, n-cadherin and p-cadherin in renal cell carcinoma as prognostic indicators

M. Muramaki, M. Hideaki, H. Ken-Ichi, J. Furukawa, N. Hinata, M. Fujisawa (Kobe, Japan)
296 MicroRNA-501 may affect the aggressiveness of clear cell renal carcinoma
A. Bonon, A. Mangolini, L. Dell’Atti, G. Lanza, G.R. Russo, G. Aguiari (Ferrara, Italy)

297 MicroRNA-210 is up-regulated in the human peripheral blood in the early stage of clear cell renal cell carcinoma
H. Iwamoto, M. Osaki, T. Masago, S. Morizane, A. Yao, M. Honda, T. Sejima, F. Okada, A. Takenaka (Yonago, Japan)

298 Utility of quantitative proteomics techniques to identify renal cell carcinoma biomarkers
C. Gómez Del Cañizo, V. Díez Nicolás, I. Ruppén-Cañas, V. Gómez Dos Santos, P. Ximénez-Embún, S. Álvarez Rodríguez, V. Hevia Palacios, J.L. Martínez Torrecuadrada, C. Varona Crespo, E. Cristóbal Lana, F.J. Burgos Revilla (Madrid, Spain)

Summary
K. Junker, Homburg (DE)
Sunday, 13 April - EAU Programme

Plenary Session 2

07.30 - 11.00  Bladder cancer, testis cancer

eURO Auditorium

Chairs: J. Palou, Barcelona (ES)
       M. Wirth, Dresden (DE)

07.30 - 08.00  Highlight Session 1

Benign and malignant prostate disease
S. Tyritzis, Athens (GR)

Lower urinary tract dysfunction
F. Van Der Aa, Leuven (BE)

Reconstruction
R. Yiou, Créteil (FR)

08.00 - 08.15  State-of-the-art lecture Personalised urinary diagnostics

B.W.G. Van Rhijn, Amsterdam (NL)

Aims and objectives
The current standard of care for the primary detection and follow-up of non-muscle invasive (NMI) bladder cancer (BC) consists of urethro-cystoscopy (UCS), the gold standard, and urine cytology as an adjunct. A reliable urine marker has the potential to replace and/or complement UCS. In general, these tests have a higher sensitivity but a lower specificity than cytology. One of the first steps towards personalised urinary diagnostics is to assess the value of urine diagnostics in well-defined clinical situations. We discern 4 clinical entities as there are: screening, primary detection of BC and follow-up of (low/intermediate risk and high risk) NMI-BC. The main objective of this lecture is to clarify the needs for urine markers in terms of sensitivity and specificity in relation to these 4 clinical scenarios.

08.15 - 08.45  Case discussion Diagnosis and treatment of non-muscle-invasive bladder cancer

Moderator: M. Babjuk, Prague (CZ)

How should a specimen from transurethral bladder resection look for the pathologist?
E. Compérat, Paris (FR)

How to improve the outcome of transurethral resection of bladder tumours
S.F. Shariat, Vienna (AT)

Adjuvant treatment of non-muscle-invasive bladder cancer: When and how
J.A. Witjes, Nijmegen (NL)

Aims and objectives
The aim of the session is to discuss the algorithm and details in performance of initial steps in the treatment of non-muscle invasive bladder cancer. The lectures and interactive debate between the faculty will be introduced by case presentations which will provide real clinical situations and scenarios. We will concentrate on the initial endoscopic procedure including selection of equipment for resection and tumor visualisation, technique of resection and referral of the specimen to the pathologist. It will be followed by the presentation on the adjuvant intravesical treatment options and their selection in individual cases.
08.45 - 09.00  **State-of-the-art lecture How to avoid cystectomy being too late in non-muscle-invasive bladder cancer**

P. Gontero, Turin (IT)

**Aims and objectives**

In NMIBC the progression rate depends upon the risk stratification. While a widespread use of cystectomy would result in overtreatment in a significant proportion of cases even in the high risk group, a cystectomy performed once progression has occurred is often too late. Optimal timing of cystectomy in NMIBC implies the identification of those cases destined to progress. Currently there is no method (neither risk table or nomogram) able to predict with a sufficient level of clinical meaningfulness progression at an individual level. Combinations of one or more adverse prognostic risk factors in high risk diseases have recently been identified as strong predictors of progression and thus indications for early cystectomy.

09.00 - 09.30  **Debate Bladder preservation in muscle invasive bladder cancer**

*Moderator:*  G.N. Thalmann, Berne (CH)

*Pro:*  N. James, Birmingham (GB)

*Con:*  J.E. Gschwend, Munich (DE)

**Aims and objectives**

Bladder preservation is a controversial topic. There are many different therapeutical options and combinations in use. The debate should highlight the rationale for a bladder preservation strategy, its risk, strengths and limitations as well as its consequences with regards to urinary diversion. A consensus on how bladder preservation should be performed and in whom should be reached. Another major objective is to delineate who needs radical surgery and why.

09.30 - 09.40  **State-of-the-art lecture Diagnostic dilemmas and risks in testicular cancer**

M. Fode, Herlev (DK)

**Aims and objectives**

The aim of the talk “Diagnostic dilemmas and risks in testicular cancer” is to provide the audience with an overview of risk factors for testicular cancer, which may warrant an aggressive diagnostic approach in selected patients. The talk will also discuss the risk/benefit profile of such diagnostic measures. Concretely, the talk will touch on the testicular dysgenesis syndrome, cryptorchidism and microlithiasis and the subject of carcinoma In Situ detection by testicular biopsy will be explored.

09.40 - 10.10  **Debate Surveillance for everyone in stage 1 germ cell tumours**

*Moderator:*  M.P. Laguna, Amsterdam (NL)

**The oncologist’s perspective**

R.A. Huddart, Sutton (GB)

**The urologist’s perspective**

S. Krege, Krefeld (DE)

**Aims and objectives**

Stage I testicular cancer is the paradigm of curable cancer irrespective of the primary treatment policy after orchiectomy. For both seminoma and non-seminoma relapse risk after orchiectomy alone differs depending on the presence or absence of pathological risk factors. Differences in policy recommendation exist among major guidelines (EAU, NCCN and ESMO). The different policies result in different short and long-term toxicity, follow-up schedules and ultimately costs. While non-risk adapted surveillance emerges as a viable alternative to other alternatives (chemotherapy, NS-RPLND or radiation) mainly because the lesser toxicity, it requires patient’s compliance and it is the most costly. A urologist and an oncologist will expose and debate on the opportunity of treating all Stage I testicular cancer by surveillance.
10.10 - 10.20  State-of-the-art lecture Late morbidity in testicular cancer

G. Daugaard, Copenhagen (DK)

Aims and objectives
Testicular cancer (TC) represents the most curable solid tumor. The high cure rate is associated with a significant long-term morbidity. Long-term effects after TC treatment can be divided into life-threatening (e.g., like secondary tumours and cardiovascular disease) or effects on single organs like (e.g., nephro-, neuro- and pulmonary toxicity, hypogonadism or decreased fertility). Psychosocial effects are also a major issue, with fatigue, and influence on sexuality, work, cognitive function, quality of life, lifestyle factors, etc. Some of these side-effects will be discussed, with focus on future studies.

10.20 - 11.00  Case discussion Post-chemotherapy surgery

Moderator: N.W. Clarke, Manchester (GB)

Laparoscopic: How far can you go?
G. Janetschek, Salzburg (AT)

Open: How extensive should it be?
P. Albers, Düsseldorf (DE)

Aims and objectives
To facilitate discussion and understanding of the multi-disciplinary management of bladder cancer in 2013 and beyond.
Abstract Session

**Room A2**

**Video session 3**

Chairs: M. Musquera Felip, Barcelona (ES)  
X. Cathelineau, Paris (FR)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

V17 **Laparoscopic right partial nephrectomy**  
*M.J. Ribal, L. Peri, T. Vilaseca, M. Musquera (Barcelona, Spain)*

V18 **Retroperitoneal approach for arterial micro-dissection in partial nephrectomy without ischemia**  
*J.A. Peña, J.M. López, P. Gavrilov, E. Emiliani, A. Breda, J. Palou, H. Villavicencio (Barcelona, Spain)*

V19 **Nephron-sparing retroperitoneoscopic nephrectomy with “on-demand” selective clamping and early unclamping: The elective technique for posterior tumours**  
*J.A. Peña, A. De Gracia, A. Wong, P. Gavrilov, A. Breda, J. Palou, H. Villavicencio (Barcelona, Spain)*

V20 **Alternative techniques to perform superselective microdissection during unclamped laparoscopic partial nephrectomy**  
*G. Simone, R. Papalia, M. Ferriero, S. Guaglianone, M. Gallucci (Rome, Italy)*

V21 **“Zero ischemia” robot assisted partial nephrectomy for tumors with high nephrometry score**  
*G. Simone, R. Papalia, M. Ferriero, S. Guaglianone, M. Gallucci (Rome, Italy)*

V22 **Clampless laparoscopic partial nephrectomy: Our technique**  
*I. Kyriazis, P. Kallidonis, V. Panagopoulos, I. Georgiopoulos, J-U. Stolzenburg, E. Liatsikos (Patras, Greece; Leipzig, Germany)*

V23 **Zero ischaemia 3D partial nephrectomy**  
*A. Alcaraz, L. Peri, A. Vilaseca, M. Diaconu, M. Ribal (Barcelona, Spain)*

V24 **Laparoscopic partial nephrectomy with “kidney inversion”**  
*R. Sanseverino, O. Intilla, U. Di Mauro, C. Cicalese, G. Molisso, G. Napodano (Nocera Inferiore, Italy)*

V25 **Off-clamp minimally invasive partial nephrectomy: 10-year experience**  
*G. Simone, R. Papalia, M. Ferriero, S. Guaglianone, M. Gallucci (Rome, Italy)*
Abstract Session

09.15 - 10.45 miRNA and novel regulatory molecules in prostate cancer

Room A4
Poster Session 25
Chairs: H.Y. Leung, Glasgow (GB)
         S. Perner, Bonn (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: miRNA in prostate cancer
H.Y. Leung, Glasgow (GB)

* 299 Novel prostate cancer specific transcripts identified using RNA-seq

300 MicroRNAs regulate functional osteomimicry, promoting prostate cancer-induced bone disease

* 301 Tumour suppressive microRNA-143/145 cluster inhibits cell migration and invasion by targeting GOLM1 in prostate cancer

302 MicroRNA-26a targets the prostate cancer-associated genes AMACR and TRPM8
K. Kaulke, K. Erdmann, S. Füssel, M.P. Wirth (Dresden, Germany)

303 The expression and function of FAM110A in human prostate cancer
H. Tsuruta, G.W. Verhaegh, J.A. Schalken (Akita, Japan; Nijmegen, The Netherlands)

304 Benzyl isothiocyanate induces reactive oxygen species-mediated autophagy and apoptosis in human prostate cancer cells
T-F. Tsai, J-F. Lin, P-C. Liao, H-E. Chen, Y-C. Lin, K-Y. Chou, T. Hwang (Taipei, Taiwan)

305 Differential metabolic effects of medium-chain triglycerides and omega-3 fatty acids in benign and malignant prostate cells – evidence for a ketogenic diet as adjuvant therapy for prostate cancer
A.D. Düregger, R. Ramoner, J. Pante, M. Steinmaier, H. Klocker (Innsbruck, Austria; Burgstall, Italy)

306 Down-regulation and aberrant cytoplasmic expression of GLTSCR2 in prostatic adenocarcinomas

307 Orthotopic tumourgrafts in nude mice: A new method to study human prostate cancer
M. Saar, C. Körbel, J. Linxweiler, V. Jung, A. Hasenfus, G. Unteregger, M. Stöckle, M.D. Menger (Homburg, Germany)

* 308 The role of FSH in castration-induced weight gain and cardiovascular disease: Differences between orchiectomy, GnRH agonists and antagonists
W.C.M. Duivenvoorden, S. Hopmans, G. Werstuck, J.H. Pinthus (Hamilton, Canada)
309  NMR based metabolic analysis of prostate cancer and non-cancerous prostate epithelial cells: The impact of IGF1R and INSR signaling  
  P. Ofer, I. Heidegger, S. Hahn, D. Baumstark, H. Klocker, P. Massoner (Innsbruck, Austria; Regensburg, Germany)

310  Glycan modification of surface glycoproteins on prostate cancer induces secretion of growth factors via enhanced interaction with prostate stromal cells  
Abstract Session

09.15 - 10.45 Renal tumors: From biopsy to prognosis

Room A8

Poster Session 26

Chairs: U. Capitanio, Milan (IT)
S. Zastrow, Dresden (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

311 Multicentre experience of uptake of renal tumour biopsies for small renal masses

312 The role of image-guided renal biopsy in managing small renal masses (SMR) across the SWSH cancer network
R. Zakri, A. Emara, M. Hussain, N. Barber (Surrey, United Kingdom)

313 T1a patients with metastatic RCC at diagnosis markedly differ from patients who present with localized malignant SRMs

314 Full-core biopsies are superior to standard biopsies for the histological characterization of renal tumors

315 Is current staging system accurately predicts survival of stage I and II renal cell carcinoma?
I. Zelenkevich, O. Sukonko, L. Mirylenka, A. Rolevich, A. Minich (Minsk, Belarus)

316 Decision curve analysis and external validation of the postoperative Karakiewicz nomogram for the current TNM classification based on a large single-centre study cohort
S. Zastrow, S. Brookman-May, I. Von Bar, S. Jurk, V. Novotny, M. Wirth (Dresden, Munich, Germany)

317 Prognostic influence of chromophobe subtype and sarcomatoid dedifferentiation in patients with renal cell carcinoma and impact of clinical and histopathological parameters on disease-specific survival in patients with collecting duct renal cell carcinoma (CDRCC): Results of comprehensive analyses of the CORONA and SATURN databases and development of a disease-specific risk-model for CDRCC patients

318 Real-world assessment of renal involvement in tuberous sclerosis complex (TSC) patients in the United Kingdom (UK)
J.C. Kingswood, D. Demuth, P. Nasuti, L. Lucchese, E. Gray, M. Magestro (Brighton, London, Frimley, United Kingdom; East Hanover, United States of America)
319 Renal angiomyolipomas – a study of their natural history  
N.S. Kim, J.R. Bhatt, A. Finelli, K. Jhaveri, A. Evans, Y. Pei, P.O. Richard, L. Legere, M.A.S. Jewett (Toronto, Canada)  

320 High pre-operative monocyte-lymphocyte ratio (MLR) represents a poor prognostic factor in non-metastatic clear cell renal cell carcinoma  

321 Hedgehog pathway biomarkers predict oncologic outcome in clear cell renal cell carcinoma  

322 U.N.C.I. nephrometry and remaining functional parenchyma as a new tool indicator for partial nephrectomy in RCC  
I. Vitruk, O. Stakhovsky, O. Voylenko, V. Kotov, O. Gavrylyuk, E. Stakhovsky (Kyiv, Ukraine)  

323 Serum and urine biomarker profile of kidney injury after (partial) tumor nephrectomy  

324 Postoperative volume change of contralateral kidney six month after radical nephrectomy as a predictor of renal insufficiency  
S.R. Lee, D.S. Park, Y.K. Hong (Seongnam-si, Gyeonggi-do, South Korea)
Abstract Session

09.15 - 10.45 History of urology

Room A10

Poster Session 27

Chairs: D. Schultheiss, Giessen (DE)
P.M. Thompson, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

325 Abulcasis (936-1013), the great surgeon of Cordova (Al-Andalus), one thousand years after
L.A. Fariña-Pérez, M. Pérez-Albacete, I. Otero-Tejero (Vigo, Murcia, Guadalajara, Spain)

326 It’s a cover-up: The history of foreskin restoration
K. Pang, J.W.J. Nicholas, S. Miah, R. Wickramarachchi, S. Venugopal, J.W. Catto (Sheffield, Rotherham, United Kingdom)

327 Philipp Bozzini (1773-1809) and his instrument: The Lichtleiter
G. Bozzini, C. Marenghi, S. Maruccia, S. Casellato, E. Finkelberg, M. Picozzi, L. Carmignani (Milan, Italy)

328 The Elik Evacuator: Evolution in emptying
A.M. Tasleem, F. Khan, W. Mahmalji, S. Madaan, I. Dickinson, S. Sriprasad (Dartford, United Kingdom)

329 The origin of urodynamics
A. Alleemudder, Y. Peysakhova, L. Mambu, S. Kulkarni (London, United Kingdom)

330 Joseph-Frédéric-Benoît Charrière - qui est-ce?
J.K. Badawi (Mannheim/Coburg, Germany)

331 The art of circumcision: From cave paintings to the Guggenheim
J. Whitburn (Oxford, United Kingdom)

332 The introduction of the cystoscope into the British isles
J.P. Noel, J.C. Goddard (Leicester, United Kingdom)

333 Professor Stefan Wesolowski (1908-2009): Physician and artist, co-initiator of European and Polish
Association of Urology
S. Poletajew, B. Kuzaka, P. Radziszewski (Warsaw, Poland)

334 BCG in bladder cancer: The morals of the story
T. Drake, J. Hicks (Chichester, United Kingdom)

335 The regulation of urologists through time: A work in progress
A.M. Tasleem, M. Hadijapavlou, W. Mahmalji, F. Khan, S. Sriprasad (Dartford, United Kingdom)

336 How British urology got organised - The Royal Society of Medicine and BAUS
D. Hodgson, J. Coode-Bate, P. Thompson (Portsmouth, London, United Kingdom)

337 Dimitrij Oscarovic Ott (1855–1929): A Russian pioneer of laparoscopy and NOTES
M. Hatzinger, A. Fesenko, M. Sohn (Frankfurt, Germany)

338 Percutaneous nephrostomy: From inadvertent renal puncture to PCNL
F. Al Jaafari, A. Christofides, P. Kumar, M.A.W. Miller, J.D. Beatty (Northampton, Preston, United Kingdom)
### Abstract Session

**09.15 - 10.45 Prognostic biomarkers in prostate cancer**

**Room A11**

**Poster Session 28**

**Chairs:** F.K.H. Chun, Hamburg (DE)  
N. Suardi, Milan (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

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<tr>
<th>Poster No.</th>
<th>Title</th>
<th>Authors</th>
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<tr>
<td>339</td>
<td>A head to head comparison between a 4-kallikrein panel and a [-2]proPSA derivative model</td>
<td>T. Nordström, A.J. Vickers, H.G. Lilja, H. Grönberg, M. Eklund (Stockholm, Sweden; New York, San Fransisco, United States of America)</td>
</tr>
<tr>
<td>340</td>
<td>Variability of prostate cancer gene 3 (PCA3) score on repeated measures over time: A first report</td>
<td>S. De Luca, C. Fiori, R. Passera, S. Cappia, E. Bollito, M. Papotti, D.F. Randone, F. Porpiglia (Orbassano, Turin, Italy)</td>
</tr>
<tr>
<td>341</td>
<td>Accuracy of p2PSA and derivatives (%p2PSA and PHI) in predicting prostate cancer in obese men from a multicenter European study</td>
<td>A. Abrate, M. Lazzeri, N. Buffi, A. Haese, A. De La Taille, T. McNicholas, J. Palou Redorta, G. Lughezzani, G.M. Gadda, G. Lista, E. Kinzikeeva, N. Fossati, A. Larcher, P. Dell’Oglio, F. Mistretta, V. Bini, M. Freschi, M. Graefen, G. Guazzoni (Milan, Perugia, Italy; Hamburg, Germany; Creteil, France; Stevenage, United Kingdom; Cartagena, Spain)</td>
</tr>
<tr>
<td>342</td>
<td>Serum fucosylated haptoglobin as a novel prognostic biomarker predicting prostate cancer with Gleason score 7 or more</td>
<td>K. Fujita, M. Shimomura, M. Uemura, Y. Nakai, A. Nagahara, W. Nakata, M. Sato, E. Miyoshi, N. Nonomura (Suita, Osaka, Japan)</td>
</tr>
<tr>
<td>345</td>
<td>ERG-expression is an independent predictor of disease progression during active surveillance</td>
<td>K.D. Berg, B. Vainer, F.B. Thomsen, M.A. Røder, B.G. Toft, K. Brasso, P. Iversen (Copenhagen, Denmark)</td>
</tr>
<tr>
<td>347</td>
<td>Urinary PCA3 urine in patients with a first negative prostate biopsy: 5-year follow-up</td>
<td>T. Charles, G. Fromont-Hankard, J. Irani (Poitiers, Tours, France)</td>
</tr>
</tbody>
</table>
Panel of molecular markers for prostate cancer diagnosis
O.I. Apolikhin, A.V. Sivkov, S.E. Severin, N.G. Keshishev, O.V. Shkabko, G.A. Kovchenko (Moscow, Russia)

MicroRNAs in urine microvesicles for non-invasive detection of prostate cancer
I.V. Bijnsdorp, A.A. Geldof, L. Rozendaal, O. Krijsing, D. Koppers-Lalic, T. Würdinger, M. Pegtel, R.J.A. Van Moorselaar (Amsterdam, The Netherlands)

Urinary detection of a five-gene expression signature for the non-invasive diagnosis of prostate cancer
L. Mengual, J.J. Lozano, M. Ingelmo-Torres, L. Izquierdo, M. Ribal, A. Alcaraz (Barcelona, Spain)

QUATTRO, a four gene prognostic biomarker panel for prostate cancer

Prostate health index predicts biochemical recurrence in patients with organ-confined prostate cancer treated with radical prostatectomy
Abstract Session

09.15 - 10.45 Focal therapy for prostate cancer: New insights

Room K1

Poster Session 29

Chairs: A. Bossi, Villejuif (FR)
L. Klotz, Toronto (CA)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Focal therapy: Ready for prime time?
L. Klotz, Toronto (CA)

*353 Report from an international consensus meeting on focal therapy
I.A. Donaldson, C.M. Moore, S. Willis, J. Van Der Meulen, M. Emberton, H.U. Ahmed (London, United Kingdom)

354 Focal therapy in prostate cancer - international multidisciplinary consensus on trial design

355 Topographical risk stratification of undertreatment in focal therapy for prostate cancer: Mid-apical biopsy compensates for MRI underdiagnosis

356 Pathological findings in single core low risk prostate cancer with stringent criteria: Implications for focal therapy
L.I. Fumadó, A. Ubré, S. Henao, J.A. Lorente, N. Juanpere, O. Arango (Barcelona, Spain)

357 Can MRI improve selection of patients eligible for focal therapy in localized prostate cancer?

358 Focal therapy with HIFU for localized prostate cancer: A prospective multicentric study
P. Rischmann, L. Hoquetis, S. Crouzet, G. Pasticier, A. Villers, A. Gelet (Toulouse, Lyon, Bordeaux, Lille, France)

359 Clinically significant prostate cancer in contralateral lobe of patients with unilateral tumour in extended biopsy: Implications for focal therapy
Ll. Fumadó, A. Ubré, J.A. Lorente, N. Juanpere, A. Francés, O. Arango (Barcelona, Spain)

360 A prospective analysis of the effects of focal therapy for prostate cancer on erectile function

361 A pilot study assessing the toxicity profile of irreversible electroporation in the focal treatment of prostate cancer
M. Valerio, P.D. Stricker, H.U. Ahmed, L. Ponsky, C. Allen, L. Dickinson, M. Emberton (London, United Kingdom; Sydney, Australia)
*362  Irreversible electroporation for prostate cancer: In vivo effect characterization and numerical simulation
R.E. Neal 2nd, P. Royce, J.L. Millar, H. Kavnoudias, F. Rosenfeldt, A. Pham, R. Smith, R.V. Davalos,
K.R. Thomson (Melbourne, Australia)

363  Oncologic outcomes and morbidity in patients with prostate cancer underwent cryotherapy
A. Barbos, I. Gheorghita, C. Magno (Messina, Italy; Cluj-Napoca, Romania)
Abstract Session

09.15 - 10.45  Shooting at new targets in bladder overactivity and underactivity

Room K2

Poster Session 30

Chairs: S. Egawa, Tokyo (JP)
G. Van Koeveringe, Maastricht (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Introduction on the session topic
G. Van Koeveringe, Maastricht (NL)

* 364 URB-937, a peripherally-restricted inhibitor of fatty acid amide hydrolase, reduces prostaglandin E2-induced hyperactivity of bladder mechanoefferent nerve fibers in rats
N. Aizawa, P. Hedlund, Y. Homma, Y. Igawa (Tokyo, Japan; Milan, Italy)

* 365 Purinergic transmission via P2Y6 receptors plays an essential role in bladder storage function in mice
S. Kira, M. Yoshiyama, T. Miyamoto, H. Nakagomi, T. Mochizuki, E. Shigetomi, S. Koizumi, M. Takeda (Chuo, Japan)

366 F16357 regulates in vitro bladder contractility mediated by Protease Activated Receptors
N. Monjotin, C. Gourdon, J. Passet, B. Le Grand, D. Junquero (Castres, France)

367 Inhibition of Piezo1 in bladder urothelium: A potential therapy for overactive bladder

368 Impaired cholinergic excitatory neurotransmission of bladder in a model of insulin-resistant obese rat

* 369 Expression of monoacylglycerol hydrolase (MAGL) in the human lower urinary tract: A new target for intervention into the endocannabinoid system?
A. Schreiber, F. Strittmatter, B. Rutz, M. Hennenberg, C. Stief, C. Gratzke (Munich, Germany)

370 The role of the prostaglandin E type 3 (EP3) receptor in modulating muscarinic induced contractions
R. Hohnen, C. Meriaux, F. Raven, G.A. Van Koeveringe (Maastricht, The Netherlands)

371 Selective inhibitory effect of S-hydroxymethyl tolterodine (S-HMT), an active metabolite of fesoterodine, on capsacacin-sensitive C-fibers among the primary bladder mechanosensitive afferent nerves in the rat
N. Aizawa, Y. Homma, Y. Igawa (Tokyo, Japan)

372 FAAH inhibition reverses bladder hyperactivity and pain induced by cystitis through a CB1 dependent mechanism
A. Charrua, I. Nagy, F. Cruz (Porto, Portugal; London, United Kingdom)

373 Identification of 2 distinct populations of interstitial cells in the lamina propria of the human bladder
T. Gevaert, F. Van Der Aa, J. Franken, T. Roskams, D. Daelemans, E. Vannesteels, D. De Ridder (Leuven, Belgium)
374  DFL23448, a novel TRPM8-selective ion channel antagonist, modifies bladder function and reduces bladder overactivity in awake rats
F.A. Mistretta, A. Russo, F. Castiglione, L. Brandolini, A. Aramini, G. Bianchini, F. Benigni, P. Hedlund (Milan, L'Aquila, Italy; Linköping, Sweden)

375  Clock gene Rev-erbβ competes with Rev-erbα for transactivation of the connexin43 gene expression, coding a gap-junction protein in urinary bladder
H. Negoro, A. Kanematsu, T. Okinami, M. Imamura, Y. Tabata, O. Ogawa (Kyoto, Hyogo, Japan)
Sunday, 13 April - EAU Programme

Abstract Session

09.15 - 10.45 All about SUI and POP

Room T1

Poster Session 31

Chairs: B. Cetinel, Istanbul (TR)
D.A.O. Waltregny, Liège (BE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

Introduction on the session topic
D.A.O. Waltregny, Liège (BE)

376 The prognostic value of the cough test in patients suffering from pelvic organ prolapse
G.R. Kasyan, N.V. Tupikina, M.Y. Gvozdev, A.V. Glotov, D.Y. Pushkar (Moscow, Russia)

377 Follow up for urinary continence after pelvic organ prolapse repair
G.R. Kasyan, N.V. Tupikina, M.Y. Gvozdev, A.V. Glotov, D.Y. Pushkar (Moscow, Russia)

378 High bilateral cervicosacropexy in “W-Technique” with an MRI visible textile implant for the correction of pelvic organ prolapse in single incision technique
J. Neymeyer, A. Patrick, J. Noether, S. Weinberger, K. Miller (Berlin, Germany)

379 Long-term efficacy and safety of pelvic organ prolapse (POP) treatment with tension-free vaginal mesh

380 Nationwide trends in mesh-based repair for elderly patients with pelvic organ prolapse
T. Schubert, M.A. Laudano, F. Zhao, B. Chughtai, R.K. Lee (New York, United States of America)

381 Are older women more likely to receive less invasive surgical options for stress urinary incontinence since the introduction of the mid urethral sling?
W.R. Gibson, A.S. Wagg (Edmonton, Canada)

382 Are the outcomes of transobturator tape procedure for female stress urinary incontinence durable in long term follow up?
T. Yonguc, B. Gunlusoy, T. Degirmenci, Z. Kozacioglu, I.H. Bozkurt, B. Arslan, S. Minareci, Y. Yilmaz (Izmir, Turkey)

383 Sonography tape characteristic and incontinence outcome after trans-obturator tape (TOT) surgery
E. Costantini, E. Salvini, A. Pietropaolo, F. Quadrini, M. Di Biase, V. Bini, M. Del Zingaro (Perugia, Italy)

384 How strong an anchoring system to the sacrospinous ligament should be for apical correction?
P. Palma, C. Riccetto, S. Altuna, C. Sarsotti (Campinas, Brazil)

385 Stress urinary incontinence: Monarc™ versus miniarc®
F. Castroviejo Royo, L.A. Rodríguez Toves, J.M. Martínez-Sagarra Oceja, C. Conde Redondo, C. Marina García-Tuñón, B. De La Cruz Martín, A. Tapia (Valladolid, Spain)

386 Urodynamics useless before surgery for female stress urinary incontinence: Are you sure? Results from a multicenter single nation database
387 Ambulatory urodynamics in clinical practice: A single centre experience
J.P. Williams, W. Bevan, J. Ellis-Jones, H. Hashim (Bristol, United Kingdom)

388 Can we predict urgency after anti-incontinence surgery? A potential role for neurotrophins and Qmax variation
T. Antunes-Lopes, D. Costa, R. Pinto, S. Carvalho-Barros, C. Martins-Silva, C. Duarte-Cruz, F. Cruz (Porto, Portugal)
Abstract Session

**09.15 - 10.45 Imaging and minimally invasive surgery in retroperitoneal tumours**

**Room C6**

**Poster Session 32**

**Chairs:** J.M. De La Morena Gallego, Madrid (ES)  
D. Yates, Sheffield (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

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<tr>
<th>Poster Number</th>
<th>Title</th>
<th>Authors</th>
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<tr>
<td>390</td>
<td>CAD software BONENAVI for bone scintigraphy is a useful tool in renal cell carcinoma patients</td>
<td>M. Uemura, A. Nagahara, K. Fujita, Y. Nakai, N. Nonomura (Suita, Japan)</td>
</tr>
<tr>
<td>392</td>
<td>Role of MRI in indeterminate renal mass: Diagnostic accuracy and impact on clinical decision making</td>
<td>T. Kwon, I.G. Jeong, D. You, B. Lim, K-S. Han, D. Lee, C. Lee, S. Hong, J.H. Hong, M-S. Choo, H. Ahn, C-S. Kim (Seoul, Cheonan, South Korea)</td>
</tr>
<tr>
<td>393</td>
<td>Effectiveness of contrast enhanced ultrasonography in the assessment of renal masses</td>
<td>S. Alvarez Rodríguez, E. Sanz Mayayo, L. López- Fando Lavalie, R. Rodríguez-Patrón Rodríguez, F. Arias Fúnez, V. Hevia Palacios, FJ. Burgos Revilla (Madrid, Spain)</td>
</tr>
<tr>
<td>394</td>
<td>Role of Positron Emission Tomography/Computed Tomography (PET/CT) in the evaluation of the metastatic adrenal masses</td>
<td>O. Kaygisiz, G. Ozmerdiven, Y. Kordan, B. Coskun, H. Vuruskan, I. Yavascaoglu (Bursa, Turkey)</td>
</tr>
</tbody>
</table>
399 Comparison of 2 laparoscopic approaches of adrenalectomy
G. Crenn, J.B. Beauval, P. Caron, A. Bennet, B. Chamontin, J. Amar, B. Duly Bouhanick, P. Rischmann, M. Soulie, E. Huyghe (Toulouse, France)

400 Aortic calcification index (ACI) of the patients with primary aldosteronism (PA) is an independent predictor of hypertensive status at 1 year after laparoscopic adrenalectomy (LA)

401 Single-institutional operative data from 40 robot-assisted adrenalectomies
K.A. Probst, M. Janssen, J. Kamradt, C-H. Ohlmann, S. Siemer, M. Stöckle (Homburg/Saar, Germany; Berne, Switzerland)
Sunday, 13 April - EAU Programme

Thematic Session 1

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<th>Location</th>
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<tr>
<td>11.00 - 11.15</td>
<td>Histoscanning</td>
<td>P. Macek</td>
<td>eURO Auditorium</td>
<td>Imaging of prostate has changed during the past few years from simple discrimination of anatomical details into attempts for better understanding of tissue quality in order to detect prostate cancer. This can be accomplished by various methods and histoscanning is one of them. The presentation is aimed at summarising of current knowledge this tissue characterisation technique, its potentials, current limitations and future prospects. Following this activity, the audience should be able to understand its role for the diagnosis of prostate cancer.</td>
</tr>
<tr>
<td>11.15 - 11.30</td>
<td>Saturation biopsies</td>
<td>V. Scattoni</td>
<td></td>
<td>The concept of increasing the number of cores has led to the idea of ‘saturation’ biopsy (SPBx), in which 20 or more cores are taken in a systematic fashion. Despite the fact that the mean cancer detection rate considerably increases with an increasing number of cores, the cancer DR varies considerably according to the different combination of sites considered at a given number of cores. There is sufficient evidence in the literature that SPBx is not necessary in the initial setting, while patients with a prior negative PBx and/or with a persistent suspicion of PCa should be considered for a repeated SPBx, with a DR being approximately 30%, regardless of the type of previous biopsy scheme. Furthermore, SPBx might be performed in patients who are candidates for an active surveillance protocol, in order to verify the extent and grade of the Pca.</td>
</tr>
<tr>
<td>11.30 - 11.45</td>
<td>Targeted biopsies</td>
<td>P.C. Mozer</td>
<td></td>
<td>Routine trans-rectal ultrasound(TRUS)-guided biopsies have low accuracy in the diagnosis of significant localised prostate cancer (PCa). MRI Targeted biopsies with image fusion can improve this accuracy. The aim of this presentation is to understand how image fusion works and to know what is the results of First round of trans-rectal targeted biopsies with magnetic resonance versus conventional ultrasound-guided biopsies for the diagnosis of localised prostate cancer.</td>
</tr>
</tbody>
</table>
| 11.45 - 12.00 | Associated abstract presentations | | | | 947 A prospective comparison of transrectal ultrasound biopsy with an MRI based diagnostic strategy in men with suspicion of prostate cancer  
M.R. Pokorny, L. Thompson, R. Parkinson, J. Barentsz, M. De Rooij, E. Duncan, F. Schroder (Brisbane, Australia; Nijmegen, Rotterdam, The Netherlands)  
957 Role of repeat 3T multiparametric MR imaging and MR-guided biopsy versus repeat TRUS-guided biopsies after 1 year follow-up in low-risk prostate cancer patients in an active surveillance protocol  
### Thematic Session 2

#### New technologies: Star Trek in urology

**Room A2**

**Chair:** A. Mottrie, Aalst (BE)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
<th>Location</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.00 - 11.15</td>
<td>Surgical robots and simulator training</td>
<td>P. Dasgupta, London (GB)</td>
<td>Room A2</td>
<td>Aims and objectives: This lecture will focus on the evolving role of simulation in the training of robotic surgeons. It will highlight not just the tools available but also the underpinning scientific evidence. The new concept of igloo based distributed simulation combining both technical and non-technical skills training will be presented. Finally the ERUS and international curricula in robotic training will be of considerable benefit for aspiring robotic surgeons.</td>
</tr>
<tr>
<td>11.15 - 11.30</td>
<td>Surgical navigation for diagnosis and treatment</td>
<td>J. Stallkamp, Mannheim (DE)</td>
<td>Room A2</td>
<td>Aims and objectives: There is much more urological intervention technology available today. The use of this technology enables new medical methods as well as increased efficiency. These technologies could cause deep changes for the interventional process, e.g. using automation solutions, and sometimes higher costs. This lecture tries to give an overview from the view of an engineer about future technical scopes and risks.</td>
</tr>
<tr>
<td>11.30 - 11.45</td>
<td>From molecular medicine to molecular surgery</td>
<td>R. Satava, Seattle (US)</td>
<td>Room A2</td>
<td>Aims and objectives: Since antiquity, “Man is the Measure of All Things”. That is changed, and we now are exploring cells, genes and molecules. My internist asks questions about P53, TOL receptor, IL8 and I respond kidney, bladder and prostate. However the tools to move surgery from the macro to the molecular scale are now available, and one new opportunity is to move surgery to the cellular and molecular level. The aim is to explore the technologies that will make this possible and the objectives are to look at the new concepts of cellular and molecular surgery, examine the technologies that will enable this capability, explore possible clinical applications and place this innovation in the context of a much larger surgical revolution – Directed Energy Surgery.</td>
</tr>
<tr>
<td>11.45 - 12.00</td>
<td>Associated abstract presentations</td>
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<tr>
<td>1075</td>
<td>iPad guided puncture of the kidney - evaluation with an ex vivo modell</td>
<td>M-C. Rassweiler, J. Klein, M. Müller, H-P. Meinzer, J. Rassweiler (Mannheim, Heilbronn, Heidelberg, Germany)</td>
<td>Room A2</td>
<td></td>
</tr>
</tbody>
</table>
### Thematic Session 3

**11.00 - 12.00**  
**EAU Guidelines Office: Challenge the EAU guidelines**

**Room A4**

*Chairs:*  
J. N’Dow, Aberdeen (GB)  
K.F. Parsons, Liverpool (GB)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
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</table>
| 11.00 - 11.04 | **Introduction**  
K.F. Parsons, Liverpool (GB) |
| 11.04 - 11.22 | **BCG management or not**  
11.04 - 11.07 | **Pro BCG**  
R.J. Sylvester, Brussels (BE)  
11.07 - 11.10 | **Contra BCG**  
G.N. Thalmann, Berne (CH)  
11.10 - 11.16 | **Voting** |
| 11.16 - 11.22 | **Discussion** |
| 11.22 - 11.40 | **Lower pole stones: ESWL or RIRS**  
*Moderator:*  
C. Türk, Vienna (AT)  
11.22 - 11.24 | **Introduction**  
C. Türk, Vienna (AT)  
11.24 - 11.29 | **pro RIRS**  
T. Knoll, Sindelfingen (DE)  
11.29 - 11.34 | **pro ESWL**  
A. Petřík, České Budějovice (CZ)  
11.34 - 11.37 | **Voting**  
11.37 - 11.40 | **Discussion**  
11.40 - 11.55 | **Lessons learnt from mass casualties**  
D.M. Sharma, London (GB)  
11.55 - 12.00 | **Wrap up**  
K.F. Parsons, Liverpool (GB) |

**Aims and objectives**

The EAU Guidelines session this year covers a range of topics with the opportunity for the audience to challenge the guidelines. The session is structured as a point/counterpoint debate by 2 experts in the field of intra-vesical therapy for bladder cancer, and the management of lower pole stones. A keypad voting system will allow the audience to express their views.

The third presentation will be in an area of which few have experience, yet sadly we are all might encounter at any time wherever we practice urology. We hope therefore that it will be both informative and helpful for everyone.
Thematic Session 4

11.00 - 12.00 Management of surgical complications

Room A8

Chair: J. Rassweiler, Heilbronn (DE)

11.00 - 11.15 Iatrogenic urethral injuries
K-D. Sievert, Tübingen (DE)

11.15 - 11.30 Post-operative ileus
R.F. Van Velthoven, Brussels (BE)

Aims and objectives
This session will focus on four well-known complications following open, robotic, laparoscopic and endourologic surgery. The speaker will update on diagnosis and management of postoperative ileus and its prevention during procedures. Additionally, there will be enough time for interactive discussion of the presented concepts. Delegates are welcome to actively participate in this session.

11.30 - 11.45 Bleeding after nephron-sparing surgery
A. Breda, Barcelona (ES)

11.45 - 12.00 Bladder perforation during transurethral section (TUR)
M. Brausi, Modena (IT)

Aims and objectives
The aim and objective of the presentation are to illustrate the possible complications after TUR of bladder tumors. Possible solutions will be also proposed.
Thematic Session 5

11.00 - 12.00 Paediatric urology

Room A10

Chair: W.F.J. Feitz, Nijmegen (NL)

11.00 - 11.20 Genetic aspects of congenital urological anomalies
A. Nordenskjold, Stockholm (SE)

11.20 - 11.35 Update on minimally-invasive treatments in children
R. Subramaniam, Leeds (GB)

Aims and objectives
The aim is to present an update on minimally invasive Paediatric Urology. I will discuss the status of robotic procedures within paediatric urology and look at the future. The objectives are to look at the indications, range of procedures carried out by the minimally invasive approach, outcomes and cost effectiveness of this treatment modality. We will also look at the training aspects of this approach.

11.35 - 11.50 Modern stone management in children
E.H. Landau, Jerusalem (IL)

Aims and objectives
Extracorporeal Shock Wave Lithotripsy (SWL) has been the standard treatment modality for upper tract pediatric calculus disease for more than three decades. Technological advances in pediatric endoscopes, including miniaturisation and increased sophistication, have made percutaneous nephrolithotomy (PCNL) and ureteroscopy (URS) viable alternatives. Currently, SWL is recommended for renal stones < 15 mm. However, for many pediatric urologists SWL and URS are equally effective and safe in the management of ureteral and renal stones. Stones with large burden, or staghorn calculi should be treated with PCNL, eliminating the necessity for open surgery. Each of the three modalities has its advantages and limitations. Hand- and robotic- laparoscopy are evolving as alternatives for large renal stones.

11.50 - 12.00 EAU Guidelines snapshot Vesicoureteral reflux
S. Tekgül, Ankara (TR)

Aims and objectives
The talk will aim to present the current understanding and approach of VUR patients as regards to risk analysis as outlined in EAU Guidelines.
Room A11

**Thematic Session 6**

**11.00 - 12.00 Transplant surgery techniques applied to urology**

**Chair:** M.O. Grimm, Jena (DE)

**11.00 - 11.15**

**Learning from multi-organ donor surgery**
A.J. Figueiredo, Coimbra (PT)

**Aims and objectives**
Multi-organ donor harvesting constitutes an unmatched setting for improving skills in abdominal and retroperitoneal surgery. With the support of videos from donor surgeries, this lecture will highlight in a detailed manner all the anatomical landmarks of the abdominal cavity, including accessing the retroperitoneum, controlling the major vessels and exposing all organs. Major steps needed to control the hepatic hilum, the supra celiac aorta or the surahepatic cava, among others, will be demonstrated. Being familiar with these techniques is invaluable for performing major urological surgeries, like excision of retroperitoneal tumours and of renal cancers extending into the vena cava.

**11.15 - 11.30**

**Transplant techniques for urological tumours**
G. Ciancio, Miami (US)

**Aims and objectives**
Surgical resection provides the only reasonable chance for cure for large urological tumours with or without a tumour thrombus extending into the inferior vena cava and/or right atrium. Although, this is a relatively unusual circumstance it represents a challenge to the surgical team. The presentation describes techniques to safely resect these tumours through a transabdominal approach exposing the retrohepatic and intrapericardial inferior vena cava and atrium without recourse to cardiopulmonary bypass or entry into the thoracic cavity.

**11.30 - 11.45**

**Vascular surgery based on renal transplant experience**
M. Musquera Felip, Barcelona (ES)

**11.45 - 12.00**

**Associated abstract presentations**

**1012**

Double kidney transplantation with organs from expanded criteria donors: Review of our series and an update of current indications

**1017**

Minimally invasive living donor nephrectomy
A. Vilaseca Cabo, M. Musquera, L. Peri Cusi, V. Tobar, L. Romeo, M.J. Ribal, J. Huguet, R. Alvarez-Vijande, A. Alcaraz (Barcelona, Spain)
### Thematic Session 7

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>11.00 - 12.00</td>
<td>European Society of Surgical Oncology (ESSO) session: Recurrent pelvic cancer: What are urological challenges?</td>
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</table>

#### Room K1

**Chair:** T.M. De Reijke, Amsterdam (NL)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</table>
| 11.00 - 11.20 | What are the urological options to preserve the best quality of life?  
M. Kuczyk, Hanover (DE) |
| 11.20 - 11.40 | Recurrent gynaecological cancer: A gynaecological oncologists’ approach to urological surgery  
R. Naik, Newcastle (GB) |

**Aims and objectives**
The aims of this presentation are to provide the delegates with an understanding of the surgical treatments available for recurrent gynaecological cancers and its impact on urological surgery.

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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| 11.40 - 12.00 | Local recurrence of rectal cancer: Borders and limits  
T. Wiggers, Groningen (NL) |

**Aims and objectives**
The aim of this presentation is to give urologists a better understanding of the clinical behavior and treatment of locally advanced and recurrent rectal cancer. Imaging and knowledge of the surgical anatomy including the splanchnic nerves is mandatory. Pretreatment with chemo-therapy has become standard in rectal cancer. The close relation of the urogenital organs to the rectum is the challenge between colorectal surgeons and urologists. Special attention will be paid to the biological behavior of rectal cancer (limits) and the technical possibilities (borders).
# Thematic Session 8

**Sunday, 13 April - EAU Programme**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>11.00</td>
<td><strong>A joint session with the European Society of Urogenital Radiology</strong></td>
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<td><em>(ESUR)</em> and the EAU</td>
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<td></td>
<td><strong>Room K2</strong></td>
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<td><strong>Chairs:</strong> B. Djavan, Vienna (AT)</td>
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<td></td>
<td>G. Heinz-Peer, Saint Poelten (AT)</td>
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<tr>
<td>11.00 - 11.20</td>
<td><strong>Radiologic interventions in GU</strong></td>
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<td></td>
<td>J. Kettenbach, Saint Poelten (AT)</td>
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<td></td>
<td><strong>Aims and objectives</strong></td>
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<tr>
<td></td>
<td>Interventional uro radiology (IUR) covers a wide variety of minimally</td>
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<td>invasive procedures to treat problems that affect the kidney, bladder,</td>
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<td>ureter and testes. Most commonly IUR is involved in trauma, since the</td>
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<td>kidney is the third most common abdominal organ to be injured.</td>
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<td>Furthermore percutaneous ablation techniques can be applied to treat</td>
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<td>tumours non-surgically.</td>
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<td>Finally, catheter directed embolisation can be applied for treatment</td>
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<td>of renal tumour as well as benign prostate hyperplasia or pelvic</td>
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<td>venous congestion.</td>
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<td>In this presentation the following topics will be provided:</td>
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<td>* Systematic approach to the radiologic evaluation of the urologic</td>
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<td>tract and the treatments offered by IUR for trauma cases involving</td>
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<td>kidney, ureters, urinary bladder and urethra</td>
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<tr>
<td></td>
<td>* Catheter directed embolisation and percutaneous ablation of renal</td>
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<tr>
<td></td>
<td>tumour</td>
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<tr>
<td>11.20 - 11.40</td>
<td><strong>PET-CT and DWI in GU oncology</strong></td>
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<tr>
<td></td>
<td>G. Heinz-Peer, Saint Poelten (AT)</td>
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<td></td>
<td><strong>Aims and objectives</strong></td>
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<td></td>
<td>This lecture will give an overview of the new imaging techniques PET-</td>
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<td>CT and DWI - MR which are increasingly used in GU oncology. Some</td>
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<td>basic technical details as well as the strengths and limitations</td>
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<td>according evaluation of different GU tumours will be presented.</td>
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<td>* To introduce knowledge on the new imaging techniques PET-CT and</td>
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<td>diffusion weighted MRI</td>
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<td></td>
<td>* To enlighten the role of these techniques in various GU tumours</td>
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<td>* To show how to differentiate between benign and malignant tumours</td>
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<tr>
<td></td>
<td>* To present various case examples</td>
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<td>11.40 - 12.00</td>
<td><strong>Multiparametric MRI in prostate cancer - An update</strong></td>
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<td></td>
<td>G. Villeirs, Ghent (BE)</td>
</tr>
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<td></td>
<td><strong>Aims and objectives</strong></td>
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<tr>
<td></td>
<td>During this lecture, both morphologic and functional MRI-techniques</td>
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<td>(diffusion-weighted imaging, perfusion imaging and spectroscopy)</td>
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<td>will be explained, with reference to their indications and diagnostic</td>
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<td>performance. Their combined use, denoted as multiparametric MRI, will</td>
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<td>be discussed in the setting of a patient with increased PSA with or</td>
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<td>without prior negative biopsy.</td>
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</table>
**Thematic Session 9**

**Sunday, 13 April - EAU Programme**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.00 - 12.00</td>
<td>The brain is the future: Neurourology</td>
</tr>
<tr>
<td>Room T1</td>
<td></td>
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<tr>
<td>Chair:</td>
<td>D.J.M.K. De Ridder, Leuven (BE)</td>
</tr>
<tr>
<td>11.00 - 11.15</td>
<td>The brain and the bladder: Physiology</td>
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<tr>
<td>K-E. Andersson, Aarhus N (DK)</td>
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</tbody>
</table>

**Aims and objectives**

Normal urinary function is dependent on a complex hierarchy of central nervous system (CNS) regulation, consisting of handling of peripherally generated afferent activity, suprapontine inhibition of the pontine micturition center (PMC), and control of efferent activity at spinal and pontine levels. Bladder filling leads to increased activation of tension receptors within the bladder wall, and to increased afferent activity in A-fibres. These fibres project on spinal tract neurones mediating increased sympathetic firing to maintain continence via storage reflexes. In addition, the spinal tract neurones convey the afferent activity to more rostral areas of the spinal cord and the brain. One important receiver of the afferent information from the bladder is the periaqueductal gray (PAG) in the rostral brainstem. The PAG receives information from both afferent neurones in the bladder and from more rostral areas in the brain, i.e. cerebral cortex and hypothalamus. This information is integrated in the PAG and the medial part of the PMC (the M-region), which also control the descending pathways in the micturition reflex. Thus, PMC can be seen as a switch in the micturition reflex, inhibiting parasympathetic activity in the descending pathways when there is low activity in the afferent fibres, and activating the parasympathetic pathways when the afferent activity reaches a certain threshold.

| 11.15 - 11.30 | Alzheimer and the bladder                                           |
|              | G. Kiss, Innsbruck (AT)                                             |

**Aims and objectives**

To ensure a proper storage function of the urinary bladder, there are different suprapontine mechanisms to suppress the micturition reflex in the brainstem. Some neurodegenerative diseases impair this inhibition in various ways. In both dementia and alzheimer neurotransmitter based disturbances in the brain exist as well as secondary control failures in regard to the perception of urge and release the micturition reflex. The treatment of urinary incontinence in alzheimer disease has to take these facts into account.

| 11.30 - 11.45 | Parkinson, multiple system atrophy and the bladder                  |
|              | T.M. Kessler, Zürich (CH)                                           |

**Aims and objectives**

Lower Urinary Tract Symptoms (LUTS) are very common in patients with Parkinson’s Disease (PD) and Multiple System Atrophy (MSA). Many patients with MSA are initially misdiagnosed as having PD what is highly relevant in regard to urological treatment. Thus, the aim of this lecture is to explain the underlying pathomechanisms involved, to show typical differences in lower urinary tract dysfunction patterns and to provide a guide for the neuro-urological management of patients with PD and MSA in daily clinical practice.

| 11.45 - 12.00 | The bladder is a victim of centrally acting drugs                  |
|              | M.W. Wojnar, Warsaw (PL)                                           |

**Aims and objectives**

The urinary bladder function is directly linked to the nervous system activity, thus medicines acting on CNS through modulation of different neurotransmitters and receptors may influence the bladder. Both urinary retention and urinary incontinence may result from effects of many drugs used for treatment of neurological and mental disorders. These include psychotropic medication such as antipsychotics, antidepressants and benzodiazepines. On the other side, some of these medication are used for treatment of selected dysfunctions of the bladder.
European Urology Session

Room A6

Chairs: J.W.F. Catto, Sheffield (GB)
        A. Mottrie, Aalst (BE)

12.30 - 12.35 Introduction
J.W.F. Catto, Sheffield (GB)
A. Mottrie, Aalst (BE)

12.35 - 12.55 Near-infrared fluorescence imaging: Emerging applications in robotic upper urinary tract surgery
M. Gan, Aalst (BE)

12.55 - 13.15 Minimally invasive prostatic urethral lift
T.A. McNicholas, Stevenage (GB)

13.15 - 13.35 Beyond the learning curve of the retzius-sparing approach for robot-assisted laparoscopic radical prostatectomy: Oncologic and functional results of the first 200 patients with \( \geq 1 \) year of follow-up
A. Galfano, Milan (IT)

W. Jeong, Detroit (US)

13.55 - 14.15 Robot-assisted radical cystectomy: Description of an evolved approach to radical cystectomy
J. Collins, Stockholm (SE)

14.15 - 14.30 Discussion
Abstract Session

12.15 - 13.45  Highlights and awards

EURO Auditorium

Video session 4

Chairs:  A. Messas, Nanterre (FR)
        R.J.A. Van Moorselaar, Amsterdam (NL)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

V26  First robotic partial nephrectomy with the DaVinci single-site system
    S. Crouzet, V. Meyer, X. Matillon, S. Forest, M. Colombel, L. Badet, X. Martin (Lyon, France)

V27  Three-dimension pure LESS partial nephrectomy
    A. Alcaraz, L. Peri, A. Vilaseca, M. Diaconu, M. Musquera (Barcelona, Spain)

V28  New 3-dimensional head-mounted display system (RoboSurgeon System) applied to gasless, two-port access total nephroureterectomy

V29  Laparoscopy at home
    M. Carballo Quinta, M. Rodríguez-Socarrás, L. Tortolero-Blanco, J. Freire-Calvo, S. López-García, J.M. Barros-Rodríguez, A. Ojea-Calvo (Vigo, Spain)

V30  Application of near-infrared fluorescence imaging in robot-assisted surgery
    M. Gan, M.A. Bjurlin, T.R. Mc Clintock, A. Volpe, M.S. Borofsky, A. Mottrie, M.D. Stifelman (Aalst, Belgium; New York, United States of America; Novara, Italy)

Prize winning videos

Third Video Prize

V31  Robotic flexible ureterorenoscopy: The new concept for the treatment of kidney stones
    R. Saglam, J. Rassweiler, A.I. Tasci, K. Sarica, M. Binbay, A. Armagan, Y. Ozgok (Ankara, Istanbul, Turkey; Heilbronn, Germany)

Second Video Prize

V32  Novel percutaneous navigation system integrating GPS-technology with tablet display for targeted focal therapy of prostate and kidney: Initial experience in human body
    A.L. Abreu, A. Marien, S. Shoji, T. Matsugasumi, S. Chopra, R. Azhar, Y. Sun, M. Desai, I. Gill, O. Ukimura (Los Angeles, United States of America)

First Video Prize

V33  CORPUS – novel Complete Reconstruction of the Posterior Urethral Support after robotic radical prostatectomy: Preliminary data of very early continence recovery
    F. Dal Moro, A. Crestani, C. Valotto, F. Zattoni (Padua, Italy)
Abstract Session

Room A2

Poster Session 33

Chairs: P-U. Malmström, Uppsala (SE)
       J.A. Schalken, Nijmegen (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Experimental topical therapies of bladder cancer
P-U. Malmström, Uppsala (SE)

* 402 Characterization of Natural Killer cell response to BCG in non-muscle invasive bladder cancer

* 403 Patient-derived primary xenografts in the preclinical development of novel targeted therapies for bladder cancer

404 Preclinical studies on the influence of the natural compound, amygdalin, on human bladder carcinoma cell growth and invasion
J. Makarevic, I. Tsaur, E. Jüngel, M. Reiter, J. Mani, A. Haferkamp, R. Blaheta (Frankfurt, Germany)

405 Urothelial bladder cancer: Bcl-2 is upregulated in lymph node metastases and a marker of unfavourable response to neoadjuvant chemotherapy
V. Skuginna, B. Kiss, A. Fleischmann, G.N. Thalmann, R. Seiler (Berne, Switzerland)

406 Urothelial cancer cells are resistant to HDAC6 inhibition
L. Rosik, M.J. Hoffmann, W.A. Schulz, G. Niegisch (Düsseldorf, Germany)

407 Development of preclinical experimental models for the research of neuroendocrine bladder cancer

* 408 MCJ predicts immunotherapy response in T1 high grade bladder cancer
V. Murillo, N. Pompas-Veganzones, O. Rodriguez, J. Palou, F. Algaba, M. Sanchez-Carbajo (Derio, Barcelona, Spain)

409 Fibronectin (FN), epidermal growth factor-receptor (EGF-R) and heparin-binding epidermal growth factor-like (HB-EGF) urinary expressions and topical toxicity of adjuvant intravesical therapy for non muscle invasive bladder cancer (NMI-BC)
V. Serretta, V. Alonge, G. Carità, C. Scalici Gesolfo, S. Caruso, E. Fiorentino, A. Russo, F. Torretta (Palermo, Italy)

410 Antitumoral activity of tasquinimod is mediated through tumour immunomodulatory and antiangiogenic properties in bladder cancer
411 Development of cross-resistance in urothelial cancer cell lines with acquired resistance against gemcitabine and cisplatin. Is chemo- or radiation-therapy still working?
S. Vallo, M. Michaelis, G. Bartsch, F. Rödel, A. Haferkamp, J. Cinatl (Frankfurt am Main, Germany; Canterbury, United Kingdom)

412 Pathological validation of adjuvant anti-fibroblast growth factor receptor 3 (FGFR3) treatment for bladder cancer
Y. Neuzillet, L. Mertens, S. Shariat, P. Bostrom, T. Mirtti, A. Sagalowsky, R. Ashfaq, A. Broeks, S. Horenblas, C. Hurst, D. Tomlinson, M. Knowles, B. Bapat, M. Jewett, A. Zlotta, J. Sanders, Y. Lotan, T. Van Der Kwast, B. Van Rhijn (Amsterdam, The Netherlands; Dallas, United States of America; Toronto, Canada; Turku, Finland; Leeds, United Kingdom)

413 Knockdown of antiapoptotic Bcl-xL and survivin decreases bladder cancer cell growth and increases the efficacy of chemotherapeutics whereas antiapoptotic BCL2 and XIAP are of minor importance for bladder cancer proliferation
D. Hübner, K. Krämer, S. Füssel, M. Fröhner, M.P. Wirth (Dresden, Germany)
Sunday, 13 April - EAU Programme

Abstract Session

12.15 - 13.45 Oncological outcomes after radical prostatectomy

Room A4

Poster Session 34

Chairs: R.J. Karnes, Rochester (US)
S.G. Joniau, Leuven (BE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Does age matter?
A.J. Vickers, New York (US)

414 Withdrawn

415 Comparison of radical treatment and mortality in patients with non-metastatic prostate cancer in England and USA
A. Sachdeva, J. Van Der Meulen, M. Emberton, P. Cathcart (London, United Kingdom)

416 Does increasing life expectancy effect competing mortality after radical prostatectomy?

417 Biochemical disease-free and overall survival of treatments for localized prostate cancer: Cohort study with a 7 year follow-up

418 Risk of metastatic progression depends on time to biochemical failure following radical and clinic-pathologic factors following radical prostatectomy

419 Individual risk for biochemical recurrence in localized prostate cancer with positive surgical margins: A multicentre study

420 A positive surgical margin significantly increases overall mortality after radical prostatectomy
C.J. Gethmann, B. Beyer, P. Tennstedt, K. Boehm, M. Graefen (Hamburg, Germany)

421 Adjuvant radiotherapy improves cancer-specific survival only in patients with highly aggressive prostate cancer. Validation of recently released criteria
F. Abdollah, G. Gandaglia, M. Sun, V. Trudeau, M. Meskawi, Z. Tian, J. Schiffmann, M. Azizi, P. Perrotte, P.I. Karakiewicz (Milan, Italy; Montreal, Canada)
**422** Predictors of early failure after timely administered salvage radiotherapy for biochemical recurrence after radical prostatectomy


**423** Phase 3 study of adjuvant radiotherapy vs wait and see after radical prostatectomy in pT3 prostate cancer (ARO 96-02 trial) – persisting PSA is a prognostic factor and correlates with worse 10-year survival

Abstract Session

12.15 - 13:45 How to perform partial nephrectomy?

Room A8

Poster Session 35
Chairs: A. Minervini, Florence (IT)
B. Turna, Izmir (TR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

424 Controversies of partial nephrectomy for renal cell carcinoma - national and international survey
S. Tietze, M. Herms, A. Hamza (Leipzig, Germany)

425 A matched pair analysis of laparoscopic and open partial nephrectomy for renal carcinoma

426 Laparoscopic vs open partial nephrectomy for clinical T1 renal masses: No impact of surgical approach on perioperative complications and longterm post-operative quality of life

427 A multicenter matched-pair analysis comparing robot-assisted versus open partial nephrectomy

428 Comparison of peri-operative outcomes of robotic partial nephrectomy and laparoscopic partial nephrectomy in surgical treatment of small renal masses

429 Robot-assisted partial nephrectomy for cT1b-T2 renal tumors: Perioperative outcomes from a large multicentre international dataset (Vattikuti Global Quality Initiative on Robotic Urologic Surgery)
A. Volpe, C. Rogers, A. Mottini, R. Ahlawat, N. Buffi, D. Moon, S. Rawal, F. Porpiglia, B. Challacombe, V. Ficarra, M. Bhandari, R. Abaza (Aalst, Belgium; Detroit, Dublin, Ohio, United States of America; Delhi, India; Milan, Turin, Udine, Italy; Melbourne, Australia; London, United Kingdom)

430 Perioperative and functional outcomes of robot-assisted partial nephrectomy for renal tumours with high surgical complexity: Experience at a large volume institution
A. Volpe, D. Garrou, D. Amparare, A. Ploumidis, G. De Naeyer, V. Ficarra, A. Mottini (Aalst, Belgium)

431 Laparoendoscopic single site partial nephrectomy: A multi-institutional cumulative analysis
F. Greco, R. Autorino, C. Springer, K. Rha, I. Derwees, L. Cindolo, L. Schips, V. Altieri, S. Rais-Bahrami, L. Richstone, T.R.W. Herrmann, E. Liatsikos, P. Kallidonis, Y. Sun, M. Liss, U. Nagele, J-U. Stolzenburg, P. Fornara, J. Kauf (Halle Saale, Hanover, Leipzig, Germany; Cleveland, La Jolla, New York, United States of America; Seoul, South Korea; Vasto, Crotone, Italy; Patras, Greece; Shanghai, China; Hall in Tirol, Austria)
432  Simple tumor enucleation and standard partial nephrectomy have similar perioperative results and trifecta outcomes: Comparison based on a matched-pair analysis of 400 patients (RECORd1 project)

433  Prognostic impact of tumor surrounding renal parenchyma in nephron sparing surgery – is simple enucleation really enough?
S. Aufderklamm, J. Hennenlotter, N. Senghaas, T. Todenhöfer, J. Mischinger, J. Böttge, G. Gakis, M. Scharpf, A. Stenzl, C. Schwentner (Tübingen, Germany)

434  The learning curve of minimally invasive partial nephrectomy: The experience of a single surgeon
H. Li, H-J. Chung, A. Lin, K-K. Chen (Taipei City, Taiwan)

435  The learning curve for robotic partial nephrectomy in a high volume robotic surgery centre

436  Cost-effectiveness analysis of the treatment of small renal masses in a French hospital
J. Piechaud, P. Benayoune, L. Bellec, M-C. Delchier-Bellec, M. Soulie, P. Rischmann, B. Malavaud (Toulouse, France)
Abstract Session

12.15 - 13.45 Paediatric urology: Hypospadias and embriology

Room A10

Poster Session 36
Chairs: A-F.M. Spinoit, Ghent (BE)
S. Tekgül, Ankara (TR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Introduction on the session topic
A-F.M. Spinoit, Ghent (BE)

437 Effect of maternal exposure to endocrine-disrupting chemicals on sex hormone levels in cord blood and ratio of the second and fourth digit length in school children

438 Quantitative scale in the preoperative assessment of the penile status in patients with hypospadias
Y.E. Rudin, D.V. Marukhnenko, T.N. Garmanova, O.I. Apolikhin (Moscow, Russia)

439 Testosterone prior to hypospadias repair: Complication rates and long-term cosmetic results, penile length and body height
S.P. Rynja, T.P.V.M. De Jong, J.L.H.R. Bosch, L.M.O. De Kort (Utrecht, The Netherlands)

440 The role of routine meatal dilatation after surgery for hypospadias
A.A. Hussein, H.A Hussein (Cairo, Egypt)

* 441 Lingual mucosa graft in complex hypospadias repair

442 Dressing hypospadias with polydimethylsiloxane: Our experience in pediatric age
A. Mantovani, N. Zampieri, M. Peretti, G. Scirè, S. Zambaldo, M. Cecchetto, F.S. Camoglio (Verona, Italy)

* 443 Urologic and cosmetic longterm follow-up in adult men with hypospadias
L. Örtqvist, M. Fossum, M. Andersson, G. Holmdahl, N. Wåhlin, L. Frisén, A. Nordenskjöld (Stockholm, Gothenburg, Sweden)

444 Development of the main components of erectile tissue in the human penis during the fetal period (2nd and 3rd trimesters of gestation)
C.B.M. Gallo, B.M. Gregorio, A. Furriel, W.S. Costa, Fj.B. Sampaio (Rio de Janeiro, Brazil)

445 Analysis of the bladder structure in human fetuses
L. Favorito, F. Sampaio, W. Silva-Costa (Rio de Janeiro, Brazil)

446 Structural study of gubernaculum testis in fetuses with Prune Belly Syndrome

447 Ultrastructural and immuno-histopathological evaluation of intravesical ureters via electron and light microscopy in children with vesicoureteral reflux
V. Ízol, A. Acikalin Avci, Y. Kuyucu, M. Deger, I.A. Aridogan, S. Polat, N. Satar (Adana, Turkey)
*448 Effects of prepubertal, pubertal and adult orchiopexy in testicular morphology and spermatozoids in rats
C.T. Ribeiro, M. Raquel, D.B. De Souza, B.M. Gregório, C.B.M. Gallo, W.S. Costa, F.J.B. Sampaio,
M.A. Pereira-Sampaio (Rio de Janeiro, Brazil)
Sunday, 13 April - EAU Programme

Abstract Session

12.15 - 13.45 Urological infection therapy

Room A11

Poster Session 37

Chairs: H.M. Çek, Istanbul (TR)
       B. Köves, Budapest (HU)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

EAU Guidelines Office snapshot

M.J. Grabe, Malmö (SE)

* 449 Clinical properties of multi & extensive drug resistance Enterobacteriaceae in urosepsis: Outcome of the global prevalence of infections in urology (GPIU) study: 9 Year results of a multinational, multicenter study
   Z. Tandoğdu, T. Bjerklund Johansen, M. Çek, M. Grabe, B. Köves, K. Naber, R. Pickard, P. Tenke,
   F. Wagenlehner (Newcastle upon Tyne, United Kingdom; Oslo, Norway; Edirne, Turkey; Lund, Sweden;
   Budapest, Hungary; Munich, Giessen, Germany)

450 Comparison of doripenem and meropenem pharmacokinetics in prostate tissue, and their appropriate regimens for prostatitis based on site-specific pharmacodynamic target attainment
   G. Nishikawa, K. Ikawa, K. Nakamura, Y. Yamada, I. Kobayashi, K. Zennami, K. Kanao, N. Morikawa,
   M. Sumitomo (Nagakute, Hiroshima, Kani, Japan)

451 Comparative study of the activity of different antibiotics in the treatment of urinary tract infections
   A. Jimenez-Pacheco, A. Sorlozano-Puerto, C. Lahoz-Garcia, M. Nogueras-Ocaña, A. Lopez-Luque,
   J.M. Navarro-Mari, J. Gutierrez-Fernandez (Granada, Spain)

* 452 The incidence of fluoroquinolone resistant or extended-spectrum β-lactamase-producing Escherichia coli infections after prostate biopsy under fluoroquinolone prophylaxis: A single centre experience with 2215 patients
   O. Kandemir, M. Bozlu, O. Efesoy, O. Gultekin, E. Akbay (Mersin, Turkey)

453 Diabetes mellitus as a risk factor for resistant strains on female patients with recurrent urinary tract infection: A study of 493 patients
   M. Hisano, H. Bruschini, A.C. Nicodemo, M. Lucon, C.M. Gomes, F. Baracat, J.A. Figueiredo, M. Srougi (Sao Paulo, Brazil)

454 Can we treat female recurrent urinary tract infection without urine culture? Comparative analysis of bacteriology and susceptibility profile
   M. Hisano, H. Bruschini, A.C. Nicodemo, M. Lucon, C.M. Gomes, F. Baracat, J.A. Figueiredo, M. Srougi (Sao Paulo, Brazil)

455 Prevalence of ciprofloxacin-resistant Enterobacteriaceae in the intestinal flora of patients undergoing trans-rectal prostate biopsy
   M. Yazbek Hanna, M. Robert, R. Mark, J. Gurvir, T. Catherine, L. David (Norwich, United Kingdom)

456 Combination of matrix-assisted laser desorption/ionization time of flight (MALDI-TOF) and UX-2000 urine flow-cytometry for rapid detection and identification of urinary tract pathogens
   G. Bonkat, G. Müller, A. Berini, R. Frei, D. Goldenberger, A. Regeniter, M. Rieken, O. Braissant, T.C. Gasser,
   A. Bachmann, A. Egli (Basel, Switzerland)
457 Does mutation in gyrA or parC or efflux pump expression play the main role in fluoroquinolone-resistant Escherichia coli urinary tract infections?
K. Shigemura, K. Tanaka, T. Shirakawa, S. Arakawa, H. Miyake, M. Fujisawa (Kobe, Japan)

458 A retrospective comparison of the microbiological profile of urinary tract infections in patients undergoing open and laparoscopic urological surgery
P.S. Janardhanan, S. Mohamed, M. David, K. Subramonian (Birmingham, United Kingdom)

459 Appropriate prophylactic antibiotic use for patients to undergo urological surgery reduces direct and indirect costs

460 Comparison of oral ciprofloxacin with parenteral ceftriaxone in treatment of acute uncomplicated pyelonephritis in women in Borujerd
S. Sameti (Borujerd, Iran)
**Abstract Session**

**Room K1**

**Poster Session 38**

**Chairs:** P. Dinis Oliveira, Porto (PT)  
R. Peeker, Gothenburg (SE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 461 The effect of intravesical instillation of platelet rich plasma (PRP) in interstitial cystitis model  
M.İ. Dönmez, K. Inci, N.D. Zeybek, H.S. Dogan, A. Ergen (Ankara, Turkey)

* 462 5-year follow-up of patients with refractory interstitial cystitis treated with cyclosporine A: A prospective single-institution study  
J. Chade, D. Chade, A.M. Lucon, H. Bruschini, M. Srougi (São Paulo, Brazil)

* 463 The efficacy and safety of repetitive intravesical onabotulinumtoxin-A in the treatment of interstitial cystitis/bladder pain syndrome: Long-term follow up  
C-L. Lee, Y-H. Jiang, J-F. Jhang, H-C. Kuo (Hualien, Taiwan)

464 A randomized, open-label, multicentre study of efficacy and safety of intravesical hyaluronic acid and chondroitin sulfate (HA 1.6% and CS 2%) vs dimethyl sulfoxide (DMSO 50%) in women with Bladder Pain Syndrome/Interstitial Cystitis (BPS/IC)  

465 Acupuncture relieves symptoms in CP/CPPS: A randomized, sham-controlled trial  
V. Tugcu, S. Sahin, S. Tas, A.I. Tasci, M. Bicer, G. Eren, M. Cek (Istanbul, Edirne, Turkey)

466 Intravesical instillation of sodium hyaluronate–chondroitin sulfate in patients with Bacillus Calmette-Guérin-induced chemical cystitis unresponsive to conventional therapies: Preliminary experience with 1 year follow-up  
V. Imperatore, M. Creta, S. Di Meo, R. Buonopane, F. Fusco, C. Imbimbo, N. Longo, V. Miron (Naples, Italy)

467 Sono-electro-magnetic therapy for treating chronic pelvic pain syndrome in men: A randomized, placebo-controlled, double-blind trial  
L. Mordasini, T.M. Kessler, C. Weisstanner, R. Wiest, P. Juni, B. Da Costa, G.N. Thalmann (Berne, Zürich, Switzerland)

468 Elimination of Hunner’s ulcers by fulguration in patients with interstitial cystitis: Is it effective and long lasting?  
S.M. Song, J-Y. Chun, J. Park, H. Ji-Yeon, K.S. Lee, S. Myung-Soo (Seoul, South Korea)

469 The effect of chondroitin sulphate on the barrier of urothelium  

470 Long-term management of radiation induced hemorrhagic cystitis with hyperbaric oxygen  
C. Ferreira, T. Correia, A. Cardoso, M. Cerqueira, F. Reis, M. Almeida, R. Prisco, O. Camacho (Matosinhos, Portugal)
471  Hyperbaric oxygen as primary treatment for Grade IV radiation-induced haemorrhagic cystitis:  
A prospective study  
A. Dellis, C. Deliveliotis, V. Kalentzos, P. Vavasis, A. Panagopoulos, A. Skolarikos (Maroussi, Athens, Greece)

472  Results at 1 year of hyperbaric oxygen therapy for radiation cystitis  
M. Bouaziz, M. Genestal, J.M. Bachaud, J.B. Beauval, G. Rollin, P. Rouvellat, B. Delaunay, M. Soulie,  
P. Rischmann, E. Huyghe (Toulouse, France)

473  Hyperbaric oxygen therapy for radiation-induced hemorrhagic cystitis  
T. Oliveira, A. Romão (Lisbon, Portugal)
**Abstract Session**

**12.15 - 13.45 Cell based therapies for bladder and urethral dysfunction**

Room K2

**Poster Session 39**

*Chairs: M. Albersen, Leuven (BE) K. Monastyrskaya, Berne (CH)*

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**474** The paracrine effects of mesenchymal stem cells stimulate the regeneration capacity of endogenous stem cells in the repair of a bladder outlet obstruction-induced overactive bladder

M. Song, J-Y. Chun, J. Park, J-Y. Han, K.S. Lee, M-S. Choo (Seoul, South Korea)

**475** Differentiating mesenchymal stem cells into smooth muscle cells for treatment of urinary incontinence

K. Lutz, K. Neumayer, J. Brun, J. Maerz, W. Aicher, M. Hart (Tübingen, Germany)

**476** Tissue engineered oestriadiol releasing slings for the treatment of stress urinary incontinence

C.J. Hillary, N. Osman, A.J. Bullock, S. MacNeil, C.R. Chapple (Sheffield, United Kingdom)

**477** Cell to cell communications through tunneling nanotubes improve the striated muscle regenerative capacities of human multipotent adipose derived stem cells

R. You, M. Khoddari, C. Thebault, C. Justine, A.M. Rodriguez (Creteil, France)

**478** MicroRNA miR-199a-5p is an important regulator of the bladder smooth muscle cell morphology and function

A. Hashemi Gheinani, K. Monastyrskaya, H. Rehrauer, C. Aquino Fournier, F.C. Burkhard (Berne, Zurich, Switzerland)

**479** Withdrawn

**480** The effect of herpes simplex virus vector-mediated gene therapy of protein phosphatase on bladder overactivity and nociception

T. Majima, N. Kawamorita, H. Okada, Y. Funahashi, W.F. Goins, M. Gotoh, J.C. Glorioso, N. Yoshimura (Pittsburgh, United States of America; Nagoya, Japan)

**481** Concomitant transurethral and transvaginal-periurethral injection of autologous adipose stem cells for treatment of female stress urinary incontinence


**482** High-frequency micro-ultrasound: A novel method to assess external urethral sphincter function in rats following simulated birth injury

L. Hakim, M. Endo, A. Feola, D. Soebadi, J. Deprest, D. De Ridder, M. Albersen, F. Van Der Aa (Leuven, Belgium; Surabaya, Indonesia)

**483** Increasing elastin fibre production in a tissue engineered mesh for pelvic floor surgery

N. Osman, S. Roman, F. Sefat, A. Bullock, C.R. Chapple (Sheffield, United Kingdom)

**484** Urinary rhabdosphincter bioengineering: A decellularized urethra matrix for modelling SUI in vitro and tissue engineering applications

C. Marialva, P. Vale, N. Figueira, I. Simoes, J.M.S. Cabral, C.L. Silva, S. Soker, A. Atala (Almada, Lisbon, Portugal; Winston-Salem, United States of America)
485 Improvement of bladder fibrosis using direct transplantation of mesenchymal stem cells into bladder wall in rats with spinal cord injury

486 Biomimetic design of an autologous cell seeded scaffold for pelvic floor repair
S.R. Regureos, N. Mangir, J. Bissoli, N.I. Osman, A.J. Bullock, C.R. Chapple, S. MacNeil (Sheffield, United Kingdom)
# Abstract Session

**Room T1**

**Poster Session 40**

**Chairs:**
- M. Fode, Herlev (DK)
- A. Muneer, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**State-of-the-art: Is the science generating abstracts or answers?**

A. Muneer, London (GB)

<table>
<thead>
<tr>
<th>Abstract ID</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>487</td>
<td>Intratumical injection of human adipose tissue–derived stem cells partially reverts fibrosis and restores collagen III/I ratio in a rat model of chronic Peyronie’s disease</td>
<td>F. Castiglione, M. Albersen, E. Di Trapani, A. Nini, T.J. Bivalacqua, G. Colciago, J. Hannan, A. Salonia, F. Benigni, P. Hedlund (Milan, Italy; Leuven, Belgium; Baltimore, United States of America; Lund, Sweden)</td>
</tr>
<tr>
<td>488</td>
<td>Intratumical injection of autologous adipose stromal vascular fraction (SVF) prevents fibrosis in a rat model of Peyronie’s disease</td>
<td>F. Castiglione, M. Albersen, E. Di Trapani, L. Villa, A. Bettiga, T. Bivalacqua, A. Salonia, F. Benigni, P. Hedlund (Milan, Italy; Leuven, Belgium; Baltimore, United States of America; Linköping, Sweden)</td>
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<tr>
<td>490</td>
<td>Withdrawn</td>
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<td>491</td>
<td>HKLK1 improves the erectile function in aged rats by enhancing eNOS and iNOS expression and anti-tissue fibrosis effect</td>
<td>Y. Luan, T. Wang, L. Zhuan, Y. Zhang, Y-J. Ruan, S-G. Wang, J-H. Liu, Z-Q. Ye (Wuhan, China)</td>
</tr>
<tr>
<td>492</td>
<td>Linking endothelial progenitor cells and diabetic erectile dysfunction</td>
<td>A. Castela, R. Silvestre, L. Guardão, L. Leite, P. Vendeira, C.S.R. Costa (Porto, Portugal)</td>
</tr>
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<td>495</td>
<td>The neuroregenerative peptide Galanin is located in human nNOS–positive pelvic ganglia and cavernous nerves: A novel target for post-prostatectomy nerve regeneration?</td>
<td>E. Weyne, T. Gevaert, D. De Ridder, T.J. Bivalacqua, F. Van Der Aa, M. Albersen (Leuven, Belgium; Baltimore, United States of America)</td>
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<tr>
<td>496</td>
<td>Intracavernous injections of endothelial progenitor cells to restore erectile function in bilateral cavernous nerve injury rats</td>
<td>C.H. Liao, Y-N. Wu, H-S. Chiang (New Taipei City, Taiwan)</td>
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</table>
497  Dapoxetine inhibits erectile responses to stimulation of cavernous nerve in rats: A new hypothesis for its effects on ejaculation
S. Palea, C. Rouget, P. Lluel, J. Allard (Toulouse, Clermont-Ferrand, France)

498  Inhibition of peripheral fatty acid amide hydrolase (FAAH) increases latency to apomorphine-induced ejaculation in rats
L. Boeri, G. La Croce, F. Castiglione, F. Benigni, F.A. Mistretta, M. Albersen, F. Giuliano, P. Hedlund (Milan, Italy; Leuven, Belgium; Paris, France; Linköping, Sweden)
### Abstract Session

**12.15 - 13.45**  
**PCNL: Outcomes, safety and complexity**

**Room C6**

**Poster Session 41**

*Chairs:*  
V. Bucuras, Timisoara (RO)  
S. McClinton, Aberdeen (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

#### State-of-the-art: What should we be measuring in PCNL

S. McClinton, Aberdeen (GB)

<table>
<thead>
<tr>
<th>Abstract</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>500</td>
<td>The relationship between the colon and the kidney in flank free modified supine position versus prone position on computed tomography</td>
<td>E.A. Desoky, A.M. Eliwa, K.M. Abdelwahab, A. Alayman, A.M.S. Shahin, H.M. Kamel, H.M Abdellrahman (Zagazig, Egypt)</td>
</tr>
<tr>
<td>502</td>
<td>Utility of the Guy’s stone score based on computed tomography scan findings for predicting percutaneous nephrolithotomy outcomes</td>
<td>C. Vicentini, S. Marchini, E. Mazzucchi, F.A. Claro, M. Srougi (Sao Paulo, Brazil)</td>
</tr>
<tr>
<td>504</td>
<td>Pioneering ambulatory PCNL: The Canadian experience</td>
<td>D. Beiko, A. Kokorovic, G. Roberts, M. Elkousy, S. Andonian (Kingston, Montreal, Canada)</td>
</tr>
<tr>
<td>505</td>
<td>Percutaneous nephrolithotomy: Critical analysis of unfavorable results</td>
<td>A.D. Alobaidy, A. Alnaimi, K. Alsadiq, A. Alansari, H. Alkhafaji, A Shokeir (Doha, Qatar)</td>
</tr>
<tr>
<td>506</td>
<td>Outcomes of percutaneous nephrolithotomy under combined spinal-epidural anesthesia: A single centre experience</td>
<td>V. Imperatore, M. Creta, S. Di Meo, R. Buonopane, L. Maio, G. Scibelli, C. Imbimbo, N. Longo, F. Fusco, V. Mirone (Naples, Italy)</td>
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<tr>
<td>507</td>
<td>Safety of supracostal access during percutaneous nephrolithotomy</td>
<td>H. Vila Reyes, C. Torrecilla Ortiz, A.I. Meza Martínez, A. Vicens Morton, S. Colom Feixas, L. Riera Canals, E. Franco Miranda (Barcelona, Spain)</td>
</tr>
</tbody>
</table>
508  Factors predicting septic shock after percutaneous nephrostomy tube placement for emergency drainage of upper urinary tract obstruction
K. Nazmi, A.M. Harraz, M.H. Zahran, H. Nabeeh, H. Orban, A.A. Shokeir (Mansoura, Egypt)

* 509  Culture of stones retrieved during percutaneous nephrolithotomy: Prospective assessment of its role in management of postoperative septic events
A. Elshal, H. Omar, E. Elsawy, Y. Osman (Mansoura, Egypt)
Sunday, 13 April - EAU Programme

Abstract Session

14.00 - 15.30 Prostate surgery: Present and future

eURO Auditorium

Video session 5

Chairs: A. Celia, Bassano Del Grappa (IT)
R. Medina López, Seville (ES)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

V34 The procedure of HistoScanning®-guided template biopsy
C.H. Hamann, M.F.H. Hamann, C-M.N. Naumann, K-P.J. Jünemann (Kiel, Germany)

V35 10 years of Karolinska robotic prostatectomy

V36 Head-mounted display-based personal integrated-image monitoring system for TURP

V37 A feasible and time-efficient adaption of the NeuroSAFE intraoperative frozen section technique to DaVinci-robot-assisted radical prostatectomy

V38 Retzius-sparing approach for robot-assisted radical prostatectomy
S. Secco, A. Galfano, E. Strada, G. Petralia, D. Di Trapani, A.M. Bocciardi (Milan, Italy)

V39 Bladder neck and urethral sphincter sparing salvage robot assisted radical prostatectomy with intraoperative frozen section after radiotherapy and androgen deprivation therapy
G. La Croce, C. Germann, H. Danuser, A. Mattei (Lucerne, Switzerland)

V40 Robot-assisted total anatomical reconstruction for urethro-vescical anastomosis during radical prostatectomy
F. Porpiglia, C. Fiori, S. De Luca, M. Poggio, R. Bertolo, D. Amparore, E. Checcucci, A. Mottrie (Orbassano, Turin, Italy; Aalst, Belgium)
Abstract Session

**Room A2**

**Poster Session 42**

* 14.00 - 15.30 Novel experimental therapies and resistance in urothelial cancer*

**Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.**

* 510 AXL in bladder cancer: A marker of invasion, metastasis and promising therapeutic target
  J.E. Dyer, S. Ghouri, J. Dormer, C.N. Robson, R. Heer, E. Tulchinsky, J.K. Mellon (Leicester, Newcastle, United Kingdom)

* 511 Explorative study of urinary cytokine/chemokine response in the bladder after combined chemohyperthermia for non-muscle invasive bladder cancer
  T.J.H. Arends, E. Oosterwijk, A.G. Van Der Heijden, J.A. Wijtes (Nijmegen, The Netherlands)

512 INPP4B knockdown confers cisplatin sensitivity in bladder cancer
  W.S. Tan, P. De Winter, P. Gurung, L. Ip, K. King, C. Gewinner, A. Freeman, R. Bryan, N. James, S. Beck, J.D. Kelly, A. Feber (London, Birmingham, United Kingdom)

513 HDAC-inhibition – a new approach to prevent metastasis of bladder cancers?
  E. Juengel, S. Santos, T. Schneider, J. Makarevic, L. Hudak, G. Bartsch, A. Haferkamp, R. Blaheta (Frankfurt / Main, Germany)

514 Role of macroautophagy in the response of bladder cancer cells to the pan Bcl-2 inhibitor AT-101 (Gossypol)

515 Inhibition of basal autophagy with antimalarial drugs chloroquine or hydroxychloroquine induces apoptosis in human bladder cancer cells

516 Targeting IGF-BP2 and 5 with the bispecific antisense oligodeoxynucleotide OGX-225 in chemoresistant bladder cancer

517 ErbB2 overexpression predicts chemoradiotherapy resistance and worse prognosis in muscle-invasive bladder cancer patients treated with induction chemoradiotherapy followed by partial or radical cystectomy

518 Patient-derived sialyl-Tn positive invasive bladder cancer xenografts in nude mice: An exploratory model study
  J.A. Ferreira, C. Bernardo, T. Amaro, C. Costa, P. Lopes, V.M. Silva, R. Cruz, F. Gartner, F. Amado, P. Videira, L. Santos (Porto, Matosinhos, Aveiro, Lisbon, Portugal)

519 How to shuttle chemotherapeutic drugs into urothelial tumors? A synergistic prodrug/delivery approach, inspired by uropathogenic bacteria
  L. Neutsch, C.M. Pichl, E.M. Wirth, L. Müller, F. Gabor, C. Herwig, M. Wirth (Vienna, Austria)
520  MLN4924, a neddylation inhibitor, synergistically enhances cisplatin-induced cytotoxicity in human urothelial carcinoma  
   K-H. Huang, K-L. Kuo, I-L. Ho, C-H. Hsu, C-T. Chou, Y-S. Pu, J-T. Hsieh (Taipei, Taiwan)

521  VPM1002 – a recombinant BCG with favourable preclinical toxicity and immunogenicity for potential improvement of BCG immunotherapy for non-muscle invasive bladder cancer  
   C.A. Rentsch, C. Wetterauer, J.R. Gsponer, H. Püschel, A. Bachmann, W. De Blok, N. Van Der Wel,  
   D. Behrens, A. Minhas, L. Grode, B. Eisele, B.W.G. Van Rhijn (Basel, Switzerland; Amsterdam, The Netherlands; Hanover, Germany)

522  Targeting HER2 with trastuzumab-DM1 (T-DM1) is highly effective in preclinical models of HER2-overexpressing bladder cancer  
   T. Hayashi, W. Jäger, I. Moskalev, S. Awrey, N. Li, L. Fazli, W. Yasui, A. Matsubara, P.C. Black (Vancouver, Canada; Hiroshima, Japan)

523  CYR61/CCN1 mediates HGF linked migration/invasion and promotes phenotypic aggression and poor prognosis in MIBC  
Abstract Session

**Room A4**

**Poster Session 43**

**Chairs:** M. Graefen, Hamburg (DE)  
B. Rocco, Milan (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**524** Assessment of predictive factors of perioperative complications after minimally invasive radical prostatectomy: A multicentre study  

**525** Impact of minimally invasive approach on the probability of early complete functional recovery after bilateral nerve sparing radical prostatectomy  
L. Villa, P. Dell’Oglio, A. Gallina, A. Nini, A. Russo, N. Buffi, A. Larcher, G. Lughezzani, M. Lazzeri, G. Guazzoni, N. Suardi (Milan, Italy)

**526** Comparative study between laparoendoscopic single site through the umbilicus, multiport laparoscopy and open retropubic approaches for radical prostatectomy  
P.M. Cabrera, F. Cáceres, A. García-Tello, G. Andrés, C. Redondo, F. Lista, H. Gimbernat, J.C. Angulo (Getafe, Spain)

**527** Clavien IIIb complications after open retropubic and robotic-assisted laparoscopic radical prostatectomy in a single high-volume centre  

**528** Quality of life (QOL) effects of salvage radiotherapy in men after robot assisted radical prostatectomy (RARP)  
C. Acar, C. Tillier, W. De Blok, H.A.M. Van Muilekom, H.G. Van Der Poel (Istanbul, Turkey; Amsterdam, The Netherlands)

**529** Time from surgery to urinary continence significantly influences the subsequent recovery of erectile function in patients treated with bilateral nerve-sparing radical prostatectomy  
G. Gandaglia, F. Abdollah, P. Dell’Oglio, A. Salonia, M. Bianchi, N.M. Passoni, N. Fossati, A. Nini, D. Vizziello, V. Scattoni, A. Gallina (Milan, Italy)

**530** Early start of oral sildenafil 100mg for erectile dysfunction after robotic assisted laparoscopic radical prostatectomy: Preliminary results from randomized prospective trial  

**531** Long term improvement and stability of peak flow rates across ages or in men with baseline PFR < 10 following robotic assisted radical prostatectomy (RARP)  
H. Dhaliwal, A. Gordon, D. Skarecky, K. Osann, B. Morales, T. Ahlering (Orange, United States of America)

**532** Continence outcomes robotic assisted radical prostatectomy in suboptimal patients  
S. Samavedi, H. Abdul Muhsin, S. Pigilam, K. Palmer, G. Ebra, B. Rocco, V. Patel (Celebration, Florida, United States of America; Milan, Italy)
* 533  Is the striated urethral sphincter at risk by standard suture ligation of the dorsal vein complex in radical prostatectomy? An anatomical study in adult human male cadavers
R. Ganzer, J-U. Stolzenburg, F. Weber, M. Burger, J. Bründl (Leipzig, Regensburg, Germany)

534  Mental health issues in elderly men diagnosed with prostate cancer
F. Roghmann, B. Varda, A. Sood, N. Ruhotina, J.D. Sammon, S. Sukumar, J.J. Leow, M. Menon, A.S. Kibel, J. Noldus, Q-D. Trinh (Herne, Germany; Boston, Detroit, Minneapolis, United States of America)

535  Validation of EORTC QLQ-C30 and QLQ-PR25 questionnaires for quality of life assessment among Polish prostate cancer patients
M. Sosnowski, Z. Wolski, Z. Jablonowski (Łódź, Bydgoszcz, Poland)
Abstract Session

14.00 - 15.30 Planning and techniques of partial nephrectomy

Room A8

Poster Session 44

Chairs: V. Matveev, Moscow (RU)
K. Touijer, New York (US)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Introduction on planning and techniques
K. Touijer, New York (US)

536 The R.E.N.A.L. nephrometric nomogram cannot accurately predict malignancy or aggressiveness of small renal masses amenable to partial nephrectomy

537 Withdrawn

538 Predictive factors of positive surgical margins in nephron sparing surgery: A prospective multicenter comparative study (RECORd1 project)

539 The prediction of the trifecta outcome from clinical variables in patients candidates to partial nephrectomy for t1 renal tumors

540 Predictive factors of surgical complication, ischemia time and trifecta outcome in cT1b renal masses. Report of a multicentric international prospective study

541 Combined computer tomography angiography and urography improve efficiency for targeting feeding branch during laparoscopic partial nephrectomy
P. Shao (Nanjing, China)

542 Use of navigational polymeric templates in organ-preserving operations for renal tumours
Y. Alyaev, V. Glybochko, N. Petrovskiy, N. Fiev (Moscow, Russia)

543 Console-integrated real-time three-dimensional image overlay navigation for robot-assisted partial nephrectomy with selective arterial clamping: Early single-center experience with 17 cases
H. Miyake, J. Furokawa, K. Tanaka, M. Fujisawa (Kobe, Japan)
* 544 Achieving better functional outcomes after open, laparoscopic and robotic partial nephrectomy with “zero” ischemia using novel parenchyma clamps
M. Mosoyan, S. Al-Shukri, A. Essaian, D. Ilin (Saint-Petersburg, Russia)

* 545 “Early unclamping” during robot-assisted partial nephrectomy: A reproducible technique reducing warm ischemia time without increasing morbidity

546 Phase II study on clampless laparoscopic thulium-laser partial nephrectomy - protection of kidney function
C. Heszler, E. Dlouhy, R. Karpf, W. Albrecht (Mistelbach, Austria)

547 Hydro-jet-assisted laparoscopic partial nephrectomy without renal arterial clamping: A preliminary study
Abstract Session

Paediatric urology: Upper urinary tract

Room A10
Poster Session 45
Chairs: G. Lackgren, Uppsala (SE)
J. Seibold, Tübingen (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Introduction on the session topic
J. Seibold, Tübingen (DE)

548 Safe and optimal pneumoperitoneal pressure for transperitoneal laparoscopic renal surgery in infant less than 10 kg, looked beyond intra-operative period: A prospective and randomized study
S. Sureka, A. Sachin, S. Agarwal, S. Singh, A. Srivastava, A. Mandhani, R. Kapoor, M. Ansari (Lucknow, India)

* 549 Laparoendoscopic single-site surgery for pediatric urologic disease
Y. Yamada, Y. Naitoh, K. Kobayashi, A. Fujihara, K. Johnin, A. Kawauchi, T. Miki (Kyoto, Otsu, Japan)

550 Laparoscopic pyeloplasty in pre-school children (age 3-60 months)
D. Rajyaguru, K. Patel (Ahmedabad, India)

* 551 Minimally invasive versus open pyeloplasty in children: The differential effect of procedure volume on operative outcomes
B. Varda, J.D. Sammon, S. Sukumar, A. Sood, M. Schmid, O. Djahangirian, K.R. Ghani, N. Ruhotina, W. Jeong, K. Janosek-Albright, Q-D. Trinh (Boston, Detroit, Minneapolis, Ann Arbor, United States of America; Hamburg, Germany; Montreal, Canada)

552 Is pyelo-pyelostomy sufficient and effective for ureteropelvic junction obstruction with vascular compression?
A. Demirtaş, N. Baydilli, E.C. Akinsal, D. Demirci (Kayseri, Turkey)

553 Complete ureterectomy – necessary or optional?
H.B. Nemade, P. Cuckow, I. Mushtaq, N. Smeulders, A. Cherian (London, United Kingdom)

554 Predictors of reoperation after endoscopic puncture of ureterocele
K.A. Soliman, T.E. Helmy, A. Abdelhalim, A.T. Hafez, M. Dawaba (Mansoura, Egypt)

* 555 Withdrawn

556 Selection criteria for initial urinary drainage in relation to definitive stone management in obstructive calyceal anuria with acute renal failure in children less than 4 years in age
M.S. El-Sheemy, A.M. Shouman, A.I. Shoukry, W. Aboulela, K. Daw, A.A. Hussein, H.A. Morsi (Cairo, Egypt)

557 Against the old odds: Smaller is the better
Y.B. Bostanci, F.A. Atac, E. Ozden, Y.I. Issi, Y.K.Y. Yakupoglu, S.S. Sarikaya (Samsun, Turkey)

558 Pediatric supine PCNL
W. Gamal Saad, A. Hammady, M. Hussein, A. Mmdouh, M. Aldahshoury (Sohag, Egypt)
559  Semi-rigid ureteroscopy for management of ureteric calculi in children: Experience in 117 cases
Abstract Session

14.00 - 15.30  Infectious prostate disease

Room A11

Poster Session 46

Chairs:  F.M.E. Wagenlehner, Gießen (DE)
        B. Wullt, Lund (SE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Changing landscape on urinary tract infection resistance
F.M.E. Wagenlehner, Gießen (DE)

* 560  Screening for ciprofloxacin resistant bowel flora prior to TRUS prostate biopsy; a simple method to reduce TRUS induced septicemia

561  Prostate calcifications and LUTS: The potential role of bacterial biofilm and prostate inflammation
P. Caciagli, R. Bartoletti (Trento, Florence, Italy)

562  Specific pharmacokinetic aspects in levofloxacin therapy of chronic bacterial prostatitis related to prostate hemodynamics
M.I. Kogan, H. Ibishev, I. Servilina, A. Cherny, R. Soslaev (Rostov-on-Don, Russia)

563  Resveratrol suppresses innate immune responses following Trans-Rectal UltraSound guided (TRUS) biopsy of the prostate
T.W. Chong, Y.Q. Goh, J.Y. Tai, S.C. Wong (Singapore, Singapore)

* 564  Withdrawn

565  Relationship between testosterone and prostatitis-like symptoms assessed by the National Institutes of Health Chronic Prostatitis Symptom Index
J-H. Lee, D-G. Lee (Seoul, South Korea)

566  Microbiological effectiveness of two different approaches to antibiotic therapy for chronic bacterial prostatitis
Y. Naboka, M. Kogan, H. Ibishev, I. Gudima, A. Ferzauli (Rostov-on-Don, Russia)

567  Eviprostat has an identical effect compared to pollen extract (Cernilton) in patients with chronic prostatitis/chronic pelvic pain syndrome: A randomized, prospective study
N. Takahashi, Y. Yagihashi, C. Ohyama (Hirosaki-Shi, Japan)

568  Epigenetical analyses on inflammatory factors in patients with prostatitis, BPH and prostate cancer: Discovering the link between inflammation and carcinogenesis
(Giessen, Germany)

569  Immunostimulation in Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS). A one-year prospective, double-blind, placebo-controlled study
F.M.E. Wagenlehner, S. Ballarini, K.G. Naber (Gießen, Munich, Germany; Geneva, Switzerland)
570 A single centre study of acute prostatitis after prostate biopsy and quinolone resistance

571 Primary assessment of electrode pharmaphoresis efficacy in treatment of chronic bacterial prostatitis
P.V. Glybochko, Yu.G. Alyaev, M.E. Chalyj, G.A. Voskanyan (Moscow, Russia)
**Abstract Session**

**14.00 - 15.30 Refractory OAB**

**Room K1**

**Poster Session 47**

*Chairs:* T.J. Greenwell, London (GB)  
A.R. Onur, Elazig (TR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

572 **Long-term adherence to antimuscarinic therapy in everyday practice: A systematic review**  
P.W. Veenboer, J.L.H.R. Bosch (Utrecht, The Netherlands)

573 **Rates of urinary retention in mirabegron-treated patients**  
C.R. Chapple, V.W. Nitti, S. Herschorn, M.B. Blauwet, K. Traudtner, C. Walters, E. Siddiqui (Sheffield, Chertsey, United Kingdom; New York, Northbrook, United States of America; Toronto, Canada; Leiderdorp, The Netherlands)

574 **Cardiovascular safety of combination treatment with mirabegron and solifenacin in patients with overactive bladder in a randomised, double-blind, dose-ranging, Phase II study (Symphony)**  

575 **Adherence to oral anticholinergics: A long-term, population-based analysis within an equal access health care system of 24,319 patients**  
C. Wehrberger, M. Rauchenwald, S. Madersbacher (Vienna, Austria)

576 **Mirabegron in clinical practice: An initial real-life experience from a tertiary referral centre**  
M. Yassin, H. Burden, H. Hashim (Bristol, United Kingdom)

577 **Consistent improvements in urinary urgency following repeat onabotulinumtoxinA treatments in patients with overactive bladder syndrome and urinary incontinence**  
K-D. Sievert, C.R. Chapple, D.O. Sussman, S. Radomski, P.K. Sand, S. Guard, C. Nardo, J. Zhou, V. Nitti (Tübingen, Germany; Sheffield, Marlow, United Kingdom; Stratford, Chicago, Irvine, Bridgewater, New York, United States of America; Toronto, Canada)

C-L. Lee, Y-H. Jiang, J-F. Jhang, H-C. Kuo (Hualien, Taiwan)

579 **Pilot study of liposome encapsulated onabotulinumtoxinA for patients with overactive bladder – clinical results and changes of urothelial sensory proteins in a single centre**  
Y-H. Jiang, H-C. Kuo, H-T. Liu, Y-C. Chuang, L-A. Birder, M. Chancellor (Hualien, Kaohsiung, Taiwan; Pennsylvania, Michigan, United States of America)

580 **Overactive bladder is a dynamic syndrome – a five-year longitudinal follow-up of the changes of overactive bladder symptoms, urodynamic studies, and urinary nerve growth factor levels**  
J-F. Jhang, Y-H. Jiang, C-L. Lee, F-C. Chuang, H-T. Liu, H-C. Kuo (Hualien, Kaohsiung, Taiwan)

581 **Withdrawn**
582  An economic model to investigate differences in resource utilisation associated with the use of BOTOX® to manage urinary incontinence in patients with idiopathic overactive bladder in the United Kingdom
C. Loveman, J. Millen, R. Zeidman, L. Ruff (Marlow, London, United Kingdom)

583  OnabotulinumtoxinA reduces urinary incontinence and improves quality of life in overactive bladder patients regardless of use of clean intermittent catheterisation or the presence of urinary tract infection
K. Everaert, J. Gruenenfelder, H. Schulte-Baukloh, S. Guard, Y. Zheng, D. Sussman (Ghent, Belgium; Laguna Hills, Bridgewater, Stratford, United States of America; Berlin, Germany; Marlow, United Kingdom)

584  Clinical implications of ambulatory urodynamics in patients treated with sacral neuromodulation: Lessons learned

585  Responders and partial responders to tolterodine extended release: Effect of fesoterodine in tolterodine partial responders
F. Ntanios, M. Carlsson, D. Arumi, L. Whelan, D. Scholfield (New York, United States of America; Madrid, Spain; Walton Oaks, United Kingdom)
Room K2

Poster Session 48

**Chairs:** S.G.G. De Wachter, Edegem (BE)
P.E. Van Kerrebroeck, Maastricht (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

**State-of-the-art: Nocturia**
P.E. Van Kerrebroeck, Maastricht (NL)

**586 Impairment of diuretic adaptation mechanism of the bladder with aging and utility of fluid restriction**

**587 An evaluation of the relationship between daily steps and nocturia: Results of 4 year longitudinal study**
M. Yoshida, Y. Osuga, R. Otsuka, F. Ando, H. Shimokata (Obu, Japan)

**588 Negative impact of nocturia on utility, productivity and health-related quality of life: Results of a real world survey of patients in Europe and USA**
F. Andersson, M. Bing, T. Holm-Larsen, P. Anderson, J.P. Norgaard (Copenhagen, Herlev, Denmark; Macclesfield, United Kingdom)

**589 Nocturia is a chaotic condition caused by nocturnal polyuria, age, comorbidity, insomnia, urgency, and bladder capacity**

**590 The correlation between snoring of sleep disturbance and nocturia**
H.J. Jung, H.J. Kong, K.H. Bae, D.Y. Kim (Daegu, South Korea)

**591 Negative impact of reduced first undisturbed sleep period on utility, productivity and health-related quality of life: Results of a real world survey of patients in Europe and USA**
D.L. Bliwise, P. Anderson, R. Wood, T. Holm-Larsen (Atlanta, United States of America; Macclesfield, United Kingdom; Copenhagen, Denmark)

**592 Nocturia related to post radiation bladder pain can be improved by hyaluronic acid chondroitin sulfate (ialuril®)**

**593 Change of nocturnal polyuria index by age**

**594 Incidence and remission of nocturia: A systematic review of longitudinal population-based studies with meta-analysis and meta-regression**
595  Extent to which a voiding diary is used to reach diagnosis in nocturia patients: Results of a real world survey of physicians and patients in Europe and the USA
A-S. Goessaert, P. Anderson, T. Holm-Larsen, F. Andersson, K. Everaert (Ghent, Belgium; Macclesfield, United Kingdom; Copenhagen, Denmark)

596  The effect of obstructive sleep apnea correction on nocturia
D. Kim, H. Park, S. Paick, J. Seo, H. Kim, J. Kim, W. Park, Y. Lho, H. Kim (Seoul, Bucheon, Incheon, South Korea)

597  Characteristics of nocturia in shift workers
Abstract Session

Room T1

Poster Session 49

Chairs:  K. Hatzimouratidis, Thessaloniki (GR)
        D.J. Ralph, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: PDE5 inhibitors post radical surgery: How should it be used?
D.J. Ralph, London (GB)

* 598 Effects of tadalafil once daily (OaD) or on-demand (PRN) versus placebo on time to recovery of erectile function (EF) in patients post bilateral nerve-sparing radical prostatectomy (nSrp)
I. Moncada, F.R. De Bethencourt, C. Turbi, H. Büttner, C. Henneges, J.I. Martínez Salamanca (Madrid, Spain; Bad Homburg, Germany)

* 599 Intra-cavernous injection of bone marrow stem cells is well tolerated and improve erectile function in patients with post-prostatectomy erectile dysfunction: Preliminary results of a phase I-II clinical trial
R. You, A. De La Taille, C. Abbou, D. Augustin, E. Audureau, H. Rouard (Creteil, France)

600 Use of avanafil and successful intercourse within approximately 15 minutes of dosing in men with mild to severe erectile dysfunction
H. Porst, I. Eardley, D. Hatzichristou, C. Peterson, W. Shih (Hamburg, Germany; Leeds, United Kingdom; Thessaloniki, Greece; Mountain View, United States of America)

601 Tadalafil once daily under routine conditions (EDATE): Treatment continuation during a 6-month observational study
J. Buvat, F. Boess, N. Gehchan, C. Henneges, D. Hatzichristou, H. Porst (Lille, Neuilly Sur Seine, France; Bad Homburg, Hamburg, Germany; Thessaloniki, Greece)

602 A comparison of baseline erectile function after on-demand 20 mg tadalafil vs daily 5 mg tadalafil in men with erectile dysfunction and diabetes: A prospective, observational 2-year study
H.J. Park, J.S. Hyun, N.C. Park (Busan, Jinju, South Korea)

603 Low-intensity shockwave treatment for ED - long term follow up of 2 years
Y. Vardi, B. Appel, N.D. Kitrey, O. Massarwa, I. Gruenwald (Haifa, Israel)

604 Additional shockwave treatment improves erectile function in patients with poor response to the standard shockwave protocol
Y. Vardi, B. Appel, N.D. Kitrey, O. Massarwa, I. Gruenwald (Haifa, Israel)

605 Virtual cavernoscopic study of cavernosal arterial anatomy to refine penile revascularization surgery
K. Izumi, Y. Kawanishi, H. Muguruma, M. Yamanaka, T. Fukawa, T. Kishimoto, H. Kanayama (Takamatsu, Tokushima, Japan)

606 Are the outcome and satisfaction rates of erectile dysfunction patients operated on penile prosthesis implantation secondary to radical prostatectomy different from those having vasculogenic etiology?
I.H. Bozkurt, B. Arslan, Z. Kozacioglu, T. Yonguc, T. Degirmenci, B. Gunlusoy, S. Minareci (Izmir, Turkey)

607 Simultaneous implantation of hydraulic penile prosthesis and artificial urinary sphincter - useful or not?
N. Papageorgiou, S.O. Schattka, I. Kausch (Westerstede, Germany)
608 Prospective comparison of erectile function after radical prostatectomy and low dose brachytherapy for low-risk prostate cancer

609 Longitudinal changes in erectile function after Thulium:YAG (RevoLix®) prostatectomy for the treatment of benign prostatic obstruction: 1 Year follow up study
Abstract Session

Sunday, 13 April - EAU Programme

14.00 - 15.30 Technical innovation in PCNL

Room C6

Poster Session 50

Chairs:  P. Chłosta, Cracow (PL)
        L. Cindolo, Vasto (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: How small can a percutaneous access be?
P. Chłosta, Cracow (PL)

* 610 Static versus dynamic anatomy of the collecting system during ECIRS (Endoscopic Combined IntraRenal Surgery): Contribution of a fusion imaging technique and of the preliminary retrograde flexible ureteroscopy
C.M. Cracco, C.M. Soffone (Turin, Italy)

* 611 The state of upper urinary tract urodynamics in patients before and after percutaneous nephrolitholapaxy
O.I. Apolikhin, I.S. Mudraya, S.S. Gurbanov, D.S. Merinov, N.G. Keshishev, G.A. Kovchenko (Moscow, Russia)

612 The “Vacuum cleaner effect” in minimal invasive nephrolitholapaxy (MIP) – illustration of the effect by computational fluid dynamics
A.P. Nicklas, U. Nagele (Hall in Tirol, Austria)

613 Ultra-mini PCNL (UMP) vs retrograde intrarenal surgery (RIRS)
J. Desai, R. Solanki (Ahmedabad, India)

614 The treatment of moderate size renal calculi with micro-percutaneous nephrolithotomy technique: Our clinical experiences
T. Karatag, I. Buldu, R. Inan, M.O. Istanbulluoglu (Konya, Turkey)

615 Micro-ECIRS (Endoscopic Combined IntraRenal Surgery) for kidney stones: Our initial experience
M. Cossu, C. Fiori, M. Poggio, M. Manfredi, N. Serra, D. Garrou, G. Cattaneo, F. Porpiglia (Orbassano, Turin, Italy)

616 Tubeless percutaneous nephrolithotomy: Yes but when? A multicentre retrospective cohort study
M.M. Rifaioglu, K. Onem, I. Buldu, T. Karatag, M.O. Istanbulluoglu (Hatay, Samsun, Konya, Turkey)

617 Tubeless PCNL is not an hazard
G. Giusti, S Proietti, R. Peschechera, G. Taverna, P. Grazioti (Rozzano, Italy)

* 618 Intraoperative and postoperative effectiveness and safety of total tubeless, tubeless, small-bore and standard percutaneous nephrolithotomy: A systematic review and network meta-analysis of 16 randomized controlled trials

619 Percutaneous nephrolithotomy: Comparative study between standard (with nephrostomy), tubeless & tubeless stentless
T.H.M. Al-Ba’adani, K. Al-Badway, A. Al-Wishali, S. Ahmed, I. El-Nono (Sana’a, Yemen)
620 Comparative study between standard, tubeless and modified totally tubeless percutaneous nephrolithotomy
Abstract Session

15.45 - 17.15 Complex stones and transplantation

eURO Auditorium

Video session 6

Chairs: F. Gómez Veiga, A Coruna (ES)
L. Peri Cusi, Barcelona (ES)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

V41 Single-stage laparoscopic management of impacted large proximal ureteric stone with concomitant multiple renal stones
T.W. Tan, B.W. Tan, S.J. Chia, K.S. Png (Singapore, Singapore)

V42 Complex staghorn calculi: Efficacy of single-tract approach for complete stone clearance in a single session

V43 Laparoscopic treatment of urinary stones after failure of previous mini-invasive approaches

V44 Endourological treatment of calyceal diverticulum disease
M.A. Acosta, V. Diego, G. Celada, R.J. Otta, R. Brime, I. Fernández, C. Olivier (Madrid, Spain)

V45 Modern approach for caliceal infundibular stenosis: Flexible retrograde ureteroscopy
V. Micriulescu, R. Multescu, D. Georgescu, G. Nita, C. Moldoveanu, C. Persu, M. Dragutescu, C. Ene, P. Geavlete (Bucharest, Romania)

V46 Robotic kidney transplantation with regional hypothermia: A step-by-step description of the VUI-Medanta technique (IDEAL Phase 2a)
W. Jeong, R. Ahlawat, K.R. Ghani, A. Sood, R.K. Kumar, R. Abaza, M. Bhandari, V. Kher, M. Menon (Detroit, Columbus, United States of America; New Delhi, India)

V47 An experimental model for training in renal transplantation surgery with human cadavers preserved with W.Thiel embalming technique

V48 Partial laparoscopic nephrectomy in a renal autotransplant
A. Zarraonandia Andraca, M. Ruibal, J. Gonzalez-Dacal, H. Rodriguez, J. Diaz, V. Garcia-Riestra (Pontevedra, Spain)

V49 Reimplant laparoscopic ureteral renal transplant patient
Abstract Session

15.45 - 17.15  Beyond conventional endoscopy

Room A2

Poster Session 51

Chairs: B. Ali-El-Dein, Mansoura (EG)
P. Black, Vancouver (CA)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

621  Diffusion weighted MRI of the bladder: A biomarker for prediction of bladder cancer aggressiveness
(Vienna, Austria; Freiburg, Germany)

622  Endoscopic molecular imaging of human bladder cancer with anti-CD47
Y. Pan, J-P. Volkmer, K.E. Mach, R.V. Rouse, J-J. Liu, D. Sahoo, T.C. Chang, M. Van De Rijn, F. Freiha,
E.C. Skinner, S. Gambhir, I.L. Weissman, J.C. Liao (Stanford, United States of America)

623  Laser-induced autofluorescence spectroscopy: Can it be of importance in detection of bladder lesions?
O.M. Aboumarzouk, A. Zreik, R. Valentine, R. Buist, S. Ahmad, G. Nabi, S. Eljamel, H. Moseley, S.G. Kata
(Gaza, Palestina; Cardiff, Dundee, United Kingdom)

624  The combination of urine Pap cytology with immunocytochemical detection of minichromosome
maintenance protein 2 (MCM-2) in patients with visible haematuria identifies most bladder cancers
K. Saeb-Parsy, B.M.V. Thottakam, S. Dhanvijay, N. Harine, D. Rana, A. Wilson, S. Chilcott, W. Burrill,
B. Turner, G.D. Stewart, S. Swami, D.J. Harrison, D.E. Neal (Cambridge, Aberdeen, Manchester, Bradford,
London, Glasgow, Fife, United Kingdom)

625  A non-invasive urine-based epigenetic urinary biomarker panel for the detection of bladder cancer and
the discrimination of high-grade and low-grade disease
T. Hermanns, E. Olkov-Mitsel, A. Savio, B. Bhind, D. Zdravic, C. Kuk, A. Noon, R. Rendon, D. Waltregny,
K. Lo, T. Van Der Kwast, A. Finelli, N.E. Fleshner, A.R. Zlotta, B. Bapat (Toronto, Halifax, Canada; Liege,
Belgium)

626  A urinary microRNA signature validates to identify the presence of bladder urothelial carcinoma in patients
undergoing surveillance
N. Sapre, P.D. Anderson, G. Macintyre, A. Kowalczyk, A.J. Costello, N.M. Corcoran, C.M. Hovens (Parkville,
Australia)

627  Metabolic profiling of serum: Potential in the diagnosis of upper tract urothelial carcinomas
Q. Lv, C. Yin, P. Li, J. Tao (Nanjing, China)

628  Development of a urine-based multiplex molecular assay for bladder cancer diagnosis
E. Wallace, E.W. Lai, K.E. Mach, N. Haque, L. McCann, S. Hsiao, D. Bui, R. Mohan, M. Satya, E. Wong,
J.A. Bridge, D. Persing, R. Higuchi, J.C. Liao (Sunnyvale, Palo Alto, Omaha, United States of America)

629  Photodynamic diagnostic ureterorenoscopy: A must use tool for upper urinary tract tumour diagnosis and
treatment
S. Kata, A. Zreik, S. Ahmad, G. Nabi, S. Eljamel, H. Moseley, R. Buist, P. Chlosta, O.M. Aboumarzouk
(Dundee, Cardiff, United Kingdom; Krakow, Poland; Gaza, Palestina)
* 630  **Optical biopsy of upper tract urothelial carcinoma with confocal laser endomicroscopy**  
D. Bui, K.E. Mach, A. Lopez, J-J. Liu, T. Chang, J. Lavelle, J.T. Leppert, J.C. Liao (Stanford, United States of America)

631  **An evaluation of the predictive value of serum CA19-9 in patients with upper urinary tract urothelial carcinoma**  
T. Suyama, M. Maekawa, H. Shimizu, J. Yonese, I. Fukui, N. Tanaka, Y. Takeuchi (Saitama, Tokyo, Japan)

632  **Haematuria in patients under 40 years: Long prospective large cohort study**  
S.F. Mishriki, O.M. Aboumarzouk, B.K. Somani (Aberdeen, Cardiff, United Kingdom)

633  **Optical biopsy with confocal laser endomicroscopy (CLE): A new technology for diagnosis of bladder cancer. Preliminary results of a phase II pilot study**  
M. Brausi, M. Gavioli, G. De Luca, M. Viola, G. Peracchia, F. Swartz (Modena, Italy; Paris, France)
Sunday, 13 April - EAU Programme

Abstract Session

15.45 - 17.15 Treatment of high risk prostate cancer

Room A4

Poster Session 52

Chairs: N.W. Clarke, Manchester (GB)
T.B.C.

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

State-of-the-art: The value of large databases (include competing risk analysis)
N.W. Clarke, Manchester (GB)

634 In high-risk prostate cancer, prognostic factors predict cancer related death in a time-dependent fashion following surgery: A multi-institutional competing risk analysis
L. Tosco, A. Laenen, P. Bastian, A. Briganti, F.K. Chun, P. Gontero, C.Y. Hsu, J. Karnes, G. Marchioro, R. Sanchez-Salas, M. Spahn, B. Tombal, T. Van Den Broeck, H. Van Der Poel, H. Van Poppel, S. Joniau (Leuven, Brussels, Belgium; Munich, Hamburg, Germany; Milan, Turin, Novara, Italy; Puli, Taiwan; Rochester, United States of America; Paris, France; Berne, Switzerland; Amsterdam, The Netherlands)

635 The impact of time to biochemical recurrence on cancer-specific mortality in patients with high-risk prostate cancer treated with radical prostatectomy: A competing-risks regression analysis

636 A competing risk analysis of cancer-specific mortality of initial treatment with radical prostatectomy versus radiation therapy in high-risk prostate cancer

637 Survival benefit of radical prostatectomy in patients with clinically advanced prostate cancer: Estimations of the number needed to treat based on competing-risks analysis
G. Gandaglia, M. Sun, V. Trudeau, F. Roghmann, M. Meskawi, A. Becker, P. Perrotte, Z. Tian, J. Schiffmann, M. Azizi, P.I. Karakiewicz, F. Abdollah (Milan, Italy; Montreal, Canada)

638 Combination of postoperative prognostic features to predict cancer specific survival in high-risk prostate cancer: A multi institutional competing risk analysis
L. Tosco, A. Laenen, P. Bastian, A. Briganti, F.K. Chun, P. Gontero, Y.H. Hsu, J. Karnes, G. Marchioro, R. Sanchez-Salas, M. Spahn, B. Tombal, T. Van Den Broeck, H. Van Der Poel, H. Van Poppel, S. Joniau (Leuven, Brussels, Belgium; Munich, Hamburg, Germany; Milan, Turin, Novara, Italy; Puli, Taiwan; Rochester, United States of America; Paris, France; Berne, Switzerland; Amsterdam, The Netherlands)

639 In high-risk prostate cancer, more than 3 positive nodes at radical prostatectomy represent an independent predictor of worse CSS, while 1 to 3 positive nodes do not influence CSS
L. Tosco, P. Bastian, F. Chun, P. Gontero, C.Y. Hsu, J. Karnes, G. Marchioro, R. Sanchez-Salas, M. Spahn, B. Tombal, T. Van Den Broeck, H. Van Der Poel, H. Van Poppel, S. Joniau (Leuven, Brussels, Belgium; Munich, Hamburg, Germany; Turin, Novara, Italy; Puli, Taiwan; Rochester, United States of America; Paris, France; Berne, Switzerland; Amsterdam, The Netherlands)
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<td>Results of a web-based survey by the Prostate Cancer Working Group</td>
<td>Van Den Bergh, I.M. Van Oort, O. Yossepowitch, M. Sedelaar, G. Giannarini (Bucharest,</td>
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<td>of the Young Academic Urologists Working Party of the European</td>
<td>Romania; Milan, Italy; Hamburg, Germany; Ghent, Belgium; Paris, France; Oxford,</td>
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<td>Association of Urology</td>
<td>United Kingdom; Utrecht, Nijmegen, The Netherlands; Petach-Tikva, Israel; Berne,</td>
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<td>Switzerland)</td>
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<td>641</td>
<td>Oncological results and biochemical recurrence-free survival after</td>
<td>J-B. Beauval, M. Roumiguié, M. Thoulouzan, A. De La Taille, E. Huyghe, N. Doumerc,</td>
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<td>radical prostatectomy for high-risk prostate cancer</td>
<td>P. Rischmann, L. Salomon, M. Soulié (Toulouse, Creteil, France)</td>
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<td>642</td>
<td>Risk of death after radical prostatectomy by pathological stage and</td>
<td>D. Milonas, G. Peciulyte, T. Simaska, M. Kincius, G. Smailyte, I. Gudinaviciene, M.</td>
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<td>grade for men with locally advanced prostate cancer</td>
<td>Jievaltas (Kaunas, Vilnius, Lithuania)</td>
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<td>treated surgically</td>
<td>Peña (Madrid, Spain)</td>
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<td>644</td>
<td>Perioperative and oncological outcomes in high risk elderly patients</td>
<td>S. Samavedi, H. Abdul Muhsin, S. Pigilam, K. Palmer, G. Ebra, B. Rocco, R. Coelho,</td>
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<td>V. Patel (Celebration, Florida, United States of America; Sao Paulo, Brazil)</td>
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<td>645</td>
<td>Radical prostatectomy vs radiotherapy among older patients with</td>
<td>F. Roghmann, M. Schmid, A. Sood, J.D. Sammon, S. Sukumar, K.R. Ghani, N. Ruhotina,</td>
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<td>clinically advanced prostate cancer</td>
<td>W. Jeong, P.L. Nguyen, B. Varda, A.S. Kibel, Q-D. Trinh (Herne, Hamburg, Germany;</td>
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<td>Detroit, Minneapolis, Ann Arbor, Boston, United States of America)</td>
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Sunday, 13 April - EAU Programme

Abstract Session

15.45 - 17.15 Renal function and survival after partial nephrectomy

Room A8

Poster Session 53

Chairs: A. Bex, Amsterdam (NL)
       M. Oya, Tokyo (JP)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Renal function and patient survival
F. Porpiglia, Turin (IT)

* 646 Nephron sparing surgery does not decrease other-causes mortality relative to radical nephrectomy in patients with clinical T1a-T1b renal mass: Results from a large multi-institutional study

647 Overall survival benefit of partial over radical nephrectomy in patients presenting with renal cell carcinoma

* 648 Oncological outcomes and non-cancer specific survival of partial nephrectomy for renal cell carcinoma: A single center matched-pair comparison with radical nephrectomy
A. Antonelli, M. Sodano, G. Galvagni, S. Legramanti, M. Furlan, A. Cozzoli, T. Zanotelli, C. Simeone (Brescia, Italy)

649 Partial nephrectomy functional results for tumors larger than 7cm in patients with RCC
I. Vitruk, O. Stakhovskyi, O. Voylenko, V. Kotov, E. Stakhovskyi (Kyiv, Ukraine)

650 Does metabolic syndrome affect renal function or survival of patients underwent partial or radical nephrectomy for renal cell carcinoma?

651 Renal function impairment after nephron sparing surgery or radical nephrectomy in patients with clinical T1a-T1b renal mass and normal preoperative glomerular filtration rates: Results from a large multi-institutional study

652 The presence of risk factors for chronic kidney disease may diminish the benefit of partial nephrectomy for renal cell carcinoma

653 Comparison of RENAL, PADUA and central index score in prediction of GFR change after partial nephrectomy: A study using DTPA renal scan
B. Lim, T. Kwon, J. Ryu, I.G. Jeong, D. You, K-S. Han, D. Lee, C. Lee, S. Hong, J.H. Hong, M-S. Choo, C-S. Kim (Seoul, Cheonan, South Korea)
654 Predictors of 30-day acute renal failure following radical and partial nephrectomy

655 Poorly functioning kidneys recover from ischemia during partial nephrectomy as well as strongly functioning kidneys
M.C. Mir Maresma, T.T. Takagi, R.A. Campbell, N. Sharma, E. Remer, J. Li, D. Sevag, J. Kaouk, S.C. Campbell (Cleveland, United States of America)

656 Role of nephrometric scores (P.A.D.U.A and R.E.N.A.L score) in the prediction of warm ischemia time and postoperative complications in patients who underwent elective open or minimally invasive nephron sparing surgery for renal cell carcinoma
M. Borghesi, R. Schiavina, E. Brunocilla, F. Manferrari, L. Della Mora, M. Cevenini, S. Mahmoud Ghanem, C. Del Prete, C. Pultrone, F. Chessa, G. Martorana (Bologna, Italy)

657 Controlled hypotension during robot-assisted renal tumoral enucleation: Intra and postoperative implications
F. Lanzi, N. Tosi, F. Gentile, G. Pizzirusso, F. Cecconi, G. De Rubertis, G. Barbanti (Siena, Italy)
### Abstract Session

**Paediatric urology: Bladder and external genitalia**

**Sunday, 13 April - EAU Programme**

**Room A10**

**Poster Session 54**

**Chairs:** E.H. Landau, Jerusalem (IL)  
J.M. Nijman, Groningen (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**Introduction on the session topic**

J.M. Nijman, Groningen (NL)

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<td>658</td>
<td>To evaluate the functional and cosmetic outcome of partial penile disassembly repair in isolated epispadias patients</td>
<td>A.L. Bhat, M. Bhat, R. Upadhyay, K.V. Sabharwal, M. Singla, V. Kumar (Bikaner, India)</td>
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<td>659</td>
<td>The Wurzburg experience: 15 years of continent urinary diversion and enterocystoplasty in children and adolescents</td>
<td>A.J. Loeser, P. Rubenwolf, H. Riedmiller (Wurzburg, Germany)</td>
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<td>Can only the day-time voiding pattern predict the maximal voided volume?</td>
<td>S.C. Kim, S.O. Kim, K.D. Kim, Y.S. Kim, J.M. Kim, D.G. Moon, S. Park, S.D. Lee, J.M. Chung, W.Y. Cho (Busan, Gwangju, Seoul, Goyang, Bucheon, Ulsan, Yangsan, South Korea)</td>
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<td>661</td>
<td>“Our child is a deep sleeper” and other parents’ beliefs on enuresis aetiology and management</td>
<td>B. Molinuevo, J.E. Batista-Miranda, E. Gómez, A. Bassas, I. Díaz, J.M. Garat (Barcelona, Spain)</td>
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<td>662</td>
<td>Stool problems during potty training: Contributing factors</td>
<td>T. Van Aggelpoel, S. De Wachter, J.J. Wyndaele, A. Vermandel (Wilrijk, Belgium)</td>
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<td>663</td>
<td>The voiding pattern of preterm infants with serious periventricular white matter injury</td>
<td>Y.L. Wang, J.G. Wen, Y.B. Wen, L. Xing, Y.S. Zhang, Y.M. Xu (Zhengzhou, China; Aarhus, Denmark)</td>
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<td>664</td>
<td>Predicting factors of breakthrough infection in children with primary vesicoureteral reflux</td>
<td>J.-S. Park, H.J. Jung, H.C. Chang (Daegu, South Korea)</td>
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<td>665</td>
<td>A new bulking agent to treat vesicoureteral reflux: An experimental study with early and long term results</td>
<td>S.V.C. Lima, A.E.O. Rangel, J.L.A. Andrade, F.C.M. Pinto, O. Campos Jr., F.J.B. Sampaio, H.L. Gomes (Recife, Rio de Janeiro, Brazil)</td>
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<td>666</td>
<td>Clinicopathologic characteristics of urinary bladder tumours in patients 20 years or younger</td>
<td>S. Park, S.C. Kim, S.H. Song, K.S. Kim, S. Park (Ulsan, Busan, Seoul, South Korea)</td>
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<td>667</td>
<td>Urogenital tuberculosis in children and teenagers in epidemic region</td>
<td>E. Kulchavenya, K. Mukanbaev (Novosibirsk, Russia; Bishkek, Kyrgyzstan)</td>
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<td>668</td>
<td>Retractile testis presents anatomical anomalies? Study in 152 patients</td>
<td>L.A. Favorito, K. Moreira Anderson, F.J. Sampaio (Rio de Janeiro, Brazil)</td>
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<td>669</td>
<td>Reproductive outcomes in azoospermic men with a history of genital interventions during childhood undergoing assisted reproduction</td>
<td>A. Lunacek, C. Radmayr, A. Obruca, E. Plas (Vienna, Innsbruck, Austria)</td>
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Abstract Session

15.45 - 17.15 Kidney and bladder infections

Room A11

Poster Session 55

Chairs: R.S. Pickard, Newcastle upon Tyne (GB)
       P. Tenke, Budapest (HU)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Post factors for urinary tract infections
R.S. Pickard, Newcastle upon Tyne (GB)

* 670 Emphysematous pyelonephritis: Time for a management plan with an evidence based approach
O.M. Aboumarzouk, A. Zreik, O. Hughes, K. Narahari, R. Coulthard, H. Kynaston, P. Chlosta, B.K. Somani
(Gaza, Palestina; Cardiff, Southampton, United Kingdom; Cracow, Poland)

671 Risk factors for failure of conservative therapy in patients with emphysematous pyelonephritis
Y-C. Lu, Y-S. Pu, C-Y. Huang (Taipei, Taiwan)

672 Screening for asymptomatic bacteriuria at one month after adult kidney transplantation: Clinical factors and implications

673 Urinary nerve growth factor levels in women with acute cystitis – can it predict recurrence of cystitis?
C-H. Liao, H-C. Kuo (New Taipei City, Hualien, Taiwan)

674 Uropathogen profiles and antimicrobial resistance in North West England
M. Iskander, J.E. McCabe (Prescot, United Kingdom)

* 675 Identification of trends in the involvement and resistances of extended-spectrum beta-lactamase
Escherichia coli in urinary tract infections: A 10-year follow-up study
A. Lunacek, U. Koenig, C. Mrstik, C. Radmayr, W. Horninger, E. Plas (Vienna, Innsbruck, Austria)

676 Urinary volatile organic compounds: Novel approach to rapid UTI diagnosis
E.U. Johnson, C.S.J. Probert, R. Persad, T. Khalid, N. Ratcliffe (Liverpool, Bristol, United Kingdom)

677 Endoscopy, bacteriology or histology – how to confirm bladder tuberculosis?
E. Kulchavenya, D. Kholtobin (Novosibirsk, Russia)

678 Urinary tract infections requiring hospitalization: Risk factors, microbiological characteristics and patterns of antibiotic resistance

679 Seven hours - rapid antimicrobial susceptibility testing in the setting of urinary tract infection by using isothermal microcalorimetry
G. Bonkat, G. Müller, A. Egli, A. Widmer, R. Frei, M. Rieken, A. Halla, S. Wyler, T.C. Gasser, A. Bachmann, O. Braissant (Basel, Switzerland)
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<td>680</td>
<td>Antibiotic prophylaxis for flexible cystoscopy: A systematic review and meta-analysis</td>
<td>M. Carey, A. Zreik, N. Fenn, O. Aboumarzouk (Cheltenham, Cardiff, Swansea, United Kingdom; Gaza, Palestina)</td>
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<td>681</td>
<td>Effectiveness of short-term antiseptic and antimicrobial-coated urethral catheters in reducing catheter-associated urinary tract infections: Cochrane systematic review and meta-analysis</td>
<td>M.I. Omar, T. Lam, E. Fisher, J. N'Dow (Aberdeen, United Kingdom)</td>
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Abstract Session

15.45 - 17.15 New ideas in LUTD: Obstruction or underactivity

Room K1

Poster Session 56

Chairs: J.E. Batista, Barcelona (ES)
E. Finazzi Agrò, Rome (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

682 Age-related functional changes in the mouse bladder and their gender differences
H. Ito, N. Aizawa, R. Sugiyama, H. Hotta, Y. Homma, Y. Kubota, Y. Igawa (Tokyo, Japan)

683 Overexpression of aquaporin 2 and caveolin 1-3 in detrusor muscle of rat urinary bladder following bladder outlet obstruction
(Gwangju, South Korea)

684 Changes in function and expression of transient receptor potential ankyrin 1 (TRPA1) channel in male rats with sub-acute bladder outlet obstruction
R. Sugiyama, N. Aizawa, H. Ito, Y. Homma, Y. Igawa (Tokyo, Japan)

685 MicroRNA profiling of outlet obstruction-induced bladder dysfunction
A. Hashemi Gheinani, F.C. Burkhard, H. Rehrauer, C. Aquino Fournier, K. Monastyrskaya (Berne, Zurich, Switzerland)

686 Reductive cystoplasty and simultaneous prostatic adenomectomy improve symptoms score in patients with chronic obstructive urine retention and detrusor impaired contractility

* 687 The development and validation a new nomogram for diagnosing bladder outlet obstruction in women
E. Solomon, T.G. Rashid, J.C. Jenks, M. Pakzad, R. Hamid, P.J.R. Shah, J.L. Ockrim, T.J. Greenwell (London, United Kingdom)

* 688 Defining voiding problems in women: Bladder outlet obstruction versus detrusor underactivity
K.V. Mytilekas, A. Oeconomou, I. Sokolakis, E. Ioannidou, M. Kalaitzi, A. Apostolidis (Thessaloniki, Greece)

* 689 Diagnosis of underactive detrusor: Urodynamic criteria
P.F.W.M. Rosier (Utrecht, The Netherlands)

* 690 The use of clinical tests for diagnosing detrusor underactivity in adult men – results of a pilot study
M. Oelke, K.L.J. Rademakers, G.A. Van Koeveringe (Hanover, Germany; Maastricht, The Netherlands)

691 Transurethral incision of the bladder neck improves voiding efficiency in female patients with detrusor underactivity
J-F. Jhang, Y-H. Jiang, C-L. Lee, H-C. Kuo (Hualien, Taiwan)

692 Which women with idiopathic urinary urge-incontinence develop urinary retention after detrusorial injections of botulinum toxin?
E. Andretta, C. Milani, L. Pola, G. Artuso (Dolo - Venice, Venice, Italy)
Abstract Session

15.45 - 17.15  Botulinum toxin: From bench to bedside

Room K2

Poster Session 57

Chairs:  F.R. Cruz, Porto (PT)
L. Malmberg, Lund (SE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 693  Consistent long-term efficacy and safety of onabotulinumtoxinA in patients with neurogenic detrusor overactivity: Final results of repeated treatments up to 4 years
G. Karsenty, H. Schulte-Baukloh, R. Dmochowski, K. Ethans, B. Jenkins, S. Guard, H.-J. Lee, M. Kennelly (Marseille, France; Berlin, Germany; Nashville, Irvine, Bridgewater, Charlotte, United States of America; Winnipeg, Canada; Marlow, United Kingdom)

* 694  Efficacy and safety of 2 administration modes of a single intra-detrusor injection of 750 units Dysport® (abobotulinum toxin-A) in patients suffering from neurogenic detrusor overactivity (NDO): A Phase IIa study
P. Denys, G. Del Polpolo, G. Amarenco, G. Karsenty, P. Radziszewski, B. Perrouin-Verbe, P. Grise, P. Picaut, P. Le Berre, B. Padrazzi, J-L. Beffy (Garches, Paris, Marseille, Nantes, Rouen, Les Ullis, France; Florence, Italy; Warsaw, Poland)

* 695  Botulinum toxin A enters normal human urothelial cells and modulates the sensory activity of bladder urothelium
C. Amantini, V. Farfariello, S. Proietti, A. Vianello, M. Gubbiotti, J. Rossi De Vermandois, G. Santoni, A. Giannantoni (Camerino, Rozzano, Perugia, Italy)

* 696  Can intrathecal botulinum toxin delivery be used to relieve severe bladder pain?
A. Coelho, R. Oliveira, O. Rossetto, C.D. Cruz, F. Cruz, A. Avelino (Porto, Portugal; Padua, Italy)

697  Botulinum toxin A attenuates the hyper dynamic, but not inflammatory effects of nerve growth factor on the bladder
C.J. Dowson, A. Sahai, M.S. Khan, P. Dasgupta, S.B. McMahon (London, United Kingdom)

698  Decreasing the dose of onabotulinum toxin A from 300 units to 200 units in multiple sclerosis patients – does it matter?

699  Effect of detrusor Botox injection on the urothelial dysfunction in chronic spinal cord injury bladders – comparison among baseline, 3 months and 6 months
S-F. Chen, H-C. Kuo (Hualien, Taiwan)

700  Botulinum A toxin intravesical injections improves sexual function in female patients affected by neurogenic detrusor overactivity
A. Giannantoni, M. Gubbiotti, J.A. Rossi De Vermandois, R. Bruno, H. Nikaj, S. Proietti (Perugia, Rozzano, Italy)

701  Cost-utility analysis of onabotulinumtoxinA versus best supportive care in the treatment of idiopathic overactive bladder with urinary incontinence among patients not adequately managed with anticholinergic therapy
N. Freemantle, K. Khalaf, C. Loveman, S. Stanisic, D. Gultyaev, J. Lister, D. Ng-Mak, M. Drake (London, Marlow, Bristol, United Kingdom; Irvine, United States of America; Verona, Italy; Lörrach, Germany)
702 Open label pilot study of urethral injections of botulinum toxin to treat women in urinary retention due to a primary disorder of urethral sphincter relaxation (Fowler’s syndrome)

703 Can mirabegron reduce the waiting list for repeat bladder botulinum injections?
S. Eckhardt, H.J. Bekarma, S. McPhee, H. Begg, L. Cameron, B. Little, R.N. Meddings (Ayr, United Kingdom)

704 Role for mirabegron in limiting the snowball effect of botulinum toxin-A in patients with refractory detrusor overactivity
T. Watcyn-Jones, J. Place, B. Lupton, J. Darrad, V. Kumar (Doncaster, United Kingdom)
### Abstract Session

**Room T1**

**Poster Session 58**

*Chairs: C. Carson, Chapel Hill (US)  
J.I. Martínez Salamanca, Madrid (ES)*

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 705  **Long-term testosterone treatment over 5 years leads to progressive weight loss and waist size reduction as well as improvement of metabolic syndrome parameters in elderly men with hypogonadism**  
D-J. Yassin, A. Yassin, P.G. Hammerer, A. Traish, G. Doros (Braunschweig, Norderstedt, Germany; Boston, United States of America)

706  **Withdrawn**

707  **Influence of testosterone deficiency on the blood-pressure increase, in aortic stiffness, of the erectile dysfunction patients**  
K. Makarounis, A. Angelis, A. Katevatis, N. Ioakimidis, P. Papikinos, C. Vlachopoulos, C. Fasoulakis (Athens, Greece)

708  **TDS symptoms in men with low T: A higher risk for metabolic syndrome?**  
R. Castañeda, E. García-Cruz, A. Carrión, L. Mateu, I. Asiaín, M.P. Luque, O. Cardeñosa, A. Alcaraz (Barcelona, Spain)

709  **The effects of hormonal factors on premature ejaculation**  
C. Dogan, E. Akkus, H. Ozkara, B. Alici, C. Demirdag, F.A. Turegün (Istanbul, Turkey)

710  **Results from a prospective observational study of men with premature ejaculation treated with dapoxetine or alternative care: The PAUSE Study**  
P. Verze, D. Arcaniolo, M. Franco, R. La Rocca, V. Mironi (Naples, Italy)

* 711  **Combined dapoxetine and behavioural treatment provides better results than dapoxetine alone in the management of patients with lifelong premature ejaculation**  
L. Cormio, P. Massenio, F.P. Turri, V. Mancini, G. Di Fino, G. Liuzzi, G. Carrieri (Foggia, Italy)

712  **A prospective study comparing paroxetine alone versus paroxetine plus tamsulosin hydrochloride in patients with premature ejaculation**  
Y.F. Li, C. Zhang, B-J. Li, K-Q. Zhang, F-S. Jin (Chongqing, China)

713  **Pelvic floor muscle rehabilitation for patients with lifelong premature ejaculation: A novel therapeutic approach**  

714  **Tadalafil OaD improves symptoms associated with Peyronie’s disease throughout the acute inflammatory phase: Results of a proof of concept psychometric study**  
L. Boeri, L. Rocchini, P. Capogrosso, M. Colicchia, A. Serino, E. Ventimiglia, G. Castagna, C. Regina, F. Castiglione, L. Villa, A. Russo, M. Brown, F. Cantiello, R. Damiano, A. Salonia (Milan, Catanzaro, Italy; London, United Kingdom)
715 Clinical outcomes of collagenase clostridium histolyticum in the treatment of subjects with Peyronie’s disease by subgroups: Two large double-blind, randomized, placebo-controlled phase 3 studies
A.L. Burnett, J.P. Tursi, N.A. Jones, K. Gilbert, P. Lyngdorf, B. Cuzin (Baltimore, Chesterbrook, United States of America; Windsor, United Kingdom; Gentofte, Denmark; Lyon, France)

* 716 Integrated safety profile of collagenase clostridium histolyticum in clinical studies evaluating the treatment of Peyronie’s disease
C.C. Carson, J.P. Tursi, N.A. Jones, K. Gilbert, D.J. Ralph (Chapel Hill, Chesterbrook, United States of America; Windsor, London, United Kingdom)
Sunday, 13 April - EAU Programme

Abstract Session

15.45 - 17.15 Prostate cancer clinical staging - the limits of imaging?

Room C6

Poster Session 59

Chairs: T. Loch, Flensburg (DE)
G. Ploussard, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

717 A proposed new risk classification for intermediate risk patients with prostate cancer (PCa) treated with radical prostatectomy (RP)
M. Brausi, N.P. Papa, A. Ta, N.L. Lawrentschuk, G. Severi, R. Syme, G. Giles, J. Millar, D. Bolton (Modena, Italy; Melbourne, Australia)

718 Proposal of novel risk groups for outcome prediction following radical prostatectomy in contemporary prostate cancer patients
M. Bianchi, F. Abdollah, N.M. Passoni, C. Cozzarini, N. Di Muzio, V. Cucchiara, V. Mirone, R. Damiano, F. Cantiello, A. Gallina, A. Briganti (Milan, Naples, Catanzaro, Italy)

719 Oncological outcomes according to different high-risk prostate cancer definitions

720 Head to head comparison between nomograms and multiparametric MRI to predict side specific extra capsular extension to indicate nerve sparing during radical prostatectomy
J. Walz, C. Clement, C. Bastide, S. Brunelle, M. Andre, J. Thomassin Piana, D. Rossi (Marseille, France)

721 Radical prostatectomy: D’Amico risk groups optimization adding MRI information

722 Size and extension of lymph node metastases in prostate cancer patients: Implications for radiological imaging based on 6804 lymph nodes

723 Clinical nodal staging scores for prostate cancer: A proposal for preoperative risk assessment

724 Association between tumour volume and unfavourable prostate cancer characteristics: Implications for patient stratification
G. Gandaglia, A. Gallina, F. Abdollah, M. Bianchi, N. Fossati, A. Nini, V. Cucchiara, D. Vizziello, F. Castiglione, P. Dell’Oglio, N.M. Passoni, A. Briganti (Milan, Italy)

725 Intratumoral distribution and pharmacokinetics of the radiolabeled ICAM-1 targeting monoclonal antibody, R6.5 in a prostate cancer mouse model
S. Evans Axellson, A. Örbom, B. Jansson, O. Wilhelmsson Timmermand, T.A. Tran, A. Bjartell, S-E. Strand (Malmö, Lund, Sweden)
68Gallium-labelled ligand of prostate-specific membrane antigen (PSMA) for the evaluation of recurrent prostate cancer using PET/CT and PET/MR imaging

18F-FACBC PET/CT in comparison to 11c-choline for the detection of prostate cancer relapse after radical prostatectomy: A perspective study in 50 patients

A phase 2 study of 99m TC-trofolastat chloride (MIP-1404) SPECT/CT to identify and localize prostate cancer in high-risk patients undergoing radical prostatectomy (RP) and extended pelvic lymph node dissection (ePLND) compared to histopathology: An interim analysis
P. Tenke, S. Joniau, K. Slawin, W. Ellis, B. Alekseev, I. Buzogany, S. Mishugin, E. Klein, J. Stolz, V. Student, V. Matveev, B. Koves, J.W. Babich, H. Youssoufian, N. Stamber, T. Armor, R.J. Israel (Budapest, Hungary; Leuven, Belgium; Houston, Seattle, Cleveland, New York, Tarrytown, United States of America; Moscow, Russia; Prague, Olomouc, Czech Republic)

11C-acetate PET/CT imaging for detection of recurrent disease following radical prostatectomy or radiotherapy in patients with prostate carcinoma
V. Müller-Mattheis, H. Hautzel, M. Fahlbusch, P. Albers (Düsseldorf, Germany)

PSA kinetics parameters are predictive of PET features worsening in patients with biochemical relapse after prostate cancer treatment with radical intent: Results from a longitudinal cohort study

Bone scan in patients with newly diagnosed prostate cancer: Does the variation in recommendations have impact on the clinical outcome after radical prostatectomy?
### Plenary Session 3

**Monday, 14 April - EAU Programme**

<table>
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<th>Time</th>
<th>Event</th>
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<tr>
<td>07.30 - 11.00</td>
<td>Refractory problems in functional urology</td>
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<td><strong>eURO Auditorium</strong></td>
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<td><em>Chairs:</em> W. Artibani, Verona (IT)</td>
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<td>F.C. Burkhard, Berne (CH)</td>
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<td>07.30 - 08.00</td>
<td><strong>Highlight Session 2</strong></td>
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<td><strong>Oncology</strong></td>
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<td>A. Volpe, Novara (IT)</td>
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<td><strong>Stone disease</strong></td>
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<td>E.K. Bres-Niewada, Warsaw (PL)</td>
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<td><strong>Andrology</strong></td>
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<td>Z. Kopa, Budapest (HU)</td>
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<td>08.00 - 08.15</td>
<td><strong>Société Internationale d’Urologie (SIU) Lecture</strong></td>
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<td></td>
<td>Urodynamics in refractory lower urinary tract symptoms (LUTS)</td>
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<td>P. Abrams, Bristol (GB)</td>
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<tr>
<td>08.15 - 08.30</td>
<td><strong>Confederación Americana de Urología (CAU) Lecture</strong></td>
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<td>Optimising the management of bladder emptying problems</td>
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<td>M. Plata, Bogota (CO)</td>
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<td>08.30 - 08.45</td>
<td><strong>State-of-the-art lecture</strong></td>
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<td>Overactive Bladders (OABs) pharmacological therapy: Have we reached the end of our possibilities?</td>
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<td></td>
<td>M.J. Drake, Bristol (GB)</td>
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<tr>
<td><strong>Aims and objectives</strong></td>
<td>The aim of this lecture is to describe how improved understanding of the physiological processes underlying Overactive Bladder (OAB) may yield new therapeutic targets. Current thinking focusses on attempting to control the sensory nerves as well as bladder contractions, and it is clear that some established treatments may actually influence both the sensory and the motor aspects. Key developments in knowledge include the contribution of the urothelium to bladder sensory activity. Since urothelium expresses transient receptor potential channels, its function can be moderated. Nerve growth factors may also be relevant to bladder sensory nerves, and new technology is being developed to modulate NGF in the bladder. The generation of bladder movements by interstitial cells is another growing area of knowledge which could yield a target. However, the fundamental challenge is to identify a target which can reduce unwanted bladder sensation or motility during the storage phase, without detrimental effects on voiding or in other organs.</td>
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<td>08.45 - 08.55</td>
<td><strong>EAU Guidelines snapshot</strong></td>
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<td></td>
<td>Optimising clinical assessments for Lower Urinary Tract Symptoms (LUTS)</td>
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<td>S. Gravas, Larissa (GR)</td>
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<tr>
<td><strong>Aims and objectives</strong></td>
<td>The objective of the lecture is to present the recently developed Guidelines on the Assessment of non-Neurogenic male LUTS and explain the methodology which was used. The multifactorial view of the aetiology of LUTS has been adopted and a broader approach to the assessment of men suffering from LUTS has been introduced. In addition, for the first time the panel used the Delphi consensus method to strengthen the value of the recommendation. These EAU Guidelines aim to provide a more realistic and practical approach</td>
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to the management of men who complain about a variety of bladder storage, voiding and/or post-micturition symptoms based on the available evidence.

08.55 - 09.15  **State-of-the-art-lecture Aetiology and management of residual LUTS after prostatic surgery**  
M. Oelke, Hanover (DE)

**Aims and objectives**  
Persistent LUTS after surgery for benign prostatic obstruction may include bladder storage symptoms, with or without urinary (urgency) incontinence, voiding symptoms or isolated nocturia. Assessment and treatment of residual LUTS should be done after complete wound healing and recovery of the prostatic urethra at least 6-8 weeks after surgery. Standard assessment of LUTS, and pressure-flow analysis in men of suspected bladder outlet obstruction, is necessary to define the underlying pathophysiology of persistent LUTS. The choice of treatment depends on the assessed findings and includes (1) antimuscarinics or beta-adrenoceptor agonists in case of residual storage symptoms/detrusor overactivity, (2) another attempt of surgery (e.g. transurethral resection of the prostate, TURP) in case of residual voiding symptoms due to bladder outlet obstruction, (4) biofeedback, clean intermittent catheterisation or sacral neuromodulation in case of high post void residuals due to detrusor underactivity or (4) antidiuretic treatment (e.g. desmopressin) in men with nocturia due to nocturnal polyuria.

09.15 - 09.45  **Debate Botulinum toxin or sacral neuromodulation for treating refractory lower urinary tract dysfunction?**  
**Moderator:**  J.P.F.A. Heesakkers, Nijmegen (NL)

**Is botulinum toxin the first choice now?**  
F.R. Cruz, Porto (PT)

**Is sacral neuromodulation the choice**  
K. Everaert, Ghent (BE)

**Aims and objectives**  
This debate is intended to clarify nowadays clinical practice with treatment of either botulinum toxin A or neuromodulation for refractory overactive bladder. At the moment the guidelines do not guide urologists what to use first. This implies that both treatment options are valid as the first treatment of refractory OAB. This implies that apart from scientific truth, aspects like personal experience, logistics and financial constraints will determine the preference. Both debaters are experienced researchers as well as practitioners who will try to convince us which option should prevail.

09.45 - 10.00  **State-of-the-art lecture How to treat sphincteric incontinence after radiation**  
K-D. Sievert, Tübingen (DE)

10.00 - 10.30  **Clinical discussion Refractory cases of stress urinary incontinence (SUI)**  
**Moderator:**  C. Hampel, Mainz (DE)

**TVT is the golden standard for recurrent SUI**  
C.G. Nilsson, Helsinki (FI)

**TOT is a good option for recurrent SUI**  
D.A.O. Waltregny, Liège (BE)

**Aims and objectives**  
There is intense discussion concerning the treatment of refractory SUI. Quite a bit of focus has been on slings with a trend towards placing a retropubic tape with “increased” tension. On the other hand the transobturator route may have less voiding complications and is considered a viable alternative by many. Here the work up of these patients and the pros and cons of each approach will be discussed.
Aims and objectives
Urinary Diversion (UD) has suffered a bad image because of its association with surgery of bladder cancer (oncological field) or end staged chronic renal deficiency management in the neuropathic patient. From this starting point, urinary diversion is now clearly a surgery which may give some patients the choice for a better management of their voiding disorders, whatever the indication. After a quick overview of urinary diversion types and indication in the oncological field, the presentation will focus on different types of urinary diversion that may be used in the field of functional urology, including neuro-urology.

The use of such surgical therapy (UD) is always the last step after any conservative management and must be perceived by the patient as a no return choice. In this perspective, the patient may be able to choose (if feasible) between continent and non continent diversion. Some specific neurological disease dont give them such a choice (e.g. multiple sclerosis) and have to be specifically discussed. Finally UD may be in most cases the start of a new life, reaching the objectives of continence, autonomy, quality of life and a solution after failure of all other therapies to answer the request of the patient and preservation of the kidney function.
Abstract Session

09.15 - 10.45 Retroperitoneal surgery

Room A2

**Video session 7**

*Chairs:*  P. Albers, Düsseldorf (DE)  
  T. Frede, Müllheim (DE)

<table>
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<tr>
<th>Session</th>
<th>Title</th>
<th>Presenters</th>
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<tr>
<td>V50</td>
<td>Robot-assisted radical adrenalectomy (RARA) with excision of adrenal vein thrombus</td>
<td>A. Ploumidis, A-F. Spinoit, G. De Naeyer, A. Volpe, A. Mottrie (Aalst, Belgium)</td>
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<tr>
<td>V51</td>
<td>Laparoscopic excision of a retroperitoneal schwannoma in a neurofibromatosis type II patient: Surgery and complications</td>
<td>R. Cabello, C. Quicios, P. Charry, X. Jacome, M. Rodríguez, C. González (Madrid, Spain)</td>
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<td>V52</td>
<td>Laparoscopic resection of a right retroperitoneal tumour</td>
<td>A. Alcaraz, L. Peri, M. Musquera, T. Vilaseca, M.J. Ribal (Barcelona, Spain)</td>
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<tr>
<td>V53</td>
<td>3D retroperitoneal tumour resection</td>
<td>A. Alcaraz, L. Peri, I. Asiain, A. Vilaseca, M. Musquera (Barcelona, Spain)</td>
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<td>V54</td>
<td>Laparoendoscopic single-site (LESS) adrenalectomy for morbidly obese patient with Cushing syndrome</td>
<td>A. Abdel-Karim, E. Yehia, S. Elsalmy (Alexandria, Egypt)</td>
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<td>V56</td>
<td>Laparoscopic nephroureterectomy of a functional atrophic kidney in a patient with ectopic ureter with complete ureteric duplicity</td>
<td>A. Alcaraz, L. Peri, E. García-Cruz, M. Piqueras, M. Musquera, M.J. Ribal (Barcelona, Spain)</td>
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<td>V57</td>
<td>Retroperitoneoscopy as the technique of election for renal surgery in patients with multiple major abdominal surgeries</td>
<td>J.A. Peña, C. Ochoa, P. Gavrilov, E. Emiliani, N. Nervo, J. Palou, H. Villavicencio (Barcelona, Spain)</td>
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09.15 - 10.45 Diagnostic prostate biopsies

Room A4

Poster Session 60

Chairs: M. Droller, New York (US)
        A. Haese, Hamburg (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

732 Pathological T2b and T2c subgrouping may not be needed for predicting biochemical relapse in patients treated by radical prostatectomy

733 A tertiary Gleason pattern exerts a different prognostic effect after radical prostatectomy in patients with different Gleason scores

734 The concordance of histological examination of prostate biopsies between referring pathologists and a specialized uro-pathologist using reference recommendations on grading and terminology (ISUP 2005)
H.H.M. Al-Itejawi, L. Rozendaal, R.J.A. Van Moorselaar, J.A. Nieuwenhuijzen, A.N. Vis (Amsterdam, The Netherlands)

735 Nomogram for prostate cancer risk in men with a previous diagnosis of prostatic intraepithelial neoplasia (PIN)
L. Benecchi, F. Evaristi, M. Potenzoni, C. Destro Pastizzaro, A. Prati, C. Grassani, D. Martens, A. Antonelli, F. Russo, G. Enrico, L. Viviano, M. Melissari, C. Del Boca (Cremona, Parma, Italy)

736 Dutasteride for the prevention of prostate cancer in men with high grade prostatic intraepithelial neoplasia: Results of phase III randomized open label trial
D. Milonas, G. Skulcius, S. Auskalnis, M. Kincius, I. Gudinavičiene, M. Jievaltas (Kaunas, Lithuania)

737 Perianal-intrarectal anesthesia combined with periprostatic nerve block during transrectal ultrasound guided prostate biopsy: Results from a prospective randomized study comparing lidocaine-nifedipine cream and lidocaine-prilocaine cream
V. Imperatore, M. Creta, S. Di Meo, R. Buonopane, N. Longo, F. Fusco, C. Imbimbo, V. Mirone (Naples, Italy)

738 The concordance between volume hotspot and grade hotspot: A 3D reconstructive model using pathology outputs from the PROMIS multicenter trial

739 Role of secondary tumour focus at radical prostatectomy specimens in patients with pT1c, PSA<10 ng/ml, single positive core, and Gleason score 3+3
A. Ubré, L.I. Fumadó, J.A. Lorente, O. Bielsa, N. Juanpere, O. Arango (Barcelona, Spain)

740 Reactive stromal grading predicts prostate cancer–specific death in a conservatively managed needle biopsy cohort
**741** Complexity measures and classifiers in objective prostate cancer grading
P. Waliszewski, A. Dominik, F. Wagenlehner, S. Gattenloehner, W. Weidner (Giessen, Germany)

**742** Only NeuroSAFE biopsy technique is suitable to assess positive surgical margins during nerve sparing radical prostatectomy compared to small biopsies taken from different locations of the neurovascular bundle

**743** Predictive factors associated with Gleason score underestimation on prostate biopsy in a monocentric cohort of 3,062 patients treated by minimally invasive radical prostatectomy

**744** The number of cores taken at first negative biopsy does not affect the cancer detection rate at saturation repeat biopsy in patients with persistent suspicion of prostate cancer

**745** The use of multiplex biopsies as a cost-effective method in the diagnostic of prostate cancer
G.D. Radavoi, A. Petrescu, M.G. Berdan, N.F. Manea, F. Tanase, V. Jinga (Bucharest, Romania)
Abstract Session

09.15 - 10.45 Radical prostatectomy for clinically localized prostate cancer

Room A8

Poster Session 61

Chairs: M. Burchardt, Greifswald (DE)
H.G. Van Der Poel, Amsterdam (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 746 Prospective comparison of functional and oncological results of robot-assisted radical prostatectomy in patients with BMI > 30 kg/m² and BMI < 30 kg/m²
K. Kolontarev, D. Pushkar, A.Govorov, P. Rasner, V. Dyakov, A. Bernikov (Moscow, Russia)

* 747 Prospective randomized multicenter study comparing limited vs extended pelvic lymphadenectomy in intermediate and high risk prostate cancer – first descriptive results (SEAL, AOU AP 55/09)
J. Schwerfeld-Bohr, M. Kaemper, S. Krege, A. Heidenreich (Krefeld, Aachen, Germany)

748 Robot assisted radical prostatectomy and pelvic lymph node dissection in a centre with small case load: Functional results at follow-up of 5 years
G. La Croce, C. Germann, G. Di Pierro, P. Stucky, H. Danuser, A. Mattei (Lucerne, Switzerland)

749 Pathological and oncological outcomes of elderly men with clinically localized prostate cancer

750 Is nerve-sparing radical prostatectomy justified in patients with intermediate and high-risk prostate cancer: Evaluation of intraoperative prostatic frozen sections and biochemical recurrence rates
G. Hatzichristodoulou, S. Wagenpfeil, G. Weirich, M. Autenrieth, T. Maurer, K. Herkommer, J.E. Gschwend, H. Kübler (Munich, Homburg, Germany)

751 Multi-institutional validation of the ERUS robotic surgery training curriculum
A. Volpe, K. Ahmed, P. Dasgupta, V. Ficarra, H. Van Der Poel, A. Mottrie (Aalst, Belgium; London, United Kingdom; Udine, Italy; Amsterdam, The Netherlands)

752 Process of Prostate Cancer: Protocol’s referral to primary care
C. Blanco Chamorro, P. Gil Martínez, Á. Borque Fernando, J. Gil Fabra, J. Aranda Lozano, J. Rioja Zuazu, A. Tejero Bajador, R. García Ruiz, M.J. Gil Sanz (Zaragoza, Spain)

753 Patient decision prior to radical prostatectomy: What is and is not involved?
C. Öbek, C. Dogan, M.H. Gultekin, Z. Talat, H. Ozkara, S. Ataus, V. Yalcin (Istanbul, Turkey)

754 Influence of pre, intra and post-operative factors in the recovery of continence rate after Robotic Assisted Laparoscopic Prostatectomy
S. Ricciardulli, Q. Ding, D. Del Biondo, BJ. Wang, H.Z. Li, A. Breda, A. Celia, X. Zhang (Beijing, China; Bassano Del Grappa, Italy; Barcelona, Spain)

755 Comparison of radical prostatectomy vs intensity modulated radiation therapy (IMRT) for clinically localized prostate cancer – Propensity Score Matching Analysis
N. Hayashi, H. Uemura, K. Izumi, Y. Yokomizo, K. Makiyama, N. Nakaigawa, M. Yao, Y. Kubota (Yokohama, Japan)
Treatment of rectourethral fistula after radical prostatectomy: Results of a standardised treatment algorithm
P. Lunardi, M. Roumiguie, X. Game, E. Huyghe, S. Kirzin, P. Rischmann, M. Soulie, J-B. Beauval (Toulouse, France)

The meaning of PSA persistence after radical prostatectomy in low risk prostate cancer

Intraoperative confocal laser endomicroscopy during robotic-assisted radical prostatectomy: Initial feasibility study
A. Lopez, D. Bui, J.J. Liu, T. Harris, J.T. Leppert, K.E. Mach, J.C. Liao (Stanford, United States of America)

Blood type O is significantly associated with a decreased risk of biochemical recurrence after radical prostatectomy
## Abstract Session

### Room A10

**Poster Session 62**

*Chairs:* C. De Nunzio, Rome (IT)  
T.M. Kessler, Zürich (CH)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 760 **Pay attention to autonomic dysreflexia in patients with spinal cord injury during urodynamic investigation!**  

* 761 **Outcomes of transobturator tape procedure for the treatment of stress incontinence in females with neuropathic bladders**  
J.R. Burki, I. Omar, J. Shah, R. Hamid (Stanmore, London, United Kingdom)

* 762 **Catheter designs, techniques and strategies for intermittent catheterisation: What is the evidence for preventing symptomatic UTI and other complications?** A Cochrane systematic review  
J. Prieto, C. Murphy, K.N. Moore, M. Fader (Southampton, United Kingdom; Edmonton, Canada)

* 763 **Stopping urodynamic investigation at a bladder volume of 500 ml: Is it valid?**  
P. Baumeister, L. Chen, U. Sammer, M. Kozomara, D. Birnböck, U. Mehnert, T.M. Kessler (Zürich, Germany)

764 **Ice water test in patients with neurogenic lower urinary tract dysfunction: Before or after urodynamics?**  

765 **Radiation exposure in videourodynamics: Are we too afraid?**  
S.H. Alloussi, S. Naique, T. Blaser, Y. Al-Bulushi, S. Alloussi (Neunkirchen, Germany)

766 **Depression and high expanded disability status scale (EDSS) are independent predictors of sexual dysfunction in multiple sclerosis patients: Analysis from a cross-sectional study**  
E. Fragalà, A. Di Rosa, R. Giardina, S. Cimino, G.I. Russo, T. Castelli, V. Favilla, A. Caramma, F. Patti, G. Morgia (Catania, Italy)

767 **Withdrawn**

768 **Neurogenic bladder: Trends in emergency department visits, associated cost and predictors of admission**  

769 **Sacral neuromodulation in patients with neurogenic lower urinary tract dysfunction**  
J. Wöllner, J. Krebs, P. Bartel, J. Pannek (Nottwil, Switzerland)

770 **Nocturnal polyuria in patients with a spinal cord lesion - is it different or not?**  
M.A. Denys, A. Viaene, A.S. Goessaert, K. Everaert (Ghent, Belgium)

771 **Desmopressin in the treatment of nocturia in patients affected by neurogenic bladder**  
A. Giannantoni, M. Gubbiotti, J.A. Rossi De Vermandois, R. Bruno, S. Proietti (Perugia, Rozzano, Italy)
Monday, 14 April - EAU Programme

Abstract Session

09.15 - 10.45 Towards optimization of LUTS medical treatment

Room A11

Poster Session 63

Chairs: S. Madersbacher, Vienna (AT)
M. Oelke, Hanover (DE)

Posters viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Patient reported outcomes in lower urinary treatment
M. Oelke, Hanover (DE)

* 772 Patient satisfaction with the safety and efficacy of fixed-dose combinations of solifenacin and tamsulosin OCAS™: Results from the NEPTUNE II study
M.J. Drake, C. Chapple, M. Oelke, T. Drogendijk, M. Klaver, P.E.V. Van Kerrebroeck (Bristol, Sheffield, United Kingdom; Hanover, Germany; Leiden, Maastricht, The Netherlands)

773 The adherence to the BPH/LUTS medical therapy is low and influences the major clinical outcomes: Results from an Italian observational study
L. Cindolo, L. Pirozzi, C. Fanizza, M. Romero, R. Autorino, F. Berardinelli, F. Neri, C. De Nunzio, A. Tubaro, L. Schips (Vasto, Santa Maria Imbaro, Rome, Italy; Cleveland, United States of America)

* 774 Serenoa repens, lycopene and selenium vs tamsulosin in the treatment of LUTS/BPH: An Italian multicenter randomized comparative study from a single or combination therapies (Procomb Study)

* 775 The "Silodosin in Real-life Evaluation (SiRE)" study: A European phase IV clinical study with silodosin in the treatment of LUTS/BPH
C.R. Chapple (Sheffield, United Kingdom)

776 Underdiagnosis and sub-optimal treatment of LUTS/BPH: Results of a real world survey of patients in Europe
L. MacMillan, J. Jackson, P. Anderson, G. Compion (Chertsey, Macclesfield, United Kingdom)

777 Alfuzosin and flurbiprofen combination therapy for the management of lower urinary tract symptoms
C.S. Gökkaya, B.K. Aktaş, C. Özden, S. Bulut, M. Karabakan, A.E. Erkmen, A. Memis (Ankara, Turkey)

778 Satisfaction with tadalafil or tamsulosin once daily for the treatment of LUTS/BPH: Treatment satisfaction scale questionnaire results from a randomized double-blind, placebo-controlled trial
M. Oelke, F. Giuliano, S. Baygani, D. Cox, A. Sontag (Hanover, Germany; Garches, France; Indianapolis, United States of America)

779 Efficacy and safety of tamsulosin with and without flavoxate in the treatment of symptomatic benign prostatic hyperplasia
A. Dash (Mumbai, India)

780 Long-term testosterone treatment has favourable effects in obese hypogonadal men on body weight and prostate health parameters
A. Yassin, D.J. Yassin, P.G.ammerer, G. Doros, F. Saad (Norderstedt, Braunschweig, Berlin, Germany; Boston, United States of America)
781  The significance of testosterone levels and the efficacy of tadalafil 5 mg once daily for lower urinary tract symptoms  
H.J. Park, N.C. Park (Busan, South Korea)

782  Comparison of the short-term changes of prostate volume in men with benign prostatic hyperplasia after discontinuation of dutasteride and finasteride  
S.J. Park, J. Seo, S-H. Ha, G-W. Jung (Busan, South Korea)

783  Should patients with low IPSS scores be offered pharmacological treatment?  
J. Cabral, I. Braga, A. Fraga, M. Silva-Ramos (Porto, Portugal)
Monday, 14 April - EAU Programme

Abstract Session

09.15 - 10.45 Novel approaches to treatment, prognosis and prediction of response

Room K1

Poster Session 64

Chairs: J. Irani, Poitiers (FR)
T. Powles, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

State-of-the-art: Prognostic and predictive biomarkers in bladder cancer

T. Powles, London (GB)

784 Quantification and molecular profiling of circulating tumour cells (CTCs) in urothelial cancer (UC) before and during systemic treatment: Implications across the clinical stages

A. Necchi, E. Fina, P. Giannatempo, M. Colecchia, C. Iacona, E. Farè, N. Nicolai, R. Salvioni, A.M. Gianni, L. Mariani, M.G. Daidone, V. Cappelletti (Milan, Italy)

785 Neuropilin-2 and VEGF-C are independent prognostic factors for bladder cancer patients treated with transurethral resection and radiotherapy


786 A randomized, double blind, placebo controlled phase II trial to evaluate the safety and efficacy of recMAGE-A3 + AS15 antigen specific cancer immunotherapy in patients with MAGE-A3 positive muscle invasive bladder cancer after cystectomy: An initial report of the EAU Research Foundation randomized phase II clinical trial ‘Magnolia’

P.F.A. Mulders, M. Colombel, A. Heidenreich, L. Martínez-Piñeiro, M. Babjuk, I. Korneyev, C. Surcel, P. Yakovlev, R. Colombo, P. Radziszewski, J.A. Witjes, R. Schipper, W.P.J. Witjes (Nijmegen, Arnhem, The Netherlands; Lyon, France; Aachen, Germany; Madrid, Spain; Prague, Czech Republic; St. Petersburg, Russia; Bucharest, Romania; Kiev, Ukraine; Milan, Italy; Warsaw, Poland)

787 Occult lymph node metastases in patients with muscle invasive bladder cancer: Incidence after neoadjuvant chemotherapy and cystectomy versus cystectomy alone

L.S. Mertens, R.P. Meijer, W. Meinhardt, H.G. Van Der Poel, A. Bex, J.M. Kerst, M.S. Van Der Heijden, A.M. Bergman, S. Horenblas, B.W.G. Van Rhijn (Amsterdam, The Netherlands)

788 Pre-therapeutic risk stratification of muscle-invasive bladder cancer patients treated with chemoradiation-based selective bladder-sparing approach


789 Adjuvant chemotherapy after radical cystectomy for muscle-invasive bladder cancer: A comparative study using inverse-probability-of-treatment weighting (IPTW)

T. Kwon, I.G. Jeong, D. You, B. Lim, K-S. Han, D. Lee, C. Lee, S. Hong, B. Hong, J.H. Hong, M-S. Choo, H. Ahn, C-S. Kim (Seoul, Cheonan, South Korea)

790 Infiltration of CD3+ and CD68+ cells in bladder cancer is subtype specific and affects outcome of patients with muscle-invasive tumors

791 Phase 2 study of neoadjuvant sorafenib plus cisplatin and gemcitabine (S-CG) for patients with muscle-invasive transitional cell carcinoma of the bladder (MIBC): Results at the end of first stage (NCT01222676)

792 Radical cystectomy with or without shortened course of adjuvant chemotherapy in high risk muscle-invasive bladder cancer: Results of a single centre prospective randomized trial
A. Zhegalik, S. Krasny, O. Sukonko, A. Rolevich, A. Minich, V. Vasilevich (Minsk, Belarus)

793 A multidisciplinary bladder cancer clinic delivers personalized care for complex bladder cancer patients

794 Bladder preservation strategy - CDDP radiation and GC (gemcitabine, CDDP) radiation - against muscle invasive bladder cancer
K. Nagao, T. Hara, J. Nishijima, K. Kobayashi, Y. Kawai, H. Matsumoto, H. Matsuyama (Ube, Japan)

795 Neoadjuvant chemotherapy is better than upfront surgery in muscle-invasive bladder tumour with uretero-hydronephrosis
M.G. Diaconu, A. Ciudin, J. Huguet, M. Musquera, L. Izquierdo, L. Peri, B. Mellado, M.J. Ribal, A. Alcaraz (Barcelona, Spain)

796 CYR61/CCN1 and CTGF/CCN2 confer resistance to cisplatinum chemotherapy in muscle invasive bladder cancer
Monday, 14 April - EAU Programme

Abstract Session

09.15 - 10.45 Basic research related to stone treatment

Room K2

Poster Session 65

Chairs: R. Miano, Rome (IT)
T. Sulser, Zürich (CH)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Metafylaxe online
D.J. Kok, Rotterdam (NL)

797 Alfuzosin, tamsulosin and company: A prospective randomized control study for the role of α-blockers in the treatment of stent-related symptoms
A. Dellis, F.X. Keeley, V. Manolas, A. Panagopoulos, P. Mourmouris, A. Skolarikos (Maroussi, Athens, Greece; Bristol, United Kingdom)

798 Efficacy and safety of tamsulosin as medical expulsive therapy in paediatric patients
H. Aldaqadossi, H. Shaker, M. Saifelnasr, M. Gaber (Fayoum, Egypt)

799 Stone volume is better than stone diameter or stone surface for predicting medical expulsion therapy success
A. Ciudin, P. Luque, R. Salvador, M.G. Diaconu, C. Nicolau, A. Alcaraz (Barcelona, Spain)

800 Diagnostic performance of low-dose non enhance CT with iterative reconstruction in diagnosis of urolithiasis

801 ApaL1 urokinase and Taq1 vitamin D receptor gene polymorphisms are associated with recurrent stone disease in a Caucasian population

802 A role for the hedgehog effector Gli1 in mediating stent-induced ureteral aperistalsis and smooth muscle dysfunction

803 M2 macrophages eliminate renal crystals by phagocytosis

804 PPAR-α/γ agonists have different effects on renal crystal formation in hyperoxaluric animal models

805 Three novel susceptibility loci identified from a genome-wide association study (GWAS) are associated with urolithiasis risk
806  Genomic characteristics of Asian cystinuria patients
   S. Sakamoto, H.I. Cheong, Y. Naya, Y. Shigeta, M. Fujimura, T. Ueda, K. Mikami, K. Akakura, M. Masai,
   T. Ichikawa (Chiba, Tokyo, Japan; Seoul, South Korea)

807  Hypertriglyceridemia is not only a lithogenic risk factor, but also positively related to stone recurrence
   W.T. Kim, H.W. Kang, I-C. Cho, H. Jang, Y-J. Kim, S-J. Yun, S-C. Lee, W-J. Kim (Chungbuk, Seoul, Daejeon,
   South Korea)

* 808  The efficacy and safety of nanosecond electropulse lithotripsy
   A. Martov, A. Gudkov, V. Diamant, G. Chepovetsky, M. Lozovsky, M. Lerner (Moscow, Tomsk, Russia; Katsrin,
   Israel)

* 809  Intelligent lasers in urology - an experimental lithotripsy laser system with automated spectral real-time
   target identification
   (Freiburg, Germany)
**Monday, 14 April - EAU Programme**

### Abstract Session

**09.15 - 10.45 Exploring the limits of ESWL**

**Room T1**

**Poster Session 66**

**Chairs:** J.M. Reis Santos, Lisbon (PT)  
R.D. Smith, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

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<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
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<td>810</td>
<td>Outcome comparison of Percutaneous Nephrolithotomy (PNL) versus Extracorporeal Shock Wave Lithotripsy (ESWL) for the treatment of solitary moderate size (1.5 to 2.0 cm) renal stone: A prospective randomized study</td>
<td>U. Mete, A. Goswami, S. Singh, A. Mandal (Chandigarh, India)</td>
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<td>812</td>
<td>Predictive value of stone density on Extracorporeal Shockwave Lithotripsy (ESWL) success rate</td>
<td>T. Saussez, P. Rippinger, B. Lacoste, A. Stainier, S. Thiry, E. Danse, B. Tombal (Brussels, Belgium)</td>
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<td>813</td>
<td>Patient’s preferences in treatment of ureteral calculi: SWL vs. URS</td>
<td>V. Malkhasyan, I. Semenyakin, M. Vasilchenko (Moscow, Russia)</td>
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<td>816</td>
<td>Are urological patients at increased risks of developing haemostatic complications following shock wave lithotripsy (SWL) for solitary unilateral kidney stones?</td>
<td>S.F. Hughes, S.J. Thomas-Wright, J. Banwell, S. Mushtaq, R. Williams, M. Abdulmajed, I. Shergill (Chester, Wrexham, United Kingdom)</td>
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<td>817</td>
<td>Urgent extracorporeal shockwave lithotripsy in patients with obstruction solitary or both kidneys</td>
<td>G.L. Managadze, L.O. Varshanidze, K.G. Tevzadze, N. Gabunia (Tbilisi, Georgia)</td>
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<td>818</td>
<td>Emergency extracorporeal shockwave lithotripsy for preschool children</td>
<td>Y. Nadjimitdinov (Tashkent, Uzbekistan)</td>
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<td>819</td>
<td>Variation of the microbial spectrum of the urine in cases of extracorporeal shock wave lithotripsy of renal pelvic stones: Preliminary results</td>
<td>M.I. Kogan, A. Khasigov, M. Khajokov, Y. Naboka, I. Gudima (Rostov-on-Don, Russia)</td>
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</table>
821  Calculi localisation in extracorporeal shockwave lithotripsy. Reducing the radiation dose to the patient
D.A. Bryant, H. Smith, G. Lewis (Sunderland, United Kingdom)

* 822  Computer based fully automated renal stone detection to establish new imaging and treatment modalities
for extracorporeal shockwave therapy
R.P. Zimmermann, W. Pomwenger, P. Ott, E.E. Foditsch, G. Janetschek, S. Wegenkittl (Salzburg, Austria)
## Abstract Session

### Monday, 14 April - EAU Programme

**Room C6**

**Poster Session 67**

**Prostate cancer: Improving biopsies for screening**

**09.15 - 10.45**

**Chair:**
- A. Scafetta, Rome (IT)
- R. Sosnowski, Warsaw (PL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

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<tbody>
<tr>
<td>823</td>
<td>Infections after transrectal ultrasound guided prostate biopsy - a population based study</td>
<td>K.J. Lundström, L. Drevin, S. Carlson, H. Garmo, S. Loeb, P. Stattnin, A. Bill Axelson (Östersund, Uppsala, Stockholm, Umeå, Sweden; New York, United States of America)</td>
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<tr>
<td>824</td>
<td>Unnecessary biopsies can be reduced by prostate cancer gene 3 together with multiparametric magnetic resonance: Decision curve analysis to evaluate predictive models</td>
<td>G.M. Busetto, E. De Berardinis, A. Scafetta, V. Panebianco, R. Giovannone, V. Gentile, S. Salciccia (Rome, Italy)</td>
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<td>825</td>
<td>Prostate health index (PHI) is more accurate than PCA3 assay in the prediction of aggressive characteristics at initial prostate biopsy (PBX)</td>
<td>V. Scattoni, L. Villa, S. De Luca, U. Capitanio, F. Porpiglia, M. Lazzeri, M. Papotti, E. Bollito, G. Lughezzani, A. Larcher, G. Lista, G.M. Gadda, G. Guazzoni (Milan, Turin, Italy)</td>
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<tr>
<td>826</td>
<td>Obesity and hypogonadism are associated with an increased risk of predominant Gleason 4 pattern on radical prostatectomy specimen</td>
<td>Y. Neuzillet, A. Pichon, V. Molinié, T. Lebret, H. Botto, J-P. Raynaud (Suresnes, Fort de France, Paris, France)</td>
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<td>827</td>
<td>Association of male pattern baldness and risk of cancer and high grade disease among men presenting for prostate biopsy</td>
<td>G.M.A. Al-Edwan, B. Bhindi, D. Margel, K. Chadwick, A. Finelli, A. Zlotta, J. Trachtenberg (Toronto, Canada)</td>
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<td>829</td>
<td>Multiparametric 3T-MRI for prostate cancer screening: A risk stratification for clinically significant disease based on 337 patient records</td>
<td>K. Kamoi, K. Okihara, F. Honga, Y. Naya, T. Nakamura, T. Ueda, Y. Yamada, T. Miki (Kyoto, Japan)</td>
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<td>831</td>
<td>Accuracy of index tumour mapping by real-time 3D-TRUS-based tracking of prostate targeted biopsy trajectory using elastic MR-image-fusion: A two centre study</td>
<td>E. Baco, E. Rud, H.B. Eggesbo, L. Vlatkovic, A. Svindland, S. Palmer, M. Aron, T. Matsugasumi, I.S. Gill, O. Ukimura (Oslo, Norway; Los Angeles, United States of America)</td>
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<tr>
<td>832</td>
<td>MRI invisible prostate cancer: The role of biopsy outside the MRI lesion</td>
<td>D. Eldred-Evans, P. Sturch, I. Meiers, A. Polson, G. Rottenburg, R. Popert (London, United Kingdom)</td>
</tr>
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</table>
833  Do additional cores from MRI-cancer suspicious lesion to systematic 12-core transrectal prostate biopsy give better cancer detection?
K. Shigemura, K. Tanaka, M. Yamashita, H. Miyake, M. Fujisawa (Kobe, Japan)

834  Characteristics of modern Gleason 9/10 prostate adenocarcinoma

835  Withdrawn
### Thematic Session 10

**Type:** Castration-resistant prostate cancer

**Monday, 14 April - EAU Programme**

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<td><strong>Castration-resistant prostate cancer</strong></td>
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<td>11.00</td>
<td><strong>Modern second line hormonal manipulation</strong></td>
<td>K. Miller, Berlin (DE)</td>
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<td><strong>Aims and objectives</strong></td>
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<td>• the mechanism of action of new hormonal agents</td>
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<td>• when and how to us these agents in daily practice</td>
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<td>• future developments</td>
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<td>11.15</td>
<td><strong>New ways to target bone metastases</strong></td>
<td>S. Osanto, Leiden (NL)</td>
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<td><strong>Aims and objectives</strong></td>
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<td>Skeletal complications are a major cause of prostate cancer morbidity and</td>
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<td>metastasis prevention remains an unmet medical need.</td>
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<td>The aim is to provide a concise and critical update on the progress in</td>
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<td>bone targeted therapy.</td>
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<td>Efficacy of novel bone targeting therapies in prevention of “symptomatic”</td>
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<td>skeletal related events and increase of bone metastasis free and overall</td>
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<td>survival will be discussed.</td>
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<td>Risks and benefits of novel agents versus conventional treatment options</td>
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<td>in terms of frequency and severity of adverse events, benefits in pain</td>
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<td>reduction, quality of life, and overall survival will be weighed.</td>
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<td>Introduction of an alpha-emitting agent in daily practice will be</td>
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<td>Objectives are to facilitate clinical decision making with regard to</td>
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<td>optimal sequencing and combination of available therapies to prevent</td>
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<td>skeletal morbidity in CRPC patients.</td>
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<td>11.45</td>
<td><strong>New ways to target the immune system in prostate cancer</strong></td>
<td>P.F.A. Mulders, Nijmegen (NL)</td>
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<td>11.45</td>
<td><strong>Associated abstract presentations</strong></td>
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<td>869</td>
<td>Prevention of symptomatic skeletal events in patients with genitourinary</td>
<td>K. Fizazi, R. Coleman, L.</td>
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<td>869</td>
<td>(GU) tumours and bone metastases treated with denosumab or zoledronic</td>
<td>Klotz, K. Pittman, P.</td>
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<td>Milecki, L. Costa, R.</td>
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<td>Von Moos, V. Ganju, R. Wei, G. Demonty, A. Braun, M. Smith (Villejuif,</td>
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<td>Canada; Woodville, Melbourne, Australia; Poznan, Poland; Lisbon,</td>
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<td>metastases treated with denosumab or zoledronic acid</td>
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<td>Thousand Oaks, Boston, United States of America)</td>
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<tr>
<td>861</td>
<td>Impact of prior endocrine therapy on radiographic progression-free survival</td>
<td>D. Schrijvers, T. Kheoh,</td>
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</tbody>
</table>
11.00 - 12.00 Will transurethral resection of the prostate (TURP) remain state of the art?

Room A2

Chair: L. Martínez-Piñeiro, Madrid (ES)

11.00 - 11.15 Innovations of standard TURP
B. Geavlete, Bucharest (RO)

Aims and objectives
The gold standard status of monopolar TURP has been often questioned but not yet reliably ruled out. Its' long term efficacy supported by extensive literature data continues to remain unsurpassed. Bipolar resection is currently becoming increasingly popular due to its' lower bleeding risks, reduced perioperative morbidity, shorter convalescence period and similar long term safety as well as symptomatic and functional outcomes. Additionally, the use of bipolar current provides a superior cutting effect and finally eliminates the surgical time and prostate volume limitations. Cost savings are expected due to decreased hospital stay, while the evolution to an enucleation-resection approach showed promising results expecting further confirmation. In conclusion, there should be basically no reason whatsoever not to switch to bipolar TURP during the daily practice.

11.15 - 11.30 Developments of laser treatment
A. Descazaeud, Limoges (FR)

Aims and objectives
Lasers are more and more developing for the treatment of LUTS related to benign prostatic obstruction (BPO). Four lasers are used in BPO treatment: Greenlight, Holmium, Diode and Thulium. EC mark is the sole mandatory conformity marking for laser devices sold within the European Economic Area. Indeed, developments of surgical devices are not submitted to such complicated process as drug medications. Therefore, once a laser device is commercialised, efficacy and safety have to be assessed. In addition, any superiority of laser over trans Urethral Resection of the Prostate or open prostatectomy remains to be proven. Consequently, the evaluation of lasers is mandatory to pursue the development of laser treatment in BPO. The aim of the presentation will be to analyse the literature on the four lasers used in the treatment of BPH, and to summarise the main assets and drawbacks for each of them. A special focus will be performed on the levels of evidence of the literature and on the available cost analyses.

11.30 - 11.45 Evolution of new minimally-invasive methods
M.S. Michel, Mannheim (DE)

Aims and objectives
In the past decades several attempts have been made to optimise TURP. The harvest of this is a significant reduction in morbidity and side effects associated with TURP. In addition new minimal invasive techniques have been invented which act without the resection or acute ablation of tissue. One of the aim of these techniques is to enable interventional office based BPH therapy. However, using these techniques new different side effects are detectable, long term re-treatment rates are unclear and special individual patient based indications have to be respected. This presentation will give a critical overview and outlook for minimal-invasive methods of BPH treatment.
11.45 - 12.00  **Associated abstract presentations**

128  **Prospective randomized controlled trial comparing GreenLight (GL) 180-W XPS PVP and transurethral resection of the prostate (the Goliath Study): Patient questionnaires and one year follow-up**


226  **Surgical management of benign prostatic obstruction: Current practice patterns and attitudes in Europe**

**R. Sosnowski, C. De Nunzio, N. Thiruchelvam, S. Ahyai, R. Autorino, A. Bachmann, A. Briganti, G. Novara, C. Füllhase (Warsaw, Poland; Rome, Naples, Milan, Padua, Italy; Cambridge, United Kingdom; Hamburg, Munich, Germany; Basel, Switzerland)**
### Thematic Session 12

**Room A4**

**Chair:** Z. Culig, Innsbruck (AT)

<table>
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<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tr>
<td>11.00 - 11.15</td>
<td>Targetable interleukin-8</td>
<td>D. Waugh, Belfast (GB)</td>
<td>Room A4</td>
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<td></td>
<td><strong>Aims and objectives</strong></td>
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<td>IL-8 is a signalling chemokine that has widespread effects upon the</td>
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<td>tumour microenvironment. The lecture will provide evidence of how</td>
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<td>tumour-derived expression of IL-8 is regulated, specifically in</td>
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<td>relationship to how PTEN status affects the transcription and</td>
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<td>signalling potential of this chemokine in tumour cells. The</td>
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<td>lecture will develop the theme of how treatment-induced stress can</td>
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<td>augment the expression of IL-8 and how IL-8 signalling can modulate</td>
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<td>the response of prostate tumours to relevant clinical interventions.</td>
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<td>Moreover, the lecture will describe how tumour-derived IL-8 can</td>
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<td>drive a monocyte-dependent induction of tumour cell migration and</td>
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<td>invasion. The lecture will seek to build multiple levels of evidence</td>
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<td>to promote the use of anti-IL-8 treatment strategies as a combination</td>
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<td>approach to improve response to existing therapeutic interventions</td>
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<td>in prostate cancer.</td>
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<td>11.15 - 11.30</td>
<td>Novel anti-androgenic compounds</td>
<td>F. Claessens, Leuven (BE)</td>
<td>Room A4</td>
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<td><strong>Aims and objectives</strong></td>
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<td>• Give an overview of the mode of action of androgens and the androgen</td>
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<td>receptor in prostate cells.</td>
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<td>• Describe the action mechanism of old and new androgen antagonists.</td>
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<td>• Discuss possible mechanisms of resistance against androgen</td>
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<td>deprivation and resistance against enzalutamide.</td>
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<td>11.30 - 11.45</td>
<td>Present and absent targets during ADT</td>
<td>F.R. Santer, Innsbruck (AT)</td>
<td>Room A4</td>
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<td><strong>Aims and objectives</strong></td>
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<td>It is well-known that androgen deprivation therapy changes the gene</td>
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<td>expression profile of prostate cancer cells. Proteins upregulated</td>
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<td>through androgen receptor inactivation represent potential targets</td>
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<td>for novel therapeutics. Thus, first-line androgen deprivation</td>
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<td>therapy could be improved by combinatorial approaches. On the other</td>
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<td>hand, specific targets can also be downregulated through androgen</td>
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<td>ablation. In consequence, therapeutic approaches may fail because</td>
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<td>their target is absent. This presentation will show preclinical</td>
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<td>development of combinatorial approaches for androgen deprivation</td>
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<td>therapy on the example of one present and one absent target.</td>
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<td>11.45 - 12.00</td>
<td>Associated abstract presentations</td>
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EAU Stockholm 2014  259
**Monday, 14 April - EAU Programme**

**Thematic Session 13**

**11.00 - 12.00  Expert challenges the expert**

**Room A8**

*Chair:  A. De La Taille, Creteil (FR)*

**11.00 - 11.30  Video debate How I do nerve-sparing cystectomy and orthotopic neobladder**

P. Wiklund, Stockholm (SE)

**Challenger:**

U.E. Studer, Berne (CH)

**Aims and objectives**

The aim of this presentation is to discuss the surgical technique during Robot Assisted Radical Cystectomy (RARC). The focus will be on the different surgical steps in RARC, cystectomy, lymph node dissection and urinary diversion. Detailed video clips will be used to show the various steps of the procedure. Oncological and functional outcomes as well as complications after RARC will be discussed. Results from the International Robotic Cystectomy Consortium (IRCC) will also be presented.

**11.30 - 12.00  Video debate How I do laparoscopic pyeloplasty**

F. Porpiglia, Turin (IT)

**Challenger:**

C. Vaessen, Paris (FR)

**Aims and objectives**

The aim of the video presentation is to show different minimal invasive approaches available to perform pyeloplasty (pure laparoscopic, mini-laparoscopic, standard robot-assisted and LESS robot-assisted) with an insight about tricks and hot points of every approach in order to achieve the best result with the most appropriate technique on the basis of the clinical case.
Thematic Session 14

11.00 - 12.00 Challenges in non-surgical stone management

Room K1

Chair: P. J. Oster, Fredericia (DK)

11.00 - 11.15 EAU Guidelines snapshot Evaluation and follow-up of recurrent stone formers

C. Türk, Vienna (AT)

11.15 - 11.35 Challenges in cystinuria

K. Thomas, London (GB)

Aims and objectives

Cystinuria represents only 1% of stone disease but due to frequent stone formation can pose a management challenge to the endourologist. The complexities of cystinuria require multidisciplinary management with individualised follow-up to prevent stone episodes and capture stone events before they present with symptoms or complications. In this talk I will address three main themes based on our experience from a large UK multi-disciplinary cystinuria clinic namely; monitoring, genetics and prevention.

11.35 - 11.55 Diet in stones

O. Traxer, Paris (FR)

Aims and objectives

Diet is a major risk factor for stone formation. The goal of this talk is to present these risk factors according to the stone analysis and the 24 hour urine collection.

11.55 - 12.00 Associated abstract presentation

815 Does extracorporeal shock wave lithotripsy cause diabetes mellitus? A nation wide population based and with an 8 year follow-up study

### Thematic Session 15

**11.00 - 12.00 Update on renal cell cancer**

**Room K2**

Chair: A. Alcaraz, Barcelona (ES)

#### 11.00 - 11.15 Partial nephrectomy, ischaemia and chronic kidney disease
S. Campbell, Cleveland (US)

**Aims and objectives**
To review recent information about renal function after partial nephrectomy and its implications

#### 11.15 - 11.30 Is 3D laparoscopic surgery a substitute for the robot?
J-U. Stolzenburg, Leipzig (DE)

**Aims and objectives**
Robotic assisted surgery has two major advantages, the excellent degree of surgical instrument movement and the more comfortable intraoperative conditions for the surgeon. Laparoscopic instruments are evolving, especially with the advent of Laparoendoscopic single-site surgery. Advanced articulating instruments are available and the clinical evaluation would demonstrate their efficacy in laparoscopic surgery. Thus, the combined use of 3D imaging and advanced articulating instruments would probably make conventional laparoscopy closer to the robotic-assisted approach. Even then, the comfort of the surgeon who is not required to be standing over the patient in order to perform the procedure, is a unique feeling and probably a radical concept in the history of surgery. Laparoscopy will probably remain the most affordable solution for many institutions around the world. The future will show if laparoscopy would evolve to the standards of robotics or eventually laparoscopy would evolve to robotics in all institutions.

#### 11.30 - 11.45 Predicting response to target therapies in metastatic renal cell cancer
B. Mellado, Barcelona (ES)

**Aims and objectives**
In the last decade, the introduction of new targeted therapies has improved in an unprecedented manner the treatment landscape of metastatic Renal Cell Carcinoma (mRCC) patients. Despite the outcome improvement with anti-VEGF therapies, not all the patients have the same range of benefit. About 25% of patients are primary-refractory and they usually do not respond to second-line therapies with other anti-VEGF or mTOR inhibitors. On the other hand, a similar percentage of patients may present a long-lasting clinical benefit to the therapy. At this moment, predictive markers of response that can be clinically used to select patients for specific therapies are lacking. The presentation will review data related to different types of potential predictive markers that include clinical, toxicity-based, serum, tissue, and radiologic biomarkers.

#### 11.45 - 12.00 Associated abstract presentations

<table>
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<tr>
<th>Number</th>
<th>Title</th>
<th>Authors</th>
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</table>
**Thematic Session 16**

**11.00 - 12.00  Reconstructive urology: Now and the future**

**Room T1**

*Chair:* R. Yiou, Créteil (FR)

**11.00 - 11.15  Are there really less complications with native tissue repair for vaginal prolapse?**
F. Haab, Paris (FR)

*Aims and objectives*
To give an update on surgical treatment of pelvic organ prolapse with a special emphasis on specific indications for native tissue or synthetic meshes.

**11.15 - 11.30  Back to Bricker: A good idea?**
F. Liedberg, Malmö (SE)

*Aims and objectives*
In this presentation the query "Back to Bricker: A good idea?" will be further explored from the following perspectives: The changing surgical scenario, how functional outcome measures are reported, patient counselling, surgical volume, and data from population-based reports on complications and long-term outcomes after urinary diversion.

**11.35 - 11.45  Urethroplasty, more than repair of micturition alone**
W. Oosterlinck, Ghent (BE)

*Aims and objectives*
The main aim of urethroplasty is to restore micturition. Nowadays, more attention is given to quality of life, sexual function and cosmesis. Minimizing morbidity at the graft donor site has become an area of research and the first randomized controlled trials have been published, discussing a number of different approaches. The objective of this presentation is to provide an overview of the current knowledge in this area with a focus on limiting complications.

**11.45 - 12.00  Stem cells and scaffolds: The future**
D. Eberli, Zurich (CH)

*Aims and objectives*
Stem cells and biomaterials are envisioned as novel therapeutic options for many urologic disorders. Although the approaches are straightforward and often mimic the developmental processes, the application of these strategies remains highly challenging. In this presentation I will provide an up-to-date overview of the topic and highlight the current obstacles for clinical translation.
### Thematic Session 17

**Monday, 14 April - EAU Programme**

#### 11.00 - 12.00 1st ESO Prostate Cancer Observatory: Innovation and care in the next 12 months

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>11.00 - 11.05</td>
<td>Introduction</td>
<td>A. Costa, Milan (IT)</td>
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<tr>
<td>11.05 - 11.10</td>
<td>The researcher’s perspective</td>
<td>A. Bjartell, Malmö (SE)</td>
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<tr>
<td>11.10 - 11.15</td>
<td>The urologist’s perspective</td>
<td>N. Mottet, Saint Etienne (FR)</td>
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<tr>
<td>11.15 - 11.20</td>
<td>The medical oncologist’s perspective</td>
<td>M. Mason, Cardiff (GB)</td>
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<td>11.20 - 11.25</td>
<td>The radiation oncologist’s perspective</td>
<td>A. Bossi, Villejuif (FR)</td>
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<td>11.25 - 11.30</td>
<td>A patient advocate’s perspective</td>
<td>H. Randsdorp, Lisserbroek (NL)</td>
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<td>11.30 - 11.50</td>
<td>Discussion</td>
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<td>11.50 - 12.00</td>
<td>Take home messages</td>
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**Room C6**

**ESO prostate cancer programme coordinator:** R. Valdagni, Milan (IT)

**Chair:** H. Van Poppel, Leuven (BE)

**Moderator:** A. Costa, Milan (IT)

**Aims and objectives**

ESO Observatories are high level sessions organised during major international congresses with the aim of providing the audience with updated and unbiased information on a given topic. An ESO Observatory lasts about one hour and concentrates on a forecast given by a panel of experts of what it is expected to happen in their own field in the coming 12 months. The panel includes distinguished clinicians and/or scientists and a patient advocate.

The forecast by each panel member is given in the form of take-home concise messages with 5-minute presentation of 2-3 slides. The forecast will be discussed by the panel.
### Thematic Session 18

**11.00 - 12.00**  
**Joint session European Society for Radiotherapy & Oncology (ESTRO) and EAU**  
**Room A11**

*Chairs:*  
G. De Meerleer, Ghent (BE)  
C. Stief, Munich (DE)

#### 11.00 - 11.30

**The points of view in the treatment of high risk prostate cancer**

**The urologist**  
F. Montorsi, Milan (IT)

**The radiation oncologist**  
G. De Meerleer, Ghent (BE)

#### 11.30 - 12.00

**The points of view in the treatment of oligometastatic disease**

**The urologist**  
C. Stief, Munich (DE)

**Aims and objectives**

Systematic treatment alone proved to be of limited success in patients with metastatic prostate cancer. We have therefore put up a clinical protocol for both patients with oligo- and polimetastatic prostate cancer that offers patients in otherwise very good general conditions a multimodal approach. It comprises extended radical prostatectomy and extended lymphadenectomy, depending on the results of Cholin- or PSMA-PET, often to the diaphragm. Surgery is usually followed by hormonal treatment and, depending on the metastatic site(s) by radiotherapy and/or nuclear medicine treatment.

**The radiation oncologist**  
P. Ost, Ghent (BE)

**Aims and objectives**

Aim:  
Metastatic prostate cancer is a heterogeneous disease with the number of metastases at presentation as an important prognostic factor. A recent controversial option for patients with a limited number of metastases (or oligometastases) is local Metastasis-Directed Therapy (MDT) with surgery or Stereotactic Body Radiotherapy (SBRT) to postpone the need for systemic treatment. This lecture will discuss SBRT as a valid option.

Objectives:

- An overview of the potential benefits of SBRT (non-invasive approach, a short treatment course, acceptable toxicity, excellent local control,...)
- A critical appraisal of the published SBRT literature.
- Patient selection for SBRT
- An overview of the running prospective (randomised trials).
Monday, 14 April - EAU Programme

Thematic Session 19

11.00 - 12.00 Joint session with the European Society of Nuclear Medicine (EANM) and EAU

Room A10

Chairs: A. Briganti, Milan (IT)
       K. Herrmann, Munich (DE)

11.00 - 11.20 Unmet need in prostate cancer recurrence imaging: Urological perspective
A. Briganti, Milan (IT)

11.20 - 11.40 Nuclear medicine imaging in prostate cancer recurrence
A. Beer, Munich (DE)

Aims and objectives
Imaging in prostate cancer recurrence is still a very controversial topic due to the fact that reliable data from high quality multicentre studies on the benefit of the different imaging modalities in specific clinical scenarios are largely missing. Moreover, another limiting factor up to now was a moderate accuracy of most nuclear medicine imaging techniques in cases of biochemical recurrence with low PSA values. However, recent progress in scanner technology and tracer development might change the situation profoundly. In this talk first a short summary on the status quo of nuclear medicine imaging in prostate cancer recurrence is presented. This includes conventional bone scintigraphy including SPECT/CT as well as PET with various radiotracers, focussing on choline based tracers. In the second part of the talk, recent developments with a potentially substantial impact on the future of imaging of prostate cancer recurrence will be presented. Concerning scanner technology especially hybrid PET/MR can improve diagnostic accuracy by combing the excellent soft tissue contact and functional imaging capabilities of state-of-the-art MRI with the biological information of PET. On the tracer development side, new compounds like radiolabelled ligands for PSMA will be discussed, as these compounds show very promising results and according to the first data are superior to choline based radiotracers.

11.40 - 12.00 Alpha-emitter therapy in metastatic prostate cancer
V. Lewington, London (GB)

Aims and objectives
1. Summarise the physical characteristics of alpha emitting radionuclides with respect to potential clinical applications
2. Review clinical trial evidence supporting the introduction of Ra-223 as a bone seeking radiopharmaceutical in metastatic castrate resistant prostate cancer
3. Outline requirements for the safe delivery of Ra-223 in routine clinical practice – patient selection, treatment administration, environmental impact mitigation
4. Briefly consider opportunities for further research using Ra-223
EUSP Session

Room A10

14.00 - 14.10  Introduction
  V.G. Mirone, Naples (IT)

14.10 - 14.40  Presentation: One year as a scholar
  C.G.H. Ronnau, Greifswald (DE)

14.40 - 15.10  The host’s perspective
  J.A. Schalken, Nijmegen (NL)

15.10 - 15.40  Reviewing the EUSP applications
  M.J. Ribal, Barcelona (ES)

15.40 - 16.00  National Societies presenting their scholars:
  British Association of Urology
  Deutsche Gesellschaft für Urologie
  Association Française d’Urologie
  Asociación Española de Urología
  Società Italiana di Urologia
  Society for Urological Surgery Turkey
  Turkish Urological Association

16.00 - 16.10  Award presentation: Best scholar
  Moderator:  V.G. Mirone, Naples (IT)
  Award winner:  Y. Neuzillet, Suresnes (FR)
  Predictive markers of response to neoadjuvant chemotherapy before cystectomy for bladder cancer, and the molecular characterization of nonresponder tumours

16.10 - 17.00  EUSP happy hour and simultaneous scholarship poster exhibition
Abstract Session

12.15 - 13.45 Reconstructive surgery

eURO Auditorium

Video session 8

Chairs: E. Chartier-Kastler, Paris (FR)
       F. Van der Aa, Leuven (BE)

V58 Robot-assisted ureteral reimplantation with the psoas hitch technique: Important surgical steps
J.L.H. Hohenhorst, M. Janowski, A. Pailliart, M. Vanberg, M. Musch, K. Darko (Essen, Germany)

V59 The use of barbed suture in reconstructive urological laparoscopy
A.J. Garcia Segui, J.A. Galán, A. Verges, J.P. Caballero, A. Amoros (Elche, Spain)

V60 Reconstruction of extended urethral stricture with tissue engineered autologous buccal mucosal graft (Mukocell®)
J. Beier, G. Rahm-Liebig, A. Pandey, H. Keller (Hof, Dresden, Germany)

V61 Laparoscopic correction of ureteral stenosis after open cystectomy
I. Gonzalez Rodriguez, G. Cruceyra Betriu, R. Gil Ugartebruru, P. Benito, S. Fernández-Pello Montes,
J. Mosquera Madera, F.J. Cuervo Calvo (Gijón, Spain)

V62 Robot-assisted laparoscopic artificial urinary sphincter implantation in women with stress urinary incontinence: A single center prospective study
M.A. Perrouin Verbe, P. Callerot, A. Valeri, G. Fournier (Brest, France)

V63 Apical sling for site specific pelvic organ prolapse repair
C. Riccetto, T. Aguilar, W. Azal Jr, P. Palma (Campinas, Brazil)

V64 The Phorbas system – a new single incision adjustable male sling: Implantation technique and first results
R.M. Bauer, S. Herschorn, T.B. Olmedo, O.D. Reyes, W. Huebner (Munich, Germany; Toronto, Canada;
Santiago de Chile, Chile; Korneuburg, Austria)
Abstract Session

12.15 - 13.45  Signaling pathways in prostate tumor and stem cells

Room A2

Poster Session 68

Chairs: N.J. Maitland, York (GB)
        M. Puhr, Innsbruck (AT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Prostate cancer stem cells and their clinical relevance
N.J. Maitland, York (GB)

* 836 Hes6 drives a critical androgen receptor (AR) transcriptional program to induce castration resistant prostate cancer (CRPC) through activation of an E2F1-mediated cell cycle network

837 Liver X receptor-β modulates cell proliferation, invasion, tumourigenesis and epithelial to mesenchymal transition of human prostate carcinoma cells
H-H. Juang, K-H. Tsui (Kwei-Shan, Tao-Yuan, Taiwan)

* 838 Non-canonical Wnt signaling promotes prostate cancer growth by increasing growth factors from stromal cells and plays a key role on stromal-epithelial cell communication
S. Takahashi, N. Terada, Y. Zeng, T. Shiraishi, Y. Homma, R.H. Getzenberg (Tokyo, Kyoto, Japan; Maryland, United States of America)

839 The role of YBX1 in prostate cancer - results from a 180K custom agilent microarray position YBX1 as a possible master regulator in prostate cancer
M.R. Pokorny (Brisbane, New Zealand)

840 Laminin binding glycan depletion on α-dystroglycan in prostate cancer cells promotes epithelial-mesenchymal transition and enhances tumour formation
T. Yoneyama, S. Hatakeyama, Y. Tobisawa, T. Koie, C. Ohyama, M. Fukuda (Hirosaki, Japan; La Jolla, United States of America)

841 Haematopoietic stem cell niche genes are upregulated in the molecular signature of the stroma response in osteoblastic bone metastasis
J. Hensel, B. Özdemir, C. Secondini, A. Wetterwald, R. Schwaninger, A. Fleischmann, W. Raffelsberger, O. Poch, M. Delorenzi, R. Temanni, G. Van Der Pluijm, M.G. Cecchini, G.N. Thalmann (Berne, Lausanne, Switzerland; Strasbourg, France; Leiden, The Netherlands)

842 NEDD9 crucially regulates TGF-β-triggered epithelial-mesenchymal transition and cell invasion in prostate cancer cells: Involvement in cancer progressiveness
K. Morimoto, T. Tanaka, T. Otoshi, K. Kuratsukuri, H. Kawashima, T. Nakatani (Osaka, Japan)

843 Mutual regulation between Raf/MEK/ERK signalling and Y-box-binding protein-1 promotes prostate cancer progression
K. Imada, M. Shiota, K. Kenichi, K. Kuroiwa, Y. Song, M. Sugimoto, Y. Oda, S. Naito (Fukuoka, Miyazaki, Japan)
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<th>Number</th>
<th>Title</th>
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<tr>
<td>846</td>
<td>Hif-1α induced gene activation in course of H3k9me3-depletion is significantly modulated by CpG-promoter methylation</td>
<td>U. Brandt, F. Wagenlehner, P. Waliszewski, K. Steger, W. Weidner, S. Gattenlöhrner, U. Schagdarsurengin, T. Dansranjavin (Giessen, Germany)</td>
</tr>
<tr>
<td>* 847</td>
<td>HES6 promotes prostate cancer aggressiveness and is independent of Notch signalling</td>
<td>F.L. Carvalho, L. Marchionni, A. Gupta, A.E. Ross, B. Ahamad, E.M. Schaeffer, D.M. Berman (Baltimore, United States of America; Kingston, Canada)</td>
</tr>
</tbody>
</table>
Abstract Session

Monday, 14 April - EAU Programme

Prostate cancer: Population-based screening

Room A4

Poster Session 69

Chairs: S.V. Carlsson, New York (US)
M.J. Roobol, Rotterdam (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

848 18-year follow-up from the Gothenburg randomised prostate cancer screening trial
J.E. Hugosson, G. Aus, S. Carlsson, E. Holmberg, C.G. Pihl, J. Stranne, H. Lilja (Gothenburg, Sweden; New York, United States of America)

849 Prostate cancer incidence and mortality in the Spanish section of the European Randomized Study of Screening for Prostate Cancer (ERSPC)
A. Páez, M. Luján, J.C. Angulo, R. Granados, M. Nevado, G.M. Torres, A. Berenguer (Fuenlabrada, Parla, Getafe, Torrejón de Ardoz, Madrid, Spain)

850 A comparison of the effectiveness of organised versus opportunistic screening measured as number need to invite (NNI) and number needed to diagnose (NND). Results from the Gothenburg randomised population-based prostate cancer screening trial
R. Godtman, E. Holmberg, J. Stranne, J. Hugosson (Gothenburg, Sweden)

851 Will men with very low PSA values accept a long screening interval?

852 Prostate biopsy trends in relation to U.S. Preventative Task for recommendations against routine PSA-based screening: A time-series analysis
B. Bhindi, M. Mamdani, G.S. Kulkarni, A. Finelli, R.J. Hamilton, J. Trachtenberg, A.R. Zlotta, A. Toi, A. Evans, T.H. Van Der Kwast, N.E. Fleshner (Toronto, Canada)

853 Should PSA mass screening be done in local area of Japan? 9 years consecutive survey for prostatic cancer screening and detection in Yamanashi, Japan
M. Kamiyama, T. Yamagishi, H. Maezawa, N. Imamura, M. Takeda (Yamanashi, Japan)

854 Diagnose and treatment for clinically localized prostate cancer. Adherence to EAU guidelines on prostate cancer in a nationwide population-based study
F. Gómez Veiga, B. Miñana, A. Rodríguez Antolín, J.M. Cózar, E. Pedrosa, Grupo Español de Cáncer de Próstata (A Corúña, Murcia, Madrid, Granada, Spain)

855 Future risk for intermediate and high risk prostate cancer in men with baseline PSA of 1-2.99ng/ml and low free-to-total PSA-ratio in a prospective population-based screening trial
M. Randazzo, J. Beatrice, A. Huber, R. Grobholz, L. Manka, F. Recker, M. Kwiatkowski (Aarau, Switzerland; Braunschweig, Germany)

856 Anti-diabetic drugs and prostate cancer incidence in the Finnish Prostate Cancer Screening Trial
A. Haring, T.J. Murtola, L. Määttänen, K. Taari, T.L.J. Tammela, A. Auvinen (Tampere, Helsinki, Finland)

857 The Rotterdam prostate cancer risk calculator: Improved prediction with more relevant pre-biopsy information, now in the palm of your hand
M.J. Roobol, J. Salmon, N. Azevedo (Rotterdam, The Netherlands; Évora, Portugal)
858 The influence of physical activity on prostate cancer diagnosis: A biopsy cohort analysis

859 Evaluating the impact of adulthood metabolic disorders on prostatic cancer etiology with early-in-life risk factors

* 860 STHLM3 - a prospective diagnostic study of prostate cancer
Abstract Session

12.15 - 13.45  Modern management of castration-resistant prostate cancer

Room A8

Poster Session 70

Chairs:  D. Berthold, Lausanne (CH)
        T.A. Borkowski, Warsaw (PL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 861 Impact of prior endocrine therapy on radiographic progression-free survival (rPFS) in patients with chemotherapy-naive metastatic castration-resistant prostate cancer: Results from COU-AA-302


862 Safety and efficacy of ODM-201 in chemotherapy and CYP17-inhibitor naïve patients: Analysis of data from the ARADES and the ARAFOR trials

L. Tammela, C. Massard, P. Bono, P. Langmuir, J. Aspegren, A. Vuorela, M.V.J. Mustonen, K. Fizazi (Tampere, Helsinki, Espoo, Finland; Villejuif, France; Malvern, United States of America)

863 Low dose GTx-758 decreases free testosterone to levels similar to orchiectomy in men with metastatic castration resistant prostate cancer (mCRPC)

R.H. Getzenberg, E.Y. Yu, J.A. Smith, M.L. Hancock, R. Tutrone, T.W. Flaig, K.R. Westenfelder, M. Szucs, J.T. Dalton, M.S. Steiner (Memphis, Seattle, Towson, Aurora, Missoula, United States of America; Budapest, Hungary)

864 Does Gleason score at initial diagnosis predict efficacy of abiraterone acetate (AA) therapy in patients with metastatic castration-resistant prostate cancer (mCRPC)? An analysis of AA phase 3 trials


865 Effects of radium-223 dichloride (Ra-223) on total alkaline phosphatase (ALP) and prostate-specific antigen (PSA) in patients with castration-resistant prostate cancer (CRPC) and symptomatic bone metastases from the phase 3 ALSYMPCA trial

D. Heinrich, C. Parker, M. Shan, S. Wilhelm, J. Garcia-Vargas, C.G. O’Bryan-Tear, O. Sartor (Lørenskog, Oslo, Norway; Sutton, United Kingdom; Whippany, New Jersey, New Orleans, Louisiana, United States of America)

* 866 Management of bone metastases secondary to prostate cancer: A comprehensive survey of practice patterns in five European countries

T. Lebret, A. Flinois, S. Schoen, S. Shepherd, G. Demonty (Suresnes, Montrouge, France; Zug, Switzerland; Uxbridge, United Kingdom)

867 Frequency and prognostic significance of flare-up phenomenon in castration resistant prostate cancer (CRPC) treated with docetaxel

868 Incidence of urinary tract obstructions due to prostate cancer progression differs according to primary treatments

869 Prevention of symptomatic skeletal events in patients with genitourinary (GU) tumours and bone metastases treated with denosumab or zoledronic acid
K. Fizazi, R. Coleman, L. Klotz, K. Pittman, P. Milecki, L. Costa, R. Von Moos, V. Ganju, R. Wei, G. Demonty, A. Braun, M. Smith (Villejuif, France; Sheffield, United Kingdom; Toronto, Canada; Woodville, Melbourne, Australia; Poznan, Poland; Lisbon, Portugal; Chur, Zug, Switzerland; Thousand Oaks, Boston, United States of America)

870 A phase 2 trial of prostate specific membrane antigen antibody drug conjugate (PSMA ADC) in taxane-treated metastatic castration-resistant prostate cancer (MCRPC)

871 Withdrawn

872 Long-term immunotherapy by dendritic-cells based vaccine in patients with PSA-recurrent prostate cancer
L.J. Jarolim, R. Spisek, M. Podrazil, M. Babjuk, J. Fucikova, A. Fialova, I. Minarik, H. Hromadkova (Prague, Czech Republic)
Abstract Session

12.15 - 13.45 Education and training

Room A10

Poster Session 71

Chairs: J. Palou, Barcelona (ES)
J.P.M. Sedelaar, Nijmegen (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

State-of-the-art: Education and training possibilities within the EAU
J. Palou, Barcelona (ES)

873 The role of simulators in surgical training: A bibliometric analysis from 1993–2012
B.D. Kelly, D.J. Lundon, D. Mak, P. Felle (Dublin, Ireland; Birmingham, United Kingdom)

874 Validation of the GreenLight Simulator and development of a training curriculum for GreenLight Laser Prostatectomy
A. Aydin, G.H. Muir, M.S. Khan, P. Dasgupta, K. Ahmed (London, United Kingdom)

875 Laparoscopic renal resection training in cadavers embalmed using Thiel’s method: Development and evaluation of skills learning
S.S. Ubee, B. Tang, R. Eisma, C. Biyani, G. Nabi (Wolverhampton, Dundee, Wakefield, United Kingdom)

876 The impact of resident involvement in minimally invasive urologic oncology procedures

877 Systematic review of effectiveness of mentorship programmes in urology

878 A multi-centre study evaluating performance of multidisciplinary teams: Urology vs the top cancer killers

879 Utilisation of information resources amongst urology outpatients
H. Lendrum, I. Pearce (Manchester, United Kingdom)

880 What is the knowledge of young nulliparous women about pelvic floor muscles and pelvic floor (dys) functions?
H. Neels, A. Vermandel, J.J. Wyndaele, W. Tjalma, S.G.G. De Wachter (Wilrijk, Belgium)

881 Evaluation of audiovisual educational material on urinary incontinence in incontinent and healthy subjects
P. Georgopoulos, A. Passiou, P. Kapoteli, M. Tsiouprou, D. Hatzichristou, A. Apostolidis (Thessaloniki, Greece)

882 Evaluating the accuracy of computed tomography of the kidneys, ureters and bladder interpretation by urology residents for suspected acute nephrolithiasis
I. Dukic, R. Robinson (Blackburn, United Kingdom)
883  International urology journal club via twitter - twelve month experience
I.A. Thangasamy, M. Leveridge, B.J. Davies, A. Finelli, B. Stork, H.H. Woo (Queensland, New South Wales, Australia; Ontario, Canada; Philadelphia, Michigan, United States of America)

884  How can the quality of congresses be improved? Results from an analysis of the annual congress of the German Society of Urology
J. Von Hardenberg, T.S. Worst, C. Weiß, M.S. Michel (Mannheim, Germany)
Abstract Session

12.15 - 13.45  BPE: What’s new in basic research?
Room A11

Poster Session 72

Chairs: S. Polatojew, Warsaw (PL)
S. Propping, Dresden (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Micro-RNA and BPH
S. Propping, Dresden (DE)

* 885 Targeting of smooth muscle force generation by inhibitors of focal adhesion kinase in the hyperplastic human prostate
T. Kunit, C. Gratzke, A. Schreiber, F. Strittmatter, B. Rutz, W. Loidl, K.E. Andersson, C.G. Stief (Munich, Germany; Linz, Austria; Winston-Salem, United States of America)

* 886 Induction of hypoxia and apoptosis genes expression in voiding dysfunction from long term bladder outlet obstruction
Y.S. Song, H.J. Lee, S. Choi, J. An, S.W. Doo, W.J. Yang, J.H. Yun, H.J. Kim, S.U. Kim (Seoul, Gumi, Cheonan, South Korea)

887 Finasteride resistance in BPH: Implications of methylated CpG island in 5-AR2 promoter and reduced 5-AR2 levels in adult prostate tissue
Y-N. Niu, D. Fan, S. Jin, K. Wang, N. Xing (Beijing, China)

888 Combined effect of polymorphisms in type III 5-α reductase and androgen receptor gene with the risk of benign prostatic hyperplasia in Korean men
K.H. Song, J.S. Lim, Y.G. Na, H.S. Kim, C.K. Sul (Daejeon, South Korea)

* 889 Responses to growth factor combinations in prostate stromal cells are qualitatively different from responses to stimulation with EGF, FGF or TGF alone
A. Schreiber, A. Ciotkowska, C.G. Stief, C. Gratzke, M. Hennenberg (Munich, Germany)

890 Prevalence of inflammation and benign prostatic hyperplasia on autopsy in Asian and Caucasian men
A.R. Zlotta, S. Egawa, D. Pushkar, A. Govorov, T. Kimura, M. Kido, H. Takahashi, C. Kuk, M. Kovylina, N. Aldaoud, N.E. Fleshner, A. Finelli, L. Klotz, G. Lockwood, J. Sykes, T.H. Van Der Kwast (Toronto, Canada; Tokyo, Japan; Moscow, Russia)

891 Heme oxygenase-1 prostatic levels are significantly lower in patients affected by moderate-severe LUTS secondary to benign prostatic hyperplasia: A pilot study
G.I. Russo, L. Vanelia, D. Campisi, E. Fragalà, S. Privitera, V. Favilla, T. Castelli, S. Cimino, V. Sorrenti, G. Morgia (Catania, Italy)

892 Quantitative and qualitative analyses of stromal and acinar components of prostate zones
B. Marroig, C.B.M. Gallo, B.M. Gregorio, E.F. Alves, F.J.B. Sampaio, W.S. Costa (Rio de Janeiro, Brazil)

893 The Rho-kinase pathway is involved in fibrotic bladder hypertrophy and ureter dysfunction in a rat model of partial urethral obstruction
R. Buono, F. Benigni, L. Villa, P. Hedlund (Milan, Italy; Linköping, Sweden)
894  Heterosynapse formation between human prostate stromal and epithelial cells cultured in three-dimensional Matrigel®
S.-D. Yeh, C.-Y. Tai, H.-H. Lu, C.-W. Wu (Taipei, Taiwan)

895  Cyclic GMP-binding protein kinases are colocalised with isoforms of the cyclic AMP-specific phosphodiesterase type 4 (PDE4) in the human prostate: An immunohistochemical study
S. Ückert, E.S. Waldkirch, F. Montorsi, M.A. Kuczyk, P. Hedlund (Hanover, Germany; Milan, Italy)

896  Honokiol, a constituent of Magnolia spec., inhibition adrenergic contraction of human prostate strips and induces death of stromal cells
M. Hennenberg, D. Herrmann, A. Schreiber, A. Ciotkowska, F. Strittmatter, C.G. Stief, C. Gratzke (Munich, Germany)
Abstract Session

Monday, 14 April - EAU Programme

12.15 - 13.45 Modern staging of urothelial carcinomas of the bladder and the upper tract: A new era has started

Room K1

Poster Session 73

Chairs: A. Noon, Sheffield (GB)
B.W.G. Van Rhijn, Amsterdam (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Pathologist armentorium in staging of upper urinary tract
E. Compérat, Paris (FR)

897 Gender-specific differences in clinicopathologic outcomes following radical cystectomy: An international multi-institutional study of over 8,000 patients

* 898 Discovery and validation of a novel expression signature for predicting recurrence in high-risk bladder cancer post-cystectomy

* 899 Microstaging HGT1 bladder cancer allows for a more tailored treatment: Results of an optimized strategy at 5y follow-up in 200 patients

900 Sub-stage according to micro and extensive lamina propria invasion improves prognostics in T1 bladder cancer
B. Van Rhijn, S. Berti, T. Van Der Kwast, S. Denzinger, N. Fleschner, M. Van Der Aa, G. Pigot, J. Boormans, M. Jewett, W. Wieland, A. Van Leenders, R. Stoehr, F. Hofstaedter, A. Zlotta, W. Otto, M. Burger, A. Hartmann (Amsterdam, Rotterdam, The Netherlands; Erlangen, Regensburg, Germany; Toronto, Canada)

901 The impact of frozen biopsy of bladder tumor bed during transurethral resection: A randomized prospective trial
J.A.Q.J. Queiroz Juveniz, A.C.S. Crippa Sant Anna, M.F. Francisco Dalloglio, A.J.N. João Nesrallah, D.C.C. Cezar Chade, A.C.M. Costa Matos, M.S. Srougi (São Paulo, Brazil)

902 Transurethral biopsy of the prostatic urethra frequently detects carcinoma in-situ and invasive urothelial carcinoma arising from the prostatic urethra and ducts/acini

903 Management of high risk superficial non-muscle invasive bladder cancer (NMIBC): Can imaging provide the missing link?
S. Banerjee, K. Manley, M. Rafiq, R. Ball, V. Kumar (Norwich, United Kingdom)
* 904  Can we customize therapy for localized bladder cancer according to the baseline results of the 18f-fluorodeoxyglucose (FDG) positron emission tomography/computed tomography (PET/CT)?
M. Rouanne, A. Girma, Y. Neuzillet, H. Botto, E. Le Stanc, T. Lebret (Suresnes, France)

905  Extended lymphadenectomy with radical cystectomy: Clinical and pathologic impact of separate lymph node packets versus en bloc submission - an update

906  A comparison between computerised tomography and magnetic response imaging in the primary staging of bladder cancer as compared to the final histology
A. Farooq, S. Robinson, H. Motiwala (Slough, United Kingdom)

907  Post-operative nomogram to predict cancer-specific survival after radical nephroureterectomy in patients with pT1-T3 N0/Nx upper tract urothelial carcinoma without metastasis
# Monday, 14 April - EAU Programme

## Abstract Session

### 12.15 - 13.45  Kidney transplant: From lab to clinic

**Room K2**

**Poster Session 74**  
*Chairs:*  P. Di Tonno, Bari (IT)  
V. Gomez Dos Santos, Madrid (ES)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**908**  Looking for solutions to the kidneys shortage: Xeno-transplantation of metanephroi  
C.D. Vera-Donoso, F. Marco-Jiménez, J.S. Vicente-Antón (Valencia, Spain)

**909**  The effect of glucocorticoid in vivo on apoptosis and stathmin in rat thymocytes  
K. Takai, M. Fujimoto, K. Nakamura (Shimonoseki, Yamaguchi, Ube, Yamaguchi, Japan)

**910**  Urine protein profiling identified alpha-1-microglobulin and haptoglobin as biomarkers for early diagnosis of acute allograft rejection following kidney transplantation  

**911**  MiRNAs profile throughout the sequence of isquemic lesion from donor to recipient. Value in prediction of renal graft outcome  

**912**  Can Ischaemia-Modified Albumin (IMA) be used as an objective?  
H. Koçan, S. İcitgez, U. Yücel, Y. Şenbabaoglu, E. Yücel, E. Ünlüer, A. Taşçi (Istanbul, Turkey)

**913**  Is there a role for preconditioning the kidney before warm ischemia with sildenafil?  
K. Mursi Hammoud, M. El-Ghoneimy, M. Badawy, O. Hammam, S. Mansy, T. El-Leithy, A. Morsy (Cairo, Egypt)

**914**  Zinc preconditioning protects the rat kidney against ischemic injury  
K. Rao, M. Yim, D. Bolton, L. Galea, G. Baldwin, A. Shulkes, O. Patel (Melbourne, Australia)

**915**  Kidney volume as a predictor of 1-year renal graft function in living donor transplantation  

**916**  Pretransplant biopsy in expanded criteria donors. Do we really need it?  

**917**  Successful transplantation of kidneys from standard criteria donors with different severities of terminal acute kidney injury  

**918**  Kidney retransplantation: Removal or persistence of the previous failed allograft?  
P. Dinis, P. Nunes, L. Marconi, A. Figueiredo, F. Furriel, D. Castelo, B. Parada, P. Moreira, C. Bastos, A. Roseiro, V. Dias, F. Rolo, A. Mota (Coimbra, Portugal)

**919**  Cancer screening can improve overall and cancer-specific survival in kidney transplant recipients  
Y. Kakuta, T. Kato, K. Yamanaka, O. Masayoshi, N. Nonomura (Suita, Japan)
## Abstract Session

### 12.15 - 13.45  URS in renal stones, stents

### Room T1

### Poster Session 75

**Chairs:**  
C.M. Scoffone, Turin (IT)  
O. Traxer, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

**Introduction on the session topic**

O. Traxer, Paris (FR)

<table>
<thead>
<tr>
<th>Poster Number</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>922</td>
<td>Temporal trends and treatment outcomes of flexible ureteroscopy (URS) for lower pole stones in a tertiary referral stone centre</td>
<td>C. Netsch, S. Knipper, A.K. Orywal, C. Tiburtius, A.J. Gross (Hamburg, Germany)</td>
</tr>
<tr>
<td>923</td>
<td>Prospective study on outcomes of retrograde intrarenal surgery (RIRS) in the treatment of renal calculi between 2 &amp; 3cm</td>
<td>G. Giusti, S. Proietti, R. Peschechera, G. Taverna, P. Graziotti (Rozzano, Italy)</td>
</tr>
<tr>
<td>924</td>
<td>Semirigid ureteroscopy via access sheath for large kidney stones – an international bicentric CT-controlled assessment</td>
<td>A.J. Miernik, M. Schoenthaler, K. Wilhelm, U. Wetterauer, M. Zyczkowski, A. Parandysz, P. Bryniarski (Freiburg, Germany; Zabrze, Poland)</td>
</tr>
<tr>
<td>925</td>
<td>Lower pole anatomy applied to flexible ureteroscopy: Experimental study using human tridimensional endocasts</td>
<td>B. Marroig, L.A. Favorito, F.J. Sampaio (Rio de Janeiro, Brazil)</td>
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<tr>
<td>927</td>
<td>Withdrawn</td>
<td></td>
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<tr>
<td>929</td>
<td>Is ureteral stenting systematic after uncomplicated ureteroscopic for distal ureteral stone?</td>
<td>R. Benrabah (Kouba, Algeria)</td>
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</tbody>
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**Monday, 14 April - EAU Programme**
930  The associated factors for ureteral-stent-related symptoms after ureteroscopic lithotripsy – a prospective study  

931  The importance of the distal end of double J stents in determining urinary symptoms and pain: An observational study using a specific validated questionnaire  
A. Bosio, P. Destefanis, E. Alessandria, E. Dalmasso, M. Preto, S. Santià, A. Bisconti, A. Buffardi, P. Gontero, D. Fontana, B. Frea (Turin, Italy)

932  Withdrawn

933  Comparison of efficacy and bladder irritation symptoms among three different ureteral stents: A double-blind prospective randomized controlled trial  
Abstract Session

12.15 - 13.45  RCC: Non-organ sparing surgery

Room C6

Poster Session 76
Chairs:  H. Lang, Strasbourg (FR)
        B. Ljungberg, Umeå (SE)

Update on IVC
B. Ljungberg, Umeå (SE)

934 Interobserver variability of R.E.N.A.L., PADUA, and centrality index nephrometry scores
M. Spaliviero, B.Y. Poon, O. Aras, P.L. Di Paolo, G. Guglielmetti, C. Coleman, C. Karlo, M. Bernstein,
D. Sjoberg, O. Akin, J. Coleman (New York, United States of America)

935 Reevaluation of prognostic value of Fuhrman nuclear grading system in renal cell carcinoma
M.S. Shim, A. Kim, S-K. Choi, M-S. Choo, C-S. Kim, H. Ahn, C. Song (Seoul, South Korea)

936 Has the new edition of the TNM improved the lymph node staging for renal cell carcinoma?
M. Fusano, A. Briganti, R. Bertini (Novara, Milan, Italy)

937 Anatomical study of surgical approaches to supradiaphragmatic segment of IVC through abdominal cavity
D.V. Shchukin, V.N. Lesovoy, I.A. Garagatly, G.G. Khareba, R. Hsaine, V.I. Savenkov (Kharkiv, Ukraine)

938 Application of preoperative renal artery embolization in patients with renal cell carcinoma and venous
tumor thrombus: An effective preoperative adjuvant therapy for patients with advanced tumor thrombus
Q. Tang, X. Li, Y. Song, J. Wang, Z. He, L. Zhou (Beijing, China)

939 Matched pair analysis of laparoscopic and open radical nephrectomy for the management of cT3 renal
cancer
A. Laird, G.D. Stewart, S.A. McNee, T. O’Brien, F.X. Keeley, S. Fowler, on Behalf of BAUS (Edinburgh,
London, Bristol, United Kingdom)

940 Combined laparoscopic radical nephrectomy with thoracoscopic thrombectomy for renal cancer with level
IV inferior vena caval thrombus
C. Yin (Nanjing, China)

941 Management of intracaval recurrence of renal cell cancer with thrombus formation
A. Heidenreich, C. Piper, A. Thissen, D. Porres, D. Pfister (Aachen, Germany)

942 Perioperative outcome and oncological follow up in a large series of patients with renal cell carcinoma
invading supradiaphragmatic vena cava and treated with nephrectomy and caval thrombectomy with
extracorporeal circulation and deep hypothermic circulatory arrest
U. Capitanio, R. Colombo, M. Freschi, D. Di Trapani, G. La Croce, C. Carenzi, V. Di Girolamo, G. Zanni,
P. Rigatti, R. Bertini (Milan, Italy)

943 Presence of distant metastases is associated with higher risk of complications and mortality after
nephrectomy in patients with renal cell carcinoma (RCC)
M.I. Volkova, A.V. Klimov, K.M. Figurin, V.B. Matveev (Moscow, Russia)

944 Impact of surgery on the prognosis of metastatic renal cell carcinoma with IVC thrombus
J.H. Hong (Seoul, Cheonan, South Korea)
945  Karnofsky-index, cardiac insufficiency and suspicion of metastatic disease are predictors of early death within 2 month after surgery for advanced renal cell cancer with venous involvement  
M Akkoyun, C. Von Klot, I. Peters, H. Tezval, M.W. Kramer, M.C. Hupe, T.R. Herrmann, G. Wegener,  
M.A. Kuczyk, A.S. Merseburger (Hanover, Germany)

946  Proposal of model based on CKD-EPI to predict post-nephrectomy glomerular filtration rate  
P. Rouvellat, M. Roumiguie, J.B. Beauval, G. Rollin, O. Merigot De Treigny, J. Piechaud, B. Delaunay,  
B. Malavaud (Toulouse, France)
Abstract Session

14.00 - 15.30 Techniques in motion

eURO Auditorium

Video session 9

Chairs:  B. Akdoğan, Ankara (TR)
         A. Apostolidis, Thessaloniki (GR)

V65 XPS green light laser new approaches: Anatomic photo-vapo-enucleation
     J.P. Rioja Zuazu, F. Gómez-Sancha, C. Blanco Chamorro, J. Aranda Lozano, L. Rodríguez-Vela, C. Rioja Sanz, M.J. Gil Sanz (Zaragoza, Madrid, Spain)

V66 Transurethral mechanical enucleation and bipolar resection of the prostate (TUER-P)
     J. Raßler, K.L. Berthold, J.U. Kempter (Leipzig, Germany)

V67 1-Stage transvesical laparoendoscopic single-port diverticulectomy and cystolithotripsy: Presentation of the method
     M. Roslan, M. Markuszewski, J. Klącz, M. Sieczkowski, W. Piaskowski, M. Matuszewski (Gdansk, Poland)

V68 Adult male circumcision with a circular stapler
     X.D. Jin, J-J. Lu (Hangzhou, Ningbo, China)

V69 Scrotoplasty after the division of the suspensory ligament of the penis and pubo-cavernous spacer insertion
     F. Colombo, A. Franceschelli, G. Gentile, R. Schiavina (Bologna, Italy)

V70 A standardized suture technique using a barbed suture improves efficacy and safety in retroperitoneoscopic partial nephrectomy: A single surgeon experience
     C. Wülfing, N. Flechtenmacher, J. Göckschu, S. Filiz, K.T. Helbron, J. Bode, D. Marghawal (Hamburg, Germany)

V71 Robotic bilateral inguinal lymphadenectomy in penile cancer, without robot repositioning
     R. Sotelo Noguera, M. Cabrera, R. De Andrade, O. Carmona, G. Fernández, E. Saenz, L. Nuñez, D. Canes (Caracas, Venezuela; Burlington, United States of America)

V72 Robot-assisted pelvic lymph node dissection during radical cystectomy. The OLV Vattikuti Robotic Surgery Institute technique
     A. Volpe, A. Ploumidis, M. Gan, G. De Naeyer, V. Ficarra, A. Mottrie (Aalst, Belgium)
**Monday, 14 April - EAU Programme**

### Abstract Session

**14.00 - 15.30 MRI staging of prostate cancer - is it already standard?**

**Room A2**

**Poster Session 77**

*Chairs:* B.A. Hadaschik, Heidelberg (DE)  
T.B.C.

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 947 **A prospective comparison of transrectal ultrasound biopsy with an MRI based diagnostic strategy in men with suspicion of prostate cancer**  
M.R. Pokorny, L. Thompson, R. Parkinson, J. Barentsz, M. De Rooij, E. Duncan, F. Schroder (Brisbane, Australia; Nijmegen, Rotterdam, The Netherlands)

* 948 **Comparison of targeted in-bore MRI–guided biopsy and conventional transrectal ultrasound (TRUS) - guided biopsy in biopsy-naïve patients with elevated prostate specific antigen (PSA) level**  
A. Hiester, C. Arsov, M. Quentin, L. Schimmöller, E. Godehardt, D. Blondin, G. Antoch, P. Albers, R. Rabenalt (Düsseldorf, Germany)

949 **Direct comparison of the ability to detect significant prostate cancer and assess cancer characteristics between magnetic resonance imaging targeted biopsy and systematic 14-core biopsy, including anterior samplings**  

950 **Trans-rectal ultrasound visibility of lesions increase accuracy of TRUS/MR image-fusion guided prostate biopsies**  
A. Marien, S. Palmer, M. Aron, A.L. De Castro Abreu, S. Leslie, T. Matsugasumi, S. Shoji, I. Gill, O. Ukimura (Los Angeles, United States of America)

951 **The PICTURE Study - prostate imaging (multi-parametric MRI and Prostate HistoScanning™) compared to transperineal ultrasound guided biopsy for significant prostate cancer risk evaluation**  

952 **The roles of multiparametric MRI, PCA3, and PHI in the prediction of prostate cancer after an initial negative biopsy: Results of a prospective study**  
F. Porpiglia, F. Russo, M. Manfredi, F. Mele, M. Poggio, S. Grande, C. Fiori, E. Bollito, M. Papotti, I. Molineris, D. Regge (Orbassano, Candolo, Turin, Italy)

953 **Diffusion-weighted MRI allows for the detection of significant prostate cancer**  

954 **Utility of preoperative 3 Tesla pelvic phased-array magnetic resonance imaging in prediction of extracapsular extension of prostate cancer and its impact on surgical margin status: Experience at a Canadian tertiary academic health science center**  
I. Wright, J. Hoogenes, J. Lee, T. Juvet, C. Boylan, B. Shayegan (Hamilton, Canada)
955 Multiparametric MRI-TRUS fusion targeted prostate biopsies: Characteristics of MRI-undetected tumour foci  
N. Barry Delongchamps, A. Lefevre, F. Beuvon, M. Peyromaure, M. Zerbib, P. Legman, F. Cornud (Paris, France)

956 Prostate tumor volumes: Agreement between MRI and histology using novel co-registration software  

* 957 Role of repeat 3T multiparametric MR imaging and MR-guided biopsy versus repeat TRUS-guided biopsies after 1 year follow-up in low-risk prostate cancer patients in an active surveillance protocol  

958 Pre-active surveillance multiparametric MRI predicts 2 year outcomes  
F. Sanguedolce, G. Petralia, H. Sokhi, N. Anyamene, G. Hellawell, A.R. Padhani (London, United Kingdom; Milan, Italy)

959 The role of multi-parametric MRI in the management of patients on active surveillance for prostate cancer  
Abstract Session

14.00 - 15.30 Technical aspects of robot-assisted prostatectomy

Room A4

Poster Session 78

Chairs: A. Bjartell, Malmö (SE)
       B. Guillonneau, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Why do we need a robot?
B. Guillonneau, Paris (FR)

* 960 Do patients with running vesico-urethral anastomosis have better outcome than those with conventional interrupted suture?
H. Matsuyama, H. Matsumoto, T. Hara, K. Nagao, Y. Kawai, K. Kobayashi (Ube, Japan)

961 Relationship between anastomotic stricture and type of suture after radical prostatectomy
M.M. Mari, S.G. Guercio, M.B. Bellina (Rivoli - Turin, Italy)

962 The use of bidirectional barbed suture during robotic assisted radical prostatectomy: Impact on the perioperative and functional outcomes
H. Abdul Muhsin, S. Samavedi, S. Pigilam, K. Palmer, G. Ebra, V. Patel (Celebration, United States of America)

* 963 Anastomotic strictures in 2800 patients after laparoscopic and robotic-assisted laparoscopic radical prostatectomy
M. Hruza, A. Goezen, J. Lorenzo Bermejo, M. Schulze, J. Klein, J. Rassweiler (Heilbronn, Heidelberg, Germany)

964 Impact of prior abdominal surgery on robotic assisted radical prostatectomy
S. Samavedi, H. Abdul Muhsin, C. Pereira, S. Pigilam, I. Camacho, K. Palmer, B. Rocco, G. Ebra, V. Patel (Celebration, Florida, United States of America; Milan, Italy)

965 The impact of posterior rhabdomyosphincter reconstruction on early urinary continence and cystographic leakage in robot assisted laparoscopic radical prostatectomy (RALP): A single institution experience

966 The surgical learning curve for an open versus laparoscopic surgeon performing robotic assisted laparoscopic prostatectomy (RALP): A single institution experience
D.R. Wetherell, D.V. Gyomber, N. Papa, Y. Chan, P. Ruljancich, G. Jack, D.R. Webb, L. Harewood, D. King, N. Lawrentschuk, D.M. Bolton (Heidelberg, Box Hill, East Melbourne, Australia; Los Angeles, United States of America)

* 967 The impact of robotic-assisted radical prostatectomy on pelvic lymph node dissection and perioperative outcomes in patients with high-risk prostate cancer
G. Gandaglia, M. Sun, V. Trudeau, A. Becker, F. Roghmann, Z. Tian, J. Schiffmann, M. Azizi, P. Perrotte, A. Briganti, P.I. Karakiewicz, F. Abdollah (Milan, Italy; Montreal, Canada)

968 Outcomes of robotic radical prostatectomy in patients who are eligible for active surveillance for prostate cancer: Current situation in the robotic era
E. Alkan, A.E. Canda, A.E. Isgoren, M.D. Balbay (Istanbul, Ankara, Nevsehir, Turkey)
969  **How to optimize the use of robotic assisted radical prostatectomy: The role of preoperative patient characteristics to identify ideal candidates for minimally invasive approach**

970  **Incidence and predictors of 30-day readmission in patients treated with robot-assisted radical prostatectomy**

971  **Safety of selective nerve sparing in high risk prostate cancer during robotic prostatectomy**
S.S. Samavedi, H. Abdul-Muhsin, P.S.K. Pigilam, K. Palmer, G. Ebra, B. Rocco, V. Patel (Celebration, United States of America; Milan, Italy)
## Abstract Session

### 14.00 - 15.30 Androgen deprivation therapy, still work to be done

**Room A8**

**Poster Session 79**

*Chairs: J-E. Damber, Gothenburg (SE) J. Rubio Briones, Valencia (ES)*

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**State-of-the-art: What we still need to address**

J-E. Damber, Gothenburg (SE)

<table>
<thead>
<tr>
<th><strong>972</strong></th>
<th>Effects of prior use of statins in a phase 3 study of intermittent versus continuous combined androgen deprivation</th>
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<tbody>
<tr>
<td>F. Calais Da Silva Junior, F. Calais Da Silva Senior, F. Gonçalves, J. Kliment, P. Whelan, N. Antoniou, S. Pastidis, Y. Beduk, C. Robertson (Lisbon, Portugal; Bratislava, Martin, Slovakia; Leeds, Glasgow, United Kingdom; Athens, Greece; Ankara, Turkey)</td>
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<tr>
<th><strong>973</strong></th>
<th>Nadir testosterone on ADT predicts for time to castrate resistant progression: A secondary analysis of the PR-7 intermittent vs continuous ADT trial</th>
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<tr>
<td>L. Klotz, K. Ding, L. Goldenberg, T. Higano, J. Crook (Toronto, Kingston, Vancouver, Kelowna, Canada; Seattle, United States of America)</td>
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<tr>
<th><strong>974</strong></th>
<th>Mortality in men with advanced prostate cancer appears to be reduced with radical treatment compared to androgen deprivation alone</th>
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<tr>
<td>P. Sooriakumaran, T. Nyberg, O. Akre, S. Carlsson, L. Haendler, G. Steineck, P. Wiklund (Oxford, United Kingdom; Stockholm, Sweden)</td>
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<tr>
<th><strong>975</strong></th>
<th>Greater short-term relief of lower urinary tract symptoms in prostate cancer patients treated with degarelix compared to goserelin/bicalutamide: Results of a pooled analysis</th>
</tr>
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<tbody>
<tr>
<td>M. Mason, P. Richaud, Z. Bosnyak, A. Malmberg, A. Neijber (Cardiff, United Kingdom; Bordeaux, France; Copenhagen, Denmark)</td>
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<tr>
<th><strong>976</strong></th>
<th>Risk of venous thromboembolism among prostate cancer patients treated with androgen deprivation therapy in Denmark: A population-based cohort study, 1997-2011</th>
</tr>
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<tr>
<td>M. Nguyen-Nielsen, M. Borre, E. Horváth-Puhó, V. Ehrenstein, H.T. Sørensen (Aarhus, Denmark)</td>
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<th><strong>977</strong></th>
<th>Influence of 1-year androgen deprivation therapy on lipid and glucose metabolism in patients with newly diagnosed prostate cancer</th>
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<th><strong>978</strong></th>
<th>Cognitive impairment and vascular changes in patients receiving antiandrogen therapy for locally advanced prostatic cancer</th>
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<tr>
<td>A. Popovic, A. Reljic, I. Martinic-Popovic, A. Lovrencic-Huzjan, V. Basic-Kes, V. Seric (Zagreb, Croatia)</td>
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<th><strong>979</strong></th>
<th>Impact of androgen deprivation therapy on cardiovascular disease in patients with non-metastatic high-risk prostate cancer</th>
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</table>
980  A randomized phase 2 study evaluating the optimal sequencing of sipuleucel-T and androgen deprivation therapy (ADT) in biochemically-recurrent prostate cancer (BRPC): Immune results with a focus on humoral responses

981  Should the primary site be treated in patients with de novo metastatic prostate cancer?

982  Local antiandrogen therapy, a novel treatment strategy for localized prostate cancer
M. Häggman, S. Ladjevardi, H. Ahlström, C. Von Below, B. Lennernäs, A. Tolf, J. Weiss, C. Wassberg, N. Axén, H. Lennernäs, T. Tammela (Uppsala, Gothenburg, Sweden; Tampere, Finland)
Abstract Session

14.00 - 15.30 How to diagnose male LUTS and BPE?

Room A11

Poster Session 80

Chairs: A. Galfano, Milan (IT)
Y. Homma, Tokyo (JP)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Nomograms
Y. Homma, Tokyo (JP)

* 983 Digital rectal examination – improving the quality of life
A. Cudini, M.G. Diaconu, A. Cariion, R. Castañeda, L. Izquierdo, A. Alcaraz (Barcelona, Spain)

984 Prostate volume is a sensitive indicator for bladder outlet obstruction
P.F.W.M. Rosier (Utrecht, The Netherlands)

* 985 Morphometric analysis of prostate zonal anatomy by MRI: Cooperative analysis of USA and Japan
T. Matsugasumim, M. Nakamoto, S. Shoji, A.L.D.C. Abreu, Y. Yamada, A. Fujihara, T. Iwata, T. Miki, S. Palmer, I. Gill, O. Ukimura (Los Angeles, United States of America; Kyoto, Japan)

986 Bladder contractility rises with increasing bladder outlet obstruction (BOO) in men with lower urinary tract symptoms (LUTS) - results from a large urodynamic cross-sectional study
K.L.J. Rademakers, G.A. Van Koeveringe, M. Oelke (Maastricht, The Netherlands; Hanover, Germany)

987 Ultrasound residual urine volume: Is it valid and reliable?
J. Ordaz Guzmán, S. Arlandis Guzmán, M.A. Bonillo García, J.D. López Acón, M.A. Conca Baenas, J.F. Jiménez Cruz (Valencia, Spain)

988 Diagnosis of bladder outlet obstruction using non-invasive bladder pressure flow recording with penile cuff: Preliminary study

989 Development of bladder outlet obstruction nomogram and split-sample validation among men with LUTS aged 50 or more

990 Could we detect bladder outlet obstruction with non-invasive evaluation in male patients with overactive bladder symptoms?
C.M. Yang, Y.H. Fan, A.T. Lin (Taipei, Taiwan)

991 When to perform pressure flow study in patients with lower urinary tract symptoms and benign prostatic enlargement: External validation of a novel clinical nomogram
C. De Nunzio, A. Trucchi, R. Lombardo, M. Gacci, M. Carini, M. Bonetto Gambrosier, A. Tubaro (Rome, Florence, Italy)
992 Withdrawn

993 Detrusor wall thickness as a possible cause of persistent overactive bladder after transurethral resection of prostate
S.R. Lee, D.S. Park, Y.K. Hong (Seongnam-si, Gyeonggi-do, South Korea)

994 Effects of medical therapy and surgery on bladder resistive index in patients with benign prostate hyperplasia
Abstract Session

Room K1

Poster Session 81
Chairs: P.J. Boström, Turku (FI)
S. Larré, Reims (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 995 Kohonen’s self-organizing map for molecular subtyping in bladder cancer

996 Staging of bladder cancer (pta vs pt1) among 238 European pathologists
E. Compérat, L. Egevad, A. Lopez-Beltran, P. Camparo, F. Algaba, M. Amin, J. Epstein, H. Hamberg, C. Hulsbergen-Van De Kaa, G. Kristiansen, R. Montironi, C-C. Pan, T. Van Der Kwast (Paris, Amiens, France; Stockholm, Västeras, Sweden; Cordoba, Barcelona, Spain; Los Angeles, Baltimore, United States of America; Nijmegen, Rotterdam, The Netherlands; Bonn, Germany; Ancona, Italy; Taipei, Taiwan)

997 EORTC nomograms for predicting recurrence, progression, overall and disease specific survival in non-muscle invasive Ta T1 bladder cancer patients treated with maintenance Bacillus Calmette-Guerin
S. Cambier, R. Sylvester, M. Brausi, T. De Reijke, W. Oosterlinck, W. Kirkels, C. Van De Beek, G. Van Andel, P. Gontero, S. Collette, J. Oddens (Brussels, Ghent, Belgium; Modena, Turin, Italy; Amsterdam, Rotterdam, Maastricht, ’s-Hertogenbosch, The Netherlands)

998 Comparison of the EORTC tables and the newly introduced EAU categories for risk stratification of patients with non-muscle-invasive bladder cancer
M. Rieken, S.F. Shariat, B. Al Hussein Al Awamih, L. Kluth, J. Crivelli, J. Chrystal, T. Faison, Y. Lotan, P. Karakiewicz, M. Babjuk, H. Fajkovic, C. Seitz, T. Klatte, A. Pycha, A. Bachmann, M. Gönen, E. Xylinas (New York, Dallas, United States of America; Vienna, Austria; Montreal, Canada; Prague, Czech Republic; Bolzano, Italy; Basel, Switzerland)

999 Photodynamic diagnosis-guided TUR-BT is an independent predictor for improved recurrence-free survival after radical cystectomy for invasive bladder cancer
G. Gakis, T. Ngamsri, M. Renninger, A. Stenzl (Tübingen, Germany)

1000 Long term follow up of a prospective randomised trial of Hexylaminolevulinate (HEXVIX ®) photodynamic diagnosis (PDD) assisted versus conventional white-light transurethral resection (TURBT) in newly presenting non-muscle invasive bladder cancer (NMIBC)

1001 The impact of re-TUR on clinical outcomes in a large cohort of T1g3 patients treated with BCG
1002 The role of functional polymorphism in immune response genes as biomarkers of BCG immunotherapy outcome in bladder cancer: Establishment of a predictive profile

1003 Recurrence prevention by combination of photodynamic diagnosis-assisted transurethral resection of the bladder and single postoperative intravesical chemotherapy instillation in patients with nonmuscle-invasive bladder cancer

1004 Impact of BCG therapy in high-grade T1 bladder cancer: A meta-analysis based on 2,687 patients
J.J. Leow, W. Martin-Doyle, A. Orsola, S.L. Chang, J. Bellmunt (Boston, Worcester, United States of America; Barcelona, Spain)

1005 BCG treatment in T1 urinary bladder cancer: Long time observation of a population-based cohort

1006 17 year follow-up of the Nordic CIS study: Long-term results of 1 year BCG monotherapy versus alternating therapy with mitomycin C and BCG in patients with carcinoma in situ of the urinary bladder

1007 Maintenance bacillus Calmette-Guerin immunotherapy for TaG3 or T1G3 and/or carcinoma in situ transitional cell carcinoma of the bladder: Final results of the randomized CUETO Group Study 98013

1008 Long-term follow-up outcomes of conservative treatment of upper urinary tract carcinoma
A. Orosa Andrada, I. Laso García, C. Gómez Del Cañizo, M.A. Rodríguez Cabello, L. Martínez Arcos, F. Arias Funez, V. Gómez Dos Santos, C. Gonzalez Gordaliza, J. Burgos Revilla (Madrid, Spain)
Monday, 14 April - EAU Programme

Abstract Session

14.00 - 15.30 Kidney transplant surgery

Room K2

Poster Session 82

**Chairs:**  A.B. Chkhotua, Tbilisi (GE)
            A.J. Figueiredo, Coimbra (PT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**State-of-the-art: Possibilities of roboticic surgery**
A. Mottrie, Aalst (BE)

1009 **Impact of renal graft nephrectomy on second kidney transplantation survival**
S.E. Fadli, G. Poinas, T. Murez, N. Korahnis, L. Cabaniols, G. Albadaai, A. Alessimi, F. Iborra, G. Mourad, R. Thuret (Montpellier, France)

1010 **TUST (Transplant Ureteric Stent Trial): Early versus standard removal**

1011 **Endoscopic polydimethylsiloxane injection in prevention of recurrent graft pyelonephritis for transplanted kidney with vesicoureteral reflux**
L. Nison, M. Hazzan, P. Puech, F.R. Pruvot, A. Villers, S. Bouyé (Lille, France)

1012 **Double kidney transplantation with organs from expanded criteria donors: Review of our series and an update of current indications**

1013 **Uncontrolled donation after circulatory death with Maastricht type I donors. Our experience**
C. Corchuelo-Maillo, C. García-Sánchez, E. León-Dueñas, J. Martinez-Rodriguez, R.A. Medina-López (Seville, Spain)

1014 **Renal transplant lithiasis: A French multicenter retrospective study of 95 patients**

1015 **Living donor nephrectomy: Experience of a medium size centre**
J.E. Renard, K. Hadaya, P-Y. Martin, C.E. Iselin (Geneva, Switzerland)

1016 **Does a living donor program need to switch to the use of a vascular stapler? Experience at a tertiary European referral centre**
A. Breda, O. Rodriguez-Faba, L. Gausa, L. Guirado, H. Villavicencio (Barcelona, Spain)

1017 **Minimally invasive living donor nephrectomy**
A. Vilaseca Cabo, M. Musquera, L. Peri, V. Tobar, L. Romeo, M.J. Ribal, J. Huguet, R. Alvarez-Vijande, A. Alcaraz (Barcelona, Spain)

1018 **Mini-laparoscopy live donor nephrectomy. A new alternative for living donors**
A. Breda, I. Schwartzmann, O. Rodriguez-Faba, J.A. Peña, H. Villavicencio (Barcelona, Spain)
1019  Robotic kidney transplantation with regional hypothermia: Evolution of a novel procedure utilizing the IDEAL guidelines (IDEAL Phase 0 and 1)
W. Jeong, R. Abaza, A. Sood, R. Ahlawat, M. Bhandari, K.R. Ghani, V. Kher, R.K. Kumar, M. Menon (Detroit, Columbus, United States of America; New Delhi, India)

* 1020  Robotic kidney transplantation with regional hypothermia: Results from a prospective two-arm non-randomized controlled trial (IDEAL Phase 2b)
A. Sood, R. Ahlawat, V. Kher, P. Ghosh, R. Abaza, W. Jeong, P. Modi, M. Bhandari, M. Menon (Detroit, Columbus, United States of America; New Delhi, Ahmedabad, India)
Abstract Session

**14.00 - 15.30 Ureteral stones, URS in children and UTI**

**Room T1**

**Poster Session 83**

**Chairs:** T.Y. Lee, Seoul (KR)

E.A. Rodrigues De Lima, Porto (PT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

**Introduction on the session topic**

E.A. Rodrigues De Lima, Porto (PT)

1021 Factors determining the feasibility of day-case upper tract endoscopy: A prospective study

M. Malki, C. McIlhenny (Larbert, United Kingdom)

1022 Ureteroscopy versus extracorporeal shock wave lithotripsy in the treatment of distal ureteral stones: A prospective and randomized study


1023 Differences in ureteroscopic stone treatment and outcomes for distal-, mid-, proximal- or multiple ureteral locations: The clinical research office of the Endourological Society Ureteroscopy Global Study

E. Perez Castro, P.J.S. Osther, V. Jinga, H. Razvi, K.G. Stravodimos, K. Parikh, A.R. Kural, J.J. De La Rosette (Madrid, Spain; Frederica, Denmark; Bucharest, Romania; Ontario, Canada; Athens, Greece; Ahmedabad, India; Istanbul, Turkey; Amsterdam, The Netherlands)

1024 Impact of retrograde flexible ureteroscopy and intracorporeal lithotripsy on kidney functional outcomes

N. Hoarau, F. Martin, M. Ammi, S. Lebdai, D. Chautard, T. Culty, A-R. Azzouzi, P. Bigot (Angers, France)

1025 Comparative study on laparoscopic ureterolithotomy and ureteroscopic lithotripsy combined with retrograde intrarenal surgery for treatment of large upper ureteral stones


1026 Impact of surgical experience on stone-free rates of ureteroscopy for single urinary calculi: A matched-paired analysis of 600 patients

C. Netsch, S. Knipper, A.K. Orywal, C. Tiburtius, A.J. Gross (Hamburg, Germany)

1027 Radiation exposure of the patient submitted to ureteroscopy for ureteral calculi: The impact of the different factors

F. Nigro, P. Ferrarese, G. Benedetto, E. Scremin, E. Bratti, C. Ammendola, A. Tasca (Vicenza, Italy)

1028 Complications of Holmium:YAG laser lithotripsy for upper tract calculi in 1000 consecutive procedures

F. Khan, A. Tasleem, F. Anjum, H. Marsh, I.K. Dickinson, S. Sripriasad (Kent, United Kingdom)

1029 Deflection and flow properties of four 200µm laser fibres during flexible ureterorenoscopy

N.J. Rukin, K.G. Williams, A. Wright (Wolverhampton, United Kingdom)

1030 Holmium:YAG laser ureteroscopic lithotripsy for ureteric calculi in children: Predictive factors for complications and success

M. Elsheemy, A. Maher, K. Mursi Hammoud, A. Shouman, A. Shoukry, H. Morsi, A. Meshref (Cairo, Egypt)
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<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>1031</td>
<td>Outcomes for ureteroscopy for paediatric stone disease: Evidence from a systematic review</td>
<td>H. Ishii, S. Griffin, B.K. Somani (Southampton, United Kingdom)</td>
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<td>1032</td>
<td>Impact of pre-operative pyuria on outcomes of ureteroscopy for urinary stones</td>
<td>K. Mitsuzuka, O. Nakano, G. Anan, M. Satoh (Sendai, Japan)</td>
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<tr>
<td>1034</td>
<td>The efficacy of prophylactic antibiotics in prevention of ureteroscopic lithotripsy related urinary tract infection: A systemic review and meta-analysis</td>
<td>C-W. Lo, C-H. Hsieh, S.S-D. Yang, S-J. Chang (New Taipei City, Taiwan)</td>
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Abstract Session

14.00 - 15.30 RCC: Prognostic factors

Room C6

Poster Session 84

Chairs: J.J. Patard, Le Kremin Bicetre (FR)
       A. Vuksanovic, Belgrade (RS)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

State-of-the-art: Prognostic factors in RCC
J.J. Patard, Le Kremin Bicetre (FR)

1035 Which patient should we follow-up beyond 5 years after definitive therapy of localized renal cell carcinoma?
C.H. Lee, S-G. Chang, S.H. Jeon (Seoul, South Korea)

1036 Perioperative outcomes of cytoreductive nephrectomy in the UK: Analysis of a contemporary, nationwide cohort
B.L. Jackson, S. Fowler, S.T. Williams (London, United Kingdom)

1037 Hilar location is an independent prognostic factor of recurrence in T1 renal cell carcinoma after nephrectomy
M.S. Shim, A. Kim, S-K. Choi, M-S. Choo, C-S. Kim, H. Ahn, C. Song (Seoul, South Korea)

1038 Predictors of survival after surgery for isolated local renal cell carcinoma recurrence
R. Herout, J Graff, R. Koch, M. Fröhner, M.P. Wirth (Dresden, Germany)

1039 Partial versus radical nephrectomy for T1 renal tumours: An analysis from the British Association of Urological Surgeons Nephrectomy Audit
M. Hadjipavlou, F. Khan, S. Fowler, F.X. Keeley, S. Sriprasad (Dartford, Bristol, United Kingdom)

1040 Withdrawn

1041 Value of lymph node dissection in patients with localized renal cell carcinoma
I.A. Zelenkevich, O.G. Sukonko, L.V. Mirylenka, A.I. Rolevich (Minsk, Belarus)

1042 Predictors of occult lymph node metastases in patients with locally advanced renal cell carcinoma: Who should have a lymph node dissection?
K.N. Babaian, P.A. Kenney, J.A. Karam, C.G. Wood (Houston, United States of America)

1043 Impact of synchronous metastasis distribution on survival in renal cell carcinoma after radical nephrectomy with tumor thrombectomy
D. Tilki, B. Hu, H Nguyen, M. Dall’Era, W. Thieu, R. Bertini, J. Carballido, T. Chromecki, G. Ciancio,
S. Daneshmand, P. Gontero, J. Gonzalez, A. Haferkamp, M. Hohenfellner, W. Huang, T. Koppie, A. Lorentz,
P. Mandel, J. Martinez-Salamanca, V. Master, R. Matloob, J. McKiernan, M. Mlynarczyk, F. Montorsi,
G. Novara, S. Pahernik, J. Palou, R. Pruthi, K. Ramaswamy, O. Rodriguez Faba, P. Russo, S. Shariat,
M. Spahn, C. Terrone, D. Vergho, E. Wallen, E. Xylinas, R. Zigeuner, J. Libertino, C. Evans (Sacramento,
Miami, Los Angeles, New York, Portland, Atlanta, Chapel Hill, Burlington, United States of America; Milan,
Turin, Padua, Novara, Italy; Madrid, Barcelona, Spain; Graz, Vienna, Austria; Frankfurt, Heidelberg, Leipzig,
Würzburg, Germany)
1044  Systematic review of local therapy for metastatic renal cell carcinoma
S. Dabestani, L. Marconi, F. Hoffmann, F. Stewart, T.B.L. Lam, S.E. Canfield, A. Bex (Malmö, Sunderby, Sweden; Coimbra, Portugal; Aberdeen, United Kingdom; Houston, United States of America; Amsterdam, The Netherlands)

1045  Papillary renal cell carcinoma (pRCC) subclassification as a prognostic factor: Comparison of type I and II pRCC with clear cell RCC and chromophobe RCC
M.S. Shim, A. Kim, S-K. Choi, M-S. Choo, C-S. Kim, H. Ahn, C. Song (Seoul, South Korea)

1046  Comparison of overall survival between the life expectancy and the estimated outcome in patients who underwent radical nephrectomy for renal cell carcinoma
N. Tanaka, M. Miyake, T. Inoue, S. Anai, Y. Chihara, Y. Hirao, K. Fujimoto (Kashihara, Japan)

1047  Visceral obesity is a useful predictor of better recurrence-free survival after curative surgeries for Japanese patients with localized clear cell renal cell carcinoma
G. Kaneko, A. Miyajima, M. Hasegawa, R. Mizuno, Y. Uchida, S. Hara, E. Kikuchi, K. Nakagawa, M. Jinzaki, M. Oya (Tokyo, Kawasaki, Japan)
Abstract Session

15.45 - 17.15 Renal and urothelial tumour surgery

eURO Auditorium

Video session 10

Chairs: C. Llorente, Madrid (ES)
R. Rabenalt, Düsseldorf (DE)

V73 Radical nephrectomy in a horseshoe kidney with endo caval trombosis: Infra hepatic caval vein control with Piggy back technique
D. Veneziano, E. Sgrò, O. Sicuro, L. Carbone, P. Cozzupoli (Reggio Calabria, Italy)

V74 Metachronous metastasis after laparoscopic left radical nephrectomy: Anatomy of an event
F. Nigro, P. Ferrarese, E. Scremin, G. Benedetto, C. Ammendola, A. Tasca (Vicenza, Italy)

V75 Should diaphragm be the landmark for classifying inferior vena cava (IVC) thrombi in renal cell carcinoma?
A. Mandhani, P. Tewari, P. Aga, S. Pandey (Lucknow, India)

V76 Umbilical laparoendoscopic single-site radical nephrectomy with vaginal extraction
P.M. Cabrera, F. Caceres, A. Garcia-Tello, F. Ramón De Fata, I. Romero, J.C. Angulo (Getafe, Spain)

V77 Technique and outcome of laparoscopic extended regional lymph node dissection in patients with urothelial carcinoma of the upper urinary tract

V78 New head-mounted display system applied to endoscopic management of urothelial cancers

V79 Intramural tunnel ureterectomy for the treatment of upper tract urothelial tumour
A. Tsivian, Y. Stanovsky, M. Tsivian, S. Benjamin, A.A. Sidi (Holon, Israel; Durham, United States of America)

V80 Endoscopic robot assisted simple enucleation (ERASE) for clinical t1 renal masses: Description of the technique and early postoperative results
## Abstract Session

### Initial prostate cancer staging – ultrasound versus MRI

**Room A2**

**Poster Session 85**

*Chairs: P. Hammerer, Braunschweig (DE) J. Walz, Marseille (FR)*

Posters viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

<table>
<thead>
<tr>
<th>Poster Number</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>1048</td>
<td>Prostate histoscanning™: Does it have any role in routine clinical practice?</td>
<td>S. Javed, A. Edwards, E. Chadwick, S. Beveridge, R. Laing, S. Bott, C. Eden, S. Langley (Guildford, Frimley, United Kingdom)</td>
</tr>
<tr>
<td>1050</td>
<td>External validation of the ANNA/C-TRUS system regarding the correct identification of prostate cancer lesions in the diagnosis of prostate cancer</td>
<td>J. Walz, J. Thomassin-Piana, F. Poizat, C. Vallier, A. Van Hove, S. Brunelle, N. Salem, G. Gravis (Marseille, France)</td>
</tr>
<tr>
<td>1051</td>
<td>Detection rate of Real-Time-Elastography (RTE) guided biopsy of the prostate: Impact of Gleason score (GS) and comparison to multiple core biopsy</td>
<td>O. Lenherr, A. Fayyazi, K. Tschan, P. Liske, S. Lahme (Pforzheim, Germany)</td>
</tr>
<tr>
<td>1053</td>
<td>Shearwave elastography guided biopsy compared with systematic and grey scale targeted biopsies: Per core detection rate</td>
<td>K. Boehm, L. Budaeus, B. Beyer, G. Salomon (Hamburg, Germany)</td>
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<tr>
<td>1055</td>
<td>Visualization of periprostatic nerve fibres before and after radical prostatectomy using diffusion tensor magnetic resonance imaging with tractography</td>
<td>H. Miyake, K. Kitajima, S. Takahashi, Y. Ueno, K. Sugimura, M. Fujisawa (Kobe, Japan)</td>
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<td>1056</td>
<td>Correlation of diffusion-weighted imaging findings of prostate cancer with Gleason scores</td>
<td>X.B. Ding, M.Z. Cui, J.P. Wang, D. Tong, L. Cheng, Y.B. Wang (Changchun, China)</td>
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<td>1057</td>
<td>Correlation of the PI-RADS score and the Gleason grade in prostate cancer lesions after targeted in bore MR-biopsy</td>
<td>A. Hiester, C. Arsov, M. Quentin, L. Schimmoller, D. Blondin, G. Antoch, P. Albers, R. Rabenalt (Düsseldorf, Germany)</td>
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</table>
Prospective comparison of cognitive and elastic registration approaches for image-guided trans-rectal ultrasound biopsies of the prostate
D. Portalez, F. Cornud, E. Bruguiere, N. Barry De Longchamps, B. Malavaud (Paris, Toulouse, France)

MRI-TRUS fusion targeted prostate biopsies: The target Lickert scale seems to be the only independent factor associated with significant cancer detection
N. Barry Delongchamps, A. Lefevre, M. Peyromaure, M. Zerbib, P. Legman, F. Cornud (Paris, France)

True false negative MRI scans in prostate cancer screening: Experience from a tertiary referral unit
E. Serrao, K. Wadhwa, J. Frey, R. Lombardo, A. Cantiani, B. Koo, F. Gallagher, C.K.A. Kastner (Cambridge, United Kingdom)

Detection of the index tumor and tumor volume in prostate cancer using T2w and DW MRI alone

Characterization of prostate cancer by high resolution 7 Tesla MRI: Towards in vivo histology
**Abstract Session**

**15.45 - 17.15 Surgical outcomes after open and minimally invasive radical prostatectomy**

**Room A4**

**Poster Session 86**  
*Chairs: K. Axcrona, Oslo (NO)  
P. Bastian, Düsseldorf (DE)*

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

<table>
<thead>
<tr>
<th>Poster Number</th>
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<th>Authors</th>
<th>Institution(s)</th>
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<tbody>
<tr>
<td>1065</td>
<td>Influence of the extent of lymph node dissection on erectile function recovery in patients undergoing bilateral nerve-sparing radical prostatectomy: Comparative analysis of extended and standard pelvic lymph node dissection</td>
<td>G. Hatzichristodoulou, M. Heck, S. Wagenpfeil, K. Herkommer, J.E. Gschwend, H. Kübler</td>
<td>Munich, Homburg, Germany</td>
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<td>1066</td>
<td>Ambivalent role of spouses in counselling for radical prostatectomy: Useful insights for discussing a nerve-sparing approach</td>
<td>J. Huber, J.C. Streuli, N. Lozankovski, R.J.F. Stredele, M. Hohenfellner, C.G. Huber, C. Bieber, A. Ihrig, T. Peters</td>
<td>Heidelberg, Bochum, Germany; Zürich, Basel, Switzerland</td>
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<td>1067</td>
<td>Withdrawn</td>
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<tr>
<td>1068</td>
<td>Impact of surgical volume on the rates of pelvic lymph node dissection in patients with prostate cancer treated with robot-assisted radical prostatectomy: Results from a tertiary referral centre</td>
<td>G. Gandaglia, A. Gallina, N. Suardi, M. Bianchi, F. Abdollah, N. Passoni, N. Fossati, V. Cucchiara, R. Bertini, V. Miron, A. Briganti</td>
<td>Milan, Naples, Italy</td>
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<tr>
<td>1070</td>
<td>A cost effectiveness study comparing robot-assisted laparoscopic and laparoscopic radical prostatectomy</td>
<td>C. Haomin, E. Ricci, X. Martin, S. Crouzet, F. Mege-Lechevalier, M.C. Colombel</td>
<td>Lyon, France</td>
</tr>
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</table>
1073  The pentafecta learning curve for laparoscopic radical prostatectomy  
D.W. Good, G.D. Stewart, J-U. Stolzenburg, S.A. McNeill (Edinburgh, United Kingdom; Leipzig, Germany)

1074  Minimal invasive prostatectomy does not improve urinary continence compared to open surgery in a population based study  
K. Lentaris (Helsingborg, Sweden)
Abstract Session

New technologies for urology surgery

Room A8

Poster Session 87

Chairs: F. Greco, Halle Saale (DE) J.H. Kaouk, Cleveland (US)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 1075 iPad guided puncture of the kidney - evaluation with an ex vivo model
   M-C. Rassweiler, J. Klein, M. Müller, H-P. Meinzer, J. Rassweiler (Mannheim, Heilbronn, Heidelberg, Germany)

1076 Imaging microstructural properties of the kidneys using diffusion tensor-MRI

1077 Perioperative outcomes comparing three-dimensional and two-dimensional display systems for laparoscopic radical prostatectomy – a retrospective, single-surgeon study
   S. Ayyan, D. Nguyen, P. Singhal, A. Yigit, M. Tuken, E. Yakut, A. Colakerol, S. Sulejman, A. Semercioz (Istanbul, Turkey; Berne, Switzerland; New York, United States of America)

1078 Signal processing in urodynamics to detect defects in the urinary sphincter in situ
   M. Klünder, O. Sawodny, R. Feuer, A. Stenzl, K-D. Sievert, M. Ederer (Stuttgart, Tübingen, Germany)

1079 Intraperitoneal prefabricated bladder acellular matrix grafts to improve bladder smooth muscle regeneration and neovascularization in a rat model
   Z. Zhou, Y. Zhao, M. Lu, M. Zhang, J. Zhou, Z. Wang (Shanghai, China)

1080 Withdrawn

1081 Ultrasound-assisted prompted voiding care for institutionalized elderly with urinary incontinence
   M. Suzuki, Y. Igawa, Y. Homma, Y. Iguchi, T. Saito (Tokyo, Japan)

1082 Macroscopic hematuria grading scale (MGS) – a tool for quantifying macroscopic hematuria
   L. Schneidewind, M. Schmid, H. Knaus, H. Voepel (Greifswald, Hamburg, Berlin, Cleve, Germany)

1083 Optical coherence tomography as a tool for in vivo staging and grading of upper urinary tract urothelial cell carcinoma (UUT-UC)

1084 Self-expanding metallic ureteral stents and extra-anatomic bypasses. Are they really effective for resolution of complex ureteral obstruction in the long-term?
   C. Gomez Del Canizo, I. Laso García, A. Orosa Andrada, V. Gómez Dos Santos, F. Arias Fúnez, S. Álvarez Rodríguez, V. Hevia Palacios, F.J. Burgos Revilla (Madrid, Spain)

1085 The clinical results of phalloplasty using xenografts
   J.Y. Kim, P.B.M. Kim (Seoul, South Korea)
Poster Session 88

Chairs: F. Desgrandchamps, Paris (FR)
       H. Hashim, Bristol (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Combination treatment in BPH
H. Hashim, Bristol (GB)

* 1086 A systematic review and meta-analysis on the ejaculatory dysfunction after medical treatment for BPH: Data from 30 thousand patients enrolled in 23 RCTs
M. Gacci, V. Ficarra, A. Sebastianelli, G. Corona, S. Serni, S.F. Shariat, M. Maggi, F. Zattoni, M. Carini, G. Novara (Florence, Padua, Bologna, Italy; Vienna, Austria)

1087 Appraisal of correlation among urodynamic variables, prostate volume and IPSS according to obstruction status in male patients with lower urinary tract symptoms

1088 Long-term effects of pharmaceutical treatment for BPH/LUTS on surgery and prostate cancer: An observational study from a large health care database
L. Cindolo, C. Fanizza, L. Pirozzi, M. Romero, R. Autorino, F. Berardinelli, F. Neri, C. De Nunzio, L. Schips (Vasto, Santa Maria Imbaro, Rome, Italy; Cleveland, United States of America)

1089 Intravesical prostatic protrusion can be a predicting factor for the therapeutic effects of 5α reductase inhibitor in patients with male LUTS

1090 Influence of diet quality on lower urinary tract symptoms
D. Argirovic, A.A. Argirovic (Belgrade, Serbia)

1091 Relationship between nocturnal bladder capacity and nocturia in BPH/OAB patients with alpha1-blocker and anticholinergic treatment: Post-hoc analysis of addition study
M. Yoshida, M. Takeda, O. Nishizawa, M. Gotoh, S. Takahashi, N. Masumori (Obu, Kofu, Shinshu, Nagoya, Tokyo, Japan)

1092 The distinctions of prostate volume by assessment method; Which is the best way?
Y.H. Ko, M. Ki Hak, J. Hee Chang, S. Phil Hyun, J. Yoon Seob, O. Bong Gi (Daegu, South Korea)

1093 Hyperglycemia is an independent risk factor for prostatic hyperplasia

1094 Prevalence and bother of urgency and other lower urinary tract symptoms, in men aged ≥40 – a Belgian epidemiological survey
D. De Ridder, T. Roumeguère, L. Kaufman, G. Flamée (Leuven, Brussels, Belgium)
1095 Non alcoholic fatty liver disease is an independent predictor of moderate-severe lower urinary tract symptoms in metabolic syndrome patients: Results from a cross-sectional study
G.I. Russo, S. Cimino, V. Favilla, E. Fragalà, S. Privitera, T. Castelli, S. Trovato, S. La Vignera, A. Calogero, R. Condorelli, G. Morgia (Catania, Italy)

1096 Quality of sleep or quality of voiding? Observational study of management of elderly nocturia patients
H. Yoon, K.H. Kim, H.S. Yoon, D.H. Lee, W.S. Chung, B.S. Shim, Y.Y. Park (Seoul, South Korea)

1097 How much improvement is needed for a real difference of lower urinary tract symptoms after long-term combination therapy for benign prostatic hyperplasia
Y-C. Kuo, Y-H. Jiang, H-C. Kuo (Taipei, Hualien, Taiwan)

1098 Efficacy and safety of silodosin and dutasteride combination therapy in acute urinary retention due to benign prostatic hyperplasia: A single-arm prospective study
Abstract Session

15.45 - 17.15 Outcomes in non-muscle invasive bladder cancer

Room K1

Poster Session 89

Chairs: M. Babjuk, Prague (CZ)
        D. Mazurenko, Moscow (RU)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

EAU Guidelines Office snapshot
M. Babjuk, Prague (CZ)

1099 Progression to muscle invasive disease of G1-2/low grade non-muscle invasive bladder cancer: Never at the first recurrence
J. Palou, O. Rodríguez Faba, J.M. Gaya, S. Skrobot, F. Algaba, R. Novoa, S. Esquena, H. Villavicencio (Barcelona, Spain)

1100 Adjuvant treatment of G2/high grade non-muscle invasive bladder cancer: Mitomycin or Bacillus Calmette-Guérin?
J. Palou, O. Rodríguez Faba, S. Skrobot, J.A. Peña, J.M. Gaya, A. Breda, L. Gausa, H. Villavicencio (Barcelona, Spain)

1101 Prognostic factors for high-grade T1 bladder cancer: A meta-analysis based on 7,486 patients
W. Martin-Doyle, J.J. Leow, A. Orsola, S.L. Chang, J. Bellmunt (Worcester, Boston, United States of America; Barcelona, Spain)

1102 Guideline adherence of immediate post-TUR intravesical chemotherapy for patients with non-muscle invasive bladder cancer
K. Matsumoto, K. Takashi, H. Negoro, N. Terada, Y. Sugino, T. Yamasaki, Y. Matsui, T. Inoue, T. Kanba, K. Yoshimura, O. Ogawa (Kyoto, Japan)

1103 Recurrence of non-muscle invasive bladder cancer: Substantial differences in results between different health care regions

1104 FGFR3 mutation analysis in voided urine samples to decrease cystoscopies and cost in nonmuscle invasive bladder cancer surveillance: A comparison of 3 strategies

1105 The efficacy and safety of mitomycin-C hyperthermia in the treatment of high risk non-muscle invasive bladder cancer in a single regional centre

1106 Neoadjuvant intravesical chemotherapy for small non-muscle invasive bladder tumours
K. Decaestecker, N. Lumen (Ghent, Belgium)
* 1107  15-year outcome of patients with frequently recurrent non-muscle-invasive bladder carcinoma (NMIBC) treated with 5 weekly mitomycin C (MMC) instillations followed by monthly Bacillus-Calmette Guerin (BCG) or alternating BCG and interferon-α2b (IFN) instillations


1108  The new kid on the block: A randomized study comparing waterjet hydrodissection with TURB in the treatment of bladder tumors

M. Kufner, A. Decristoforo, A. Nicklas, U. Walcher, T.R.W. Herrmann, U. Nagele (Hall in Tirol, Austria; Hanover, Germany)

1109  Challenging the gold standard: A comparison of long-term disease specific outcomes for high-risk non-muscle invasive bladder cancer treated with mitomycin hyperthermia and radical cystectomy

R. Nair, A. Pai, A. Kaul, B. Ayres, M. Bailey, M. Perry, R. Issa (London, United Kingdom)

1110  Conservative management versus early cystectomy in treatment of T1G3 bladder cancer

Abstract Session

**15.45 - 17.15 Testicular tumors**

**Room K2**

**Poster Session 90**

*Chairs:*  
M.P. Laguna, Amsterdam (NL)  
N. Nicolai, Milan (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**1111 Serum levels of microRNAs miR 371-3: A novel biomarker of germ cell tumours**

K.P. Dieckmann, M. Spiekermann, T. Balks, J. Bullerdiek, G. Belge (Hamburg, Bremen, Germany)

**1112 MiRNA-expression in primary tumours allows to discriminate metastasized from non-metastasized seminoma**

C.G.A. Ruf, H-U. Schmelz, M. Port, C. Matthies, V. Meineke, B. Mueller-Myhsok, W. Wagner, M. Abend (Hamburg, Koblenz, Hanover, Munich, Germany)

**1113 Characterising the rise of cisplatin resistance in testicular nonseminoma**

A. Nagahara, M.D. Brown, C.A. Hart, K. Fujita, M. Uemura, Y. Nakai, N. Nonomura, N.W. Clarke (Osaka, Japan; Manchester, United Kingdom)

* 1114 Influence of time to initiation of adjuvant chemotherapy after orchidectomy in patients with stage I germinal testicular tumour on survival*

G. Mouillet, T. Nguyen Tan Hon, E. Kalbacher, G. Guichard, V. Neriche, I. Bedgendjian, P. Montcuquet, F. Calcagno, F. Kleinclauss, A. Thiery-Vuillemin (Besançon, France)

* 1115 Outcome 15 years after treatment with one adjuvant cycle of etoposide, bleomycin and cisplatin chemotherapy in patients with high risk nonseminomatous germ cell tumors clinical stage I*

A. Vidal Faune, G.N. Thalmann, M. Fey, U.E. Studer (Berne, Switzerland)

**1116 Is template laparoscopic retroperitoneal lymph-node dissection (Lap-RPLND) an advisable option for adequately selected patients with a residual mass of non-seminomatous germ-cell testicular tumours (NSGCT)?**


**1117 Post-chemotherapy laparoscopic retroperitoneal lymph node dissection for non-seminomatous germ cell cancer residuals – on the way to a standard procedure?**

S. Außdekramm, T. Todenhöfer, J. Hennenlotter, J. Böttge, G. Gakis, J. Mischinger, A. Stenzl, C. Schwentner (Tübingen, Germany)

**1118 Postchemotherapy retroperitoneal lymph node dissection (PC-RPLND) including partial or complete resection of vertebral bodies in patients with non-seminomatous germ cell tumors (NSGCT)**

M. Zaum, A. Lusch, A. Lorch, C. Winter, M. Konieczny, H. Senyurt, R. Krauspe, P. Albers (Düsseldorf, Krefeld, Koblenz, Germany)

* 1119 Total number of positive nodes and positive node ratio may predict recurrence in early stage non-seminomatous germ-cell tumours (NSGCT) undergoing primary retroperitoneal lymph-node dissection (RPLND)*

1120  False-positive fluorodeoxyglucose positron emission tomography (FDG-PET) after chemotherapy of patients with metastatic seminoma
   J. Decoene, A. Lorch, M. Zaum, C. Winter, P. Albers (Düsseldorf, Krefeld, Germany)

1121  Contemporary retroperitoneal lymph node dissection (RPLND) for testis cancer in the UK – a national study
   M.C. Hayes, T.S. O’Brien, S. Fowler (London, United Kingdom)

1122  Treatment of Leydig cell tumours of the testis: Can testis-sparing surgery replace radical orchidectomy? Results of a systematic review
   L. Carmignani, S. Picozzi, N. Suardi, G. Bozzini, G. Giannarini (Milan, Italy; Berne, Switzerland)

1123  Activity of pazopanib in chemoresistant patients with germ cell tumours (GCT): Early findings of the open-label, single-group, phase 2 pazotest-01 trial
Poster Session 91

**Room T1**

**Poster Session 91**

**Chairs:** T.B.C.
C. Vaessen, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* **1124** Benefit of three-dimensional printing in robotic laparoscopic renal surgery: Tangible surgical navigation using a patient-based three-dimensional printed kidney

**1125** The role of diagnostic laparoscopy in bladder injury: A 8 year review of multicenter trial
A. Khadjibaev, M. Rashidov, R. Ahmedov, M. Halilov, M.M. Abdullajonov (Tashkent, Uzbekistan)

**1126** Robot-assisted surgery: Applications in urology
C-Y. Lin, Y-C. Ou, C-K. Yang, K-Y. Chiu, S-S. Wang, C-K. Su, H-C. Ho, C-L. Cheng, C-S. Chen, J-R. Li, W-M. Chen (Taichung, Taiwan)

**1127** The utility of constitutional implementation of robotic surgery on the basis of a comprehensive department in academic institutional framework
T. Sejima, H. Iwamoto, T. Masago, S. Morizane, A. Yao, K. Muraoka, M. Honda, H. Kitano, A. Takenaka (Yonago, Japan)

**1128** “Side docking” of the daVinci® robotic system for radical prostatectomy: Advantages over the traditional docking
A. Cestari, M. Ferrari, M. Zanoni, F. Fabbri, M. Sangalli, M. Ghezzi, F. Sozzi, P. Rigatti (Milan, Italy)

**1129** Hybrid transvaginal nephrectomy: Development of our technique
P. Kallidonis, I. Kyriazis, I. Georgiopoulos, J-U. Stolzenburg, C. Schwentner, V Panagopoulos, E. Liatsikos (Patras, Rio-Patras, Greece; Leipzig, Tübingen, Germany)

**1130** Laparoendoscopic single site surgery for the treatment of renal masses: Comparative study with multiport laparoscopy

**1131** Acceptance and indication for robot assisted laparoscopy limited to few indications - results of a 2012 survey among urologists in Germany, Austria and Switzerland

**1132** Evaluation of a 5mm motorized articulated needle driver during laparoscopic radical prostatectomies and sacrocolpopexies
Y. Ahalal, R. Stefanescu, A. Messas (Nanterre, France)
1133 MRI-guided transurethral ultrasound ablation of prostate cancer: Preliminary outcomes of a phase I clinical trial
M. Billia, M. Burtyny, T. Kuru, S. Pahernik, M. Roethke, H.P. Schlemmer, C. Romagnoli, J. Chin (London, Toronto, Canada; Heidelberg, Germany)

1134 Urological trauma in a level 1 trauma centre: An update

1135 Posterior urethral realignment in management of posterior urethral disruption: Feasibility and outcome
A. El Kady, M. El Ghoneimy, M. Abd Hamid, M. Abd Rassoul, H. Badawy (Cairo, Egypt)
### Abstract Session

**15.45 - 17.15** Novel views on the management of renal tumors

**Room C6**

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<td><strong>Chairs:</strong> G. Kramer, Vienna (AT)  M. Kuczyk, Hanover (DE)</td>
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Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**State-of-the-art: Systemic treatment of RCC - strategies at progression**
G. Kramer, Vienna (AT)

* 1136 Pharmacokinetics in the early period after sunitinib treatment predict adverse events and clinical outcome of patients with advanced renal cell carcinoma

1137 Can Memorial Sloan Kettering Cancer Center (MSKCC) and Database Consortium (DCM) prognostic risk assessment be used to decide about cytoreductive nephrectomy in synchronous metastatic renal cell carcinoma?
A. Noe, C. Blank, S. Horenblas, J. Haanen, A. Bex (Amsterdam, The Netherlands)

1138 Expression of molecular markers associated with the mammalian target of rapamycin pathway in non-metastatic renal cell carcinoma: Impact on prognostic outcomes following radical nephrectomy
M. Nishikawa, H. Miyake, H. Fujisawa (Kobe, Japan)

1139 Everolimus for renal angiomyolipoma associated with tuberous sclerosis complex (TSC): EXIST-2 3-year follow-up
J.J. Bissler, J.C. Kingswood, E. Radzikowska, B.A. Zonnenberg, M. Frost, E. Belousova, M. Sauter, N. Nonomura, S. Brakemeier, P.J. De Vries, N. Berkowitz, S. Segal, O. Anak, S. Peyard, K. Budde (Memphis, St Paul, East Hanover, United States of America; Brighton, United Kingdom; Warsaw, Poland; Utrecht, The Netherlands; Moscow, Russia; Munich, Berlin, Germany; Osaka, Japan; Cape Town, South Africa; Basel, Switzerland; Rueil-Malmaison, France)

1140 Categories of response to first line VEGF receptor targeted therapy and overall survival in patients with metastatic renal cell carcinoma

1141 Clinical outcome of the patients with pancreas metastasis from renal cell cancer

* 1142 Comparative overall survival with treatment sequences for metastatic renal cell carcinoma: A systematic review and meta-analysis of real-world observational studies
D.Y. Heng, J. Signorovitch, E. Swallow, N. Li, Y. Zhong, X. Wang, M. Moonis, A. Cattaneo, S. Stergiopoulos, C. Kollmannsberger (Calgary, Vancouver, Canada; Boston, East Hanover, United States of America; Origgio, Italy)

1143 Treatment of patients with metastatic papillary-type II and clear-cell renal cell carcinoma – comparison of the survival with tyrosine kinase inhibitors
J. Casuscelli, B. Szabados, A. Buchner, C.G. Stief, M. Staehler (Munich, Germany)
1144  Real life practice patterns of oral TKI and mTOR-inhibitors in patients with metastasised renal cell carcinoma. An analysis of the Vienna public health insurance database
A. Henning, I. Berger, M. Rauchenwald, S. Madersbacher, M. Marszalek (Vienna, Wiener Neustadt, Austria)

1145  Physical activity decreases and obesity increases kidney cancer mortality
J.K. Parsons, M. White, M. Liss, L. Natarajan (La Jolla, United States of America)
Plenary Session 4

08.00 - 13.50 Update and controversies in prostate cancer

eURO Auditorium

Chairs: P-A. Abrahamsson, Malmö (SE)  
A. Stenzl, Tübingen (DE)

08.00 - 08.15 State-of-the-art lecture Genomic alterations and early-onset prostate cancer  
T. Schlomm, Hamburg (DE)

08.15 - 08.25 State-of-the-art lecture Chemoprevention and definition of significant prostate cancer: Working towards a multi-disciplinary consensus  
J. Cuzick, London (GB)

Aims and objectives

- Current state of risk prediction in prostate cancer including genetic and lifestyle factors
- Current state of prostate cancer prevention approaches including:
  - Status of 5α-reductase inhibitor trials
  - Aspirin
  - Vitamin D
  - Other agents
- Current view in value of PSA screening for prostate cancer
- New screening markers
- New marker for prediction of aggressive disease

08.25 - 08.40 Update European Randomised Study of Screening for Prostate Cancer (ERSPC)  
J.E. Hugosson, Göteborg (SE)

Aims and objectives

The European Randomised Study of Screening for Prostate Cancer (ERSPC) has, since it started in 1993, randomised more than 180,000 men between invitation to repeated PSA testing and no invitation. Eight different centres across Europe have participated with some differences in protocols. This lecture will give an overview of the study with its latest results. It will also discuss how possible factors such as follow-up time, age at onset, test interval and PSA cut off influence the efficacy of screening for prostate cancer.

08.40 – 08.50 Late breaking news Efficacy and safety of Duodart™ treatment versus watchful waiting (WW) with step-up therapy to tamsulosin in the management of men with treatment-naïve, prostate enlargement, increased prostate-specific antigen (PSA) and moderately symptomatic benign prostatic hyperplasia (BPH): 2 Year results from CONDUCT study  
C.G. Roehrborn, Dallas (US)

08.50 – 09.00 Late breaking news Active surveillance in HAROW – the first comprehensive prospective non-interventional study comparing treatment options in localized prostate cancer  
L. Weiβbach, Berlin (DE)

09.00 – 09.15 EAU Guidelines snapshot PSA screening and risk stratification  
N. Mottet, Saint Etienne (FR)

09.15 – 09.55 Case discussion What’s new in active surveillance

Moderator: N.W. Clarke, Manchester (GB)

Panel:  
B. Malavaud, Toulouse (FR)  
P. Stattin, Umeå (SE)  
R.C.N. Van den Bergh, Utrecht (NL)
**Aims and objectives**
To coordinate the session highlighting state of the art information relating to identification of high risk features and natural history, looking back on previous developments and looking forward to new data and therapies to guide prognostication and treatment in the future.

09.55 – 10.15 State-of-the-art lecture The association of BRCA mutations with prostate cancer risk and implications for management
R.A. Eeles, London (GB)

**Aims and objectives**
The aim of this lecture is to outline the prostate cancer risks associated with germline mutations in BRCA1 and BRCA2, present the latest results from the baseline data from an international targeted screening study in BRCA1/2 mutation carriers and to present the latest data on treatment outcomes.

10.15 – 10.30 State-of-the-art lecture Prediction of long-term adverse consequences of local treatment
E.M. Johansson, Göteborg (SE)

10.30 – 10.40 Late breaking news Enzalutamide in men with chemotherapy-naïve metastatic castration resistant prostate cancer (MCRPC): Primary and European regional results of the phase 3 prevail study
B. Tombal, Brussels (BE)

10.40 – 10.55 State-of-the-art lecture EUROCARE: Regional differences in Europe regarding survival of prostate cancer
R. DeAngelis, Rome (IT)

10.55 – 11.35 Case discussion Early identification and management of oligometastatic disease

**Moderator:** C.P. Evans, Sacramento (US)

**How to reliably detect metastases**
C. La Fougère, Tübingen (DE)

**Possible systemic targets for treatment**
C.P. Evans, Sacramento (US)

**Radiate as much as you can**
D. Dearnaley, Sutton (GB)

**The case for metastasectomy**
S.G. Joniau, Leuven (BE)

**Aims and objectives**
Many new diagnostic and treatment approaches to oligometastatic prostate cancer are evolving. However, the first question facing the clinician in the face of oligometastatic disease is to reliably detect the tumor location. This will dictate whether focal, regional or systemic therapy is the best approach. For systemic treatments, immunotherapies and targeting the androgen axis are now preceding the use of chemotherapy in the minimally symptomatic patient. Despite these new therapies, resistance develops and a new approach to targeting androgen signaling will be presented. Other opportunities for therapy include salvage radiation approaches and the resection of limited metastatic sites. A case presentation format will highlight these treatment options.

11.35 – 11.45 Late breaking news The International Consortium for Health Outcomes Measurement (ICHOM) activities on prostate cancer
H. Huland, Hamburg (DE)
11.45 - 13.45  Souvenir session by the EAU Scientific Congress Office

Benign prostate disease
P. Radziszewski, Warsaw (PL)

Prostate cancer: Screening, diagnostics and staging
C.H. Bangma, Rotterdam (NL)

Prostate cancer: Localised disease
A. Briganti, Milan (IT)

Prostate cancer: Systemic disease
B. Tombal, Brussels (BE)

Urothelial cancer of the urinary tract
M. Roupret, Paris (FR)

Renal cancer and transplantation
A. Alcaraz, Barcelona (ES)

Functional urology
D.J.M.K. De Ridder, Leuven (BE)

Endourology and technology
A. De La Taille, Creteil (FR)

Paediatric urology
W.F.J. Feitz, Nijmegen (NL)

Andrology
J.O.R. Sonksen, Herlev (DK)

Invasive and systemic urothelial cancer
T.S. O’Brien, London (GB)

Imaging in urology
P. Albers, Düsseldorf (DE)

13.45 - 13.50  Closing remarks
P-A. Abrahamsson, Malmö (SE)
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## ESU Courses per topic

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## Prostate cancer

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### Urethral strictures

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### Urothelial tumours

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### Uro-genital reconstruction

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ESU Courses, 12 April

ESU Course 1

14.30 - 17.30 Prostate cancer – Screening, diagnosis and staging

Room C2

Chair: A.R. Zlotta, Toronto (CA)

Screening
J.E. Hugosson, Göteborg (SE)

Diagnosis
A.R. Zlotta, Toronto (CA)

Staging
A.R. Zlotta, Toronto (CA)

Aims and objectives
The incidence of prostate cancer has increased dramatically over the last 10 to 15 years and it is now the most common cancer in males in developed countries. The increase is mainly caused by the growing use of opportunistic screening or case-finding based on the use of prostate-specific antigen (PSA) testing in serum. Using this approach, prostate cancer is detected 5 to 10 years before giving rise to symptoms and on average 17 years before causing the death of the patient. While this has led to detection of prostate cancer at a potentially curable stage, it has also led to substantial overdiagnosis, i.e. detection of cancers that would not surface clinically in the absence of screening. This is confounded by recent evidence that screening reduces disease-specific mortality. A major challenge is thus to identify the cases that need to be treated while avoiding diagnosing patients who will not benefit from being diagnosed and who will only suffer from the stigma of being a cancer patient. Therefore, prognostic markers, which can predict those patients who need to be diagnosed and those who do not, are of major importance. This course is designed for urological trainees and established urologists, who wish to update themselves on the latest information regarding screening, diagnosis and staging in prostate cancer. The course allows interaction with the audience and is in part based on case-scenarios for discussion with the delegates, followed by state-of-the-art presentations. In addition, emphasis will be placed on controversial issues and recent progress in terms of diagnostic tools, staging procedures and prognostic factors. At the end of the course, the participants should have obtained good insights on the following:

• What are the best approaches to screening and early detection of prostate?
• How can we reduce the risk of overdiagnosis and overtreatment?
• How can we identify patients who are best managed by active monitoring/surveillance rather than immediate more active treatment?

Registration fee excluding VAT
EAU members € 49
Non-EAU member € 71
Residents (members/non-members) € 22
Room C3

Chair: C.R. Chapple, Sheffield (GB)

Management of anterior urethral stricture disease – an evidence based approach
C.R. Chapple, Sheffield (GB)

Urethroplasty for posterior urethral injuries – an evidence based approach
S.G. Joniau, Leuven (BE)

Female strictures
C.R. Chapple, Sheffield (GB)

Case discussion
A. Roosen, Munich (DE)

Round table discussion

Aims and objectives
• To be able to counsel and advise a patient on the therapeutic options available.
• To review the treatments available for urethral stricture disease and to do so in the context of different patient based scenarios, in an interactive fashion.
• To provide a clearer understanding of the role and potential for both anastomotic and substitution urethroplasty in the management of urethral stricture disease.
• To review the different materials and techniques used in substitution urethroplasty
• To outline the principles of the surgical management of patients with urethras that have been injured by trauma.

Participants of the course will obtain a clear view on the current role of surgery for the management of urethral stenosis affecting both the anterior and posterior urethra in contemporary clinical practice.

Registration fee excluding VAT
EAU members € 49
Non-EAU member € 71
Residents (members/non-members) € 22
ESU Course 3

14.30 - 17.30 Modern management of BPO

Room T6

Chair: K.M. Anson, London (GB)

Introduction/scene setting BPO 2014
K.M. Anson, London (GB)

Assessment and medical management
V.A.C. Ramani, Manchester (GB)

Surgical management – Electrosurgery
K.M. Anson, London (GB)

Surgical management – Lasers and less invasive options
R.M. Kuntz, Berlin (DE)

Case presentations
V.A.C. Ramani, Manchester (GB)

Aims and objectives
• To help delegates understand the basic principles behind the assessment of a BPO patient
• To summarise the evidence base for both the medical and surgical management of BPO
• To help delegates understand the patient factors that influence treatment choices using case presentations and delegate participation
• To debate the different health care system factors across Europe that influence patient and surgeon choice of treatment modalities

Registration fee excluding VAT
EAU members € 49
Non-EAU member € 71
Residents (members/non-members) € 22
ESU Course 4

14.30 - 17.30 Retropubic radical prostatectomy – Tips, tricks and pitfalls

Room T2

Chair: H. Van Poppel, Leuven (BE)

Introduction
H. Van Poppel, Leuven (BE)

Surgical anatomy
O.W. Hakenberg, Rostock (DE)

Step by step radical retropubic prostatectomy
H. Van Poppel, Leuven (BE)

Tips, tricks and pitfalls
O.W. Hakenberg, Rostock (DE)

Treatment of complications
H. Van Poppel, Leuven (BE)

Discussion and interaction

Aims and objectives
In many parts of Europe, open retropubic radical prostatectomy is still the gold standard for treating localised prostate cancer. Although laparoscopic, eventually robot assisted, radical prostatectomy is getting more popular in selected centres, the open surgical approach is still the most often performed operative procedure in many countries throughout Europe. Localised prostate cancer is being more and more detected in its earlier stages and surgery undoubtedly offers the best local control. The urologist’s surgical skill must be outstanding and the urological community is responsible for guaranteeing optimal surgical quality through adequate training. The competition with external beam radiotherapy, brachytherapy and novel minimally invasive techniques like cryosurgery and HIFU, should encourage young urologists to optimally perform the surgical resection with the best possible tumour control and the least impact on continence and potency. This course aims to bring to the modern urologist the different technical steps of the classical ‘retropubic prostatectomy’ with an emphasis on the preservation of continence and potency and discusses the special tips and tricks that must enable every contemporary urologist to obtain good results with minimal complications. Also, the prevention and treatment of complications are discussed.

This teaching course is a must for the elder resident and the younger urologist beginning his career but well trained urologists who do not treat many patients with localised prostate cancer, will benefit. The participants will get inside the detailed surgical anatomy, the pre-operative measures and the intra-operative steps of a very systematic and safe operation. Also the experienced uro-oncological surgeon will enjoy the tricks and pitfalls and will learn how to solve intra- and postoperative complications.

Registration fee excluding VAT
EAU members € 49
Non-EAU member € 71
Residents (members/non-members) € 22
ESU Course 5

14.30 - 17.30  Urinary tract and genital trauma

Room T5

Chair:  L. Martínez-Piñeiro, Madrid (ES)

Introduction
L. Martínez-Piñeiro, Madrid (ES)

Blunt and penetrating renal trauma
L. Martínez-Piñeiro, Madrid (ES)

Iatrogenic ureteral lesions and ureterointestinal strictures. Diagnosis and treatment
H. Abol-Enein, Mansoura (EG)

Bulbar and bulbomembranous urethral trauma
L. Martínez-Piñeiro, Madrid (ES)

Bladder, penile and testicular trauma. Etiology, diagnosis and treatment
H. Abol-Enein, Mansoura (EG)

Aims and objectives
1. To review the current classifications of renal, ureteric, bladder, urethral and genital trauma
2. To outline the principles of diagnosis and management of renal, ureteric, bladder, urethral and genital trauma. To review the management of uretero-intestinal strictures.
3. To provide a clearer understanding of the role of the treatments which are available for specific patient scenarios
4. To interact with the audience and discuss together management and treatment of real cases

Participants of the course will obtain a clear view on the current management of ureteric iatrogenic lesions and uretero-intestinal strictures, as well as of blunt and penetrating injuries affecting the kidney, ureters, bladder, urethra or genitals in contemporary clinical practice.

More than 50% of the time of the course will be spent with the discussion of real clinical cases.

Registration fee excluding VAT
EAU members  € 49
Non-EAU member  € 71
Residents (members/non-members)  € 22
ESU Courses, 12 April

ESU Course 6

14.30 - 17.30 Prolapse management and female pelvic floor problems

Room C8

Chair: D.J.M.K. De Ridder, Leuven (BE)

Introduction
D.J.M.K. De Ridder, Leuven (BE)

Vaginal surgical anatomy for urologists
E. Kocjancic, Chicago (US)

Investigations and imaging for POP
D.J.M.K. De Ridder, Leuven (BE)

Vaginal native tissue repair
D.J.M.K. De Ridder, Leuven (BE)

Vaginal mesh repair
E. Kocjancic, Chicago (US)

Open/laparoscopic/robotic repair
E. Costantini, Perugia (IT)

Classification and management of complications & case discussion
E. Costantini, Perugia (IT)
E. Kocjancic, Chicago (US)

Aims and objectives
This course gives practical information about prolapse management by urologists. From anatomy to mesh implant, the recent revival of native tissue repairs and the management of complications. Also laparoscopic and robotic approaches will be evaluated.

Registration fee excluding VAT
EAU members € 49
Non-EAU member € 71
Residents (members/non-members) € 22
ESU Courses, 13 April

ESU Course 7

08.30 - 11.30 Office management of male sexual dysfunction

Room C2

Chair: C. Stief, Munich (DE)

Diagnostics - What is necessary?
I. Eardley, Leeds (GB)

Testosterone replacement
C. Stief, Munich (DE)

Oral therapy for ED
I. Eardley, Leeds (GB)

Therapy of ED when pills fail
D.J. Ralph, London (GB)

Medical therapy for premature ejaculation
I. Eardley, Leeds (GB)

Surgical topics: Penile implants, priapism, Peyronie’s
D.J. Ralph, London (GB)

What to do after radical prostatectomy?
C. Stief, Munich (DE)

Aims and objectives
The course is aimed at providing practical advice on how to diagnose and treat a patient with premature ejaculation or ED. It will allow an up-to-date understanding of the underlying mechanisms of the erectile process and the aetiology of ED. The recent development of various orally available drugs with different modes of action and distinctly different side-effect profiles enables individually tailored therapies. However, an individually adopted regimen requires an adequate work up that will be comprehensively presented.

Although currently available and future oral drugs will be covered in depth, alternative options such as testosterone supplementation, local pharmacotherapy or various devices will be presented with special emphasis since their adequate indication and appropriate use by the urologist makes the distinctive difference in comparison to other specialists in the field. The indications for, and specific aspects for penile prosthesis will be discussed since prostheses still represent an important option for select patients. Then, specific topics with high practical importance as the cardiovascular patient with ED or the post-prostatectomy case will be covered.

The course will be very interactive allowing in-depth information on the various aspects of the cutting edge of ED.

Registration fee excluding VAT
EAU members € 49
Non-EAU member € 71
Residents (members/non-members) € 22
ESU Courses, 13 April

ESU Course 8

08.30 - 10.30 Renal transplantation: Technical aspects, diagnosis and management of early and late urological complications

Room C3

Chair: F.J. Burgos Revilla, Madrid (ES)

Selection and urological preparation of transplant recipients; surgical aspects of nephrectomy in living and deceased donor
A.J. Figueiredo, Coimbra (PT)

Laparoscopic living donor nephrectomy: Technical aspects and controversies
F.J. Burgos Revilla, Madrid (ES)

Avoiding complications by proper techniques of renal transplantation; tricks and tips
A.J. Figueiredo, Coimbra (PT)

How to diagnose and manage postoperative and long-term complications following renal transplantation
F.J. Burgos Revilla, Madrid (ES)

Aims and objectives
Given the dramatic improvement in short- and long-term graft and patient survival, renal transplantation has become the most effective treatment of end stage renal failure. Recipients considered for transplantation are currently older and pose more problems than in the past, in some cases requiring specific urological preparation. We would like to share our experience concerning the selected items with the audience. These include how to select and to prepare transplant recipients with surgical or urological problems, how to choose the most safe technique for performing deceased donor and living donor nephrectomy, how to deal with unusual situations of renal procurement or transplantation and finally, for urologists, how to diagnose and manage postoperative and long-term urological and other complications.

Registration fee excluding VAT
EU members € 33
Non-EAU member € 49
Residents (members/non-members) € 22
ESU Course 9

08.30 - 11.30 Update on stone disease

Room T6

Chair: A. Patel, London (GB)

Introduction
A. Patel, London (GB)

Medical aspects of urinary stones
N.N-P. Buchholz, London (GB)

SWL
N.N-P. Buchholz, London (GB)

Uretero-Renoscopy
A. Breda, Barcelona (ES)

Percutaneous nephrolithotomy and questions and answers
A. Patel, London (GB)

Interactive case discussion
A. Patel, London (GB)

Aims and objectives
Modern stone therapy has eliminated much of the previously devastating burden of upper tract urolithiasis, and is gradually also changing the clinical presentation. Complex stones are becoming rarer, and therapy is moving to the outpatient setting. Nevertheless, successful management requires competence in all aspects of stone management. The challenge today is employing the ideal approach for the specific situation.

After a brief review of new developments present treatment strategies are demonstrated in detailed case presentations.

Registration fee excluding VAT
EAU members € 49
Non-EAU member € 71
Residents (members/non-members) € 22
ESU Courses, 13 April

ESU Course 10

08.30 - 11.30  Focal treatment in prostate cancer

Room T2

Welcome and introduction
T.E. Bjerklund Johansen, Oslo (NO)

Diagnostic work-up

The role of prostate biopsies for ruling in and ruling out prostate cancer in different parts of the gland; The need for biopsy tracking and image fusion systems
D. Greene, Sunderland (GB)

The role of MRI for ruling in and ruling out prostate cancer in different parts of the gland; The role of N and M-staging by node dissection, PET CT, MRI and bone scan
J.P.M. Sedelaar, Nijmegen (NL)

Focal treatment methods, outcome and side effects

Cryosurgical ablation
T.E. Bjerklund Johansen, Oslo (NO)

High intensity focused ultrasound
D. Greene, Sunderland (GB)

Other technologies
J.P.M. Sedelaar, Nijmegen (NL)

Follow up after focal therapy

The role of PSA; When to do biopsies
D. Greene, Sunderland (GB)

The role of MRI; Indications for whole gland treatment; Focal treatment in a salvage setting
J.P.M. Sedelaar, Nijmegen (NL)

The need for research guidelines and registries (EUCAP; Alpha registry and ECLIPSE)
T.E. Bjerklund Johansen, Oslo (NO)

Aims and objectives
Focal treatment is one of the most intriguing fields of prostate cancer treatment and a significant development is expected in the coming years. Focal treatment is about eradicating the cancer lesion within the prostate while preserving genitourinary function.
The primary aim of this course is to provide attendees with an understanding of the rationale for focal treatment in prostate cancer and patient selection criteria. Attendees will be updated on new technologies and the outcome, side effects and limitations of focal treatment. Classical dilemmas of whether treatment is necessary when it is possible, and possible when necessary, will be addressed. In spite of overtreatment there is evidence that contemporary whole gland treatment is offered too late and has unacceptable side effects for patients at the age when treatment might make the biggest difference.

Patient selection and precise localization of the cancer are key criteria in focal treatment. Of equal importance is the ability to rule out prostate cancer from regions of the prostate which will not be treated. During the course there will be a thorough discussion of biopsy strategies and the role of imaging in the diagnostic work-up and during follow-up. Delegates will be informed about existing registries for focal treatment, and they will be involved in a discussion of the role of registries in the acquisition of new evidence in the field of focal treatment of prostate cancer.

**Registration fee excluding VAT**

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ESU Course 11

08.30 - 11.30 An introduction to social media: Why this is important for urologists

Room T5

Chair: J.W.F. Catto, Sheffield (GB)

Introduction to social media
J.W.F. Catto, Sheffield (GB)

Social media for beginners
M. Roupret, Paris (FR)

Why social media matters
D. Murphy, Melbourne (AU)

Using social media in medicine
A. Kutikov, Philadelphia (US)

Examples of best practice
M.R. Cooperberg, San Francisco (US)

Trends and developments in social media
G. Novara, Padova (IT)

www.europeanurology.com
A. Kutikov, Philadelphia (US)

Questions and answers
J.W.F. Catto, Sheffield (GB)

Aims and objectives
Social media are becoming an increasingly important for practicing urologists. These web based interfaces allow rapid transfer of knowledge, interaction and facilitate a community of science. In this course we will introduce the audience to the Why, How, When and When not to, of social media. We will cover different tools (such as Twitter and Facebook), advise practice (offer professional guidance). We will introduce aspects of European Urology and how we will adapt to social media in the future.

Objectives:
- To understand the role of social media in modern medicine
- To understand how best to interact with social media
- To understand how European urology fits into these media
ESU Course 12

ESU Courses, 13 April

Room C8

The scientific basics of urodynamics
P. Abrams, Bristol (GB)

Urodynamics - Getting philosophy and technique correct
P. Abrams, Bristol (GB)

Urodynamics in neuourology
S. Madersbacher, Vienna (AT)

Urodynamics in female urology
P. Abrams, Bristol (GB)

Urodynamics in the child and in men
S. Madersbacher, Vienna (AT)

Aims and objectives
Having attended the course, the attendee should:
- Understand the basic physical principles referable to urodynamics
- Be able to assess the quality of a urodynamic trace
- Recognise common artefacts and know how to correct them
- Know the indications for urodynamic studies in children, men, women and neurological patients.

Registration fee excluding VAT
EAU members € 49
Non-EAU member € 71
Residents (members/non-members) € 22
ESU Courses, 13 April

ESU Course 13

12.00 - 14.00 Pathology (prostate, bladder/UUT, kidney, testicles/penis)

Room C2

Chair: E. Compérat, Paris (FR)

How to get best results for your patient. Challenges in pathology of the prostate and bladder
E. Compérat, Paris (FR)

New insights and changes in pathology of the kidney and testis
F. Algaba, Barcelona (ES)

Aims and objectives
This course for urologists will treat prostate, bladder, kidney and testicular pathology. It is not a course of pathology, but wants to improve the urologist-pathologist interaction. The attended aim is to get correct diagnosis, understand as well problems which pathologists may encounter, as the most important details mentioned in a pathology report.

Several question frequently asked by urologists will be treated:
I.) Clinical practice and optimal handling of pathology specimen.
   - Is my clinical practice optimal to obtain best pathology report, how can I improve the interaction with the pathologist?
   - The importance of clinical information and well edited, good sampling will be explained, especially limits of diagnosis in case of artefacts. Solutions how to avoid them will be discussed.
   - Which information has to be exchanged between the urologists and the pathologists? The importance of clinical information and history will be underlined.
   - Robustness of pathology reports and when urologists should ask for a second opinion will be discussed.

II.) When ask for frozen sections and biopsies that are possible results.
   Evaluation of surgical margins
   - The indication of frozen sections and biopsies is a topic of major concern. Indications of frozen sections have to be precise and useful; otherwise it becomes an expensive and time spending procedure. We point out the right indications.
   - Another important point which overlaps with the above mentioned is the evaluation of the surgical margins, limits in pathology and how we can improve.
   - We also want to discuss the usefulness of biopsies in kidney tumours, prostate, bladder and upper urinary tract. Where are our limits, what do urologists expect expectations and how to proceed to get optimal results?

III.) Pathology report. How to read and understand all included information
   The aim is to discuss the major items of a pathology report.
   - Am I using all the information which is in a pathological report?
   - Do I know the latest staging and grading?
   - Which information do I have to expect and ask in case of absence?
   - Understand why the pathologist does immunohistochemistry.
   - The most important antibodies (understanding of which antibody is in favour of which lesion and evokes which hypothesis).
IV. Novelties in Uro-Onco Pathology. Applications in daily practice
   - Many new acquisitions are regularly made in Uro-Oncological Pathology. The latest news in burning research topic will briefly be discussed.
   - The presentation of new pathological entities with clinical implications will be treated.

We will discuss the correlation between morphology and biology which special emphasis about the role that the pathologist plays in the detection of the therapeutic targets, especially in renal cell cancer.

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ESU Courses, 13 April

ESU Course 14

12.00 - 14.00 Management of locally advanced and metastatic renal cancer

Room C3

Chair: M. Kuczyk, Hanover (DE)

Neoadjuvant and adjuvant systemic of RCC patients: Possible options, indications, efficacy, evidence and ongoing trials
S. Osanto, Leiden (NL)

Surgical options for metastasized renal cell cancer
M. Kuczyk, Hanover (DE)

Surgical treatment of locally advanced renal cell cancer
A. Bex, Amsterdam (NL)

Aims and objectives
Although most renal cancers are small and incidentally found, a significant proportion of patients still present with locally advanced or even metastatic renal cell carcinoma (RCC) at first diagnosis or develop metastatic spread during the further course of the disease.
RCC is a unique disease where we had important developments in the last 2 decades both in surgical as well as nonsurgical and systemic therapies. Although we have now at least 7 drugs with proven efficacy in metastatic RCC, surgery still remains the only curative therapy.
The first aim of this course is to highlight the role of surgery versus a conservative therapeutic approach. The efficacy of metastasectomy, for example, will be weighed against that of a medical treatment that is mainly based on anti-VEGF-directed agents. In addition, new therapeutic concepts including neoadjuvant treatment upfront surgery for locally advanced disease including patients with intracaval thrombosis will be highlighted.
Surgery for locally advanced disease particularly in patients with vena caval thrombus is a challenging situation and tips and tricks of this type of surgery including the clinical results that can be achieved by an aggressive surgical management will be indicated. And finally, the place of cytoreductive nephrectomy during the treatment of metastatic RCC and the role of surgery for the treatment of locally recurrent disease will be discussed.
This course is an excellent opportunity to learn what the urologist can offer to renal cancer patients with difficult tumours and metastatic RCC. The course is an ideal opportunity for all; residents, the practicing urologist and the oncologic urologist. Don’t miss this course if you see patients with advanced RCC in your practice!

Registration fee excluding VAT
EAU members € 33
Non-EAU member € 49
Residents (members/non-members) € 22
ESU Course 15

12.00 - 14.00  Laparoscopy for beginners

Room T6

Chair: A.D. Joyce, Leeds (GB)

Indications for laparoscopy
A.D. Joyce, Leeds (GB)

Instrumentation and haemostasis
X. Cathelineau, Paris (FR)

Peritoneal access and effects of pneumoperitoneum
A.D. Joyce, Leeds (GB)

Avoiding complications
X. Cathelineau, Paris (FR)

Aims and objectives
Training in Urological laparoscopic surgery in Europe is presently inadequate because of several factors:
- a shortage of designated training centres
- a shortage of recognised trainers
- lack of appropriate training facilities, predominantly equipment, expertise or support.

Urologists interested in Laparoscopy must be properly trained in order to be able to perform the procedure safely with the minimum of risk of potential complications. Results from the European Basic laparoscopic Urological Skills (E-BLUS) examination indicates that the level of laparoscopic skills among European residents is low, predominantly due to a lack of opportunity to train.

This course therefore aims to provide the delegate with the core knowledge over the correct use of the imaging system, the specialised instrumentation and the important protocols for accessing and exiting the abdomen. Laparoscopic nephrectomy is seen as the marker procedure in Urology and this course aims to familiarise the delegates with the important steps and principles in basic laparoscopy and how to minimise the risk of potential complications.

Registration fee excluding VAT
EAU members € 33
Non-EAU member € 49
Residents (members/non-members) € 22
ESU Courses, 13 April

ESU Course 16

12.00 – 14.00 Testicular cancer

Room T2

Chair: P. Albers, Düsseldorf (DE)

Testis cancer – Early stages
N.W. Clarke, Manchester (GB)

Testis cancer – Case discussion
N.W. Clarke, Manchester (GB)

Testis cancer – Advanced stages
P. Albers, Düsseldorf (DE)

Testis cancer – Case discussion
P. Albers, Düsseldorf (DE)

Aims and objectives
The EAU guidelines in testis cancer will be updated in 2014. Based on this European consensus, this ESU course will provide the auditorium with the latest information on diagnostic tools, staging and treatment of testis cancer stage by stage. In early-stage cancer, organ-sparing surgery, the question of testicular microlithiasis, the conflicting issue of testis biopsy and current histopathological prognostic factors for surveillance and individualised treatment options will be discussed with the auditorium including case presentations. The role of conventional as well as laparoscopic RPLND in early stages will be clarified. In advanced-stage cancer, the course participants will learn about stage by stage treatment according to IGCCCG classification. Detailed information on chemotherapy regimens and the handling of side-effects will be provided. In this section of the course, tips and tricks of residual tumour resection will be presented using case reports and intraoperative pictures. In addition, salvage strategies will be discussed in cases of treatment failures. Participants will have enough time to ask questions and discuss their own cases.

Registration fee excluding VAT
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Non-EAU member € 49
Residents (members/non-members) € 22
ESU Courses, 13 April

ESU Course 17

12.00 - 14.00 Management and outcome in invasive and locally advanced bladder cancer

Room T5

Chair: A. Alcaraz, Barcelona (ES)

Cystectomy in the management of bladder invasive and locally advanced bladder cancer
A. Alcaraz, Barcelona (ES)

Case discussion on cystectomy in the management of bladder invasive and locally advanced bladder cancer
B. Malavaud, Toulouse (FR)

Bladder sparing approaches to muscle invasive bladder cancer
A. Alcaraz, Barcelona (ES)

Case discussion on bladder sparing approaches to muscle invasive bladder cancer
B. Malavaud, Toulouse (FR)

Cytotoxic chemotherapy in bladder cancer: Neoadjuvant and adjuvant setting and treatment of metastatic disease
B. Malavaud, Toulouse (FR)

Aims and objectives
Bladder cancer is the second most common oncological malignancy in Europe. Invasive and locally advanced bladder tumour is the urological malignancy with the highest mortality. The course will begin with the definition of the disease and different prognostic factors. Among prognosticators of outcome will be discussed the role of early cystectomy in T1 patients with poor prognosis indicators and the limitations of cystectomy in elderly and poor performance status patients. The course will continue with the discussion of the different treatment options. Rationale for considering cystectomy as gold standard, as well as a clear definition of multidisciplinary strategies for bladder sparing treatments with special emphasis in patient selection and potential limitations will be discussed. Finally, the role of systemic chemotherapy in the neoadjuvant and adjuvant to cystectomy setting will be presented, as well as in the treatment of metastatic disease.

Specially recommended for elder residents and young urologists starting their career in the field of uro-oncology. Also experienced uro-oncological surgeons will benefit from this course through an update, focused on clinical issues and a practical approach.

At the conclusion of this course, the participants should get better insights in terms of:
- Stratifying the patients with invasive and locally advanced bladder cancer in different groups of risk.
- Understanding the rationales outcome and limitations of cystectomy and bladder sparing treatments.
- Defining the current role of neoadjuvant and adjuvant chemotherapy for invasive and locally advanced bladder cancer.
- Measuring the benefits of systemic chemotherapy in terms of progression free survival and overall survival.

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ESU Courses, 13 April

ESU Course 18

12.00 - 14.00 Ultrasound in urology

Room C8

Chair: T. Loch, Flensburg (DE)

Technical basics and new technologies
T. Loch, Flensburg (DE)

Standarization, tuning, acquisition and reporting of ultrasound exams
M. Ritter, Mannheim (DE)

Ultrasound of the kidney and ureter
M. Ritter, Mannheim (DE)

Ultrasound of the bladder
T. Loch, Flensburg (DE)

Ultrasound of the testis
T. Loch, Flensburg (DE)

Ultrasound of the penis
M. Ritter, Mannheim (DE)

Aims and objectives
Ultrasound is the basic imaging tool of the urologist and almost all urologists are using ultrasound in daily practice. Despite this, training and teaching of urological ultrasound is not provided in a satisfactory manner. The aim of the course is to provide the technical basics and standards for the use of ultrasound in urology. For all urological organs such as kidney, ureter, bladder, testis and penis the standard patients positioning and best choice of transducers and settings are provided. Moreover, the standard examination and findings as well as the pathological findings are shown. Where applicable also the interventional and intraoperative ultrasound is addressed. After the course the delegate should know the ideal settings for reliable and informative urological ultrasound as well as the normal and pathological findings. Of note the ultrasound of the prostate is not addressed in this course covered in a separate ESU course.

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EAU members € 33
Non-EAU member € 49
Residents (members/non-members) € 22
ESU Courses, 13 April

ESU Course 19

14.30 - 17.30 Advanced course on upper tract laparoscopy (UPJ, adrenal and stones)

Room C2

Chair: G. Janetschek, Salzburg (AT)

Transperitoneal approach to the kidney and adrenal gland: Standard technique and modifications
G. Janetschek, Salzburg (AT)

Retroperitoneoscopy: Lateral and posterior approach
F. Porpiglia, Turin (IT)

Dismembered pyeloplasty: Technique, problems, complications
F. Porpiglia, Turin (IT)

Non-dismembered pyeloplasty: Indication, technique
G. Janetschek, Salzburg (AT)

Adrenalectomy
G. Janetschek, Salzburg (AT)

Partial adrenalectomy
G. Janetschek, Salzburg (AT)

Stone surgery
F. Porpiglia, Turin (IT)

Questions and discussion

Aims and objectives
Surgery of the kidney and adrenal gland by means of laparoscopy has become standard of care. Most frequently this surgery is performed transperitoneally; this approach has been standardized. However, the anatomy of the right and left side differs substantially which has to be taken into consideration. Also several modifications have been developed such as a direct approach to the left renal pelvis through the colonic mesentery. Retroperitoneoscopy is an alternative which should be mastered as well.

Adrenalectomy was the first widely recognized indication for laparoscopy in urology, and open surgery has almost vanished for this indication. Partial adrenalectomy may be considered as an alternative in benign solitary tumours such as Conn adenoma but is strongly recommended in familial bilateral pheochromocytoma. For the treatment of UPJ obstruction laparoscopy has to compete with both open surgery and endopyelotomy. Compared to open surgery the results are the same but morbidity is lower. Morbidity of endopyelotomy is lower, however, but the results are not as good in the long-term. The technique of dismembered and non-dismembered pyeloplasty will be discussed in detail.

Laparoscopic stone surgery is usually not a first line therapy. In specific situations it may be helpful, however. All the mentioned techniques will be presented in an interactive way. Essential steps will be highlighted by video clips.

Registration fee excluding VAT
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Non-EAU member € 71
Residents (members/non-members) € 22
ESU Course 20

14.30 - 17.30 How to write a manuscript and get it published in European Urology

Room C3

Chair: J.W.F. Catto, Sheffield (GB)

How to get your manuscript published in European Urology
J.W.F. Catto, Sheffield (GB)

Why publishing (and publishing on European Urology) is important for you
C.J. Gratzke, Munich (DE)

Clinical research original article: How to write an article and get it published in European Urology
S.F. Shariat, Vienna (AT)

The importance of statistical design and analysis
A.J. Vickers, New York (US)

How to write a basic research article to be relevant for the readers of European Urology
J-N.L. Cornu, Vincennes (FR)

Clinical research original article: An editor’s tricks
M.R. Cooperberg, San Francisco (US)

Common problems and potential solutions
G. Novara, Padova (IT)

How to review a paper for European Urology
S. Boorjian, Rochester (US)

Surgery in Motion: How to combine the best possible manuscript and video for the Surgery in Motion Section
A. Mottrie, Aalst (BE)

Questions and answers
J.W.F. Catto, Sheffield (GB)

Aims and objectives
In this course we will explain the role the European Urology plays in modern medicine. We will focus upon our interaction with authors and how we can encourage high quality medical reports. We will explain in details the review process, focus upon the importance of statistical design and reporting guidelines. We will use practical examples to educate.
Objectives:
To understand the role of European Urology in the field of urology
To understand what makes a successful submission for publication
To learn about statistical design and robust reporting styles
To understand the review process and how best to address this
To understand how we handle and review submissions
ESU Courses, 13 April

ESU Course 21

14.30 - 17.30 Advanced vaginal reconstruction

Room T6

Chair: D. Pushkar, Moscow (RU)

Introduction: Are you involved in reconstructive urology?
D. Pushkar, Moscow (RU)

Midurethral slings in 2013-2014: The current status
F.C. Burkhard, Berne (CH)

Management of urinary incontinence associated with urethral loss
D. Pushkar, Moscow (RU)

Obstructive slings: What to do?
F.C. Burkhard, Berne (CH)
D. Pushkar, Moscow (RU)

Management of mesh complications
D. Pushkar, Moscow (RU)
F.C. Burkhard, Berne (CH)

Management of non-index stress urinary incontinence (recurrent cases, intrinsic sphincter deficiency, mixed incontinence).
F.C. Burkhard, Berne (CH)

Modern approach to vesicovaginal fistulae and urethral diverticulae (comprehensive video presentation)
D. Pushkar, Moscow (RU)

Adjournment
F.C. Burkhard, Berne (CH)

Aims and objectives
Clinicians involved in the care of female patients should know vaginal surgery. A specific goal of the faculty is to employ scientific principles, published information and clinical experience to describe and position newly developed techniques in current management of urinary incontinence. Special attention will be given to new techniques that use synthetics tapes in SUI surgery. This course will also cover the management of complications of surgery for stress incontinence and mesh complications. Treatment of recurrent urinary incontinence and incontinence with mixed symptoms also will be under discussion. Management of vesicovaginal fistulas, urethral diverticulae and some rare conditions will be shown both during podium and video presentations. An interactive course means active participation by the audience and participants are encouraged to prepare and present interesting and challenging clinical cases for consultation by the faculty. After this course, participants should know how to apply the newest technique in patients with stress incontinence, urethral loss and iatrogenic injuries of lower urinary tract. This course will facilitate the decision making process for those who are just starting their careers and for advanced surgeons.
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ESU Courses, 13 April

ESU Course 22

14.30 - 17.30 Nerve-sparing cystectomy and orthotopic bladder substitution - Surgical tricks and management of complications

Room T2

Chair: U.E. Studer, Berne (CH)

Preoperative investigations and selection of patients for orthotopic bladder substitution
J.E. Gschwend, Munich (DE)

Arguments for nerve sparing cystectomy with orthotopic bladder substitution
A. Stenzl, Tuebingen (DE)

How to do a nerve-sparing cystectomy in male and female patients, surgical tricks to avoid complications with orthotopic bladder substitution
U.E. Studer, Berne (CH)

Tips on how to obtain good functional results in female patients
A. Stenzl, Tuebingen (DE)

Active post-operative management is the most important step
U.E. Studer, Berne (CH)

How to treat complications during follow-up
J.E. Gschwend, Munich (DE)

Discussion

Aims and objectives
In this course, special emphasis is placed on patient selection and on practical surgical steps: on how to do meticulous pelvic lymph node dissection and nerve-sparing cystectomy in male and female patients, as well as how to do various types of orthotopic bladder substitutes with good long-term functional results. The course is aimed to be interactive with 50% of the time reserved for questions and discussions with the audience. At the end of the course, participants should know all the essential and practical steps needed in order to achieve good results with cystectomy and orthotopic bladder substitution.

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Residents (members/non-members) € 22
ESU Courses, 13 April

ESU Course 23

14.30 - 17.30 Surgery or radiotherapy for localised and locally advanced prostate cancer

Room T5

Chair: B. Djavan, Vienna (AT)

Localised prostate cancer

Introduction
B. Djavan, Vienna (AT)

Treatment options and strategies in localised prostate cancer
B. Djavan, Vienna (AT)

How and when to use nomograms and networks
R.J.A. Van Moorselaar, Amsterdam (NL)

Oncology results of radiation therapy
A. Bossi, Villejuif (FR)

Oncological and functional results of radical prostatectomy
B. Djavan, Vienna (AT)

Advanced prostate cancer

Radiotherapy with or without hormonal treatment in advanced PCA
A. Bossi, Villejuif (FR)

Adjuvant therapies following radical prostatectomy: What is the standard and what is new?
R.J.A. Van Moorselaar, Amsterdam (NL)

Results of radical prostatectomy for T3 disease
B. Djavan, Vienna (AT)

Take home messages
B. Djavan, Vienna (AT)

Aims and objectives
The decision process towards surgery/active surveillance or radiation is a constantly evolving matter that requires a multitude of various information and inputs. In localised disease old habits have been jeopardised and surgical management seems to be fused with active surveillance in an increasing number of patients with good prognosticators. This course will summarise the decision process and indications for patients with clinically localised disease and help select the optimal treatment based on most recent oncological and functional data.
In locally advanced disease, growing evidence supports the notion of radical surgery to improve outcome. US and European data endorse this policy in a selected group of patients. New radiation protocols and strategies combined with hormone therapy offer as much adequate alternatives. In the second part of this course, controversies regarding the optimal management of locally advanced prostate cancer patients will be discussed and clear recommendations made to facilitate patient counselling and treatment.

**Registration fee excluding VAT**

- EAU members: € 49
- Non-EOU member: € 71
- Residents (members/non-members): € 22
ESU Courses, 13 April

ESU Course 24

14.30 - 17.30 Flexible ureterorenoscopy and retrograde intrarenal surgery: Instrumentation, technique, tips and tricks, indications

Room C8

Chair: O. Traxer, Paris (FR)

Welcome message and introduction of the course
O. Traxer, Paris (FR)

Instrumentation: Endoscopes
O. Traxer, Paris (FR)

Instrumentation: Laser and lithotripsy devices
M. Grasso, New York (US)

Instrumentation: Disposable (wires, retrieving devices, UAS, irrigation devices and others)
P.J. Oster, Fredericia (DK)

Technique: Stones
O. Traxer, Paris (FR)

Technique: Urothelial tumours and strictures
M. Grasso, New York (US)

Tips and tricks and special circumstances
O. Traxer, Paris (FR)

Indications (guidelines) and clinical cases
P.J. Oster, Fredericia (DK)

Conclusions
O. Traxer, Paris (FR)

Aims and objectives
This course will teach the principles of evidence based medicine (EBM) in the context of daily decision-making in urology. We will introduce urology-relevant resources to search and retrieve the latest clinical research studies and provide the tools to systematically evaluate these studies for the quality of evidence they provide. In practical exercises, we will first demonstrate how to assess a study’s methodological strengths and weaknesses to determine how much confidence we can place in its results. Second, we will analyze the actual study results and the degree of certainty with which they are reported. Finally, we will discuss important considerations when deciding whether the results of a given study can and should be applied to the care of an individual patient.

A workshop-style, interactive format is chosen to teach this course. The educational objective is to empower participants to independently search and appraise clinical research studies and retrieve high quality evidence as it becomes available. This course is therefore of exceptional value to all urologists that are seeking to enhance their EBM skills and thereby improve patient care.
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ESU Courses, 14 April

ESU Course 25

08.30 - 11.30 The infertile couple - Urological aspects

Room C2

Chair: W. Aulitzky, Vienna (AT)

Diagnostic work-up, medical treatment
W.H.-G. Weidner, Giessen (DE)

Pathophysiology, diagnosis and treatment of varicocele
W. Aulitzky, Vienna (AT)

Microsurgical refertilisation
W. Aulitzky, Vienna (AT)

Sperm retrieval techniques and genetic aspects of IVF/ICSI
W.H.-G. Weidner, Giessen (DE)

Aims and objectives
This course provides state-of-the-art information on urological aspects of diagnosis and therapy of modern reproductive medicine. Diagnostic procedures should be standardised and coordinated in a timely fashion for both partners, focusing on the possible urological, hormonal and genetic causes of male infertility. In terms of therapy, this course will provide updated information on evidence based data and will discuss the importance of varicoceles in male infertility. We will show microsurgical techniques on video and explain why proper training and skills perfection is key to successful case management. A successful IVF/ICSI outcome depends upon the use of state-of-the-art techniques for sperm retrieval and sperm preparation. We will also provide information on genetic aspects and stress the responsibility of the urologist as an adviser and gatekeeper for the treatment of the infertile couple.

Registration fee excluding VAT
EAU members € 49
Non-EAU member € 71
Residents (members/non-members) € 22
ESU Courses, 14 April

ESU Course 26

08.30 - 11.30  Prostate cancer imaging: When and how to use it

Room C3

Chair: J. Walz, Marseille (FR)

Standardization, acquisition and reporting of multiparametric MRI
B.M. Carey, Leeds (GB)

Reading of a prostate MRI
B.M. Carey, Leeds (GB)

MRI in diagnosis of prostate cancer
B.M. Carey, Leeds (GB)

MRI in staging of prostate cancer
A. Villers, Lille (FR)

MRI in treatment planning of prostate cancer
A. Villers, Lille (FR)

Image fusion of multiparametric MRI and Ultrasound
A. Villers, Lille (FR)

What are possible alternatives to multiparametric MRI?: Contrast enhanced ultrasound - elastography - ANNA / C-TRUS - histoscanning - how it works - critical review of the literature
J. Walz, Marseille (FR)

When to do imaging of the prostate? Case discussion and current practical questions
B.M. Carey, Leeds (GB)
A. Villers, Lille (FR)
J. Walz, Marseille (FR)

Aims and objectives
Reliable imaging of prostate cancer will revolutionize the management of prostate cancer as it will improve diagnosis, surveillance, treatment, and follow up of this disease. To date, the identification of prostate cancer lesions in the prostate remains a difficult task. In recent years several new technologies have been developed to overcome this problem. The most commonly used imaging technique for this purpose is multiparametric MRI. However, new ultrasound based imaging tools such as elastography, contrast enhanced ultrasound, the ANNA/C-TRUS system and the Histoscanning system were developed to serve as alternatives. None of these imaging modalities can be considered as standard today. The aim of the course is to provide an overview on the currently available imaging tools, to provide practical information about their use and to critically assess their clinical performance. At the end interactive case discussions will address current practical questions such as:
- Imaging before biopsy as a screening test?
- Imaging at initial biopsy?
- Imaging for repeat biopsy only?
- How to improve performance and standardization of imaging?

The objective is that after the course, attendees will know what imaging currently can provide in the management of prostate cancer and when to indicate imaging studies. They will also know where are points of discussion and uncertainty, and what potential alternatives might be.

**Registration fee excluding VAT**

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ESU Courses, 14 April

ESU Course 27

08.30 - 11.30 Diagnosis and management of non-muscle invasive bladder cancer (NMIBC)

Room T6

Chair: J.A. Witjes, Nijmegen (NL)

Introduction and objective of course
J.A. Witjes, Nijmegen (NL)

Diagnosis of bladder cancer (including markers and importance of TUR) and case discussion
J. Palou, Barcelona (ES)

New diagnostic tools such as PDD and NBI
M. Babjuk, Prague (CZ)

Guideline treatment and follow-up including case discussion
J.A. Witjes, Nijmegen (NL)

Comments on guideline treatment recommendations including case example and discussion
M. Babjuk, Prague (CZ)

BCG failures and treatment options, including case discussion
J.A. Witjes, Nijmegen (NL)

What to do with extravesical urothelial cancer and case discussion
J. Palou, Barcelona (ES)

Closure and evaluation

Aims and objectives

With the comments of the last years this course will again fine tuned and obviously it will be updated according to the 2014 EAU guideline and latest literature. As in previous years the emphasis lies on aspects of importance for daily practice and subsequent discussion of problems seen in daily practice, when dealing with patients with non muscle-invasive bladder cancer (NMIBC). Many of these problems have been raised in previous courses and are the basis for the current presentations and case discussions. We have learned that interactive discussion of these cases with the audience is very productive and highly appreciated. So, although the emphasis is on what one should do (the EAU guideline and its recommendations), we often see patients in daily practice that do not fit into guideline rules and need a different approach. We will present potential options for these patients and discuss cases like that with the audience to illustrate the possibilities beyond the guideline diagnosis and treatment solutions.

As can be seen in the program subjects that will be lectured, discussed and illustrated with cases are (1) diagnosis (white light cystoscopy; cytology and markers; (re-)TUR technique), (2) diagnostic innovations (PDD, NBI), (3) risk classification and therapy/follow per risk group, (4) potential exceptions to the guideline recommendations (e.g. single post-TUR instillation, BCG maintenance therapy), (5) BCG failures, and finally (6) urothelial carcinoma outside the bladder.
The objective of this course is that attendees will know when to follow the guideline in NMIBC, when there are points of discussion, and what potential alternatives might be.

**Registration fee excluding VAT**

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ESU Courses, 14 April

ESU Course 28

08.30 - 11.30  Management of small renal tumours

Room T2

Chair: P. Gontero, Turin (IT)

Active surveillance
P. Gontero, Turin (IT)

Ablative therapies
J.J.M.C.H. De la Rosette, Amsterdam (NL)

Surgery
F. Keeley, Bristol (GB)

Aims and objectives
This course aims to address the complexity in the management of small renal masses. Dealing with a small renal mass is much more than just choosing the fanciest surgical or ablative technique. The attendees will be guided through lectures, videoclips and presentations of clinical cases to critically identify the pitfalls that currently surrounds the diagnosis and management of small renal masses. The various therapeutic strategies such as surgery (open, laparoscopy and robotic) radical and nephron sparing, cryotherapy, radiofrequency and HIFU will be interactively discussed. The current controversies and indications for active surveillance will also be addressed using real life clinical scenarios. An overview of the published results will be presented and analysed. Interaction among attendees will be promoted as the most important way to have an efficient course.

Registration fee excluding VAT
EAU members € 49
Non-EAU member € 71
Residents (members/non-members) € 22
ESU Course 29

08.30 - 11.30  Chronic pelvic pain in men and women

Room T5

Chair: E.J. Messelink, Groningen (NL)

Panel meets audience

Chronic pelvic pain: Terminology, taxonomy and algorithms
E.J. Messelink, Groningen (NL)

Chronic pelvic pain in women: Diagnostics and treatment
S. Elneil, London (GB)

Chronic pelvic pain in men: Diagnostics and treatment
D.S. Engeler, St. Gallen (CH)

Aims and objectives
Urologists do see a lot of patients with chronic pelvic pain, both men and women. They are referred to the urologist because they have concomitant micturition or bladder symptoms. The urologist is the specialist in ruling out well known diseases that can cause pain in the pelvic area. In patients where no explanation is found, the pain should be looked at as a disease rather than a symptom. Treating this disease should preferably be done within a multidisciplinary team using multimodal treatment options.

At the end of this course the participant will know the basic principles of chronic pain in general and of chronic pelvic pain in more detail. He will know how to rule out the well known causes. He will know how to approach the patient with chronic pelvic pain, by taking a history and by doing physical examination. He will have knowledge on the myofascial and psychological aspects of chronic pelvic pain. He should be able to refer patients at the right time to the right team.

Registration fee excluding VAT
EAU members  € 49
Non-EAU member  € 71
Residents (members/non-members)  € 22
ESU Course 30

08.30 - 11.30 Robot renal surgery

Room C8

Chair: A. Mottrie, Aalst (BE)

Introduction
A. Mottrie, Aalst (BE)

Pyeloplasty
B.J. Challacombe, London (GB)

Clinical cases UPJ Obstruction; Nephrectomy for RCC
N.M. Buffi, Milano (IT)

Partial nephrectomy
A. Mottrie, Aalst (BE)

Clinical cases RCC; Nephroureterectomy
N.M. Buffi, Milano (IT)

Conclusion
B.J. Challacombe, London (GB)

Aims and objectives
1. Explain the advantages of robotics over classical laparoscopy in surgery of the upper urinary system
2. Teach the different operations step-to-step
3. Discuss difficult clinical cases

Registration fee excluding VAT
EAU members € 49
Non-EAU member € 71
Residents (members/non-members) € 22
ESU Courses, 14 April

ESU Course 31

12.00 - 14.00 Current concepts and controversy in the diagnosis and management of upper tract urothelial carcinoma (UTUC)

Room C2

Chair: S.F. Shariat, Vienna (AT)

Epidemiology, diagnosis, evaluation
M. Roupret, Paris (FR)

Prognostic and predictive factors, pathology
S.F. Shariat, Vienna (AT)

Treatment of low risk cancer (high grade Ta, T1 and CIS)
M. Roupret, Paris (FR)

Treatment of localized high risk (invasive) and metastatic cancer
S.F. Shariat, Vienna (AT)

Aims and objectives
Upper tract urothelial carcinoma (UTUC) is an uncommon disease with little evidence-based data to guide clinical decision-making. Recently, the tools available for the diagnosis and management of UTUC have improved significantly, complementing a growing understanding of the biology of this disease. UTUC requires appropriate management at all stages, since both the cure rate and morbidity are very sensitive to nuances of treatment. Yet proper risk stratification remains a challenge owing to the difficulty of clinical staging. This course will address contemporary concepts and controversies, including the timely and accurate diagnosis of UTUC, emphasizing the integration of pathologic and radiographic variables for appropriate risk stratification. Important features regarding the natural history of UTUC will also be emphasized; the role of imaging and endoscopy in clinical decision making, diagnosis, staging and follow-up; and, common pathways of metastatic spread. Up-to-date information regarding boundaries of surgical resection, indication and extent of lymphadenectomy, clinical staging of UTUC, and the role of neoadjuvant chemotherapy in patients with high risk UTUC will be detailed. Patient selection and treatment options for patients with UTUC such as endoscopic management, distal ureterectomy, radical nephroureterectomy and chemotherapy will be discussed.

Objectives: After attending this course, participants should be able to:

- identify problems associated with clinical staging of UTUC
- illustrate importance of accurate staging techniques and their role in clinical decision making maximize ureteroscopic diagnostic biopsy and tumor resection
- be aware of newer modalities such as endoluminal ultrasound and other novel staging methods
- cite current concepts and controversies in the management of low-stage and high-stage UTUC
- discuss and compare the risk, benefit, and side effects of laparoscopic and open radical nephroureterectomy
- understand the management of the bladder cuff
- understand the current role of multimodal therapy for high risk patients- integration of systemic therapy
  - neo-adjuvant vs. adjuvant treatment
- discuss the need and boundaries of the recommended lymph node dissection
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ESU Courses, 14 April

ESU Course 32

12.00 - 14.00 Extraperitoneal robotic assisted prostatectomy and partial nephrectomy

Room C3

Chair: J-U. Stolzenburg, Leipzig (DE)

Introduction
J-U. Stolzenburg, Leipzig (DE)

Anatomy of the prostate, the urethral sphincter and neurovascular bundles and fascias
J-U. Stolzenburg, Leipzig (DE)

Anatomy of the kidney and the retroperitoneum
J.H. Kaouk, Cleveland (US)

Extraperitoneal access and trocar placement in R-RPR
J-U. Stolzenburg, Leipzig (DE)

Extraperitoneal access and trocar placement in R-PN
J.H. Kaouk, Cleveland (US)

Steps of the robotic assisted endoscopic extraperitoneal radical prostatectomy (Video clips)
J.H. Kaouk, Cleveland (US)
J-U. Stolzenburg, Leipzig (DE)

Steps of the robotic assisted retroperitoneal partial nephrectomy (Video clips)
J.H. Kaouk, Cleveland (US)
J-U. Stolzenburg, Leipzig (DE)

Management of complications in R-RPE
J-U. Stolzenburg, Leipzig (DE)

Management of complications in R-PN
J.H. Kaouk, Cleveland (US)

Summary
J-U. Stolzenburg, Leipzig (DE)

Aims and objectives
Robotic assisted radical prostatectomy (R-RPE) and partial nephrectomy (R-PN) can be performed by either retroperitoneal or transperitoneal approach. During the extraperitoneal access space is limited compared to the transperitoneal route. Nevertheless, the extraperitoneal access is well established in classical laparoscopic surgery and can be adapted to robotic assisted surgery with all the advantages of a direct extraperitoneal access like the risk of bowel or other intra-abdominal organ injury is nearly avoided, and, in patients with prior intra-abdominal surgery, there is no need for lysis of adhesions. In PN retroperitoneal
approach permits direct access to the renal hilum and excellent visualization for posteriorly located renal disease.

Both R-RPE and R-PN needs to be well standardised to be reproduced. Based on the understanding of the anatomy the extraperitoneal space must be developed properly. Most care must be taken during port placements to avoid clashing between the robotic arms and the assistant instruments. The experts will go through each step of the surgery with focus on the access and port placement. Furthermore we will give precise information in R-RPE on the anatomy of the prostate, the sphincter muscle, fascias and the bundles in order to have a better understanding of the operative laparoscopic anatomy. Different aspects (interfascial, intrafascial) of nerve-sparing surgery will be addressed. In R-PN we focus on pedicle control, tumour excision, how to achieve adequate haemostasis and how to shorten ischemia time. For this, short well-selected video clips will be presented and discussed. Finally, complications and their management will be addressed.

The course is addressed to laparoscopic surgeons who want to start with robotic surgery as well as for robotic surgeons who want to become familiar with the extraperitoneal access. The course should help all participants to improve their technique by standardization of each step of the procedure and by picking out some important tricks.

### Registration fee excluding VAT

- **EAU members**: € 33
- **Non-EAU member**: € 49
- **Residents (members/non-members)**: € 22
ESU Course 33

12.00 - 15.00 Paediatric urology for the adult urologist: A practical update

Room T6

Chair: J.M. Nijman, Groningen (NL)

Obstructive uropathy: What to do when, from neonate till puberty
G.A.S. Bogaert, Leuven (BE)

How to deal with congenital malformations of the external genitalia, when is surgery indicated and how to do it
S. Tekgül, Ankara (TR)

Urinary infection, reflux and voiding dysfunction: New insights in pathology, diagnostic work-up and management
J.M. Nijman, Groningen (NL)

Aims and objectives
During this course an update is provided on common problems of the genito-urinary tract in children by means of state-of-the-art lectures, cases and interactive participation. Also the interaction between paediatric urologist, adult urologist, gynaecologist and paediatrician will be discussed. Corrections of congenital malformations of the urogenital tract have major implications for the quality of life, but also for long-term follow-up, future interventions and treatment of complications. Over the past few years our ideas about treatment of reflux and obstructive uropathy have changed; many so-called dogmas had to be revised. During this 3 hour course we will try to give an overview of the latest developments in the field of paediatric urology, focussing on topics of interest to the general urologist. The course is of particular interest to general urologists and those in training. Participants are encouraged to participate in the course as much as possible and there will be ample time for discussion and presentation of cases.

Registration fee excluding VAT
EAU members € 49
Non-EAU member € 71
Residents (members/non-members) € 22
ESU Course 34

12.00 - 15.00  Robot-assisted laparoscopic prostatectomy

Room T2

Introduction
PT. Piechaud, Bordeaux (FR)

General principles of robotic radical prostatectomy
W. Artibani, Verona (IT)
P. Dasgupta, London (GB)

Anatomical and oncological supports of radical prostatectomy

Bladder neck preservation: Useful? Dangerous?
PT. Piechaud, Bordeaux (FR)

Neurovascular bundle dissection: Anatomical reminders of the peri prostatic fascia and space of dissection
P. Dasgupta, London (GB)

Tips and tricks around vesico uretral anastomosis (Rocco, anterior suspension...)
W. Artibani, Verona (IT)

Step by step operative procedure; How I do it
W. Artibani, Verona (IT)
P. Dasgupta, London (GB)
PT. Piechaud, Bordeaux (FR)

Questions from participants about operative protocols

Lymphadenectomy
W. Artibani, Verona (IT)

Specific situations
PT. Piechaud, Bordeaux (FR)

Postoperative complications
P. Dasgupta, London (GB)

Anatomical and functional results
W. Artibani, Verona (IT)

Conclusion
PT. Piechaud, Bordeaux (FR)
Aims and objectives
The course objective is to give to participants a complete overview of all the technical options for the robotic radical prostatectomy techniques.
The outline of this course will show a complete description of the basic principles of the intervention: ports placement, choice of the approach.
An update will be made on the arguments for or against the preservation of the bladder neck. A very complete anatomical reminder of the periprostatic fascias and neurovascular bundles will be given in order to explain the techniques of neurovascular bundles preservation.
Then, some variations and technical means to improve urinary incontinence will be detailed as well.
Each teacher will describe his technique of radical prostatectomy step-by-step.
Lastly, specific situations (post adenomectomy radical prostatectomy, post TURP, salvage prostatectomy) will be described. The lymphadenectomy technique will be detailed as well.
Finally, the complications and the functional results of this surgery will be precised.
The objective of this course is thus to review the current evolution of the robotic-assisted radical prostatectomy technique in all its possible options.

Registration fee excluding VAT
EAU members €49
Non-EAU member €71
Residents (members/non-members) €22
ESU Courses, 14 April

ESU Course 35

12.00 - 14.00 Ultrasound for the urologist - TRUS and TRUS guided biopsies

Room T5

Chair: P. Hammerer, Braunschweig (DE)

Indications for TRUS and biopsy
P. Hammerer, Braunschweig (DE)

Practical aspects of TRUS and TRUS guided biopsies
P. Hammerer, Braunschweig (DE)

Indications for rebiopsy
V. Scattoni, Milan (IT)

Update on new technical developments
V. Scattoni, Milan (IT)

Aims and objectives
The purpose of this ESU course is to define the optimal transrectal ultrasound and to discuss new ultrasound techniques like Elastography and Histoscanning for prostate cancer detection, as well as defining a new standard for transrectal ultrasound-guided prostate biopsies. In addition, techniques to reduce morbidity and to increase patient acceptance will be discussed. Transrectal ultrasound has been performed for more than 20 years, and this technique is now an important part of prostate cancer diagnosis and staging. Anatomic studies of prostatectomy specimens that defined the zonal anatomy of the prostate and provided a detailed mapping of the tumour location have increased our understanding of transrectal ultrasound images, as well as enabling optimal placement of the biopsy needles. The stage migration revealed by PSA-based screening has resulted in most tumours being non-palpable at diagnosis. Therefore in the PSA arena, with tumours at an early stage (non-palpable and sometimes ultrasonographically isoechoic) transrectal ultrasound is needed to enable sampling of all relevant areas of the prostate including those that appear normal. The systematic sampling of the prostate by the sextant biopsy technique improved the detection rate of prostate cancer over sampling hypoechoic or palpable suspicious lesions. However, in men with initially negative biopsies a second set of sextant biopsies will be positive in about 20-30%. We know that the sextant technique is inadequate for sampling of and additional biopsies are needed. Will an increase of prostate biopsies result in patient discomfort? Although some studies report no additional morbidity from the more extensive biopsy protocols, it seems likely that discomfort for the patient would be increased. What can be done to reduce pain and discomfort and improve tolerance for additional biopsies? Simple and efficacious methods are now available to provide anaesthesia in men undergoing prostate biopsies.

Registration fee excluding VAT
EAU members € 33
Non-EAU member € 49
Residents (members/non-members) € 22
ESU Course 36

12.00 - 15.00 Laparoscopic and robot-assisted laparoscopic radical cystectomy

Room C8

Chair: P. Wiklund, Stockholm (SE)

Introduction laparoscopic cystectomy; Pre-surgery considerations
R.F. Van Velthoven, Brussels (BE)

Introduction robot-assisted laparoscopic cystectomy
P. Wiklund, Stockholm (SE)

Female cystectomy
J. Rassweiler, Heilbronn (DE)

Male cystectomy
R.F. Van Velthoven, Brussels (BE)

Lymph node dissection
J. Rassweiler, Heilbronn (DE)

Extracorporeal urinary diversion
R.F. Van Velthoven, Brussels (BE)

Intracorporeal urinary diversion
P. Wiklund, Stockholm (SE)

Outcome after laparoscopic cystectomy; Oncological, functional and complications
J. Rassweiler, Heilbronn (DE)

Outcome after robot-assisted laparoscopic cystectomy; Oncological, functional and complications
P. Wiklund, Stockholm (SE)

Aims and objectives
At the conclusion of this educational activity, participants should be able to:

- Identify the current indications and contraindications for laparoscopic and robot assisted laparoscopic radical cystectomy with extended lymph node dissection.
- Illustrate the operative steps and techniques for laparoscopic and robot assisted laparoscopic radical cystectomy and extended pelvic lymph node dissection.
- Identify the current indications and contraindications for laparoscopic and robot assisted laparoscopic creation of an intracorporeal and extracorporeal urinary diversion.
- Discuss surgical tricks and tips learned from review of video clips of laparoscopic and robot assisted laparoscopic radical cystectomy.

Registration fee excluding VAT
EAU members € 49
Non-EAU member € 71
Residents (members/non-members) € 22
ESU Courses, 14 April

ESU Course 37

14.30 - 17.30 Percutaneous nephrolithotripsy (PCNL)

Room C2

Chair: E. Liatsikos, Patras (GR)

PCNL instrumentation – Suite organisation, wires, dilators and lithotriptors
C.M. Scoffone, Turin (IT)

From Skin to Stone: Step-by-Step access using only fluoroscopy (Prone position)
E. Liatsikos, Patras (GR)

From Skin to Stone: Step-by-Step access using US and fluoroscopy (Supine position)
C.M. Scoffone, Turin (IT)

MiniPerc – Indications, equipment and technique
T. Knoll, Sindelfingen (DE)

Management of complications; In the OR and in the wards
E. Liatsikos, Patras (GR)

Tips and tricks in PCNL
E. Liatsikos, Patras (GR)

PCNL versus ESWL versus URS: The debate continues
T. Knoll, Sindelfingen (DE)

Analysis of demanding / unusual cases
T. Knoll, Sindelfingen (DE)

Round table discussion

Aims and objectives
The objective of the course is to provide an overview of the key points of PCNL technique and its implementation. A step-by-step approach to access methods will be emphasized, allowing beginners to familiarize themselves with the details of the techniques. The debate surrounding optimal patient positioning will be addressed, with extensive information on prone and supine PCNL techniques. A presentation on MiniPerc will showcase the equipments and indications of this alternative method. The identification and management of immediate and delayed complications will be reviewed. Also, challenging PCNL cases will be presented, demonstrating the frontiers of PCNL for experienced surgeons. Finally, tips and tricks of the technique will be shown, offering practical shortcuts to frequent problems encountered in PCNL.

Registration fee excluding VAT
EAU members € 49
Non-EAU member € 71
Residents (members/non-members) € 22
ESU Courses, 14 April

ESU Course 38

14.30 - 16.30 General neuro-urology

Room C3

Chair: F.R. Cruz, Porto (PT)

Introduction
F.R. Cruz, Porto (PT)

Diagnostics
M.J. Drake, Bristol (GB)

Therapy
F.R. Cruz, Porto (PT)

Case discussion

Aims and objectives
The course aims at introducing neuro-urology to urologists and other caregivers in training and at refreshing the topic to those who consider this subspeciality important for their current clinical practice. For many urologists neuro-urology is a less well known subspeciality that is considered less appealing due to the use of a specific terminology, methods of diagnosis and evaluation and a treatment that very frequently requires individualisation. For many urologists neuro-urology is not part of their training. However as patients with micturition problems of neurogenic cause have nowadays a life span very close to that of normal individuals, expertise in this field will be an inevitable requisite for the average urologist. Terminology has been updated in recent years and its familiarity is necessary not only in order to facilitate communication between caregivers but also to increase access to relevant literature. This will be the object of a complete review. Investigation is a decisive part of the management of patients with micturition problems of neurogenic origin. This is not intended as a urodynamic course but rather as a useful session in which the use of urodynamic and other tools will be clarified. Finally, management of these patients will be reviewed, from the more classic to the more experimental approaches, always keeping in mind that the expected audience will be the average urologist who is willing to increase their knowledge in the field. Thus the different therapeutic approaches will be presented in a more practical and useful way instead of a classical pharmacological approach. This is expected to facilitate the transfer the available information into everyday practice. Particular attention will be given to the use of botulinum toxin. Ultimately, different conditions will be simulated in order to rehearse the main topics. By the end of the course it is expected that participants will be able to adequately investigate and manage the most frequent neuro-urological situations.

Registration fee excluding VAT

<table>
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<tr>
<th>Category</th>
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<tbody>
<tr>
<td>EAU members</td>
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<tr>
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<tr>
<td>Residents (members/non-members)</td>
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ESU Course 39

15.30 - 17.30  Post-surgical urinary incontinence in males

Room T6

Chair: E. Chartier-Kastler, Paris (FR)

Etiology and workup
F. Van der Aa, Leuven (BE)

Management of overactive bladder and conservative management of stress incontinence
F. Van der Aa, Leuven (BE)

Surgical management of stress incontinence
E. Chartier-Kastler, Paris (FR)

Case discussion
E. Chartier-Kastler, Paris (FR)

Aims and objectives
Post-surgical incontinence has a severe impact on the social life of the patient. This course will answer the questions, how much and which investigations are needed for an adequate diagnosis and what the therapeutic options are that can we offer to the patient. The available conservative therapy is described and data on success and failure rates are provided. There is also a focus on new and alternative treatment options. The surgical procedures to solve the problem are presented and data of the literature critically analysed. An important part of the course will be the interactive case discussion with the panel and participants.

At the end of the course the participants should know:
- How to diagnose post surgical urinary incontinence and how to make symptoms objective
- Which conservative therapy should be offered and for how long
- Which operative procedures will provide the best long-term results for the individual situation of the patient

Registration fee excluding VAT
EAU members € 33
Non-EAU member € 49
Residents (members/non-members) € 22
ESU Courses, 14 April

ESU Course 40

15.30 - 17.30 Advanced course on laparoscopic nephrectomy

Room T2

Chair: V. Pansadoro, Rome (IT)

Introduction
R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Transperitoneal approach
V. Pansadoro, Rome (IT)

Retroperitoneal approach
R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Single port inguinal approach
R. Bollens, Lomme (FR)

Intraoperative complications
R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Difficult nephrectomies
R. Bollens, Lomme (FR)

Partial nephrectomy
R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Special cases
R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Take home messages

Aims and objectives
Minimally invasive surgery has steadily improved over the last years. Today one can approach with confidence new, difficult and challenging situations.
The course is structured to evaluate and explore the increasing indications and possible complications of Laparoscopic and Robotic kidney surgery.
This course will focus upon common and uncommon complications and how to manage and prevent them.
In addition, special situations such as single port inguinal approach, zero ischemia time, cava thrombus, accidental splenectomy and living donor nephrectomy will be presented.
Registration fee excluding VAT

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</table>
ESU Course 41

**14.30 - 17.30 Metastatic prostate cancer**

**Room T5**

*Chair:* K. Pummer, Graz (AT)

**First and second line hormonal therapy: What should be considered?**
K. Miller, Berlin (DE)

**What is the role of chemotherapy and immunotherapy in patients with CRPC?**
G. Mickisch, Bremen (DE)

**New therapeutic options for patients with CRPC – more possibilities, more questions?**
K. Pummer, Graz (AT)

**Case discussion**
G. Mickisch, Bremen (DE)
K. Miller, Berlin (DE)
K. Pummer, Graz (AT)

**Aims and objectives**
The aim of this course is to provide comprehensive state-of-the-art information about the optimal management of patients with metastatic prostate cancer. The first lecture will give an overview of the various forms of currently available androgen deprivation therapies such as LHRH analogs and antagonists, address the potential advantages or disadvantages of intermittent treatment, as well as outline the optimal timing of hormonal therapy. In addition, the role of possible second-line hormonal manipulations will be presented. The second lecture will present and critically discuss the role of chemotherapy as well as immunotherapy at the time when hormone resistance has developed with a special emphasis on efficacy, side effects, sequencing and patients' selection. The third lecture will address recent achievements as well as future challenges by reviewing the mode of action and the current role of newer therapeutic options such as testosterone synthesis inhibitors, androgen receptor antagonists, or radionuclide therapy. At the end of the course, interactive cases will be discussed together with the audience and there will be plenty of time for questions and answers.

**Registration fee excluding VAT**
- EAU members € 49
- Non-EAU member € 71
- Residents (members/non-members) € 22
Hands-on training

09.15 - 11.15 ESU/ESUT Hands-on training Laparoscopy

Room C5

Aims and objectives
Laparoscopic procedures are continuously evolving in urology based on the increasing expertise of urologic surgeons. Since the number of centres with laparoscopic expertise is still limited in Europe, laparoscopic training programmes have become very important. Hands-on training courses at the pelvi-trainer represent one of the main steps of such courses.

In this course basic laparoscopic and suturing skills can be learned and trained. Psychomotor skills such as depth perception and bimanual dexterity are trained by the validated exercises of the European Basic Laparoscopic Urological Skills (E-BLUS) training programme. Experienced laparoscopist-tutors will guide you to master such basic laparoscopy skills as instrument handling, pattern cutting and intracorporal suturing.

This course can be used as an additional training to prepare for the E-BLUS examination. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

Supported by an unrestricted educational grant from OLYMPUS EUROPA SE & CO. KG
ESU Hands-on training courses

13.00 - 16.00 ESU Hands-on training on Urodynamics

Room C4

13.00 - 16.00 HOT 5 ESU Hands-on training on Urodynamics - course 1

Chair: H. Hashim, Bristol (GB)

Tutors: M.J. Drake, Bristol (GB)
A. Gammie, Bristol (GB)
J. Ellis Jones, Bristol (GB)

Aims and objectives
This workshop aims to provide a practical course offering an interactive “hands-on” environment for doctors, nurses and technicians to improve their skills in urodynamics, with an emphasis on practical aspects including equipment used, interpretation of traces, quality control and trouble-shooting. The use of recorded tests, access to equipment and small groups means that individual problems can be addressed. All the speakers are involved in similar “hands-on” courses, which have ran successfully in the United Kingdom and abroad. The small group format has been shown to work well in addressing individual needs. Access to teaching aids and equipment will simulate the clinical scenario as much as possible within the constraints of the conference setting. At the end of the workshop delegates should feel more confident in their practice of urodynamics.

Registration fee excluding VAT € 26

Supported by an unrestricted educational grant from LABORIE and MEDIWATCH
ESU Hands-on, 12 April

ESU/ESUT Hands-on training courses

09.00 - 12.30 ESU/ESUT Hands-on training GreenLight Laser Vaporisation

Room T3

Course directors:  J. Rassweiler, Heilbronn (DE)  
                 O. Traxer, Paris (FR)

Course coordinators:  A. Bachman, Basel (CH)

09.00 - 10.30  HOT 7  ESU/ESUT Hands-on training GreenLight Laser Vaporisation – Basic course 1

Chair:  G.H. Fournier, Brest (FR)

Tutors:  G.H. Fournier, Brest (FR)
         A. Brassetti, Rome (IT)
         C.M. Capitan Manjon, Alcorcon (ES)
         J-N.L. Cornu, Vincennes (FR)
         C.J. Gratzke, Munich (DE)
         R. Hindley, Hook (GB)
         J.A. Thomas, Bridgend (GB)
         S. Vincendeau, Rennes (FR)
         R. Zachoval, Prague (CZ)

11.00 - 12.30  HOT 8  ESU/ESUT Hands-on training GreenLight Laser Vaporisation – Basic course 2

Chair:  G.H. Fournier, Brest (FR)

Tutors:  G.H. Fournier, Brest (FR)
         A. Brassetti, Rome (IT)
         C.M. Capitan Manjon, Alcorcon (ES)
         J-N.L. Cornu, Vincennes (FR)
         C.J. Gratzke, Munich (DE)
         R. Hindley, Hook (GB)
         J.A. Thomas, Bridgend (GB)
         S. Vincendeau, Rennes (FR)
         R. Zachoval, Prague (CZ)

Aims and objectives
The European School of Urology (ESU) and the European Section of Uro-Technology (ESUT) offer an intensive hands-on training course with different models focusing on the endoscopic management of LUTS. The delegates will be taken through a sequential programme of GreenLight-laser vaporisation using virtual reality models. A video demonstrating the different steps and tasks of the procedures will be presented and afterwards the delegates will be instructed according to their level of experience in small teams at the models. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

Registration fee excluding VAT  € 26

Supported by an unrestricted educational grant from AMERICAN MEDICAL SYSTEMS
ESU Hands-on training courses

13.00 - 16.30  ESU/ESUT Hands-on training GreenLight Laser Vaporisation

Room T3

Course directors:  J. Rassweiler, Heilbronn (DE)
O. Traxer, Paris (FR)

Course coordinators:  A. Bachman, Basel (CH)

13.00 - 14.30  HOT 9  ESU/ESUT Hands-on training GreenLight Laser Vaporisation – Advanced course 1

Chair:  N. Barber, Canterbury (GB)

Tutors:  N. Barber, Canterbury (GB)
J. Benejan Gual, Palma de Mallorca (ES)
C.R. Bruken, Hamburg (DE)
F. Bruyere, Tours (FR)
L. Cindolo, Vasto – Chieti (IT)
P. Destefanis, Torino (IT)
A. Herlemann, Munich (DE)
L. Ruggera, Cognola-Trento, (IT)
A. Sommerhuber, Linz (AT)
R. Zachoval, Prague (CZ)

15.00 - 16.30  HOT 10  ESU/ESUT Hands-on training GreenLight Laser Vaporisation – Advanced course 2

Chair:  N. Barber, Canterbury (GB)

Tutors:  N. Barber, Canterbury (GB)
J. Benejan Gual, Palma de Mallorca (ES)
C.R. Bruken, Hamburg (DE)
F. Bruyere, Tours (FR)
L. Cindolo, Vasto – Chieti (IT)
P. Destefanis, Torino (IT)
A. Herlemann, Munich (DE)
L. Ruggera, Cognola-Trento, (IT)
A. Sommerhuber, Linz (AT)
R. Zachoval, Prague (CZ)

Aims and objectives

The European School of Urology (ESU) and the European Section of Uro-Technology (ESUT) offer an intensive hands-on training course with different models focussing on the endoscopic management of LUTS. The delegates will be taken through a sequential programme of Green-light-laser vaporisation using a virtual reality model, especially focussing on more complicated applications (ie., large intravesical obstructing middle lobes, patients under anti-coagulation, cardiological considerations) A video demonstrating the different steps and tasks of the procedures will be presented and afterwards the delegates will be instructed according to their level of experience in small teams at the models. Treatment of high risk patients will be discussed (anticoagulant). Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

Registration fee excluding VAT  € 26

Supported by an unrestricted educational grant from AMERICAN MEDICAL SYSTEMS
Aims and objectives
Laparoscopic procedures are continuously evolving in urology based on the increasing expertise of urologic surgeons. Since the number of centres with laparoscopic expertise is still limited in Europe, laparoscopic training programmes have become very important. Hands-on training courses at the pelvi-trainer represent one of the main steps of such courses.

In this course basic laparoscopic and suturing skills can be learned and trained. Psychomotor skills such as depth perception and bimanual dexterity are trained by the validated exercises of the European Basic Laparoscopic Urological Skills (E-BLUS) training programme. Experienced laparoscopist-tutors will guide you to master such basic laparoscopy skills as instrument handling, pattern cutting and intracorporal suturing.

This course can be used as an additional training to prepare for the E-BLUS examination. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.
ESU Hands-on, 13 April

ESU/ESUT Hands-on training courses

09.00 - 14.30 ESU/ESUT Hands-on training in Women’s Health

Room T3

09.00 - 10.30  HOT 1  ESU/ESUT Hands-on training in Women’s Health - course 1

Chairs: J.P.F.A. Heesakkers, Nijmegen (NL)
J.P. Roovers, Amsterdam (NL)

Tutors: D.J.M.K. De Ridder, Leuven (BE)
F. Van der Aa, Leuven (BE)

11.00 - 12.30  HOT 2  ESU/ESUT Hands-on training in Women’s Health - course 2

Chairs: J.P.F.A. Heesakkers, Nijmegen (NL)
J.P. Roovers, Amsterdam (NL)

Tutors: D.M. Castro-Diaz, La Laguna Santa Cruz Tenerife (ES)
F. Van der Aa, Leuven (BE)

13.00 - 14.30  HOT 3  ESU/ESUT Hands-on training in Women’s Health - course 3

Chairs: J.P.F.A. Heesakkers, Nijmegen (NL)
J.P. Roovers, Amsterdam (NL)

Tutors: D.M. Castro-Diaz, La Laguna Santa Cruz Tenerife (ES)
K-D. Sievert, Tübingen (DE)

Aims and objectives
The European School of Urology (ESU) and the European Section of Uro-Technology (ESUT) offer a practical hands-on training course with female pelvic models focusing on the placement of slings for the treatment of stress urinary incontinence. The delegates will be taken through a step-by-step programme of surgical treatment of stress urinary incontinence with retropubic, transobturator, and single-incision slings. The programme will begin with a discussion of patient selection and relevant clinical data. Videos demonstrating the different techniques will be presented, and afterwards the delegates will be instructed in small teams on the pelvic trainers. Finally, all remaining questions can be answered and discussed with the tutors, including the demonstration of tips and tricks.

Registration fee excluding VAT  € 26

Supported by an unrestricted educational grant from AMERICAN MEDICAL SYSTEMS
ESU Hands-on, 13 April

ESU Hands-on training courses

09.00 - 12.00 ESU Hands-on training on Urodynamics

Room C4

09.00 - 12.00 HOT 6 ESU Hands-on training on Urodynamics - course 2

Chair: H. Hashim, Bristol (GB)

Course coordinators: M.J. Drake, Bristol (GB)
A. Gammie, Bristol (GB)
J. Ellis Jones, Bristol (GB)

Aims and objectives
This workshop aims to provide a practical course offering an interactive “hands-on” environment for doctors, nurses and technicians to improve their skills in urodynamics, with an emphasis on practical aspects including equipment used, interpretation of traces, quality control and trouble-shooting. The use of recorded tests, access to equipment and small groups means that individual problems can be addressed. All the speakers are involved in similar “hands-on” courses, which have run successfully in the United Kingdom and abroad. The small group format has been shown to work well in addressing individual needs. Access to teaching aids and equipment will simulate the clinical scenario as much as possible within the constraints of the conference setting. At the end of the workshop delegates should feel more confident in their practice of urodynamics.

Registration fee excluding VAT € 26

Supported by an unrestricted educational grant from LABORIE and MEDIWATCH
ESU Hands-on, 13 April

ESU/ESUT Hands-on training courses

14.00 - 17.15  ESU/ESUT Hands-on training Laparoscopy

Room C4

Course coordinators:  
J-T. Klein, Heilbronn (DE)  
J. Rassweiler, Heilbronn (DE)  
O. Traxer, Paris (FR)

14.00 - 15.30  HOT 11  ESU/ESUT Hands-on training Laparoscopy course 1

Chair:  A. Breda, Barcelona (ES)

Tutors:  
R.T. Bardan, Timisoara (RO)  
U. Nagele, Hall in Tirol (AT)  
D. Teber, Heidelberg (DE)  
L. Tunc, Ankara (TR)

15.45 - 17.15  HOT 12  ESU/ESUT Hands-on training Laparoscopy course 2

Chair:  E. Liatsikos, Patras (GR)

Tutors:  
P. Chlosta, Cracow (PL)  
B. Petrut, Cluj Napoca (RO)  
F. Porpiglia, Turin (IT)  
C. Schwentner, Tübingen (DE)

Aims and objectives

The European School of Urology (ESU) and the EAU Section of Uro-Technology (ESUT) offer an intensive hands-on training course on laparoscopy. Laparoscopic procedures are continuously evolving in urology based on the increasing expertise of urologic surgeons. This includes ablative procedures, such as radical nephrectomy as well as reconstructive techniques, such as pyeloplasty. Some advanced procedures (i.e. radical prostatectomy, radical cystectomy) have both, ablative and reconstructive steps. Since the number of centres with laparoscopic expertise is still limited in Europe, laparoscopic training programmes have become very important. Hands-on training courses at the pelvi-trainer represent one of the main steps of such courses. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

Registration fee excluding VAT  € 26

Supported by an unrestricted educational grant from KARL STORZ GMBH & CO.KG and COVIDIEN
### ESU/ERUS Hands-on training courses

#### 09.00 - 16.30 ESU/ERUS Hands-on training Robotic surgery

**Room T4**

*Course coordinators:*  
M. Annerstedt, Stockholm (SE)  
A. Mottrie, Aalst (BE)  
J. Rassweiler, Heilbronn (DE)  
H. Van Der Poel, Amsterdam (NL)

<table>
<thead>
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<th>Time</th>
<th>Course</th>
<th>Chair</th>
<th>Tutors</th>
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| 09.00 - 10.30| **HOT 17** ESU/ERUS Hands-on training Robotic surgery course 1 | C.M. Annerstedt, Herlev (DK) | C.M. Annerstedt, Herlev (DK)  
N.M. Buffi, Milano (IT) |
| 11.00 - 12.30| **HOT 18** ESU/ERUS Hands-on training Robotic surgery course 2 | C.M. Annerstedt, Herlev (DK) | C.M. Annerstedt, Herlev (DK)  
N.M. Buffi, Milano (IT) |
| 13.00 - 14.30| **HOT 19** ESU/ERUS Hands-on training Robotic surgery course 3 | J.H. Witt, Gronau (DE)        | F. Annino, Arezzo (IT)  
J.H. Witt, Gronau (DE) |
| 15.00 - 16.30| **HOT 20** ESU/ERUS Hands-on training Robotic surgery course 4 | J.H. Witt, Gronau (DE)        | F. Annino, Arezzo (IT)  
J.H. Witt, Gronau (DE) |

**Aims and objectives**

The European School of Urology (ESU) and the EAU Robotic Urology Section (ERUS) offer an intensive hands-on training course. We will provide training using simulators. The main aims of this 90 minutes course are: improving the participants’ control-skills and hand-eye-coordination, as well as an objective benchmarking of console performance and an introduction into standardized surgical steps in robot-assisted procedures. Therefore, each course is limited to the small number of 6 participants, to facilitate an optimal training setting with only 2 participants per faculty. Therefore, each course is limited to the small number of 6 participants, to facilitate an optimal training setting with only 3 participants per tutor.

**Registration fee excluding VAT**  
€ 26

Supported by an unrestricted educational grant from INTUITIVE SURGICAL
Hands-on training

09.15 - 11.15  ESU/ESUT Hands-on training Laparoscopy

Room C5

**Aims and objectives**

Laparoscopic procedures are continuously evolving in urology based on the increasing expertise of urologic surgeons. Since the number of centres with laparoscopic expertise is still limited in Europe, laparoscopic training programmes have become very important. Hands-on training courses at the pelvi-trainer represent one of the main steps of such courses.

In this course basic laparoscopic and suturing skills can be learned and trained. Psychomotor skills such as depth perception and bimanual dexterity are trained by the validated exercises of the European Basic Laparoscopic Urological Skills (E-BLUS) training programme. Experienced laparoscopist-tutors will guide you to master such basic laparoscopy skills as instrument handling, pattern cutting and intracorporal suturing.

This course can be used as an additional training to prepare for the E-BLUS examination. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.
ESU Hands-on, 14 April

ESU/ESUT/EULIS Hands-on training courses

09.00 - 12.30  ESU/ESUT/EULIS Hands-on training Ureterorenoscopy

Room C4

Course coordinators:  J-T. Klein, Heilbronn (DE)
                      J. Rassweiler, Heilbronn (DE)
                      O. Traxer, Paris (FR)

09.00 - 10.30  HOT 13  ESU/ESUT/EULIS Hands-on training Ureterorenoscopy course 1

Chair:  K. Sarica, Istanbul (TR)

Tutors:  F. Millán-Rodríguez, Barcelona (ES)
         P.J. Osther, Fredericia (DK)
         C.M. Scoffone, Turin (IT)

11.00 - 12.30  HOT 14  ESU/ESUT/EULIS Hands-on training Ureterorenoscopy course 2

Chair:  A. Skolarikos, Athens (GR)

Tutors:  G. Giusti, Basiglio (IT)
         G. Kamphuis, Amsterdam (NL)
         T. Knoll, Sindelfingen (DE)

Aims and objectives
The European School of Urology (ESU), the EAU Section of Uro-Technology (ESUT) and the EAU Section
of Urolithiasis (EULIS) offer an intensive hands-on training course with different models focussing on the
endoscopic management of urolithiasis. The delegates will be taken through a sequential programme of
Ureterorenoscopy using normal endoscopic instruments in different models. The use of various guide-wires,
baskets and intracorporeal lithotripters will be demonstrated. The ESUT and the EULIS faculty consist of
experienced surgeons in the field of Ureterorenoscopy. A video demonstrating the different steps and tasks
of the procedures will be presented and afterwards the delegates will be instructed according to their level
of experience in small teams at the models. Finally, all remaining questions can be answered and discussed
with all tutors including the demonstration of tips and tricks.

Registration fee excluding VAT  € 26

Supported by an unrestricted educational grant from KARL STORZ GMBH & CO.KG and COOK MEDICAL
ESU Hands-on training courses

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<th>Time</th>
<th>Course Description</th>
<th>Location</th>
<th>Coordinators</th>
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<tbody>
<tr>
<td>13.00 - 14.30</td>
<td>HOT 15 ESU/ESUT Hands-on training Transurethral therapy of LUTS - Bipolar TURP course 1</td>
<td>Room C4</td>
<td>T.R.W. Herrmann, Hanover (DE)</td>
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<tr>
<td>11.00 - 12.30</td>
<td>HOT 16 ESU/ESUT Hands-on training Transurethral therapy of LUTS - Bipolar TURP course 2</td>
<td>Room C4</td>
<td>V. Bucuras, Timisoara (RO)</td>
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</tbody>
</table>

Aims and objectives
The European School of Urology (ESU) and the EAU Section of Uro-Technology (ESUT) offer an intensive hands-on training course with different models focussing on the endoscopic management of LUTS. The delegates will be taken through a sequential programme of Bipolar TURP using normal endoscopic instruments in different models. A video demonstrating the different steps and tasks of the procedures will be presented and afterwards the delegates will be instructed according to their level of experience in small teams at the models. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

Registration fee excluding VAT € 26

Supported by an unrestricted educational grant from KARL STORZ GMBH & CO.KG and COOK MEDICAL
ESU/ERUS Hands-on training courses

09.00 - 16.30  ESU/ERUS Hands-on training Robotic surgery

Room T4

Course coordinators:  M. Annerstedt, Stockholm (SE)
                     A. Mottrie, Aalst (BE)
                     J. Rassweiler, Heilbronn (DE)
                     H. Van Der Poel, Amsterdam (NL)

09.00 - 10.30  HOT 21  ESU/ERUS Hands-on training Robotic surgery course 5

Chair:  H. John, Winterthur (CH)

Tutors:  H. John, Winterthur (CH)
         M. Naudin, Mons (BE)

11.00 - 12.30  HOT 22  ESU/ERUS Hands-on training Robotic surgery course 6

Chair:  H. John, Winterthur (CH)

Tutors:  H. John, Winterthur (CH)
         M. Naudin, Mons (BE)

13.00 - 14.30  HOT 23  ESU/ERUS Hands-on training Robotic surgery course 7

Chair:  H.G. Van Der Poel, Amsterdam (NL)

Tutors:  J. Schraml, Usti Nad Labem (CZ)
         H.G. Van Der Poel, Amsterdam (NL)

15.00 - 16.30  HOT 24  ESU/ERUS Hands-on training Robotic surgery course 8

Chair:  H.G. Van Der Poel, Amsterdam (NL)

Tutors:  J. Schraml, Usti Nad Labem (CZ)
         H.G. Van Der Poel, Amsterdam (NL)

Aims and objectives
The European School of Urology (ESU) and the EAU Robotic Urology Section (ERUS) offer an intensive hands-on training course. We will provide training using simulators. The main aims of this 90 minutes course are: improving the participants’ control-skills and hand-eye-coordination, as well as an objective benchmarking of console performance and an introduction into standardized surgical steps in robot-assisted procedures. Therefore, each course is limited to the small number of 6 participants, to facilitate an optimal training setting with only 2 participants per faculty.

Registration fee excluding VAT  € 26

Supported by an unrestricted educational grant from INTUITIVE SURGICAL
ESU/ESUT Hands-on training courses

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<th>Session</th>
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<tbody>
<tr>
<td>09.30 - 12.30</td>
<td>ESU/ESUT Hands-on training in OnabotulinumtoxinA administration for OAB</td>
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Room T3

09.30 - 11.00  
**HOT 25**  
ESU/ESUT Hands-on training in OnabotulinumtoxinA administration for OAB - course 1

*Chair:* M.J. Drake, Bristol (GB)

*Tutors:*  
R. Hamid, London (GB)  
H. Hashim, Bristol (GB)  
R. Inman, Sheffield (GB)

11.30 - 13.00  
**HOT 26**  
ESU/ESUT Hands-on training in OnabotulinumtoxinA administration for OAB - course 2

*Chair:* M.J. Drake, Bristol (GB)

*Tutors:*  
R. Hamid, London (GB)  
H. Hashim, Bristol (GB)  
R. Inman, Sheffield (GB)

**Aims and objectives**
Botulinum toxin type A administration in Urology has become common practice over the last two decades. Following the completion of Phase 3 registration trials in OAB, OnabotulinumtoxinA received marketing approval for this indication and now has a standardised injection paradigm. This workshop is procedure-focused, and will teach attendees the practicalities of OnabotulinumtoxinA administration through short lectures, videos and hands-on demonstrations using bladder models. Attendees will learn how to reconstitute the product and see different types of equipment available.

**Registration fee excluding VAT**  
€ 26

This meeting has been supported by ALLERGAN through funding of room and equipment hire and honorarium payment for trainers.
E-BLUS, 12 April

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<tr>
<th>Time</th>
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<tr>
<td>12.15 - 13.15</td>
<td>E-BLUS Exam 1</td>
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<tr>
<td>13.30 - 14.30</td>
<td>E-BLUS Exam 2</td>
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<td>14.45 - 15.45</td>
<td>E-BLUS Exam 3</td>
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**Room C5**

**Exam coordinator:** B.S.E.P. Van Cleynenbreugel, Leuven (BE)

E-BLUS (European training in Basic Laparoscopic Urological Skills) One of the main goals of the EAU is to establish and introduce common standards for training and European urological practice in order to improve patient care. The E-BLUS exam certifies a basic level of laparoscopic urological skills. The exercises address bimanual dexterity, depth perception, suturing, clipping and cutting skills. Clinical application is found in such procedures as partial nephrectomy, total nephrectomy, pyeloplasty and radical prostatectomy.

To aid in the training of these skills and to prepare for this E-BLUS exam, the exercises to be performed can be found in the instructional videos at [http://hot.uroweb.org/exercises/](http://hot.uroweb.org/exercises/).

**Registration fee excluding VAT** € 50
## European training in Basic Laparoscopic Urological Skills (E-BLUS) - Exam

### Room C5

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<td>13.30 - 14.30</td>
<td>E-BLUS Exam 5</td>
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<td>14.45 - 15.45</td>
<td>E-BLUS Exam 6</td>
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**Registration fee excluding VAT**  € 50
European training in Basic Laparoscopic Urological Skills (E-BLUS) - Exam

Room C5

12.15 - 13.15  E-BLUS Exam 7

13.30 - 14.30  E-BLUS Exam 8

14.45 - 15.45  E-BLUS Exam 9

Exam coordinator:  B.S.E.P. Van Cleynenbreugel, Leuven (BE)

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Registration fee excluding VAT  € 50

SUPPORTED BY AN UNRESTRICTED EDUCATIONAL GRANT FROM OLYMPUS EUROPA SE & CO. KGS
### Friday, 11 April

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<td></td>
<td>Understanding the heterogeneity of mCRPC to optimize survival</td>
<td>Causes and impacts of nocturia and bedwetting</td>
<td>The many faces of mCRPC: Assessing patient profiles and tailoring treatment in a changing therapeutic landscape</td>
<td>Unmet medical needs of patients with angiomyolipoma</td>
<td>Clinical innovation in endoscopic and laparoscopic urology</td>
<td>A new paradigm in the treatment of ED - the topical option</td>
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<tr>
<td>18.00</td>
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<tr>
<td>10.00</td>
<td>10.00-12.00 da Vinci Live 3D HD Robotic Surgery Live surgery: da Vinci prostatectomy - Posterior transabdominal approach</td>
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<tr>
<td>12.00</td>
<td>15.00-17.00 da Vinci Live 3D HD Robotic Surgery 3D video and live narration - da Vinci extraperitoneal prostatectomy</td>
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### Sunday, 13 April

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<td>17.45</td>
<td>Symposium: The assembly instructions: user guide on male LUTS</td>
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<tr>
<td>17.45</td>
<td>Symposium: The genesis of urgency: Unravelling the symptom complex of overactive bladder (OAB)</td>
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<td>17.45</td>
<td>Symposium: Prostate cancer: A state of the heart</td>
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<td>17.45</td>
<td>Symposium: Using novel therapies in the real world management of patients with mCRPC</td>
<td>Room A2, A4, A6, A8, A10, A11, K1, K2</td>
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<td>17.45</td>
<td>Symposium: LUTS/BPH: How can we improve the relevance of clinical studies to real life?</td>
<td>Room A2, A4, A6, A8, A10, A11, K1, K2</td>
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<tr>
<td>17.45</td>
<td>Symposium: Towards a new prostate management</td>
<td>Room A2, A4, A6, A8, A10, A11, K1, K2</td>
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<tr>
<td>17.45</td>
<td>Symposium: Prognostic signatures in prostate cancer</td>
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<tr>
<td>17.45</td>
<td>Workshop: HoLEP and beyond: An instructional workshop</td>
<td>Room A2, A4, A6, A8, A10, A11, K1, K2</td>
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<td>17.45</td>
<td>Workshop: New considerations in the treatment and prophylaxis of UTI</td>
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Friday, 11 April

Sponsored Session

16.15 - 17.45  A new paradigm in the treatment of ED - the topical option

Room K2

Symposium

Chair:  J.P. Mulhall, New York (US)

Understanding the ED patient
Y. Reisman, Amstelveen (NL)

The clinical care pathway in the management of the ED patient
F. Giuliano, Garches (FR)

Vitaros: A novel strategy for ED management
E. Kim, Knoxville (US)

Sponsored by APRICUS BIOSCIENCES
Sponsored Session

The many faces of mCRPC: Assessing patient profiles and tailoring treatment in a changing therapeutic landscape

Room A6

Symposium

Chair: M. Wirth, Dresden (DE)

Welcome and introduction
M. Wirth, Dresden (DE)

Understanding the unmet needs and treatment options in mCRPC: A rapidly changing field
F. Saad, Montreal (CA)

Energising the treatment landscape: Efficacy and safety of a new alpha-emitting radiopharmaceutical in mCRPC
J. O’Sullivan, Belfast (GB)

Examining biomarkers in the management and treatment of patients with mCRPC
A. Bjartell, Malmö (SE)

Exploring the patient journey in mCRPC via interactive case studies
W.C. Loidl, Linz (AT)

The mCRPC treatment continuum: Analysing typical patient profiles;
Questions from the floor; final remarks and meeting close
M. Wirth, Dresden (DE)

Aims and objectives
• Discuss current unmet needs in metastatic castration-resistant prostate cancer (mCRPC) and consider the potential role of biomarkers in the management of mCRPC.
• Describe the evolving treatment paradigm for mCRPC and recent developments.
• Evaluate therapeutic options in different mCRPC disease settings via interactive patient case studies.
Friday, 11 April

Sponsored Session

16.15 - 17.45 Causes and impacts of nocturia and bedwetting

Room A4

Symposium

Chair: M. Oelke, Hannover (DE)

Welcome and introduction
M. Oelke, Hannover (DE)

What is different about nocturia?
M. Oelke, Hannover (DE)

Clinical relevance of the impact of nocturia on initial period of undisturbed sleep
D. Bliwise, Atlanta (US)

Clinical relevance of the impact of bedwetting treatment on cognitive function in children and sleep improvement
J. Van de Walle, Ghent (BE)

Nocturnal polyuria and its implications
K. Everaert, Ghent (BE)

Different patient characteristics of the nocturia population
A-S. Goessaert, Ghent (BE)

Q & A

Aims and objectives

• To highlight aspects that distinguish nocturia from other lower urinary tract disorders and how this impacts on the diagnosis and management of the condition
• To recognise the consequences of disturbed sleep on quality of life and patient functioning, and the relevance of prolonging the initial period of undisturbed sleep and improving sleep quality in alleviating this burden
• To raise awareness of the potential gains in cognitive functioning and mental health through the treatment of bedwetting in children

Sponsored by FERRING PHARMACEUTICALS
Sponsored Session

16.15 - 17.45 Unmet medical needs of patients with angiomyolipoma

Room A11

Symposium

Chair: A.L. Serra, Zurich (CH)

Welcome and introduction
A.L. Serra, Zurich (CH)

Evolving challenges for the urologist
A.L. Serra, Zurich (CH)

The mTOR pathway and renal angiomyolipomas in TSC: Implications for treatment
C. Kingswood, Brighton (GB)

Clinical presentation and multidisciplinary care: The urologist’s perspective
P. Sooriakumaran, Sandford on Thames (GB)

Panel discussion: Central role of the urologist in the multidisciplinary team

Close
A.L. Serra, Zurich (CH)

Aims and objectives
- Reinforce the understanding of advances in the molecular basis of TSC-associated angiomyolipoma
- Emphasize the revised diagnostic, surveillance, and treatment guidelines (2013) in the management of TSC-associated angiomyolipoma
- Underscore the need for integration of pharmacotherapy into the urologist’s office for improved patient outcomes
- Initiate a dialogue on multidisciplinary approach to care
- Highlight the importance of individualized care on a case-by-case basis
Friday, 11 April

Sponsored Session

16.15 - 17.45 Clinical innovation in endoscopic and laparoscopic urology

Room K1

Symposium

Chair: J.J.M.C.H. de la Rosette, Amsterdam (NL)

Facts and fiction of TURBT in NMIBC management
J.J.M.C.H. de la Rosette, Amsterdam (NL)

Update on NBI as of the day before yesterday
B. Malavaud, Toulouse (FR)

RIRS: Because smaller is better
O. Traxer, Paris (FR)

Comparison of robotic-assisted vs conventional laparoscopy (2D, 3D): A critical appraisal of scientific evidence
J-U. Stolzenburg, Leipzig (DE)

The role of 3D on challenging surgeries
A. Alcaraz, Barcelona (ES)

Aims and objectives
Discover clinical innovations by Olympus. The Olympus symposium will focus on latest clinical evidence on Narrow Band Imaging (NBI) for improved NMIBC management as well as on latest technologies for ultra-thin flexible ureteroscopy and 3D laparoscopy. We look forward to your participation.

Sponsored by OLYMPUS
Friday, 11 April

Sponsored Session

16.15 - 17.45 Understanding the heterogeneity of mCRPC to optimize survival

Room A2

Symposium

Chair:  J.M. Fitzpatrick, Dublin (IE)

Welcome and introduction
J.M. Fitzpatrick, Dublin (IE)

Managing mCRPC in 2014: New challenges for the urologist
G.M. Ahlgren, Malmö (SE)

Understanding the heterogeneity of mCRPC to guide treatment choices
J.M. Fitzpatrick, Dublin (IE)

Tailoring therapy in mCRPC: A personalised approach
R. De Wit, Rotterdam (NL)

Putting clinical practice into perspective
Z. Malik, Liverpool (GB)

Closing remarks
J.M. Fitzpatrick, Dublin (IE)
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<tr>
<td>18.00 - 19.30</td>
<td>Redefining clinical practice in CRPC: New options, new thinking, new decisions</td>
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**eURO Auditorium**

**Symposium**

*Chair:* B. Tombal, Brussels (BE)

**Welcome and introduction**
B. Tombal, Brussels (BE)

**What is the rationale for targeting the androgen receptor in mCRPC?**
K. Pummer, Graz (AT)

**Why should we continue to target the androgen receptor after failure of ADT?**
B. Tombal, Brussels (BE)

**Panel discussion: Evolving patient care in mCRPC**
S. Chowdhury, London (GB)
A. Heidenreich, Aachen (DE)
K. Pummer, Graz (AT)
B. Tombal, Brussels (BE)

**Summary and close**
B. Tombal, Brussels (BE)
Saturday, 12 April

Sponsored Session

18.00 - 19.30  Scientific and practical relevance of long-term testosterone replacement for hypogonadal men

Room K1

Symposium

Chairs:  J-E. Damber, Gothenburg (SE)  
         S. Arver, Stockholm (SE)

Long-term treatment of hypogonadal men with intramuscular testosterone undecanoate: An interdisciplinary view
M. Zitzmann, Münster (DE)

Point-counterpoint: TRT has a major impact on prostate health, pro and con
D. Crawford, Aurora (US)

Importance of achieving threshold levels in testosterone replacement therapy
G. Hackett, Lichfield (GB)

Aims and objectives
The intention is to provide a state-of-the-art update on testosterone replacement therapy (TRT). In 2013, for the first time several TRT studies with a duration of five years were published. The speakers will highlight effects of long-term treatment regarding efficacy and safety. How does TRT affect the prostate: prostate cancer as well as BPH/LUTS? Practical aspects of TRT will be discussed: which target levels should be achieved to obtain optimal results? Which patients should be screened? How should patients be monitored according to EAU guidelines?
**Saturday, 12 April**

## Sponsored Session

<table>
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<tr>
<th>18.00 - 19.30</th>
<th>Impact of beliefs and evidence on initial BPH medical treatment decisions in the real-world</th>
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### Room A6

### Symposium

**Chair:** C. Hernández Fernández, Madrid (ES)

**Session outline**

C. Hernández Fernández, Madrid (ES)

The typical BPH patient: Why is there a gap between evidence based guidelines and medical treatment decisions in real life?

C. Hernández Fernández, Madrid (ES)

**Beliefs and evidence that drive decisions to start medical treatment in patients at risk of BPH progression**

C.G. Roehrborn, Dallas (US)

S. Madersbacher, Vienna (AT)

**Open debate on implications in daily practice when managing men with BPH at risk of progression**

**Q&A session**

### Aims and objectives

The GSK sponsored satellite symposium “Impact of beliefs and evidence on initial BPH medical treatment decisions in the real-world” will cover in its first talk the importance of the existing gaps between evidence based guidelines and clinical practice in patients at risk of BPH progression and what are the learnings we should consider from available research. In the following session the latest clinical evidence in men with BPH symptoms at risk of progression will be dissected, thoroughly examining the reasons for the gap between the clinical data and guidelines, and the real world clinical management of BPH. The interactive session will finish with an open debate around BPH management daily practice implications followed by Q&A session.

Sponsored by GLAXOSMITHKLINE
### Sponsored Session

**18.00 - 19.30  Glycosaminoglycan-replenishment therapy: Rationale for use and current evidence**

**Room A11**

**Symposium**

*Chairs:*  M. Cervigni, Rome (IT)  
P.E. Van Kerrebroeck, Maastricht (NL)

**Introduction by the chairman**  
P.E. Van Kerrebroeck, Maastricht (NL)

**The physiological function of the ureothelium - more than a simple barrier**  
P. Dinis Oliveira, Porto (PT)

**Economic burden of urothelium dysfunction: The case of uncomplicated urinary tract infections**  
R. Tarricone, Milan (IT)

**Clinical utility of glycosaminoglycan-replenishment with IALURIL**  
S. Arlandis Guzman, Valencia (ES)

**Final remarks**  
M. Cervigni, Rome (IT)

**Discussion**

**Aims and objectives**  
A commonly held notion in the pathogenesis of different types of cystitis and other bladder disorders is that a defect in the glycosaminoglycan (GAG) layer, which coats the uroepithelium and provides the initial barrier for physiologic protection, may be the first step in the disease development. The positive outcomes obtained with a GAG replenishment therapy using a combination of high concentration hyaluronic acid and chondroitin sulphate suggest that such therapeutic approach could be beneficial. A faculty of experts will review the available clinical evidence and discuss the implication of this therapeutic option to evaluate its most efficacious application.
Saturday, 12 April

Sponsored Session

18.00 - 19.30  Innovative approaches in urological cancers

Room A2

Symposium

Chair:  H. Van Poppel, Leuven (BE)

How to better identify non-muscle invasive bladder cancer?
J. Palou, Barcelona (ES)

Evolution of individualised medicine with GnRHa treatment in mCRPC: Concept of backbone therapy
P. Hammerer, Braunschweig (DE)

‘Think out of the box’. Target tumour microenvironment to improve prostate cancer management
S.F. Shariat, Vienna (AT)

Aims and objectives
The past decade has seen promising advances in the identification and treatment of urological cancers and these will be discussed during the symposium. New imaging modalities such as blue light cystoscopy have revolutionised the identification and diagnosis of non-muscle invasive bladder cancer, and the EAU guidelines recommend blue light for patients suspected of harbouring a high-grade tumour. In advanced prostate cancer, LHRH agonists are a proven mainstay of treatment throughout all stages of disease. As new hormonal therapies and formulations are being explored it is essential to select patients to define individualised therapeutic strategies in order to optimise clinical outcomes. Finally, the role of the tumour microenvironment in cancer development will be discussed. Rather than isolated entities, we now know that tumours interact with the surrounding tumour microenvironment to facilitate tumour growth and metastasis, making this tissue compartment a compelling new target in patients with advanced prostate cancer.
### Saturday, 12 April

**Sponsored Session**

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<tr>
<td>18.00 - 19.30</td>
<td><strong>Evolving controversies in the management of prostate disease - The role of tadalafil</strong></td>
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**Room K2**

**Symposium**

*Chair:* F. Montorsi, Milan (IT)

**Introduction**
F. Montorsi, Milan (IT)

**Guidelines meet reality - Evidence-based therapy of LUTS/BPH**
F. Montorsi, Milan (IT)

**Meet Mr Jones - Big prostate, big problems**
G. Brock, London (CA)

**Lies and truths - Sexual dysfunction post-prostatectomy**
J.P. Mulhall, New York (US)

**Meet Mr Smith - Preservation or rehabilitation?**
F. Montorsi, Milan (IT)

**Wrap-up**
F. Montorsi, Milan (IT)

**Aims and objectives**
Recent progress has been made in the deeper understanding of the pathophysiology of male LUTS, in particular its strong link to erectile dysfunction and other co-morbidities. In parallel, a wealth of evidence has been published on innovative pharmacological approaches for male LUTS, offering a broader variety of individualized treatment-options.

Hence, the EAU symposium provided by Lilly provides state-of-the-art lectures on the current guideline and shed light on the spectrum of available medical treatment-options for LUTS/BPH with particular focus on sexual quality of life.

The second part of the symposium will have a closer look at erectile function after radical prostatectomy. Even though radical prostatectomy is the most widely performed surgery for patients with clinically localized prostate cancer we still lack an optimal strategy for postoperative EF recovery. Within the symposium the latest progress in this field will be provided and discussed. All respective topics will be discussed in clinical cases to enhance the relevance for daily practice.
Saturday, 12 April

Sponsored Session

18.00 - 19.30 Managing patients with NMIBC: How can we improve?

Room A4

Symposium

Chair: P-U. Malmström, Uppsala (SE)

Welcome and introduction
P-U. Malmström, Uppsala (SE)

Defining the problem with NMIBC: Incidence not declining; high recurrence rate; cost; mortality
P-U. Malmström, Uppsala (SE)

Myths and mysteries surrounding Bacillus Calmette-Guérin therapy for bladder cancer
A. Kamat, Houston (US)

EAU Guidelines 2013 NMIBC: An update
M. Babjuk, Prague (CZ)

Defining clinical compliance in the management of NMIBC: Analysis of system errors in daily practice
F. Liedberg, Malmö (SE)

What has been the adherence to the EAU Guidelines in clinical routine up to now?
P. Gontero, Turin (IT)

Summary and discussion
P-U. Malmström, Uppsala (SE)

Aims and objectives
Managing patients with NMIBC: How can we improve?” is an opportunity sponsored by medac to meet an international panel of leading experts in urology. Here, practice-oriented issues of instillation therapies for treatment of non-muscle invasive bladder cancer will be presented and discussed. The specific talks will step-by-step outline the implementation of the EAU guidelines on NMIBC in daily practice and debate surrounding challenges. The interactive arrangement of this session will leave plenty of room and time for discussions and makes it possible for any participant to reflect and take up impulses for instant use.

Sponsored by MEDAC
Saturday, 12 April

Sponsored Session

18.00 - 19.30  Premature ejaculation: A deep look into the impact and its treatment

Room A10

Symposium

Chair:  I. Eardley, Leeds (GB)

Life with PE: Men, women and couple sexual satisfaction
I. Eardley, Leeds (GB)

Treating PE: Is it only a matter of time?
G. Lee, Petaling Jaya (MY)

PE treatment in daily clinical practice: Evidence from a large observational post-marketing study
P. Verze, Naples (IT)

Aims and objectives
Premature ejaculation (PE) is a common male sexual dysfunction, affecting approximately 20% of the male population at any one time. Men with PE have reported low sexual self-confidence, decreased sexual satisfaction, avoidance of relationships, embarrassment, distress at not being able to satisfy their female partner, low self-esteem, anxiety, and low overall quality of life.
Dapoxetine is the only oral drug specifically developed for PE in adult males. Its unique pharmacology of allows it to be used in an on-demand regimen, allowing great convenience and flexibility for the patient. The clinical evidence published to date report that dapoxetine 30 mg or 60 mg is an effective and well tolerated treatment for lifelong and acquired PE, leading to significant improvement not only on IELT (intravaginal ejaculatory latency time), but also in all patient-reported outcomes. The results of a 1 year post-market observational study (PAUSE), suggest that treatment with dapoxetine is effective and well tolerated, especially when properly managed in terms of counseling to patients and education about the proper use of the drug, that are critical factors at the basis of therapy adherence in long-term treatment period.
Sunday, 13 April

Sponsored Session

10.00 - 17.00  da Vinci Live 3D HD Robotic Surgery

Room A6

10.00 - 12.00  Live surgery: da Vinci prostatectomy - Posterior transabdominal approach

Operator: P. Wiklund, Stockholm (SE)

Moderators: P. Dasgupta, London (GB)
            A. Haese, Hamburg (DE)

15.00 - 17.00  3D video and live narration - da Vinci extraperitoneal prostectomy

Operator: J-U. Stolzenburg, Leipzig (DE)

Moderators: A. De La Taille, Creteil (FR)
            N. Soomro, Newcastle upon Tyne (GB)

Sponsored by INTUITIVE SURGICAL
**Sponsored Session**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Room</th>
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</thead>
<tbody>
<tr>
<td>17.45 - 19.15</td>
<td><strong>The genesis of urgency: Unravelling the symptom complex of overactive bladder (OAB)</strong></td>
<td>A2</td>
</tr>
</tbody>
</table>

**Symposium**

Chair: C.R. Chapple, Sheffield (GB)

- **The big bang: The advent of BOTOX® (botulinum toxin type A)**
  C.R. Chapple, Sheffield (GB)

- **The origins of urgency: Targets for effective treatment**
  K-E. Andersson, Århus (DK)

- **The creation of confidence: From clinical data to meaningful outcomes**
  J.P.F.A. Heesakkers, Nijmegen (NL)
  E. Rovner, Charleston (US)

- **The emergence of choice: New paths in the treatment of OAB**
  D.J.M.K. De Ridder, Leuven (BE)

**Q & A**

**Aims and objectives**

- Explore the pathophysiological basis for OAB and the mechanism of action of BOTOX®
- Discuss real-life case studies and when to use BOTOX® within the treatment paradigm

Sponsored by ALLERGAN
Sponsored Session

17.45 - 19.15  The assembly instructions: User guide on male LUTS

eURO Auditorium

Symposium

Chair: M.J. Drake, Bristol (GB)

Introduction
M.J. Drake, Bristol (GB)

PROs: The key to complete assessment
K. Coyne, Bethesda (US)

Matching treatment to patient needs: putting the pieces together
M.J. Drake, Bristol (GB)

Do-it-yourself step-by-step
C.J. Gratzke, Munich (DE)
M. Kirby, Baldock (GB)

Closing remarks
M.J. Drake, Bristol (GB)

Aims and objectives
During the symposium, guidance on best practice for diagnosing and treating men with lower urinary tract symptoms (LUTS) will be given, with emphasis on the importance of patient-reported outcomes (PRO). Among all the tools and treatments available in clinical practice, physicians need to select the right ones and use them adequately to optimally manage their patients. The audience will be challenged by means of clinical case discussions.
Sunday, 13 April

Sponsored Sessions

17.45 - 19.15  Prostate cancer: A state of the heart

Room A4

Symposium

Chair:  L. Klotz, Toronto (CA)

Introduction: Current challenges with ADT for prostate cancer
L. Klotz, Toronto (CA)

A patient-centred approach to making treatment decisions
A. Briganti, Milan (IT)

Hormonal therapy: Selecting the optimal agent
L. Klotz, Toronto (CA)

Getting to the heart of the matter: Cardiovascular risk and ADT
A. De La Taille, Creteil (FR)
J. Nilsson, Malmö (SE)

Q & A. Core considerations for clinical practice
L. Klotz, Toronto (CA)

Aims and objectives

• To review ADT in prostate cancer, focusing on how best to ensure that all patients are treated optimally
• To discuss recent data regarding long-term therapy and disease-related outcomes, particularly from pooled analyses of phase III/IIIb trials, highlighting implications for clinical practice
• To understand the risk of cardiovascular events with available ADTs, examine mechanisms potentially explaining why the risk differs with different approaches, and provide recommendations for patient management.

Presentations will be case based and will promote interaction among the faculty to ensure that the challenges and issues are fully explored and that different viewpoints are given.

Sponsored by FERRING PHARMACEUTICALS
**Sunday, 13 April**

**Sponsored Session**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>17.45 - 19.15</td>
<td><strong>Using novel therapies in the real world management of patients with mCRPC</strong></td>
</tr>
</tbody>
</table>

**Room A6**

**Symposium**

*Chair:* N.W. Clarke, Manchester (GB)

**Welcome and introduction**

N.W. Clarke, Manchester (GB)

**Interpreting clinical trial data for daily clinical practice**

A. Alcaraz, Barcelona (ES)

**Confessions in case management: Patients ineligible for clinical trials and/or with co-morbidities**

G. Attard, Sutton, Surrey (GB)
N.W. Clarke, Manchester (GB)
N. Mottet, Saint Etienne (FR)

**Treatment selection in a new era of mCRPC care**

S. Gillessen, St. Gallen (CH)

**Confessions in case management: Sequencing considerations**

N.W. Clarke, Manchester (GB)
G. Attard, Sutton, Surrey (GB)
N. Mottet, Saint Etienne (FR)

**Panel discussion**

**Summary and close**

N.W. Clarke, Manchester (GB)

**Aims and objectives**

The satellite symposium sponsored by Janssen Pharmaceutical Companies of Johnson & Johnson entitled 'Using novel therapies in the real world management of patients with mCRPC' will address the management of patients with metastatic castration-resistant prostate cancer (CRPC) in daily clinical practice. Presentations and interactive case study sessions will cover how data from clinical trials can be applied in daily clinical practice, the management of patients not typically eligible for clinical trials and those with co-morbidities and what drives treatment selection in daily clinical practice in the absence of robust clinical trial data. Throughout the symposium you will be invited to participate through interactive key pads to provide your views on these key topics in the management of patients with metastatic CRPC.
Sponsored Session

17.45 - 19.15 Reintroducing pivmecillinam - a useful weapon to fight resistance in UTI

Room A10

Symposium

Chair: K.G. Naber, Straubing (DE)

Short introduction
K.G. Naber, Straubing (DE)

Global microbial resistance
G. Kahlmeter, Växjö (SE)

UTI guidelines today
B. Wullt, Lund (SE)

Why Pivmecillinam do not drive resistance
M. Bassetti, Udine (IT)

Pivmecillinam, RCTs
F.M.E. Wagenlehner, Gießen (DE)

Short conclusion
K.G. Naber, Straubing (DE)

Aims and objectives
Acute uncomplicated cystitis has a high prevalence, and as such a high impact on quality of life and health economics. Effective treatment is called for. Because of abundant use of antibiotics for this common affliction, it is now imperative to consider carefully the prescription options in order not to worsen the alarming antibiotic resistance problems that the world is facing today.

Because of a worldwide increase in resistance of uropathogens to former first line antibiotics, such as trimethoprim, cotrimoxazole, and because of possible collateral damage caused by routine use of broad spectrum antibiotics, such as fluoroquinolones, more selective antibiotic prescription habits are mandatory. According to the European guidelines fosfomycin trometamol, nitrofurantoin and pivmecillinam are recognized as good first line alternatives for the treatment of acute uncomplicated cystitis.

This symposium will deal specifically with the role of pivmecillinam, a unique antibiotic indicated specifically for the treatment of urinary tract infections, and its possible contribution for containing further increase of resistance. Pivmecillinam was first described by LEO Pharma in 1972 and has been in clinical used since 1977 as Selexid® especially in the Nordic countries as a first line option for the treatment of acute uncomplicated cystitis with remarkably low resistance. LEO Pharma has recently obtained market authorizations in many European countries, where it is about to become available for clinical use.

Sponsored by LEO PHARMA A/S
Sunday, 13 April

Sponsored Session

17.45 - 19.15  HoLEP and beyond: An instructional workshop

Room K11

Workshop

Moderator: R.M. Kuntz, Berlin (DE)

**Mastering the HoLEP technique**
K. Lehrich, Berlin (DE)

**Holmium versatility - Results from human study**
M.R. Desai, Naidad (IN)

**HoLEP experience in the UK: Adoption to gold standard technique**
T. Aho, Cambridge (GB)

**HoLEP: Overcoming the learning curve**
G.Y. Robert, Bordeaux (FR)

**HoLEP as a day case technique and the benefits for your patients and hospital**
M. Cynk, Tunbridge Wells (GB)

**Aims and objectives**

During this workshop a panel of internationally recognized urology experts will present and discuss the latest developments for HOLEP, the most advanced surgical technique available for the treatment of BPH.

**Learning Objectives:**
- Learn best practices for the HOLEP technique and how to master the procedure
- Learn about the latest high power holmium lasers increased versatility and an early experience in a human study
- Learn about the UK’s road to HOLEP adoption as the gold standard BPH treatment
- Learn from experts on how to overcome the HOLEP learning curve
- Learn about HOLEP in an ambulatory setting and the benefit for your patients

Sponsored by LUMENIS
Room K1
Symposium

Chair: V.G. Mirone, Naples (IT)

Opening and introduction: ED treatment and restoring a satisfactory sexual experience: Mind the gap
V.G. Mirone, Naples (IT)

An investigation on ED patients’ insights
A. Burri, London (GB)

Avanafil: Pharmacological properties and clinical evidences
J.P. Mulhall, New York (US)

Avanafil: Differences that matter
A. Salonia, Milan (IT)

Q&A and closing remarks
V.G. Mirone, Naples (IT)

Aims and objectives
Despite the high level of efficacy of PDE5-Is in the treatment of ED has been widely demonstrated, some patients fail to respond and also there is still an unmet need in terms of improving patients’ experience with PDE5-Is use. Some of them report that the need to plan sexual intercourse could be detrimental, especially when the perception of being out of the freedom to perform without planning is predominant, with the final consequence of leading up patients to report even an overall dissatisfaction with ED therapy. Most PDE5-Is are recommended to be taken on demand, with a varying time range of dosing before anticipated sexual intercourse that is based on their PK profiles. Avanafil is a PDE5-I that is rapidly absorbed following oral administration and achieves maximum blood levels in approximately 30 to 45 min. Results from clinical trials showed that actual timing of dose administration to sexual attempt varied from less than 15 min to greater than 6 h. Based on clinical evidences, Avanafil may be a preferable medication for those ED sufferers and couples looking, among others, for a certain degree of spontaneity in their sexual experience.
Sponsored Session

17.45 - 19.15 Prognostic signatures in prostate cancer

Room K2

Symposium

Chairs: R. Kirby, London (GB)
G. Viale, Milan (IT)

The prognostic utility of the Cell Cycle Progression Score
J. Cuzick, London (GB)

The EMPATHY-P trial: Preliminary results
M. Kwiatkowski, Aarau (CH)

Case studies from the EMPATHY-P trial
F. Porpiglia, Turin (IT)

Cell cycle progression (CCP) score significantly modifies treatment decisions in prostate cancer: Results of an ongoing registry trial
A. Kar, Orange (US)

Aims and objectives
At the end of the symposium, participants will be able to understand:

1. The validation studies of cell cycle progression gene expression tests in prostate cancer.
2. The role of prognostic gene expression tests in risk stratification of prostate cancer patients.
3. The role of prognostic gene expression test in modifying physicians management decisions.
**Sponsored Session**

**Room A8**

**Symposium**

Chair: M. Marberger, Vienna (AT)

Opening remarks
M. Marberger, Vienna (AT)

Evaluating symptom relief in LUTS/BPH: What is most useful?
M. Emberton, London (GB)

Silodosin evaluation: The standard approach
H. Lepor, New York (US)

Silodosin evaluation: Real life use and patient profiling
F.R. Cruz, Porto (PT)

How can an innovative approach improve our management of the real life patient? A question and answer session with the panel

Concluding remarks
M. Marberger, Vienna (AT)

**Aims and objectives**

This symposium will discuss the results and value of clinical studies, such as the “Silodosin in Real-life Evaluation (SIRE)” study, aimed at confirming positive risk-benefit ratio in a large ‘real-life’ population.

The innovative approach, in this evaluation, aims to improve the relevance of the data collected to everyday clinical practice. Presentations will include analysis of how such data can help clinicians to profile and manage patients for the maximal symptom relief in ‘real life’, from pharmacological intervention for LUTS/BPH.

Speakers’ presentations will compare the standard approach in evaluation of silodosin, a highly selective alpha 1a-antagonist, with this innovative approach and discuss the relevance to clinical practice.

The audience will be encouraged, through a Q&A session with the gathered experts, to assess how they might re-evaluate their approach to the management of LUTS/BPH.

Sponsored by RECORDATI
Sponsored Session

Towards a new prostate management

Room A11

Symposium

Chair: C. Stief, Munich (DE)

Welcome and opening remarks
C. Stief, Munich (DE)

The European Phase III study
H.G. Van Der Poel, Amsterdam (NL)

The Latin American Phase III study
J.A. Rodriguez Rivera, Zapopan, Jal. (MX)

TOOKAD® Soluble: Safety and quality of life profile
F. Gómez Veiga, Salamanca (ES)

TOOKAD® Soluble: Overview of 5 years follow-up safety and efficacy data
A.R. Azzouzi, Angers (FR)

It is time for a new prostate management
C. Stief, Munich (DE)

Questions and answers and panel discussion

Aims and objectives
TOOKAD® Soluble is an innovative, first in class, focal treatment for localized prostate cancer that enables ablation of the prostatic tumor tissue, through the occlusion of the entire tumor vasculature, in a few minutes of treatment. More than 430 patients have already been treated within an extensive international development program.

The aim of this symposium is to allow participants to have a good understanding of the safety of TOOKAD® Soluble as well as its ability to avoid radical treatment and to offer patients a good quality of life. Knowing that in case of positive biopsy after the focal treatment, there is no loss of chance and the patients does not rush to a radical treatment because of a significant decrease of the cancer burden.
### Monday, 14 April

**Sponsored Session**

#### 10.00 - 16.00  
da Vinci Live Robotic Surgery

**Room A6**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Operator</th>
<th>Moderators</th>
</tr>
</thead>
</table>
| 10.00 - 12.00 | Live surgery: da Vinci prostatectomy                   | D. Cahill, London (GB)  | J. Adshead, Stevenage (GB)  
|               |                                                        |                         | D. Pushkar, Moscow (RU)                         |
| 14.00 - 16.00 | Live surgery: da Vinci partial nephrectomy with Firefly™ fluorescence imaging | A. Mottrie, Aalst (BE)  | K. Bensalah, Rennes (FR)  
|               |                                                        |                         | S. Siemer, Homburg (DE)                         |

Sponsored by INTUITIVE SURGICAL
OAB: Scientific theories becoming clinical practice: Past, present and future

eURO Auditorium

Symposium

Chair: F. Haab, Paris (FR)

Chairman’s introduction
F. Haab, Paris (FR)

OAB: Basic science
K-D. Sievert, Tübingen (DE)

Changes in medical and surgical practice over the years
A.T. Tubaro, Rome (IT)

Clinical cases
M. Fall, Gothenburg (SE)
A. Monga, Southampton (GB)

Closing remarks
F. Haab, Paris (FR)

Aims and objectives
The aim of this symposium is to review how selected developments in the science of OAB has adapted treatment strategies for patients with OAB. In addition to the symposium providing the latest in cutting edge science looking to the future, it will also provide practice advice on the managing the different types of patients seen in the clinic.
Monday, 14 April

Sponsored Session

17.45 - 19.15  New considerations in the treatment and prophylaxis of UTI

Room K11

Workshop

Chairs:  F.M.E. Wagenlehner, Gießen (DE)
        B. Wullt, Lund (SE)

Current trends in resistance of urinary tract infections
F.M.E. Wagenlehner, Gießen (DE)

The host reactions are the key to understand UTI
B. Wullt, Lund (SE)

Is antimicrobial therapy the only answer for the treatment and prophylaxis of UTI?
K.G. Naber, Straubing (DE)

Discussion

Aims and objectives
This workshop should lead to a discussion about the new experimental and clinical data regarding ‘host-
pathogen’ interaction. This data could provide a new perspective on new therapeutic approaches especially
in the light of dramatically growing antimicrobial resistances.

Sponsored by BIONORICA
What are benefits of being a member of the European Association of Urology?

EAU Members benefit from many advantages:

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• European Urology, the official scientific EAU journal (full access to journal website and all supplements).
• European Urology Today, the official EAU newsletter (6 issues each year). This publication aims at distributing information about the Association and about European urology in the broadest sense.
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• The EAU Urology Updates, an online educational publication, a supplement of the European Urology journal.
• EAU Guidelines, a extensive series of guidelines on many urological diseases produced by the EAU Health Care Office.
• Historia Urologiae Europaeae (one volume each year on European historical subjects).
• Uroweb, the official EAU website, on which members have access to all different activities and programmes, such as slide library, European Urology on-line, webcasts of the congresses, on-line ESU courses etc.

EAU Congress and Meetings
EAU Members will receive regular information on the Annual EAU Congress, as well as the meetings organised by the different EAU Sections, the EAU Education Office and the EAU Regional Office.
Moreover, members will be able to receive a considerable discount on the registration fees of all EAU related meetings and events.

EAU Education Programme
EAU Members will receive regular information on all the activities organised by the European School of Urology, the EAU Office of Education. Members will be able to participate in the post-graduate teaching activities at reduced registration fees. EAU Members are also entitled to apply for the European Urological Scholarship Programme, which provides grants and organises clinical fellowships, short term visits and scholarship programmes.

EU-ACME Programme
Active, Active International, Junior and Junior International member of the EAU will be automatically participating in the European Urology - Accredited Continuing Medical Education (EU-ACME) Programme. The EU-ACME Programme is based on the EBU/UEMS rules and its primary task is the implementation, promotion and organisation of Continual Medical Education (CME) among European Urologists. It provides the urologists with the system which helps them to keep track of their educational activities, irrespective of the country they practice in or where they have participated in CME and/or CPD activities. For more information see also page 51 and 52.

So if you are not yet an EAU member, make certain to become one in Stockholm and visit the EAU Booth B31:49 in the exhibition.
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<thead>
<tr>
<th>Year</th>
<th>Date</th>
<th>Location</th>
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</thead>
<tbody>
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Introducing Xofigo® (radium Ra 223 dichloride)

Improve survival. Target bone metastases.

The first agent to extend overall survival by targeting bone metastases in CRPC1,2

- 30% reduction in the risk of death vs placebo3
- 3.6-month increase in median overall survival vs placebo (14.9 months vs 11.3 months; HR=0.695; 95% CI: 0.581-0.832)3
- 5.8-month delay in median time to first symptomatic skeletal event vs placebo (15.6 months vs 9.8 months; HR=0.466; 95% CI: 0.352-0.633)3
- 1-minute intravenous injection every 4 weeks for 6 injections5

Essential Information

Xofigo® is an alpha particle-emitting pharmaceutical that is indicated for the treatment of adults with castration-resistant prostate cancer (CRPC), symptomatic bone metastases and no known visceral metastases.1

Composition:

Each vial contains 0.5 mg radium-223 dichloride (radium-Ra 223 dichloride) at the reference date).

Indication:

Treatment of adults with castration-resistant prostate cancer, symptomatic bone metastases and no known visceral metastases. Xofigo should be administered only by or pursuant authorized to handle radiochromatocautistics in designated clinical settings.

Contraindications:

There are no known contraindications.

Warnings and Precautions:

Bone marrow suppression, notably thrombocytopenia, neutropenia, lymphopenia and pancytopenia, has been reported. Haematological evaluation of patients must be performed at baseline and prior to every dose. In case there is no recovery in values for absolute neutrophil count (ANC), an increased risk of development of osteonecrosis of the jaw (ONJ) cannot be excluded. In the phase III study, cases (1%) have been reported in 0.67% patients (4/606) in the Xofigo arm compared to 0.33% patients (1/306) in the placebo arm. However, all patients with ONJ were also exposed to prior or concurrent bisphosphonates and prior chemotherapy. Xofigo contributes to a patient’s overall long-term cumulative radiation exposure and therefore may be associated with an increased risk of cancer and hereditary defects. No cases of Xofigo-induced cancer have been reported in clinical trials in follow-up of up to three years. Depending on the volume administered, this medicinal product can contain up to 2-35 mGy (Siemens) iodide per dose.

Unusual effects:

Very common: Thrombocytopenia, diaphoresis, vomiting, nausea; Common: Neutropenia, pancytopenia, thrombocytopenia, injection site reactions; Uncommon: Lymphopenia.

Classification for supply: Medicinal product subject to restricted medical prescription. No general reimbursement. ATC-code: V10XX03.

Marketing Authorisation Holder: Bayer Pharma AG, 63303 Wuppertal, Germany.

Date of revision of the underlying Prescribing Information: November 2013

This medicinal product is subject to additional monitoring.

References:


ibsa® is the first product which combines together high concentration of sodium hyaluronate (1.6% w/v) and chondroitin sulphate (2% - 19/50g) in 50 mL water with calcium chloride.

The early repair of the GAG layer by sodium hyaluronate and chondroitin sulphate might avoid the chronic evolution of bladder inflammation6.

In clinical studies ibsa® demonstrated to reduce urinary frequency, urinary urgency, bladder reflux and improve quality of life in patients with BPS/CIC.7,8

In patients with recurrent urinary tract infections (UTIs), the intravesical instillations of ibsa® significantly reduced the incidence of infections compared with patients in the placebo group9 those under antibiotic prophylaxis10.
CHOOSE XGEVA® TO REDUCE YOUR PATIENTS' RISK OF BONE COMPLICATIONS*†1


* Bone complications: skeletal-related events (pathological fracture, radiation to bone, spinal cord compression or surgery to bone) in adults with bone metastases from solid tumours.
† XGEVA® significantly reduced the risk of first and subsequent SREs by 18% vs. zoledronic acid in a head-to-head study. Accounted for all skeletal events over time; only events occurring ≥21 days after the previous event were counted. 1

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DMO-IHQ-AMG-078-2014-February-P   February 2014

XGEVA® - denosumab - summarized product information.

This medicinal product is subject to additional monitoring. All suspected adverse reactions should be reported.

Composition: Each vial contains 120 mg of denosumab in 1.7 ml of solution (70 mg/ml) (EU/1/11/703/001-2).

Delivery form: packaging as a single dose or four...

Pharmacotherapeutic group: drugs for the treatment of bone diseases - other drugs affecting bone structure and mineralization, ATC code: M05BX04.

Indications: prevention of skeletal-related events (pathological fracture, radiation to bone, spinal cord compression or surgery to bone) in adults with bone metastases from solid tumors.

Contraindications: severe, untreated hypocalcemia. Hypersensitivity to the active substance or to any of the excipients.

Special warnings and precautions for use: supplementation with calcium and vitamin D is required in all patients unless hypercalcemia is present. Hypocalcemia must be corrected prior to treatment. Hypocalcemia can occur at any time during therapy with XGEVA and most commonly occurs within the first 6 months of dosing. Patients with severe renal impairment (creatinine clearance <30 ml/min) or patients receiving dialysis are at greater risk of developing hypocalcemia. In the post-marketing setting, severe symptomatic hypocalcemia (including fatal cases) has been reported. Osteonecrosis of the jaw: osteonecrosis of the jaw (ONJ) has occurred in patients treated with XGEVA. In clinical trials, the incidence of ONJ was higher with longer duration of exposure.

A dental examination with appropriate preventive dentistry should be considered prior to treatment with XGEVA in patients with active dental and jaw conditions, advanced malignancies, infections or simultaneous treatments (e.g. chemotherapy, corticosteroids, angiogenesis inhibitors, radiotherapy to the head and neck). While on treatment, patients should avoid invasive dental procedures if possible. During treatment, good oral hygiene should be maintained. Atypical femoral fractures have been reported in patients receiving XGEVA. Discontinuation of XGEVA therapy in patients suspected to have an atypical femur fracture should be considered pending evaluation of the patient based on an individual risk/benefit evaluation. Patients should be advised to report new or unusual thigh, hip, or groin pain. Patients presenting with such symptoms should be evaluated for an incomplete femoral fracture. Other: patients receiving XGEVA should not be treated concomitantly with other denosumab-containing medicinal products (for osteoporosis indications) or bisphosphonates. Patients with rare hereditary problems of fructose intolerance should not use XGEVA.

Adverse reactions: very common: dyspnea, diarrhea.

Common: hypocalcemia, hypophosphatemia, tooth extraction, hyperhidrosis, osteonecrosis of the jaw. Rare: hypersensitivity to the drug, anaphylactic reaction, atypical femoral fracture.

Based on SmPC 24 October 2013.

Amgen B.V., Breda, Minervum 7061, 4817 ZK BREDA, tel. 076-5732500.

For more information, see the registered product information. This product information is regularly updated. Detailed information on this medicine is available on the European Medicines Agency website: www.ema.europa.eu.