

- All patient's were having a urine dipstick prior to TWOC with 25% being nitrite +ve. 94% of these were cancelled and rebooked despite being asymptomatic. Only 43% of those who were nitrite +ve had urine cultures performed.
- The clinic was set up and funded as "nurse-led" However the on-call medical staff attended 50% of the patients.
- No plans were set by the referring consultant. The on-call medical team was required to make follow-up decisions.

After presentation of results and departmental meeting we designed a set proforma that would have to be filled out prior to the patient being booked onto the clinic

This was re-audited in Feb/March 2018 with 32 patients.

- 9% of patients had urinalysis carried out.
- Only one patient was cancelled because nitrite +ve (symptomatic UTI).
- The on-call team was not contacted regarding a single patient.
- The on the day cancellation rate fell from 22% to 9%.

**Conclusion:** Cancellation rates decreased, antibiotic stewardship improved and reliance on-call staff for decision making was eliminated.

### Poster 3 The future of urology in Ireland – are we planning ahead appropriately?

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**Introduction:** The aim of this study is to establish the career intentions of current urology Specialist Registrars and fellows. Urology is the fourth busiest surgical specialty in the Republic of Ireland. The country has one of the lowest ratios of urologists per capita in Europe at 1:127,027 – nearly twice that of the United Kingdom 1:64,376 and over six times the urologist:population ratio seen in Spain 1:19,890<sup>1</sup>.

**Methods:** An online, anonymous survey was distributed to all Specialist Registrars (SpRs) in Ireland and Irish fellows abroad questioning their career plans, subspecialisation and plans to return to Ireland.

**Results:** The overall response rate was 22/26 (84.6%). 19/22 (86.4%) of specialist trainees, 3/4 (75%) of fellows.

All SpRs plan to go on fellowship with Endourology (n = 10,52.6%) and Oncology (n = 7,36.8%) being the most popular subspecialties. Four (21.1%) expressed an interest in female urology, two (10.5%) in paediatrics, and two (10.5%) in andrology.

All SpRs and fellows would like to return to Ireland to practice. However, only 3 (15.8%) would like to work outside of Dublin.

None of the fellows had a formal job offer prior to leaving Ireland.

**Conclusion:** Current SpRs and fellows all have a desire to practice in Ireland. All trainees intend on undertaking subspecialty fellowship training. With one of the lowest urologist per population ratios in Europe, we need to retain these trainees.

#### Reference

1. Palmer M, Taylor C. *British Association of Urological Surgeons and The Specialist Advisory Committee in Urology Workforce Report*; 2017. [https://www.baus.org.uk/\\_userfiles/pages/files/About/Governance/2017\\_Workforce\\_Report.pdf](https://www.baus.org.uk/_userfiles/pages/files/About/Governance/2017_Workforce_Report.pdf). Accessed March 31, 2019.

### Poster 4 Referral patterns for urethral reconstruction surgery in Ireland – implications for service planning and provision

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**Introduction:** Urethral reconstruction is a complex sub-specialty procedure, performed in a limited number of units in Ireland. The additional caseload comprised by provision of a national sub-specialty service places significant pressures on delivery of normal day-to-day services. We report the referral patterns of patients to the urethral reconstruction service in the Mater Misericordiae University Hospital (MMUH) over a 14 year period.

**Methodology:** All patients undergoing urethroplasty in MMUH between 2005 and 2019 were identified from the hospital electronic operative record system. Medical records were reviewed and patient home address and referral source recorded. Referral origins were then grouped by Community Healthcare Organisation (CHO) and HSE Hospital Group.

**Results:** 279 patients underwent urethroplasty at MMUH under the care of a single surgeon between 2005 and 2018. Referrals were received from patients living 25 counties in Ireland. 15.4% of patients' home address at time of referral was within the local CHO (CHO 9 – Dublin North). Where patients were referred from other hospitals, 14.96% came from the primary hospital grouping (Ireland East), with 78.14% from other hospital groups and 6.9% from private hospitals. The overall workload relating to these patients is in fact significantly larger, as many also undergo preliminary investigations and procedures such as urethrography and urethral dilation/urethrotomy.

**Conclusion:** Provision of sub-specialty care places a significant demand on a service, with the majority of patients being referred from alternative catchment areas. We advocate the need for national frameworks and networks to facilitate provision of these services, without placing undue burden on day to day working.

### Poster 5 Does clinical validation and the implementation of new models of outpatient service delivery have the potential to reduce waiting lists? A pilot study in Letterkenny University Hospital

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**Introduction:** Between 2013 and 2016 there was a 30% increase in urology referrals to Letterkenny University Hospital. The traditional outpatient paradigm of seeing patients prior to ordering diagnostic tests and instituting treatment is unsustainable. New models of outpatient service delivery such as "see & treat," "one-stop clinics," standardised referral pathways and Advanced Nurse Practitioner (ANP) led clinics have the potential to improve the efficiency of existing services.

**Methods:** Existing patient referral letters waiting >15 months were validated by a consultant urologist and triaged into (1) clinic appointment, (2) ANP led clinic, (3) ultrasound scan (USS) prior to clinic appointment, (4) day-case cystoscopy (±USS) or (5) refer back to GP/alternate service. The impact of this validation process was

measured prospectively using National Treatment Purchase Fund waiting list data.

**Results:** In January 2017, 508 patients were waiting >15 months for an initial clinic appointment. The clinical validation process resulted in a direct clinic appointment in 36.4%, ANP led clinic in 12.2%, USS prior to clinic appointment in 29.1%, cystoscopy ( $\pm$ USS) in 9.1% and refer back to GP/alternate service in 13.2%. This new model of outpatient service delivery commenced in July 2017 when there were 368 patients waiting >12 months. This led to a four-fold decrease in patients waiting >12 months by the end of December 2017.

**Conclusion:** This pilot study demonstrates that clinical validation followed by implementation of new models of outpatient service delivery has the potential to reduce existing waiting lists. This model could be implemented in other Irish hospital groups.

#### Poster 6 MRI for clinically suspected prostate cancer – the disparity between private and public sectors

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**Introduction:** There is increasing evidence to implement multi-parametric magnetic resonance imaging (mpMRI) for biopsy naive men with clinically suspected prostate cancer (PCa) [1]. This will reduce the number of unnecessary trans rectal ultrasound biopsies (TRUS-Bx) performed and reduce the number of indolent cancers diagnosed [2]. The aim of this study is assess current clinical practices for investigating clinically suspected prostate cancer in Ireland and determine if private health insurance providers are offering mpMRI scans in biopsy naive men.

**Methods:** Each health insurance provider procedure code was reviewed. The indications and requirements for prostate mpMRI in the setting of diagnosis, staging, surveillance, and recurrence were assessed for each health care provider. Current practices adopted by accredited referral clinics for suspected prostate cancer were reviewed.

**Results:** Two of the three leading health insurance providers, which between them cover 46% of the private health insurance market in Ireland, provide pre biopsy mpMRI cover as of April 2019. This leaves almost half of those insured with no access to pre-biopsy mpMRI. This is in contrast to the majority of public NCCP hospitals that offer pre-biopsy mpMRI for clinically suspected prostate cancer.

**Conclusions:** Pre biopsy mpMRI for clinically suspected prostate cancer is emerging as a standard of practice in Ireland. International guidelines are also changing to reflect latest clinical trial evidence. Private health insurance providers should amend their policies to reflect current clinical practices already adopted in the public sector in keeping with current evidence.

#### References

- Ahmed HU, El-Shater Bosaily A, Brown LC, Gabe R, Kaplan R, Parmar MK, *et al.* Diagnostic accuracy of multi-parametric MRI and TRUS biopsy in prostate cancer (PROMIS): a paired validating confirmatory study. *Lancet (London, England)*. 2017 Feb 25;389 (10071):815–822.
- van der Leest M, Cornel E, Israël B, Hendriks R, Padhani AR, Hoogenboom M, *et al.* Head-to-head Comparison of Transrectal Ultrasound-guided Prostate Biopsy Versus Multiparametric Prostate Resonance Imaging with Subsequent Magnetic Resonance-guided Biopsy in Biopsy-naïve Men with Elevated Prostate-specific Antigen: A Large Prospective Multicenter Clinical Study. *Eur Urol*. 2019 Apr;75(4):570–578.

#### Poster 7 The Changing Trend in Prostate Cancer Diagnostics in Ireland

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**Introduction:** Approximately 250 men are diagnosed with prostate cancer every month in Ireland.<sup>1</sup> A significant number of these men are diagnosed through the nationwide Rapid Access Prostate Clinic (RAPC). Traditionally, men with suspected prostate cancer initially underwent a Transrectal Ultrasound (TRUS) guided biopsy of the prostate. However, recent European guidelines<sup>2</sup> now favour pre-biopsy magnetic resonance imaging (MRI). We sought to assess the impact of prostate MRI on resource allocation.

**Methods:** All MRI Prostate and TRUS Biopsy examinations performed in Beaumont Hospital between January 2014 to December 2018 were identified using the National Integrated Medical Imaging System (NIMIS). The number of men attending the RAPC was identified from a central registry.

**Results:** There has been a 73% increase in the number of men referred to the RAPC from 2014 (n = 277) to 2018 (n = 479). The number of TRUS biopsies has remained static (n = 310 in 2014 vs. n = 320 in 2018). There has been a 343% increase in the number of prostate MRIs performed (n = 213 in 2014, n = 732 in 2018).

**Conclusion:** There has been a significant increase in referrals to the RAPC and an exponential increase in the use of MRI over the last five years. As a result, resources in the future should be tailored to cater for this increasing demand for MRI.

#### References

- Dooley A. *et al.* **Irish Prostate Cancer Outcomes Research (IPCOR) Annual Report 2018**. Online 2018.
- Urology, European Association of. **Prostate Cancer Guidelines**. Online: EAU 2019.

#### Poster 8 Is mpMRI prostate ready for use in selecting patients who need TRUS-guided prostate biopsy?

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**Introduction:** Recent NICE guidelines have promoted mpMRI in patients with elevated PSA before consideration for prostate biopsy. The present study focussed on performance of mpMRI in our institution (7 years experience with pre-biopsy MRI) as a means of avoiding unnecessary prostate biopsies.

**Methods:** We reviewed our contemporary experience in 160 consecutive patients who all had pre-biopsy mpMRI prostate, followed by all having systematic +/- targeted prostate biopsies performed. Negative MRI was defined as mpMRI PIRADS score  $\leq 2$ . Prostate biopsies were deemed positive if clinically significant PCA was detected (Gleason score  $\geq 3+4$ ). High grade cancer was defined as Gleason score  $\geq 4+3$ . NPV of mpMRI prostate for exclusion of clinically significant PCA was calculated in standard fashion.

**Results:** mpMRI results were PIRADS 1 and 2 in 11 and 61 patients respectively. Of these 72 patients, biopsies were positive in 5 patients (2 high grade), while 67 patients had negative biopsies. NPV for significant PCA was 93%. mpMRI failed to detect clinically significant PCA in 7% of mpMRI negative patients.