

### Quality of Life in Irish Patients with Non Muscle Invasive Bladder Cancer

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**Introduction:** There are multiple papers evaluating quality of life (QOL) in patients with muscle invasive bladder cancer. However the majority of cases of bladder cancer in Ireland are non-muscle invasive (NMIBC). We aim to collect the first data regarding QOL in patients with NMIBC in Ireland.

**Methods:** Patients attending for surveillance flexible cystoscopy completed EORTC QLQ C30 and NMIBC24 questionnaires. This internationally validated questionnaire covers key domains including functional status, urinary and psychological symptoms. The results were converted to raw scores and scales as described in the EORTC guidance documents.

**Results:** To date 38 patients have responded (10 women, 28 men). Age ranges from 34 to 89 years (median = 69). The average time since diagnosis is 9 years (range 0–39 years), patients have undergone an average of 7.8 flexible cystoscopies (range 1–29). The majority of patients rated their QOL as good, average score 63 (range 1–100). Patients scored low levels of systemic symptoms, e.g. bloating (Average 15, range 1–100). Sexual function scores were low, with an average score of 13 (maximum 100). Few patients recorded bothersome urinary symptoms with the average score 20 (range 1–100). 58% (n = 22) said their diagnosis did not interfere with family life, or social life (55%, n = 21). 50% (n = 19) reported their diagnosis as causing financial difficulties.

**Conclusion:** We present the preliminary results of the first Irish study of patient reported outcomes and QOL in NMIBC. Patients report overall good quality of life and of health, with minimal systemic symptoms.

### The long-term durability, presence of complications and patient satisfaction of ileal conduit and ileal neobladder urinary diversion post cystectomy: A systematic review and meta-analysis

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**Purpose:** To perform a systematic review and meta-analysis on the long-term durability, incidence of complications and patient satisfaction outcomes in ileal conduit and orthotopic neobladder.

**Materials and Methods:** A systematic electronic literature search was performed in Medline, Embase, Cochrane Library and Scopus. Using MeSH and free text search terms "Urinary diversion" AND "Ileal conduit" AND "Neobladder" concluded 29th June 2018. Inclusion criteria were those patients who had a cystectomy and required urinary diversion by either ileal conduit or neobladder.

**Results:** In total, 32 publications met the inclusion criteria. Data were available on 46,787 patients (n = 36,719 for ileal conduit and n = 10,068 for orthotopic neobladders). Meta-analyses showed that ileal conduit urinary diversions performed less favourably than orthotopic neobladders in terms of re-operation rates, Clavien-Dindo complications and mortality rates; Odds Ratios (ORs) and 95% Confidence Intervals (CIs) were 1.76 (1.24, 2.50) p < 0.01, 1.16 (1.09, 1.22) p < 0.01 and 6.29 (5.30, 7.48) p < 0.01, respectively. Ileal conduit urinary diversion performed better than orthotopic neobladder in relation to urinary tract infection rates and ureteric stricture rates OR and 95% CI 0.67 (0.58, 0.77) p < 0.01 and 0.70 (0.55, 0.89) p < 0.01, respectively.

**Conclusions:** There is no significantly increased morbidity with orthotopic neobladder compared to ileal conduit. Selection of either urinary diversion technique should be based on patient factors such as tumour stage, comorbidities, surgical experience and patient acceptance of post-operative sequelae.

### Is radical cystectomy safe in Octogenarians?

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**Introduction:** Radical cystectomy is the gold standard for muscle invasive bladder cancer. There are concerns regarding performing major surgery in elderly patients. The aim of this study was to compare short term outcomes of patients undergoing radical cystectomy at age < or > 80 years.

**Methods:** A retrospective review was performed of a prospectively maintained bladder cancer database. All procedures were performed by a single fellowship trained Urologic Oncologist.

**Results:** During the study period 2005–2018, 83 patients underwent a radical cystectomy. The median age was 67 years (Range 42–84). 18 (21.7%) patients were < 60 years at time of surgery with 8 (9.6%) > 80 years. 64 (77.1%) were male. The median length of stay was 19 days with no difference between those < 80 years and > 80 years (18.7 vs 21.3 days, p = 0.57).

Complications occurred in 41 (49.4%) patients- Clavien Dindo  $\geq 3$  in 7 patients (8.4%) with no difference between those < 80 years or > 80 years, (p = 0.13). There were no perioperative or 30 day mortalities. There were two 90 day mortalities- a 74 year old due to a pulmonary embolus and a 64 year old due to ischaemic heart disease.

**Conclusion:** Radical cystectomy is a major urological procedure with prolonged length of stay with associated morbidity. Despite this, octogenarians do not have a worse short term post operative course to younger patients.

### Determining the impact of sarcopenia on parastomal hernia formation post radical cystectomy

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**Introduction:** Sarcopenia is associated with increased complications and poor prognosis in both malignant and non-malignant disease. A retrospective single-center study was conducted to investigate the impact of sarcopenia as a predictor for the development of parastomal hernia after radical cystectomy for bladder cancer.

**Methods:** In total, 40 patients with documented pre-operative height and weight and pre-operative digital computed tomography (CT) scans of the abdomen obtained within 90 days before radical cystectomy were identified. Lumbar skeletal muscle index (SMI, cm<sup>2</sup>/m<sup>2</sup>) and visceral adiposity (cm<sup>2</sup>) were measured using a representative CT image from the L3 level. Sarcopenia was defined as a lumbar SMI of < 55 cm<sup>2</sup>/m<sup>2</sup> for men and < 39 cm<sup>2</sup>/m<sup>2</sup> for women. Interval post-operative surveillance CT scans were evaluated for parastomal hernia development.

**Results:** Among the 40 included patients, 62.5% (n = 25) patients were sarcopenic on initial staging CT. The median age at surgery was 66 in those with sarcopenia versus 68 in the non-sarcopenic group. Sixty eight percent (n = 17) patients in the sarcopenic group were viscerally obese with a median BMI of 25.9 compared to the non-sarcopenic group where 66.7% (n = 10) were viscerally obese and median BMI was 29.9. Rates of parastomal hernia formation were higher in the

sarcopenic group with 16.0% (n=4) patients developing radiological evidence of same compared to 6.7% (n=1) in the non-sarcopenic group (p=0.387).

**Conclusion:** Sarcopenia has important implications for clinical practice as the decline of skeletal muscle mass is potentially reversible. We propose that sarcopenia may be a factor contributing to parastomal hernia formation in this patient cohort.

### The beneficial role of bipolar transurethral resection of bladder tumour (TURBT) in the treatment of the newly diagnosed large-volume bladder cancer

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**Objective:** Bipolar transurethral resection of bladder tumour (TURBT) has already shown to be safer than monopolar TURBT. Our institution implements an aggressive extended TURBT at initial resection, regardless of tumour size, with the aim of minimising residual viable tumour at re-look TURBTs and thus improving disease recurrence and progression risks. We report our results of this method with regards to the primary resection of large volume (>30 g) bladder tumours.

**Methods:** The study included all patients admitted from March 2015 to April 2019 to the urology department of University Hospital Waterford for primary surgical management of newly diagnosed bladder cancer, with a focus on those greater than 30 g. Extended TURBT was defined as resection of the whole tumour, resection of the tumour base and 1 cm of apparently normal bladder wall around the circumference of the tumour.

**Results:** The median (range) age of the patients was 67 years. 210 primary TURBTs were performed, of which 25 were >30 g. After initial TURBT, 25% were identified as having muscle-invasive bladder cancer. Of the remaining 75% patients, 16% had low-grade Ta disease, and so second biopsies were not taken. The remaining 84% patients had T1, all grade 2/3 disease. Most pT1 patients had re-resections within 3 months, with only 25% showing active disease.

**Conclusion:** Aggressive extended TURBT utilising bipolar diathermy allows for complete excision of large volume tumours safely, with better recurrence rates than would be expected for tumours of this size.

### Management of lymph node metastasis for penile cancer in a tertiary referral centre

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**Introduction:** Penile cancer is a rare disease with significant morbidity and mortality. While patients with negative LN's can achieve good survival rates, those with extensive loco-regional metastasis fare considerably worse. Current strategies aim to identify early LN spread by risk stratification and appropriate intervention. Guidelines recommend LN dissection (LND) in high-risk patients and those with palpable nodes.

We assessed our rates of LN dissection, positive node yield and overall survival based on LN staging and adjuvant treatment.

**Methods:** We analysed prospectively collected data on all patients undergoing treatment for penile cancer from a single Irish institution. An electronic medical record review was performed to assess survival.

**Results:** 66 patients were diagnosed with penile cancer from April 2003 to March 2018 with 65% considered high risk. 51% of patients underwent inguinal LND. Of these 68% were node positive (22%/43%/35% for pN1/2/3 respectively). Pelvic LND was performed in 52% with a

positive inguinal LND, 33% were positive for metastasis. 70% of patients who were node positive on inguinal LND received adjuvant treatment in the form of chemotherapy. 4 patients with cN2 disease were not deemed fit for LN dissection.

At time to last follow up 13% of patients had died due to penile cancer progress, 13% due to other causes and 71% were still alive at last consultation. 2 patients were lost to follow up at less than 3 years.

**Conclusion:** Penile cancer is an aggressive malignancy but treatment in a high volume tertiary centre results in good outcomes and survival.

### Partial nephrectomy and positive margins: What is the significance?

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**Introduction:** Partial nephrectomy (PN) is considered the standard of care for pT1 renal tumours. Much debate surrounds the significance of positive surgical margins (PSM) at the time of PN and as to whether this increases the risk of recurrence, either local or distant. We aim to assess the rate of PSM in a contemporary Irish series and assess factors associated with recurrence.

**Methods:** We reviewed 212 consecutive patients undergoing PN by two consultant surgeons for localised renal masses between 2011 and 2018. One surgeon performed open PN and the other minimally invasive surgery (MIS – laparoscopic and robot assisted). We assessed the PSM rate and its association with disease recurrence.

**Results:** 109 open, 60 laparoscopic and 43 robotically assisted PN's were performed. 36 patients were excluded from final analysis with benign histology or known genetic syndrome. A PSM was encountered in 4.45% (N=4) open, 0% laparoscopic and 8.1%(N=3) robotic PN's. Local recurrence developed in 1.13% (N=2) and metastatic disease in 4 patients. Follow up ranged from 6 to 60 months. No patient with a PSM developed disease recurrence vs 6 patients with negative margins. Numbers were insufficient to assess statistical significance. There was no difference in PSM's or disease recurrence between techniques.

**Conclusion:** PSMs are a rare event in PN with no apparent increased risk of recurrence. Factors postulated to affect this include false PSM, the indolent nature of some tumours or possible unintended adjuvant therapy from renal artery clamping and tumour base ablation. Rates of PSM and recurrence didn't vary between techniques.

### Interdisciplinary surgical resection of locally advanced renal tumours involving the inferior vena cava – a case series

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**Introduction:** Resection of renal tumours involving the inferior vena cava (IVC) is challenging with potential for significant complication. International guidelines recommend discussion at specialist MDT with a view to resection if feasible. We present a case series of patients with renal tumours involving the IVC who underwent resection jointly performed by hepatobiliary and urology surgeons in a tertiary referral centre.

**Methods:** All patients undergoing surgical resection of renal tumours involving the IVC from 2017 to 2019 were identified from a