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

A. Fuentes-Bonachera, N.P. Kelly, D. Murray, G. McGuinness, W.P. Shields, I.M. Cullen, P.J. Daly
Department of Urology, University Hospital Waterford, Waterford

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

A.L. Walsh, N.A. Abdullah, P. Ahern, P. Sweeney
Mercy University Hospital, Cork

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?

K. Daly[1], A. Walsh[1], A. Cahill[1], B. McGuire[2], F. O'Brien[1]
[1]Cork University Hospital, Cork, Ireland; [2]St. Vincent's University Hospital, Dublin Ireland

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

H. Jones[1], L.A. Devane[1], A. Redmond[1], S. Anderson[2], J.B. Conneely[1], S. Connolly[2]
[1]Departments of Hepatobiliary Surgery, Mater Misericordiae University Hospital, Eccles Street, Dublin 7; [2]Departments of Urology, Mater Misericordiae University Hospital, Eccles Street, Dublin 7

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