

in different age groups for diagnosis of Prostate Carcinoma, focusing on the avoidance of unnecessary prostate biopsies.

**Material and Methods:** A total of 4955 men (a mean age of  $63.3 \pm 11.3$ ) without a history of prostate surgery and disease were enrolled into the study. Serum tPSA, fPSA and f/t PSA ratios were determined for the study population and for different age categories. All males who had suspicious digital rectal examination and tPSA  $>4$  ng/mL underwent transrectal ultrasonography-guided prostate biopsy. Receiver operating characteristic (ROC) curves for each group were generated by plotting the sensitivity vs.  $1 - \text{specificity}$  for the f/t PSA ratio. The sensitivity and specificity were obtained using different f/t PSA ratio cutoffs for different age groups.

**Results:** Prostate cancer was detected in 109 patients (2.2%). There were 657 patients with a PSA level of 4–10 ng/ml. According to sensitivity and specificity f/t% PSA cutoff points were 13%, 18%, 14% and 13% in 50–59, 60–69,  $>70$  and all ages categories in patients with initial PSA level of 4–10 ng/ml.

**Conclusions:** The current study showed that the use of f/t PSA ratio in patients with PSA levels of 4–10 ng/mL should enhance the specificity of PSA screening and decrease the number of unnecessary biopsies. f/t PSA levels may show dissimilarities according to age, so further studies are warranted to identify this relationship.

### Poster Session 3: Bladder Cancer

Friday, 11 September 2009, 10:30–12:30

#### Poster room 3

#### N33

##### The rate of incidental prostate cancer in patients who underwent radical cystoprostatectomy and its clinical significance

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**Introduction and Objectives:** In this study, we aimed to determine the rate of incidental adenocarcinoma of prostate in patients undergoing radical cystoprostatectomy (RSP) and to assess its clinical importance in the light of literature.

**Material and Methods:** In our clinic from 1995 to 2008 the medical records of 135 (40–82 years) patients with invasive bladder cancer who underwent RSP, were reviewed retrospectively. None of these patients had had any evidence of prostatic adenocarcinoma before cystoprostatectomy. Pathologically, 4 cross sections were routinely taken from each prostate specimens, including one from the apical surgical border.

**Results:** A total of 10 (7.4%) coincidental adenocarcinoma of prostate were detected in 135 patients. Mean age of the patients with prostate carcinoma was 70.2 years (Range: 63–80 years). All patients had had normal prostate specific antigen (PSA) levels (1.3–3.4 ng/ml) and normal digital rectal examination findings before surgery. Gleason scores were 4, 5 and 6 in 7, 2 and 1 patient, respectively. All patients with prostate carcinoma had negative surgical border on prostatic apex. All patients had PSA levels less than 0.1 ng/ml on the third month after RSP. Follow-ups of four patients ranged between 52–61 months and no PSA recurrences was recorded.

**Conclusions:** The coincidental presence of prostate cancer with bladder cancer should be kept in mind and therefore detailed pathological examinations should be carried out.

#### N34

##### The evaluation of recurrence rates within the first year for Ta T1 low and intermediate transitional cell carcinoma of the bladder to change the routine follow-up cystoscopies

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**Introduction and Objectives:** Frequency of cystoscopic follow-up of superficial bladder cancer is still causes confusion and has not been clearly defined. Cystoscopic follow-up is a considerable workload for the urologist and is also an invasive procedure for the patient with high costs. In the study, we reviewed our experience to determine any possible criteria which can lead to reduce the frequency of follow-up cystoscopy, retrospectively.

**Material and Methods:** Between 1998–2008, 641 patients with primary stage Ta and T1 bladder cancers that were treated in our department were evaluated retrospectively. The pattern of recurrence and the recurrence rates in the first year were assessed.

**Results:** The recurrence rate was 21% at 3 months. The recurrence rates at 6 and 9 months were 9.2 and 11.9% respectively. The recurrence rate at 12 months was 8.3%. For tumors with no recurrence at 3 months, the recurrence rates at 6, 9 and 12 months were 8.6, 11.4 and 7.19% respectively. With respect to stages, there was a statistically significant difference in recurrence rate stages pTa and pT1 in the first and in the third control ( $p=0.001$ ,  $p=0.003$ ) respectively. According to the recurrence rate within the first year, the difference between G1 and G2 tumors was not statistically significant regardless of the stage ( $p > 0.05$ ).

**Conclusions:** Patients with initial stage Ta or T1 grade 1 and 2 bladder cancers and negative first cystoscopy have a significantly lower recurrence rate than those with recurrence at first cystoscopy. In patients with initial low grade carcinoma, it seems logical to change the routine follow-up cystoscopy protocol. If the thirdmonth cystoscopy is tumor-free, it is appropriate to perform the next follow-up cystoscopy 1 year after the initial resection.

#### N35

##### Pathophysiological and clinical problems after urinary diversion

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**Introduction and Objectives:** During the period bowels had been used for urinary diversion (UD), many clinical and pathophysiological problems are seen.

**Material and Methods:** We want to focus on the most important problems, using the latest clinical data and own experience.

**Results:** Before Bricker in 1950 described his conduit, uretero-sigmoidostomy were the only UD used commonly. Malignancies are reported in large series and is about 3.5–19% [1]. In Denmark the few patients still alive is recommended to sigmoidoscopy when symptoms occur; in symptomless pt – bloodtest every year and sigmoidoscopy every 3<sup>rd</sup> year [2].

Metabolic acidosis has been reported in 100% of pt after ureterosigmoidostomy, bladder substitutions or continent reservoir [3]. Metabolic acidosis can be life-threatening, as we will show in our case later and prophylaxis with peroral bicarbonate is simple and cheap treatment.

The mucus production can be trouble as bad acute ureteric obstruction, can be important in reservoirs stones formation.

Asymptomatic bakteriuria in pt with reservoirs, rectal reservoirs and ileal conduits not require antibiotics, but symptomatic upper urinary tract infection shows problem with reflux or obstruction.

Urolithiasis formation is common in reservoirs due to artificial materials (e.g. staples), infections, abnormal composition of