assessed using the Rockwood Clinical Frailty Scale: 1–3 no frailty, 4 vulnerable, 5–9 mild/severe frailty.

**Results:** 69 patients were identified (mean age 78). Median overall survival (OS) and recurrence free survival (RFS) was 32.5 and 24 months respectively, 36, 20 and 13 patients had frailty scores of 1–3, 4, and 5–9, respectively. Increasing frailty was associated with reduced median OS (58.5, 28.5, 13 P < 0.05) but not RFS (24, 16, not reached). Frail patients were less likely to receive BCG (70%, 66%, 25%) despite no difference in the proportion of high-risk disease (55.6%, 60%, 61.5%). There was no difference in the number procedures per year of follow-up between groups.

Progression or bladder cancer death was less common amongst frail/vulnerable patients (27.8% vs. 9.1% P < 0.05). Amongst frail patients, 29/40 theatre-based procedures were cystoscopy and biopsy or fulgurations, indicating low-volume disease.

**Conclusion:** There are frail patients with NMIBC who have limited life expectancy. For such patients, protocol-driven cystoscopic surveillance may not improve survival and watchful waiting may be more appropriate. Further investigation is required to determine the feasibility of this approach.

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**Abstract 7**

**Prostate cancer detection with MRI/cognitive fusion biopsy - Comparing standard and targeted prostate biopsy with final prostatectomy histology**

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**Introduction:** The use of multi-parametric MRI with targeted biopsies of the prostate improves the diagnosis of clinically significant prostate cancer. The aim of this study was to evaluate the accuracy of histological grading of ‘cognitive’ MRI/US fusion prostate biopsy by comparing the histology from the targeted biopsy specimens (TB), standard systematic specimens (SB) and the combination of both (CB) specimens with the final histological grade from subsequent prostatectomy.

**Methods:** A retrospective single-centre review of 115 patients who underwent ‘cognitive’ MRI/US-targeted biopsy of the prostate prior to undergoing a radical prostatectomy between 2016 and 2019 was performed. MRI findings, biopsy and final histology ISUP grades and patient demographics were collected.

**Results:** The concordance between SB, TB and CB biopsy were 28.7%, 49.6%, 50.4% respectively. There was no significant difference in concordance between targeted biopsy and combined biopsy. Patients were more likely to be downgraded on the final histology when comparing CB with TB alone (26.1% v 16.5%, p < 0.05). In cases where an ISUP grade 1 cancer was diagnosed on TB (n = 24), there was a 62.5% chance that the final histology would be upgraded. In the same sample, when combined with a SB the risk of upgrading on final histology reduced to 37.5%.

**Conclusion:** Although grading concordance between TB and CB were similar, the concomitant use of a SB significantly reduced the rate of upgrading in the final radical prostatectomy histopathology. CB may result in better decision-making regarding treatment options and also have implications for intra-operative planning.

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**Abstract 8**

**An Audit of documentation practices of urinary catheter insertion**

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**Introduction:** Urinary catheter insertion is a procedure to enable emptying of the urinary bladder. There are many indications for catheterisation. The Health Protection Surveillance Centre advise that every healthcare facility should have a system for documenting catheterisation. The aim of this study was to assess the current level of documentation for urinary catheterisation in UHW and determine the need for improvement.

**Methods:** A prospective audit of inpatients across UHW was carried out over two dates which identified patients who had a urinary catheter inserted while an inpatient. We made note of the ward, whether the catheter insertion was documented and who inserted the catheter. We also made note of indication, size of catheter/type, aseptic technique and volume of urine drained.

**Results:** This audit identified a total of 35 inpatients who were catheterised in UHW. 15 were female and 20 were male. Only 18 (51.4%) patients had documentation of catheter insertion. 5 (14.2%) had a documented indication for catheterisation, 15 (42.8%) had documentation of catheter size and type and 8 (22.8%) had documentation of the residual urine. Of the 18 patients whose catheter insertion was documented – 10 (55.6%) were inserted by nursing staff and the remaining catheterisations were performed by interns (3), an SHO (1) and Registrars (4).

**Conclusion:** This audit demonstrates a paucity of the necessary documentation of catheter insertion with deficiencies across the board. We propose the introduction of a catheter insertion checklist to improve documentation and resulting patient care to be used alongside ongoing catheter education workshops.

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**Abstract 9**

**The relationship of HPV positivity with tumour characteristics in an Irish penile cancer population**

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**Introduction:** Penile cancer is a rare cancer with an incidence of 1/100,000 cases in the EU. Approximately one third of cases are attributable to HPV infection. p16INK4a is a recognised surrogate marker for HPV infection in penile cancer. University Hospital Waterford (UHW) is a National referral centre for penile cancer in Ireland. Here we report the prevalence of HPV infection and histological characteristics of an Irish penile cancer cohort using p16INK4a as a surrogate marker.

**Methods:** Data on patients who attended UHW for penile cancer surgery was collected using a prospectively maintained database between June 2015 to November 2020. Data collected included patient details, age, and histopathological results.

**Results:** 70 patients with a histological diagnosis of squamous cell carcinoma of the penis had staining for p16INK4a in UHW between June 2015 and November 2020, of whom 64.2% were positive. Mean age at diagnosis for p16INK4a positive patients was 60.86 ± 14.49 compared to 68.39 ± 12.35 for negative patients (p = 0.036). 97% of high-risk tumours were p16INK4a positive (p < 0.001). p16INK4a positivity was more prevalent amongst higher grade tumours (p = 0.019), 62.5% (n = 30) of tumours which had concurrent PeN were