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 of 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.
positive for p16INK4a and 37.5% (n = 18) were negative (p = 0.5). p16INK4a status was not associated with an increased recurrence free or overall survival.

**Conclusion:** Our data is representative of the Irish landscape in penile cancer over the last 5 years. Using p16INK4a staining, we demonstrate a high rate of HPV prevalence in penile cancer cases in our patient cohort which is associated with prognostically worse tumour subtypes.

**Abstract 10**  
**Circle nephrostomy: A regional experience**

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**Introduction:** The Circle Nephrostomy Tube (CNT) is increasingly being used as a viable option for patients who require long term urinary drainage, this has usually been in the form of a standard nephrostomy tube (SNT). One small study1 has demonstrated CNTs associated with fewer changes and lower cost. This study was designed to compare frequency of change and associated costs of CNT to SNT in a local population.

**Method:** Patients were identified who had a CNT between July 2018 and July 2020. In patients with bilateral nephrostomy tubes each was tabulated individually and calculations were made of the frequency of nephrostomy changes comparing CNT and SNT. Patients’ age, co-morbidities and indications for nephrostomy insertion were recorded.

**Results:** A total of eight patients were identified with CNTs, one of whom had bilateral circle nephrostomies. These were changed a total of 31 times with a mean frequency of change of 99 days. The mean frequency of change of SNT was 71 days. One patient experienced prolonged discomfort from his CNT and requested re-insertion of SNT. This results in lower costs, fewer hospital attendances and lower risk for the patient. Larger studies are required to evaluate complication rates and patient satisfaction.

**Reference**


**Abstract 11**  
**Modified supine percutaneous nephrolithotomy for large kidney stones: outcomes and results**

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**Introduction:** Percutaneous nephrolithotomy (PCNL) is the standard treatment for kidney stones >2 cm. Recently, the supine approach in a modified supine lithotomy position has been described. We describe our experience with this technique.

**Methods:** The patients flank is elevated with a bolster (15°–20°). The ipsilateral arm is placed over the chest. The ipsilateral leg is left straight. A stirrup is placed to support the contralateral leg so there is substantial room for a second surgeon to perform retrograde transurethral pyelogram and ureteroscopy simultaneously. Puncture is performed by cross table bullseye technique.

**Results:** 38 modified supine PCNLs were performed in 36 patients from January 2020 to February 2021. 23 (63%) were male, the mean age was 59 years old. American Society of Anesthesiologists (ASA) grades are 1 (22%), 2 (52%), 3 (19%) and 4 (5%). The stone sizes varied from 7 mm x 10 mm to 50 mm x 30 mm, 2 patients had a partial staghorn and 9 patients had staghorn calculi. In 30 (79%), renal access was in theatre. The mean stone clearance is 93.97%. Median operative time is 90 mins (IQR 63.75–126.3). Median blood loss is 40 ml (20–97.50) ml. A nephrostomy was placed after 12 (31%), 69% of procedures were tubeless or totally tubeless. 7 (18) of patients developed complications. 100% of complications were related to urosepsis, 2 patients developed severe urosepsis and required ICU admission. Both of these patients had blood transfusions. There was one post-operative death related to severe urosepsis. Retreatment rate is 13%.

**Conclusion:** Supine PCNL is a safe and reproducible method. It offers the advantage of simultaneous retrograde and antegrade endoscopic combined intrarenal surgery, and we believe it is a further advancement in stone management.

**Abstract 12**  
**A retrospective observational study comparing morbidity associated magnetic ureteric stents versus conventional ureteric stents**

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**Introduction:** Ureteric stents can cause a range of symptoms while in-situ and during removal. This study aims to identify if there are any differences between the magnetic and conventional ureteric stents. The primary outcome was morbidity associated with indwelling stents and on the stent removal. The second outcome was cost comparison.

**Methods:** Patients were assessed using a validated ureteral stent symptom questionnaire (USSQ). Stent removal discomfort was assessed with a visual analogue scale (VAS). The questionnaires were completed on day of stent removal.

**Results:** Forty-two patients participated in the study. Twenty-one in each group. 23 were female, one of which had bilateral magnetic ureteric stents in-situ. The mean age was 54. The urinary symptoms associated with indwelling stents had a median score of 4.25 with magnetic ureteric stents and 3.75 with conventional ureteric stents. Only four females experienced no pain with the indwelling stents, two had magnetic and two had conventional ureteric stents. Five males experienced no pain with indwelling stents, three had magnetic and two had conventional ureteric stents. The median VAS score for magnetic ureteric stents was 5.5 and 2 for conventional ureteric stents. There were two failed retrievals of the magnetic ureteric stents. Conventional stent group total time 11,857 and magnetic stent group total €2,520.

**Conclusion:** This study found no significant differences between conventional and magnetic ureteric stents regarding morbidity associated with indwelling stents. There was a significant difference found with pain on removal, favouring the conventional ureteric stents. Cost saving of €444.00 per patient with magnetic stents.

**Abstract 13**  
**Introduction of an Advanced Nurse Practitioner (ANP) led male lower urinary tract symptoms (LUTS) clinic– A Sláintecare Initiative**

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**Introduction:** Ireland’s population is living longer, and it is estimated the prevalence of any LUTS to be 63–83% in adult men, increasing with age1. In 2019, there were 30,905 patients waiting to see a Urologist and it is estimated to increase to 46,729 by 20222. The patients waiting the longest are those with routine benign