

Learning  
for Life



# 2024 USANZ VICTORIAN SECTION MEETING

Final Program

Friday 11 October 2024

Collins Square Events Centre, Melbourne, Victoria



UROLOGICAL SOCIETY  
OF AUSTRALIA  
AND NEW ZEALAND

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## Conveners' Welcome

Dear Colleagues,

We are thrilled to welcome you to the 2024 Victorian Section Meeting of the Urological Society of Australia and New Zealand (USANZ). After two excellent meetings held at The Events Centre, Collins Square, we look forward to another noteworthy day event at this familiar, central venue.

This year it is Geelong's turn to host and a large proportion of our unit has a particular interest in education and training. Fitting in with the fundamental purpose of this meeting to enhance our professional development and the education of our advanced trainees, our theme for this year is "*Learning for Life*".

We will be following a similar format to previous programs and will hold the Victorian Section AGM at the beginning, running parallel with the trainee education session. In addition to presentations of submitted research papers, we will focus on the art and practice of urology education and training. We will delve into some established and emerging innovations and technologies that enhance adult learning, including a debate on "*Simulation vs Immersion*". And we will endeavour to extract some wisdom from experienced colleagues on how to deal with the increasingly rapid need to acquire new knowledge and skills throughout one's surgical career. We will also be running a concurrent nurses' program for part of the day. This will cover topics exploring diversity in current trends and evolving techniques to include future learning. We will be encompassing practices in outpatient, hospital, and community settings.

We would like to thank all our sponsors for their support of this event.

Following the educational program, we welcome you to a stand-up "cocktail style" closing drinks and canapés, so you can enjoy catching up and networking with colleagues, trainees, and industry representatives.



**George Mirmilstein FRACS**  
*Urology Program Convener*



**Teresa Smilovic**  
*Nurses' Program Convener*



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## Sponsors & Exhibitors

Sponsors/exhibitors do not have influence over the program content and activities occurring at this meeting.

### Major Sponsors



### Exhibitors

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## Invited Speakers – Urology Program



### Dr Tony Chen

Dr Tony Chen is a radiologist and nuclear medicine physician by day and a travelling dad by night. Tony is known for his travel adventures on the Facebook group Frequent Flying Doctors and has given travel tips and advice to hundreds of members. Tony is a published author and his book *Chen's Clinical Anatomy* can be found in most medical libraries around the world. At home, he loves playing with his two kids and his lovely wife. Outside the home, he's a swing dance teacher, and runs dumpling making classes.



### Dr Scott Donnellan

Dr Scott Donnellan has been Director of Urology at Monash Health since 2017. His medical degree was through University of Melbourne and FRACS in Victoria. Additional years were spent in Baragwanath Hospital, UC Davis and in research at the Austin Hospital winning the BAUS award for research with Damien Bolton. He commenced the laparoscopic program at Monash Health in 2005 and became a credentialed robotic surgeon in 2018. He recently led the successful quest for the introduction of robotic surgery at Monash Health. He is currently on sabbatical leave undertaking a creative writing course at Deakin to create his personal surgical journal.



### Dr Robert Forsyth

Dr Robert Forsyth is a general urologist working in Ballarat. He has been involved in medical education and Urology training for many years and contributed to the development of the recently revised Urology Curriculum.



### Associate Professor Richard Grills

Associate Professor Richard Grills is the Director of Urological Surgery and Director of Robotic Surgery at Barwon Health. He is the Urology Specialty Coordinator for RACS Global Health and SIMG Assessor and Representative for the Board of Urology. He is a past Chair of the Board of Urology and is involved in designing and facilitating surgical education courses for RACS.



### Dr Joseph Ischia

Dr Joseph Ischia is a urologist in Melbourne at Austin health and an academic at the University of Melbourne who specializes in the surgical and medical management of advanced

urological cancers. He trained in Melbourne and completed a PhD at the University of Melbourne in the field of molecular biology of kidney and prostate cancers. He did a two-year Uro-oncology fellowship in Vancouver. He started a podcast in 2016, *Talking Urology*, which looks below the hood of the landmark papers in urology. He was the founder of *MedLitGo.com*, a free online resource for doctors to get quick, easy, and reliable insights from the latest medical papers at the relevant point in the disease journey. He is the CEO and founder of *JiffyStent*, a ureteric stent insertion device which is an operating room in the palm of your hand that has the potential to transform the management of acute renal colic.



### Dr Tay Kae Jack

Dr Tay Kae Jack is the Director of Urologic Oncology and Senior Consultant Urologist at the Singapore General Hospital. He underwent urology residency at the Singapore General Hospital and a Society of Urologic Oncology fellowship at Duke University, North Carolina, USA. His clinical practice includes focal therapy for prostate cancer, robotic pelvic surgery, complex resections of genitourinary cancers in the pelvis and retroperitoneum, and metastatic prostate cancer.

He is an Associate Professor at the Duke-NUS Graduate Medical School and is the Principal Investigator of a Phase II trial of Focal Cryotherapy for Prostate Cancer. He currently holds a National Medical Research Council, Singapore Transition Award Grant for risk stratification, advanced imaging, biopsy, active surveillance, and focal therapy of prostate cancer.

Dr Tay has published extensively on the topic of urologic cancer. He collaborates on several international multicentre projects including the Focal Therapy Society Registry, the Cryo On-Line Data registry and the Shared Equal Access Regional Cancer Hospital database. Dr Tay has participated and lead several international expert consensus on prostate focal therapy including the International Consultation of Urological Diseases consensus on follow-up surveillance after prostate focal therapy and an international consensus on Patient Selection for Prostate Focal Therapy.

Dr Tay is a board member for the Focal Therapy Society and currently serves as secretary on its Exco. He is also ex-chairman of its Website and Social Media Committee. He organizes Tumor Boards in Focal Therapy – a regular online educational forum for expert sharing of tips, tricks and challenges in focal therapy. He aims to develop better risk stratification methods for localized and metastatic prostate cancer and a modern approach to precision medicine in prostate cancer.



## Invited Speakers – Urology Program (cont'd)



### Dr Kathryn McLeod

Dr Kathryn McLeod is a urologist in Geelong and has a special interest in surgical education. She has completed her Masters and is currently completing her PhD in surgical education at the University of Melbourne, focusing on underperformance and remediation. She is the chair of the education subcommittee for USANZ.



### Dr David Pan

Dr David Pan is a urologic surgeon with a subspecialty interest in treating bladder and prostate cancer. He completed a Uro-oncology fellowship at University of Miami in 2013. David has been involved in SaaS development to advance ambulatory patient care.



### Dr Justin Peters

Dr Justin Peters is an expert robotic urological surgeon with a long association with the Royal Melbourne Hospital and the Epworth Hospital. He has been a practicing urologist since 1985 and has particular interest in prostate cancer and urinary stone disease. In October of 2003, he underwent training in robotic surgery at the University of California Irvine, and commenced robotic, radical prostatectomies, at the Epworth Hospital in December of 2003, as one of the first surgeons in the southern hemisphere to master the new technology.



### Dr Nimesh Piyatissa

Dr Nimesh Piyatissa is a Futurist, Medical Doctor and CEO of Akuru. As a visionary leader and a seasoned medical professional, Dr Piyatissa has spearheaded numerous initiatives that leverage cutting-edge technologies to streamline clinical medicine.



### Dr Fairleigh Reeves

Dr Fairleigh Reeves is a urological surgeon with a subspecialty interest in prostate and renal robotic surgery. She is a Fellow of the Royal Australasian College of Surgeons and has completed a fellowship in Uro-Oncology and Robotic surgery at Guy's and St Thomas's Hospital in London. Fairleigh has a PhD in prostate cancer from the University of Melbourne and is passionate about providing evidence-based, patient-centred care.



### Dr Anthony Ta

Dr Anthony Ta is a urologist who trained in Melbourne and worked at the prestigious University College Hospital in London for four years specialising in complex robotic surgery. He returned to Melbourne in 2023 and works at Austin, St Vincent's and Epworth Health.



## Invited Speakers – Nurses’ Program



### Tori Bellentina

Tori is a sexologist at Passionfruit, where warmth and expertise meet. With a degree from Curtin University and nine years of experience, Tori brings a wealth of knowledge

to her role. From intimate skin care to navigating menopause and post-prostatectomy rehabilitation, Tori’s passion for sexual wellness shines through. She is not just a specialist; she is a trusted educator having presented for esteemed organisations like Ovarian Cancer Australia and the Asia-Pacific Prostate Cancer Conference.

Beyond her professional accolades, Tori’s journey has touched diverse fields, from education to plastic surgery and music. Now, at Passionfruit, she is on a mission to empower individuals through private consulting, personal and professional development programs, fostering a safe and welcome space for everyone to explore and grow.

Passionfruit itself is more than an adult store; it is a haven with 25 years of experience where every staff member is a trained educator with their own specialty. With a commitment to accessibility, comfort, and safety, Passionfruit offers a highly curated collection of products made from medical-grade or body-safe materials, including lubricants formulated for internal use. Come in, feel at ease, and embark on a journey of sexual discovery with Tori and Passionfruit.



### Eubertina Chisaka

Eubertina (Tina) is a highly skilled Urology Clinical Nurse Consultant at West Coast Urology, with over 19 years of experience in Urology and continence management across

New Zealand and Australia. Holding a postgraduate diploma in nursing specialising in continence management, Tina is dedicated in providing exceptional care to patients with complex continence and urological needs. She excels in collaborating with multidisciplinary teams and implementing evidence-based practices to optimise patient outcome.



### Imogen Coombes

Imogen is a Clinical Nurse Specialist who has worked in Colorectal and Urological surgery since 2017. She is passionate about health education and currently teaching at Gordon TAFE

providing in-depth previews into nursing for high school students, while also being a clinical facilitator for undergraduate students. She has a keen interest in the Urology field.



### Rochelle Hamilton

Rochelle has been nursing for 48 years and holds registration in general and midwifery nursing. She also holds several other qualifications, including a Masters in Sexual

Health, and is completing her Doctorate in Public Health. She is the Clinical Nurse Consultant/ Nurse Manager at the Barwon Reproductive & Sexual Health Clinic at University Hospital Geelong and works privately as a Clinical Sexologist at Barwon Consulting Suites in Geelong.

As a Clinical Sexologist, Rochelle supports all clients in journeys of their sexual needs, where this can include self-discovery of their sexual well-being and identity or considering new ways to explore sexual pleasure and intimacy due to various barriers such as medical illness, medication side effects, physical or emotional traumas, and ageing.



### Hayley Irving

Hayley is a passionate pelvic health physiotherapist. She is the Pelvic Health Team lead at Monash Health as well as a member of the Pelvic Health Teaching Team at Melbourne

University. She is also the practicing principal at Halo Pelvic Health in Mordialloc. She is the previous president of the CFA Physio group and an invited assessor for both titling and specialisation for the APA.

Hayley loves talking, sharing and learning all things Pelvic Health.



### Kirstyn Rantal

Kirstyn is a Urology nurse specialist who is skilled in the care, management, and support patients with urological conditions. Prior to joining Geelong Urology, Kirstyn has extensive

experience on the Urology Ward in the St John of God Hospital. She has completed additional training in Urology nursing.



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## Program at a Glance

Program correct at the time of distribution (September 2024). Please refer to the next page for the full program.

### Friday 11 October 2024

7:00am – 8:00am	Registration and Arrival Tea and Coffee Anteroom	
8:00am – 9:00am	<b>Concurrent Session 1A:</b> <i>Trainee Education Session</i> Assembly I&II	<b>Concurrent Session 1B:</b> <i>USANZ Annual General Meeting</i> <i>(USANZ members only)</i> including the President's Address by Helen O'Connell Assembly III, IV, V
9:00am – 10:00am	<b>Session 2:</b> <i>Paying it Forward</i> Assembly I&II	
10:00am – 10:30am	Morning Tea with Industry Anteroom	
10:30am – 12:30pm	<b>Concurrent Session 3A:</b> <i>Research Presentations</i> Assembly I&II	<b>Concurrent Session 3B:</b> <i>Nursing Session</i> Assembly III, IV, V
12:30pm – 1:30pm	Lunch with Industry Anteroom	
1:30pm – 2:50pm	<b>Session 4:</b> <i>Innovation and Technology</i> Assembly I&II	
2:50pm – 3:30pm	<b>Debate:</b> <i>Simulation vs Immersion</i> Assembly I&II	
3:30pm – 4:00pm	Afternoon Tea with Industry Anteroom	
4:00pm – 5:30pm	<b>Session 5:</b> <i>Old Dog, New Tricks</i> Assembly I&II	
5:30pm – 7:00pm	Closing Reception Anteroom	





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Reference: 1. Diphereline® Approved Product Information.

PBS Information: Restricted Benefit. Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate.



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## Final Program

*Program correct at the time of distribution (September 2024).*

### Friday 11 October 2024

7:00am – 8:00am	<b>Registration and Arrival Tea and Coffee</b> Anteroom		
8:00am – 9:00am	<b>Concurrent Session 1A: Trainee Education – Private Practice Problems</b> <i>Chairs: Patrick Preece and Ania Sliwinski</i> Assembly I&II		
8:00am – 9:00am	<b>Concurrent Session 1B: USANZ Annual General Meeting</b> Assembly III, IV, V		
8:00am	President's Address <i>Helen O'Connell</i>		
9:00am – 10:00am	<b>Session 2: Paying It Forward</b> <i>Chair: Richard Grills</i> Assembly I&II		
9:00am	Acknowledgement of Country and Introduction <i>George Mirmilstein</i>		
9:05am	How to be a better surgical trainer <i>Kathryn McLeod</i>		
9:25am	New training assessments/structure <i>Robert Forsyth</i>		
9:45am	Q&A		
10:00am – 10:30am	<b>Morning Tea with the Industry</b> Anteroom		
10:30am – 12:30pm	<b>Concurrent Session 3A: Research Presentations</b> <i>Chair: Kathryn McLeod</i> Assembly I&II		
10:30am	Diagnostic utility of free-to-total PSA ratio for clinically significant prostate cancer in men with low PSA <i>Liang Qu</i>		
10:36am	The impact of MBS subsidisation on the usage of PSMA-PET in the staging and evaluation of prostate cancer <i>Kieran Sandhu</i>		
10:42am	Intraductal carcinoma (IDC-P) in localised prostate cancer is over-represented in patients with no uptake pattern on prostate-specific membrane antigen positron emission tomography <i>David Chen</i>		
10:48am	Preliminary results of the CONFIRM trial: the utility of prostate-specific membrane antigen positron emission tomography/computed		
			tomography in active surveillance for prostate cancer <i>Nathan Lawrentschuk</i>
		10:54am	Should you offer Active Surveillance to men with ISUP 1 prostate cancer and PI-RADS 4/5 lesion? <i>Shaoting Zhang</i>
		11:00am	Oncological Outcomes Post Focal Low-Dose-Rate Brachytherapy for Low-Intermediate Risk Prostate Cancer – Results from Australia's LIBERATE Registry <i>Mohammadmehdi Adhami</i>
		11:06am	Functional Outcomes Post Focal Low-Dose-Rate Brachytherapy for Low-Intermediate Risk Prostate Cancer – Results from Australia's LIBERATE Registry <i>Mohammadmehdi Adhami</i>
		11:12am	Utility of contrast-enhanced ultrasound (CEUS) compared with conventional imaging in the evaluation of renal masses <i>Mohammadmehdi Adhami</i>
		11:18am	Survival outcomes for muscle invasive bladder cancer (MIBC) patients with CT positive lymph nodes undergoing radical cystectomy at a single tertiary institution in Australia <i>Samiha Arulshankar</i>
		11:24am	Radical cystectomy is associated with considerable mortality in older patients – a systematic review <i>Jake Tempo</i>
		11:30am	A critical appraisal of a novel histological grade grouping to predict worse outcomes in patients with pT1 bladder cancer? – a retrospective observational cohort study. <i>Joshua Kealey</i>
		11:36am	A clinical audit of diagnostic pathways including ureteroscopy in upper tract urothelial cancer (UTUC) at a single Victorian health service <i>Joshua Kealey</i>
		11:42am	Clinical audit: an emergency department intervention to improve analgesia practices for acute renal colic <i>Liang Qu</i>
		11:48am	The relationship between raised intrarenal pressures at ureteroscopy and bacteraemia <i>Anne Hong</i>



- 11:54am Robot-Assisted Simple Prostatectomy for Men with Benign Prostatic Hyperplasia and Bothersome LUTS – A Retrospective Cohort Study  
*Peter Stapleton*
- 12:00pm Pre-operative, intra-operative and post-operative considerations for sacral nerve stimulator infection prevention: A scoping review  
*Jessica Wynn*
- 12:06pm Factors predicting functional outcomes following the use of urethral bulking agents: a scoping review  
*Jessica Paynter*
- 12:12pm Aspiration and sclerotherapy for the management of hydrocele in an ambulatory and regional setting  
*Peter Stapleton*
- 12:18pm Innovative management of Scrotal Haematoma using a Foley's Catheter in the Regional Setting  
*David Hennes*
- 12:24pm Do we always examine? Differences between males and females in urology and their approach to the genitourinary examination  
*Marina Youssef*
- 10:30am – 12:30pm **Concurrent Session 3B: Nursing Session**  
*Chairs: Kay Talbot, Tarni Levick and Stu Willder*  
*Assembly III, IV, V*
- 10:30am Welcome  
*Teresa Smilovic*
- 10:32am BCG therapy; Go Geelong style  
*Kirstyn Rantall and Briana Ralph*
- 10:50am A surgical patient's journey in the public system; challenges and achievements  
*Imogen Coombes*
- 11:10am Managing bladder cancer with combined intravesical treatments  
*Eubertina Chisaka*
- 11:30am Pelvic Floor Physio Toolbox – what can be offered from your friendly physiotherapist  
*Hayley Irving*
- 11:50am Let's put the FUN back into DysFUNction  
*Rochelle Hamilton*
- 12:10pm Supporting Sexual Function After Prostatectomy with Functional Aids  
*Tori Bellentina*
- 12:30pm – 1:30pm **Lunch with the Industry**  
*Anteroom*
- 1:30pm – 2:50pm **Session 4: Innovation and Technology**  
*Chairs: George Mirmilstein and Paul Kearns*  
*Assembly I&II*
- 1:30pm Application of AI/Tech in Private Practice  
*Nimesh Piyatissa*
- 1:45pm How to do a medical device start-up  
*Joseph Ischia*
- 2:00pm How to devise a health app  
*David Pan*
- 2:15pm Focal therapy for prostate cancer – do we need more than one modality?  
*Tay Kae Jack*
- 2:35pm Q&A
- 2:50pm – 3:30pm **Debate: Simulation vs Immersion**  
*Chairs: George Mirmilstein and Paul Kearns*  
*Assembly I&II*  
For Immersion  
*Richard Grills*  
For Simulation  
*Fairleigh Reeves*
- 3:30pm – 4:00pm **Afternoon Tea with the Industry**  
*Anteroom*
- 4:00pm – 5:30pm **Session 5: Old Dog, New Tricks**  
*Chairs: Robert Forsyth and Sarah Norton*  
*Assembly I&II*
- 4:00pm Benefits of overseas fellowship  
*Anthony Ta*
- 4:15pm How to plan a Sabbatical  
*Scott Donnellan*
- 4:30pm Travel Hacks for Doctors  
*Tony Chen (Virtual)*
- 4:55pm Staying relevant throughout your career  
*Justin Peters*
- 5:15pm Q&A
- 5:30pm – 7:00pm **Closing Reception**  
*Anteroom*  
A time for a casual and social catch up with colleagues over canapés, drinks and live jazz music.



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Friday 11 October 2024

Collins Square Events Centre, Melbourne, Victoria

## General Information

### Registration Desk

The registration desk will be located on Level 5, Tower 2, Collins Square Events Centre, Melbourne, Victoria.

Opening hours: Friday 11 October 2024 from 7:00am to 5:00pm.

For more information about the venue please visit:  
[www.collinsquare.com.au](http://www.collinsquare.com.au).

### Industry Exhibition

Morning tea, lunch, and afternoon tea will be served in the industry exhibition in the Anteroom.

### Closing Reception

A time for a casual and social catch up with colleagues over canapés, drinks and jazz music.

When: Friday 11 October 2024

Time: 5:30pm – 7:00pm

Where: Anteroom, Level 5, Tower 2,  
Collins Square Events Centre, Melbourne, Victoria

Dress code: Business attire / Smart casual

All meeting registrations include a ticket to the Closing Reception.

### Continuing Professional Development (CPD) Program

This educational activity had been approved in the RACS CPD Program. RACS Fellows, Specialist International Medical Graduates (SIMGs) and surgeons participating in the RACS CPD Program can claim one point per hour in Educational Activities.

RACS Fellows who have included their RACS ID at the time of registration will have their RACS CPD automatically updated in their ehub.

### Parents' Room and Childminding Services

A parents' room will be available at the venue, please visit the registration desk if required. Below is a list of childcare agencies that offer in-home childcare in Melbourne.

RACS/USANZ accepts no liability for any of the below-listed childcare companies and it is up to the individual to choose and be responsible for their bookings.

Asharon Agency – [www.asharonagency.com.au](http://www.asharonagency.com.au)

Rockmybaby Australia – [www.rockmybaby.com.au](http://www.rockmybaby.com.au)

Abracadabra Childcare Services – [www.abrachild.com.au](http://www.abrachild.com.au)

### Special Dietary Requirements

Please note that the venue is responsible for all catering at the meeting and RACS Conferences and Events Management and USANZ do not inspect or control food preparation areas or attempt to monitor ingredients used. You should contact the venue directly for all special dietary requirements during the meeting, irrespective of whether details have been provided to RACS. If RACS requests information about your dietary

requirements for a specific event, RACS will endeavour to forward the information provided to the venue (time permitting). RACS will not retain information provided for future events, so you must verify your requirements for each event. Even if information is requested or provided, RACS takes no responsibility for ensuring that the venue acknowledges your dietary requirements or that these requirements can be met. In all cases you must verify for yourself that your dietary requirements have been met and RACS refutes any and all liability for any failure to adequately provide your special dietary requirements or any consequential damage resulting from such failure.

### Intention to Photograph

Please be advised that photographs may be taken during the meeting and reproduced by the meeting organiser/USANZ. These photographs may be used for the following purposes:

- Projection onsite
- Reporting on the meeting in online and hard copy publications
- Marketing a future meeting, including online and hard copy publications
- Publishing in RACS/USANZ publications

If you do not wish to be included in a photograph, please advise the photographer.

### Car Parking

There are several public car parks within walking distance of Collins Square.

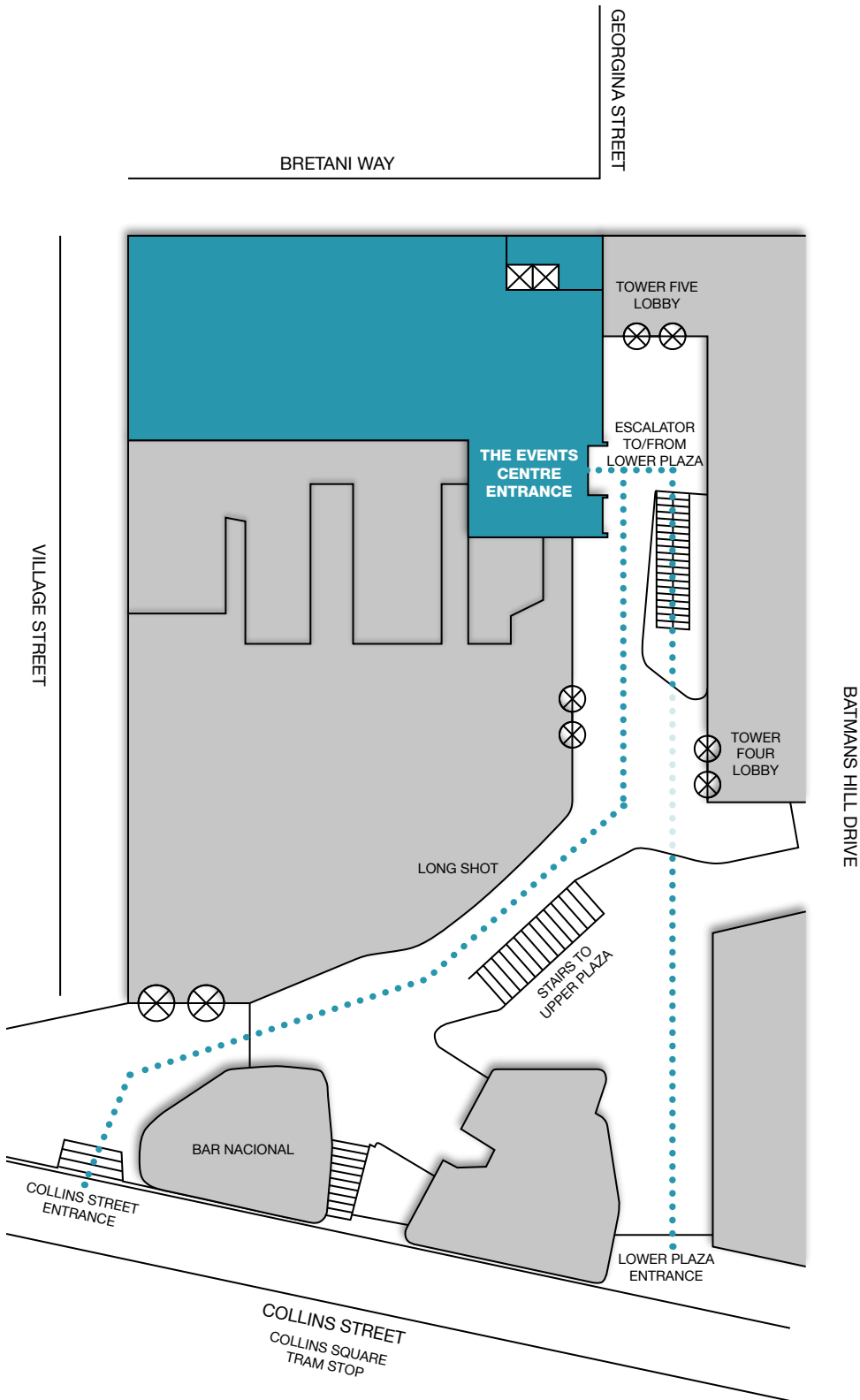
- Secure Parking – 700 Collins Street, Melbourne  
Located approximately 150m from 727 Collins Street (2-minute walk)
- Watergate Care Park – 767 Bourke Street, Melbourne  
Located approximately 300m from 727 Collins Street (5-minute walk)
- Inter Park – 717 Bourke Street, Docklands  
Located approximately 400m from 727 Collins Street (5-minute walk)
- Wilson Parking – 800 Bourke Street, Melbourne  
Located approximately 550m from 727 Collins Street (7-minute walk)
- World Trade Centre – 38 Siddeley Street, Docklands  
Located approximately 800m from 727 Collins Street (12-minute walk)

### Public Transport

The Collins Square Events Centre is located within the Melbourne CBD and within proximity to public transport. If catching the train, the venue is 200m from Southern Cross Station. Alternatively, tram stop D15-Batmans Hill/Collins St (Tram 48 and 11) is located just outside the venue.



## Access Map



### THE EVENTS CENTRE

727 Collins Street, Melbourne

Access via Collins Street

#### DIRECTIONS:

1. Walk under the bright yellow Dion Horstmanns sculpture at the entry to Collins Square.
2. Walk straight ahead and through the doors marked as "To Tower Four and Five".
3. Walk across the upper level of the plaza, to the left.
4. Continue past Long Shot Café and the revolving doors to your left.
5. Enter The Events Centre lobby through the sliding doors to your left.



## Abstracts

Note: Abstracts are listed in alphabetical order of the presenter's surname.

### Podium Abstracts

#### ONCOLOGICAL OUTCOMES POST FOCAL LOW-DOSE-RATE BRACHYTHERAPY FOR LOW-INTERMEDIATE RISK PROSTATE CANCER – RESULTS FROM AUSTRALIA'S LIBERATE REGISTRY

*Mohammadmehdi Adhami, Elliot Anderson, Lloyd Smyth, Richard O'Sullivan, Andrew Ryan, Nathan Lawrentschuk, Andrew See, Jeremy Grummet*

Icon Cancer Centre

##### Aims:

This study aimed to investigate the oncological outcomes following focal low-dose-rate (LDR) brachytherapy for low-intermediate risk prostate cancer.

##### Methodology:

Patients were recruited from an ongoing, prospective, multi-centre clinical registry of focal LDR brachytherapy cases for the treatment of low-intermediate risk prostate cancer from September 2019 (LIBERATE Clinical Registry, ACTRN:12619001669189). Rigorous follow-up was conducted with surveillance mpMRI and repeat transperineal prostate biopsy completed at 18-36 months post-treatment to assess for pathological control or progression. Control was achieved on repeat biopsy if there was no cancer or ISUP GG1 in <10mm of core or GG2-3 grade cancer with treatment effect. Progression occurred if there were no pathological changes from baseline or tumour upgrading occurred compared to baseline.

##### Results:

One hundred twenty men have enrolled in the LIBERATE Registry with a median follow-up of 32 months. Fifty-four (45.0%) patients have completed their follow-up imaging and biopsy. Oncological control was reported in 42 (77.8%) patients, including 25 negative biopsies, 12 clinically insignificant disease, and 5 in-field lesions with treatment effect. No patients had persistent in-field lesions without treatment effect. Ten men (18.5%) had out-of-field pathological progression, of whom 7 were managed with ongoing active surveillance (5-10% pattern 4), 1 underwent salvage robotic assisted radical prostatectomy (RARP), 1 had contralateral lobe LDR brachytherapy, and 1 proceeded to external beam radiotherapy. Two men (3.7%) had concurrent out-of-field pathological progression and in-field lesions with treatment effect; of these, 1 had salvage RARP, and 1 was managed with watchful waiting.

##### Conclusion:

These early results suggest that focal LDR brachytherapy for low-intermediate risk, single lesion, imaging-visible prostate cancer demonstrates satisfactory oncological control at 18-36 months given the trade-off of minimised side effects and allows for early recognition of treatment failure and decision-making on further intervention. However, further follow-up is needed to assess long-term oncological outcomes.

#### FUNCTIONAL OUTCOMES POST FOCAL LOW-DOSE-RATE BRACHYTHERAPY FOR LOW-INTERMEDIATE RISK PROSTATE CANCER – RESULTS FROM AUSTRALIA'S LIBERATE REGISTRY

*Mohammadmehdi Adhami, Elliot Anderson, Lloyd Smyth, Richard O'Sullivan, Andrew Ryan, Nathan Lawrentschuk, Andrew See, Jeremy Grummet*

Icon Cancer Centre

##### Introduction:

This study aimed to investigate the genitourinary and rectal toxicity following focal low-dose-rate (LDR) brachytherapy for low-intermediate risk prostate cancer.

##### Methodology:

LIBERATE Registry is an ongoing, prospective, multi-centre clinical registry of patients who have undergone focal LDR brachytherapy for low-intermediate risk, unifocal, MRI- or PSMA PET-visible prostate cancer from September 2019 (ACTRN:12619001669189). This clinical registry was utilised to evaluate clinician and patient-reported outcomes at six weeks following implant, and three monthly thereafter. The impact of treatment was assessed using validated questionnaires (International Prostate Symptom Score [IPSS], Expanded Prostate Cancer Index Composite [EPIC] Bowel Assessment, International Index of Erectile Function [IIEF-5]).



## Abstracts – Podium Abstracts (cont'd)

### Results:

Of 88 patients with a minimum of 12 months of follow-up, 78 (88.6%) responded to the questionnaires. The cohort had a mean IPSS score of 6.9 (SD±5.1) at baseline, 12.1 (SD±7.3) at 6 weeks, 8.8 (SD±5.5) at 6 months, improving to 7.8 (SD±6.4) at the time of last follow up. The urinary incontinence rate was 1.3%, and grade 2 urinary frequency or urgency occurred in 4 (5.1%) at the last follow-up. The mean EPIC bowel assessment score was 92.2 (SD±8.4) at baseline, 87.8 (SD±14.2) at 6 weeks, 90.9 (SD±10.8) at 6 months and, 91.2 (SD±10.0) at the last follow-up. No grade ≥2 bowel symptoms were described. Among 68 (87.2%) men who were still sexually active, a mean IIEF-5 score of 16.8 (SD±7.1) was observed at baseline, 14.4 (SD±7.8) at 6 weeks, 14.0 (SD±8.0) at 6 months, and 14.6 (SD±7.5) at the last follow-up post-treatment.

### Conclusion:

Focal LDR brachytherapy was associated with excellent functional outcomes with only mild early detrimental effects that most men make a durable recovery from by 6-12 months post-therapy. This supports the rationale for focal LDR brachytherapy to maximise quality of life in selected patients undergoing treatment with curative intent.

## UTILITY OF CONTRAST-ENHANCED ULTRASOUND (CEUS) COMPARED WITH CONVENTIONAL IMAGING IN THE EVALUATION OF RENAL MASSES

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The Royal Melbourne Hospital

### Aims:

Contrast-enhanced computed tomography (CECT) and contrast-enhanced magnetic resonance (CEMR) are the current mainstay imaging modalities for investigation of renal masses. However, they have several limitations including risk of anaphylaxis, nephrotoxicity, radiation exposure, and high costs. Recently, contrast-enhanced ultrasound (CEUS) has emerged as a promising tool. This study aimed to evaluate the diagnostic accuracy of CEUS and its influence on patient management.

### Methodology:

Data was collected from electronic medical records for patients who underwent CEUS at the Royal Melbourne Hospital over the past three years. Data collected included prior imaging, CEUS results, tissue diagnosis and management details. Sensitivities and specificities were calculated to assess diagnostic accuracy, and Fischer's exact test was utilised to analyse the significance of categorical data.

### Results:

A total of 81 patients underwent CEUS, 34 (42.0%) had malignant, 41 (50.6%) benign, and 6 (7.4%) indeterminate lesions based on combined histopathology and follow-up. CEUS had a sensitivity of 91.2%, specificity of 100.0%, PPV of 100.0%, and NPV of 93.2%. CEUS showed greater diagnostic accuracy than CECT, US and CEMR collectively ( $p < 0.0001$ ). The qualitative diagnosis obtained from CEUS examination amended patient management in 46.9%, resulted in no change in 46.9%, and had an unclear effect in 6.2% of cases.

### Conclusion:

CEUS performs at least as well as or better than CECT or CEMR in the evaluation of renal masses. Its higher diagnostic accuracy may result in more reliable data to inform the decision for intervention when conventional imaging is inconclusive or contraindicated. Further research is needed to validate our findings.

## SURVIVAL OUTCOMES FOR MUSCLE INVASIVE BLADDER CANCER (MIBC) PATIENTS WITH CT POSITIVE LYMPH NODES UNDERGOING RADICAL CYSTECTOMY AT A SINGLE TERTIARY INSTITUTION IN AUSTRALIA

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### Aims:

Current guidelines recommend CT scans to assess lymph node metastases in bladder cancer, but the management of patients with CT-positive lymph nodes (CT N+) is under-researched. This study investigated survival outcomes of patients with CT N+ versus CT-negative lymph nodes (CT N-) undergoing radical cystectomy (RC) at a large tertiary institution in Australia.



## Abstracts – Podium Abstracts (cont'd)

### Methodology:

We identified patients who underwent RC with preoperative CT scans for histologically confirmed MIBC at our centre from January 2008 to June 2021. CT positivity was defined as pelvic nodes >8mm or abdominal nodes >10mm in the short axis. Overall survival (OS) and progression-free survival (PFS) were analysed using Kaplan-Meier and multivariable Cox regression.

### Results:

Among 155 patients, 26 (16.8%) were CT N+, and 129 (83.2%) were CT N-. Only 9.7% received neoadjuvant chemotherapy. Of the CT N+ patients, 38% had pathologic node positivity at cystectomy, with CT sensitivity and specificity of 23.3% and 85.7%, respectively.

The median follow-up was 33 months.

CT N+ patients had lower 1-, 2-, and 3-year OS rates at 61%, 45%, and 42% compared to 83%, 75%, and 66% for CT N- ( $p < 0.05$ ). The 1-year PFS rate for CT N+ was 61% versus 83% for CT N- ( $p < 0.05$ ), though 2- and 3-year PFS differences were not significant.

Multivariable analysis identified CT N+ as a significant predictor of OS (HR: 2.194, 95% CI: 1.045 to 4.257) with significant differences in OS ( $p = 0.0014$ ) and PFS ( $p = 0.0474$ ) seen on Gehan-Breslow-Wilcoxon test.

### Conclusion:

CT scans remain widely used in identifying nodal disease in bladder cancer despite limitations in sensitivity and specificity. The poorer survival outcomes and increased early disease progression of CT N+ patients reveal the need for more tailored management strategies.

## INTRADUCTAL CARCINOMA (IDC-P) IN LOCALISED PROSTATE CANCER IS OVER-REPRESENTED IN PATIENTS WITH NO UPTAKE PATTERN ON PROSTATE-SPECIFIC MEMBRANE ANTIGEN POSITRON EMISSION TOMOGRAPHY

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### Background:

Prostate-specific membrane antigen positron emission tomography (PSMA PET) is increasingly used to diagnose prostate cancer. A 5-level score (PRIMARY score) utilises anatomical localisation and uptake patterns to further improve diagnostic accuracy. We evaluated the incidence of intraductal carcinoma of the prostate (IDC-P) in patients with no uptake pattern.

### Methodology:

A two-centre, retrospective cohort study was conducted including consecutive patients imaged with [68Ga]Ga-PSMA-11 or [18F]DCFPyL PSMA PET prior to radical prostatectomy in Australia. All PSMA PET scans were centrally reviewed by nuclear medicine physicians, with PRIMARY scores and maximum intraprostatic standardised uptake value recorded. Perioperative characteristics were noted, with whole-mount histopathology reviewed by experienced uropathologists. The distribution of grade group and other histopathological findings, including IDC-P, were examined across PRIMARY scores.

### Key findings:

A total of 178 patients met inclusion criteria. 148 (83%) patients had patterns of uptake (PRIMARY score  $\geq 2$ ), with the remainder 30 (17%) patients having no uptake pattern (PRIMARY score 1). IDC-P positivity on whole-mount radical prostatectomy specimens was overrepresented in patients with a PRIMARY score 1 when compared with PRIMARY score  $\geq 2$  imaging phenotypes (PRIMARY score 1: 12 (40%); PRIMARY score  $\geq 2$ : 31 (21%) [ $p = 0.026$ ]). In the PRIMARY 1 subset, 12 (40%) patients with IDC-P positivity had higher grade group disease than the 18 (60%) without IDC-P ( $p < 0.001$ ).

### Conclusion:

A PSMA PET demonstrating no focal uptake pattern or PRIMARY score 1 should not be considered inherently benign. IDC-P, as identified on radical prostatectomy whole-mount specimen, is over-represented in patients with PRIMARY score 1. The study results support the use of multimodal imaging for diagnosis of prostate cancer.





## Abstracts – Podium Abstracts (cont'd)

### INNOVATIVE MANAGEMENT OF SCROTAL HAEMATOMA USING A FOLEY'S CATHETER IN THE REGIONAL SETTING

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Department of Urological Surgery, Bendigo Health, Bendigo, VIC

#### Aims:

This case report aims to address the challenge of managing a large scrotal haematoma in a high-risk patient with anticoagulation therapy, focusing on an innovative drainage technique adapted to a rural setting with limited resources.

#### Methodology:

A 61-year-old male with a history of rheumatic fever, aortic and mitral mechanical valve replacement, and ongoing warfarin anticoagulation presented with severe right scrotal pain and swelling following traumatic injury. Scrotal ultrasound revealed a significant 14x10 cm haematoma. The patient underwent initial surgical evacuation and orchidectomy, but reaccumulation of the haematoma necessitated a return to theatre. To manage the extensive bleeding, a 20 French 3-way Foley catheter, wrapped with Kaltostat rope, was inflated with 60 mL sterile water to maintain haemostatic pressure and facilitate drainage from the surgical site. The packing was covered with saline-soaked gauze, with a wick left outside the wound for removal. Interrupted horizontal mattress sutures were placed in a zip-stitch orientation to enable delayed closure without requiring additional general anaesthesia.

#### Results:

The innovative drainage technique, utilizing readily available compressive devices, proved effective in managing the scrotal haematoma. This approach provided prolonged drainage, minimized the risk of haematoma reaccumulation, and provided controlled closure. The patient demonstrated improved outcomes with effective resolution of the scrotal collection, highlighting the utility of resource-adapted solutions in this challenging clinical scenario.

#### Conclusion:

This case underscores the variability in scrotal haematoma presentations and the necessity for tailored interventions, particularly in high-risk patients on anticoagulants. In rural settings with limited access to advanced equipment, improvisation with basic compressive devices can be a viable strategy for prolonged drainage. This case illustrates the effectiveness of such techniques in managing severe scrotal haematomas and provides insight into practical approaches for similar cases in resource-constrained environments.

### THE RELATIONSHIP BETWEEN RAISED INTRARENAL PRESSURES AT URETEROSCOPY AND BACTERAEMIA

*Anne Hong, Marcel Leroi, Damien Bolton, Gregory Jack*

Austin Health

#### Introduction:

Irrigation fluid is used during ureteroscopy and pyeloscopy to aid visualization during the procedure. However, this can result in raised intrarenal pressures (IRPs) which has been associated with peri-operative complications such as sepsis and increased pain. The exact mechanism of these complications is unknown. To explore this, we aim to demonstrate bacteraemia during raised IRPs.

#### Methods:

Four deceased donor porcine kidneys were flushed with 1L heparinized saline and preserved on ice using a renal transplant protocol. The renal artery was cannulated with a 10Fr ureteric catheter and perfused continuously with 0.9% normal saline solution at mean arterial pressure of 90mmHg to simulate arterial blood flow. A steady state of venous effluent from the renal vein was achieved and collected continuously from the renal vein for the duration of the study.

The ureter was cannulated with a 10Fr dual lumen ureteric catheter and the tip placed at the ureteropelvic junction and fixed in place with silk ties. A pressure monitor (Comet II Pressure Guidewire®, Boston Scientific, Massachusetts, USA) was inserted through one lumen and positioned in the renal pelvis for continuous renal pelvis irrigation pressure monitoring. An *Escherichia coli* broth diluted to a concentration of 1x10<sup>6</sup> colony forming units (CFU) was used as the irrigation fluid. This was infused under pressure through the ureteral access catheter at various IRPs to replicate pyeloscopy conditions. IRP was increased in increments of 15mmHg every 3-minutes and the venous effluent was collected at each increment.



## Abstracts – Podium Abstracts (cont'd)

### Results:

At baseline, no CFUs were detected. First CFUs were detected at 60mmHg ( $10^{0.6}$ ,  $p=0.18$ ). At 90mmHg, there were  $10^{2.3}$  CFU detected, and this was significantly different from baseline ( $p=0.02$ ).

### Conclusion:

E. coli was detected in the renal venous effluent renal pelvis irrigation pressures exceeded 60mmHg. This became statistically significant when IRP exceeded 90mmHg.

## A CRITICAL APPRAISAL OF A NOVEL HISTOLOGICAL GRADE GROUPING TO PREDICT WORSE OUTCOMES IN PATIENTS WITH PT1 BLADDER CANCER? – A RETROSPECTIVE OBSERVATIONAL COHORT STUDY

*Joshua Kealey*

Austin Health

### Introduction:

Current scoring systems for NMIBC poorly predict which T1 patients will progress and may benefit from early radical treatment. This study sought to determine if using new histopathological variables in a novel grading system better predicted those who would progress.

### Analysis

This is a retrospective observational cohort study using histopathological variables and clinical data. The primary aim of this study was to determine if a novel grade grouping predicted RFS, PFS, OS and CSS in patients with T1 bladder cancer.

### Study design and validity:

The study design is appropriate and follow-up sufficient to determine the prognostic value. External validity could be improved by including multiple centres. The study population was representative of T1 patient's however no data on previous bladder cancer and treatment was available and a potential source of bias. Assessors were suitably blinded to outcomes. The study would require significant training to pathologists to be replicated or utilised in clinical practice. Exclusion of low volume tumours not suitable for further histopathological assessment introduces bias and reduces applicability.

### Results:

This study showed unfavourable grade grouping conferred worse RFS, PFS, OS and CSS on univariate analysis. It also predicted BCG unresponsive tumours. It predicted OS and RFS on multivariate analysis. Multivariate CSS and PFS was not conducted and is a significant limitation and may guide early treatment decisions.

### Limitations:

The single centre, retrospective design with heterogeneous patients and poorly recorded treatments introduce significant bias. Underpowering and lack of multivariate analysis for CSS and PFS would have been the most valuable aspect of the study and is lacking.

### Conclusion:

A novel grade grouping may predict those with unfavourable tumour characteristics who require earlier radical treatment or closer surveillance. However, significant work in a multicentre, prospective setting with more patients to allow for multivariate analysis is required.

## A CLINICAL AUDIT OF DIAGNOSTIC PATHWAYS INCLUDING URETEROSCOPY IN UPPER TRACT UROTHELIAL CANCER (UTUC) AT A SINGLE VICTORIAN HEALTH SERVICE

*Dr Joshua Kealey, Professor Shomik Sengupta, Professor Ian Davis*

Eastern Health, Melbourne

A clinical audit of diagnostic pathways including ureteroscopy in upper tract urothelial cancer (UTUC) at a single Victorian health service.

### Introduction:

Upper tract urothelial carcinoma (UTUC) can be challenging to accurately diagnose and stage with many patients requiring multiple investigations and diagnostic procedures which may have associated complications and increased recurrence rates. EAU guidelines suggest a diagnostic algorithm to which we can compare our centres practice and outcomes.



## Abstracts – Podium Abstracts (cont'd)

### Methods:

A single centre, retrospective audit of the diagnostic modalities used in patients diagnosed with UTUC between 2015 and 2024 was conducted. Comparison to the EAU UTUC guidelines was made. Outcomes and complication rates from diagnostic ureteroscopy were analysed and benchmarked where possible.

### Results:

95 patients were diagnosed with UTUC within the study period. Urinary cytology was performed in 55.7% of patients (53/95). Computed tomography imaging was completed in 98.9% (94/95) and diagnostic ureteroscopy in 78.9% (75/95). Successful primary ureteroscopy occurred in 76% (57/75) of patients. Washings were taken in 60% (45/75) and sensitivity of ureteroscopy to macroscopically identify tumour was 97.3%.

Endoscopic biopsy was attempted in 77.3% (58/75) and positive in 77.6% (45/58) of patients.

Complications from ureteroscopy occurred in 5.3% (4/75) of patients. 75% (3/4) were Clavien-Dindo II and 25% (1/4) Clavien-Dindo IV.

Of the patients who underwent ureteropyeloscopy 70.7% (53/75) went on to nephroureterectomy. The median time to RNU from referral was 96.3 days. Bladder recurrence occurred in 9.3% (7/75) of patients in the study period.

### Conclusion:

This audit displayed good compliance with CT however use of urinary cytology could be improved. Primary ureteroscopy rates were lower and complication rates lower than other published literature series in urolithiasis. Despite recurrence rates being low these could be potentially improved by careful selection of cases where biopsy may be omitted. Delays to care minimised if primary ureteroscopy rates improved or ureteroscopy/biopsy omitted.

## PRELIMINARY RESULTS OF THE CONFIRM TRIAL: THE UTILITY OF PROSTATE-SPECIFIC MEMBRANE ANTIGEN POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY IN ACTIVE SURVEILLANCE FOR PROSTATE CANCER

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EJ Whitten Prostate Cancer Research Centre, Epworth Healthcare

### Background:

Recent studies have demonstrated prostate-specific membrane antigen positron emission tomography and computed tomography (PSMA PET/CT) ability to assess intraprostatic lesion. This study aims to evaluate the utility of PSMA PET/CT in active surveillance prior to confirmatory biopsy.

### Methods:

This is a prospective non-randomized crossover clinical trial (ANZCTR ID ACTRN12621001648819). Men on AS for newly diagnosed low-grade PCa with 'high-risk' features were included. High-risk features were defined as: Group A (grade group (GG) 1 with elevated PSA), Group B (high volume GG 1), Group C (GG1 with PIRADS 4 or 5 lesion on MRI), or Group D (low volume ISUP GG 2 PCa). Six to nine months from initial diagnosis, patients underwent mpMRI and 18F PSMA PET/CT prior to confirmatory biopsy.

### Results:

Between November 2021 to September 2023, 60 patients were enrolled with a median age 62.5 years old. High-risk features included were: Group A (n=1), Group B (n=8), Group C (n=33), and Group D (n=18). Pre-confirmatory biopsy PSMA PET/CT showed PSMA avid lesions in 44 (73.3%) patients of which 27 (61.4%) contained csPCa (ISUP GG  $\geq$  2). Of these PSMA avid lesions, 20 (33.3%) were absent on mpMRI, and 9 (15%) of these MRI occult lesions harboured worse pathology. During MDT discussions, 24 (40%) had disease progression and active treatment recommended. This decision was influenced by PSMA PET/CT in 12 (20%) cases, as it identified MRI occult lesions which resulted increase in ISUP GG disease (n=8), and widespread PSMA-avid lesions which and concordant with multi-focal disease (n=4). Of the remaining 36 (60%) patients, PSMA PET/CT made the decision for continued AS more reassuring by confirming absence of PSMA avid lesion in 14 (38.9%) patients and excluding mutli-focal disease in 4 (11.1%) patients.

### Conclusion:

In conclusion, PSMA PET/CT improves the risk stratification of AS in patients with high-risk features by identifying csPCa and MRI occult lesions.



## Abstracts – Podium Abstracts (cont'd)

### FACTORS PREDICTING FUNCTIONAL OUTCOMES FOLLOWING THE USE OF URETHRAL BULKING AGENTS: A SCOPING REVIEW

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Urethral bulking agents (UBA) are one of the most recommended treatment options in the guidelines for the management of stress urinary incontinence (SUI). Given the lower rate of complication following UBA, its use in the management of SUI is increasing (2).

The efficacy of UBA in the treatment of SUI has been demonstrated across multiple studies (3), including comparative studies between mid-urethral slings and UBA (4). A high variation in the dry rate achieved has been demonstrated (1, 5). The pre-operative factors that relate to functional outcomes of UBA are incompletely understood (6-8). This review aimed to determine the factors predictive of functional outcomes following UBA.

#### Methods:

A scoping review was undertaken, evaluating patient factors contributing to functional outcomes following the use of UBA in the treatment of SUI. The search strategy employed the terms “urethral bulking agent” AND “stress urinary incontinence” AND “outcome” AND “pre-operative factors.” The search was conducted according to PRISMA guidelines, with two reviewers independently reviewing abstracts and full-texts.

#### Results:

Three articles were included for review, two of these studies were retrospective single-centre studies, and one a retrospective multicentric cohort study (5, 9, 10). Of these, the only statistically significant contributing pre-operative factors to functional outcomes were severity of urinary incontinence (measured using the 24-hour pad test) and Pdet max (5, 9, 10). However, there was no statistical significance found with regards to age or urethral hypermobility (5, 10).

#### Conclusion:

The current literature base does not provide sufficient knowledge to determine factors predictive of functional outcomes following the use of UBA. Therefore, more research is required in this area, so that patients can be appropriately counselled regarding their treatment options of their stress urinary incontinence. This will also allow for better patient selection for this procedure, thereby, aiming to improve patient outcomes and satisfaction.

### CLINICAL AUDIT: AN EMERGENCY DEPARTMENT INTERVENTION TO IMPROVE ANALGESIA PRACTICES FOR ACUTE RENAL COLIC

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#### Aims:

Various analgesics are available for acute renal colic. Although opioids play a substantial role, their administration is associated with adverse effects and misuse. Few interventions have examined the improvement of opioid administration in acute renal colic. We aimed to assess an intervention for acute renal colic at a single institution emergency department for reducing opioid usage, increasing non-opioid usage, and improving pain control.

#### Methodology:

This was a retrospective audit examining consecutive emergency presentations of renal colic with radiologically confirmed obstructing calculus. The intervention was from May-October 2017 and consisted of visual aides, leaflets, seminars, and local protocols. Patients were included if they presented between January-May 2017 (pre-intervention), or January-May 2018 (post-intervention). Data were compared using Chi-square and Kruskal-Wallis statistics. The outcomes were: proportion with initial analgesia as non-opioids; proportion with opioids overall and non-opioids overall; and pain score change. Multivariable analyses were conducted using logistic regression for comparing analgesia choice between groups, and linear regression for pain score change.

#### Results:

Altogether, 341 patients were included (median age 53 years; 81.5% male). There were 186 pre- and 155 post-intervention patients. Baseline characteristics were similar, except for prior regular non-opioid use ( $p=0.01$ ). Patients post-intervention received more non-opioids (12.4% vs 24.0%,  $p=0.01$ ), as their first analgesic agent. On multivariate analysis, the post-intervention group was associated with greater probability of having first analgesia as non-opioids (odds ratio: 2.18, 95% confidence interval: 1.14 to 4.14,  $p=0.02$ ), less opioid usage overall (0.34, 0.12 to 0.94,  $p=0.04$ ), and greater reduction in pain score ( $\beta=-0.59$ , -1.1 to -0.1,  $p=0.02$ ).



## Abstracts – Podium Abstracts (cont'd)

### Conclusion:

The post-intervention group was associated with greater proportion of first analgesia as non-opioids, less overall opioid usage, and greater reduction in pain score. These findings suggest a potential improvement in analgesic practice after implementation of a short term local intervention.

### DIAGNOSTIC UTILITY OF FREE-TO-TOTAL PSA RATIO FOR CLINICALLY SIGNIFICANT PROSTATE CANCER IN MEN WITH LOW PSA

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### Aims:

Screening for prostate cancer (PCa) relies on serum prostate specific antigen (PSA) measurement. Within the range of 4 to 10 ng/ml, the measurement of the free-to-total PSA ratio (FTR) is well-studied with a low FTR predicting malignancy. We investigated the relationship between FTR and ISUP  $\geq 2$ , clinically significant PCa (csPCa) in men with low PSA ( $\leq 4$  ng/ml).

### Methodology:

Data were obtained from the Prostate Cancer Prevention Trial. Patients with PSA  $\leq 4$  ng/ml and received a biopsy within a year of this PSA measurement were included. Associations between FTR and csPCa were investigated with logistic regression, adjusting for age and PSA, a rescaled Brier score (index of predictive accuracy), and decision curve analysis.

### Results:

A total of 406 patients were analysed with 139 (34%) having csPCa and 204 (50%) having any grade PCa. A clear negative relationship between FTR and csPCa was observed. For those with an FTR  $\leq 0.15$ , 46% had csPCa, versus 22% for those with a ratio  $\geq 0.20$ . In a regression model, the predicted probability of csPCa for a 60-year-old with a PSA of 3 ng/ml is 61% if the FTR was 0.05, falling to 18% if the FTR was 0.30. A model containing FTR additional to PSA and age provides greater net benefit as per decision curve analysis and likely superior discrimination and calibration measured by a higher index of predictive accuracy.

### Conclusions:

In men with low PSA ( $\leq 4$  ng/ml) but otherwise indicated for biopsy, a low FTR is associated with higher rates of csPCa. It should be utilised as an additional, readily available and inexpensive test to improve prediction of csPCa and aid in patient counselling.

### THE IMPACT OF MBS SUBSIDISATION ON THE USAGE OF PSMA-PET IN THE STAGING AND EVALUATION OF PROSTATE CANCER

*Kieran Sandhu, Nathan Lawrentschuk, Declan Murphy, Nathan Papa, Marlon Perera*

Peter MacCallum Cancer Centre

### Aim:

Prostate Specific Membrane Antigen PET (PSMA-PET) scans are available under the Australian Medicare Benefits Scheme (MBS) as of 2022 for primary staging and re-staging of prostate cancer, reducing financial constraints for patients. Since its introduction, there has been no analysis assessing uptake of PSMA-PET by clinicians in Australia. Our aim was to review the usage of PSMA-PET in Australia, and assess differences between states and territories, following government subsidisation.

### Materials and Methods:

From July 2022 to June 2024, MBS codes for PSMA-PET were identified and extracted. Population-adjusted incidences were calculated using publicly available demographic data. MBS codes for the scans included: 61563 and 61564 for the primary staging, and re-staging in intermediate-high risk prostate cancer.

### Results:

During the study period, 64,654 PSMA-PET scans were performed in Australia. Most scans were performed in men aged 65-74 years. Between July 2022 and December 2023, annual rates of initial and follow-up PSMA-PET scans approximately doubled from 81.3 to 159.4 per 100,000 men, and 38.7 to 78.8 per 100,000 men, respectively. The largest rise in initial scans occurred in QLD with an average increase of 97 per 100,000 men, whilst follow-up scans increased the most in ACT with an average increase of 57 per 100,000 men. Between July 2022 and June 2024 there was a significant rise in initial scans across all states, with an average rise of 10.2 per 100,000 to 16.2 per 100,000.



## Abstracts – Podium Abstracts (cont'd)

### Conclusion:

PSMA-PET uptake has increased across Australia since its introduction on the MBS scheme in 2022. Contemporary literature supports the use of PSMA-PET in the staging of prostate cancer given its enhanced sensitivity and specificity compared to Bone Scan and CT. Further work is necessary to examine the impact of MBS subsidisation of PSMA-PET on the detection of clinically significant prostate cancer in Australia.

### ROBOT-ASSISTED SIMPLE PROSTATECTOMY FOR MEN WITH BENIGN PROSTATIC HYPERPLASIA AND BOTHERSOME LUTS – A RETROSPECTIVE COHORT STUDY

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Royal Adelaide Hospital

### Aim:

The aim of this study is to demonstrate the surgical outcomes for men receiving RASP for bothersome LUTs and or AUR secondary to BPH. Thereby, allowing clinicians and patients to make more accurate and informed decisions about their treatment pathway.

### Method:

A retrospective study of 105 patients who underwent a robot-assisted simple prostatectomy (RASP) for the treatment of benign prostatic hyperplasia (BPH) causing lower urinary tract symptoms (LUTS) or acute urinary retention (AUR). This study will review the pre-operative (age, PSA, weight, prostate size) operative (duration, histology, estimated blood loss and hospital length of stay), and post operative (duration of indwelling catheter, trial of void outcome, complications and post operative PSA) outcomes, to evaluate the effectiveness of RASP for the management of BPH with LUTS.

Data was analysed using standard descriptive measures and multivariate logistic regression for comparison of continuous variables, significance was set to a CI of 95%.

### Results:

The median age of patients was 75yo (IQR 70 - 78) with a median prostate size of 135.5cc (IQR 112.25 – 162.25) all patient demographic and pre-operative LUTS assessments can be found in (Table 1). Median operative time was 60 minutes (IQR 50-80), estimated blood loss was 350ml (IQR 200-563), specimen weight was 98.5g (IQR 69.5-120). Prostate size was statistically significant for operative duration (CI 0.07-0.2,  $p < 0.001$ ). 11 (10.5%) patients involved in the review had a post operative complication, with only one of these requiring re-admission, complications were associated with advanced age and prostate size ( $p = 0.043$  and  $p = 0.001$ ).

### Conclusion:

This study demonstrates the safety and utility of robotic simple prostatectomies for BPH management. Moreover, its potential advantage for men with larger prostates, who may not be suitable to endoscopic management. Unfortunately, this study is limited by its retrospective nature and relative sample size ( $n = 105$ ), and further prospective and randomised control trials are needed to better delineate RASPs efficacy in BPH management.

### ASPIRATION AND SCLEROTHERAPY FOR THE MANAGEMENT OF HYDROCELE IN AN AMBULATORY AND REGIONAL SETTING

*Peter Stapleton (MBBS, MS), Niranjan Jude Sathianathan (MBBS, PhD), Lydia Johns Putra (MBBS, MS, FRACS (Urol))*

Grampian's Health

### Aim:

To assess the efficacy and safety of aspiration and sclerotherapy for the management of hydroceles in an ambulatory regional setting.

### Methods:

A retrospective analysis was performed of all men who underwent aspiration and sclerotherapy for a hydrocele at a single regional Australian centre from January 1st, 2006, to December 31st 2023. All procedures were done in an ambulant setting under local anesthetic and sodium tetradecyl sulphate (STD) as the sclerosing agent.

### Results:

291 men were included in the study with a median follow up of 99 days.

Resolution of hydrocele both clinically and symptomatically post initial aspiration and sclerotherapy was 58.8% (171/291). The average time to recurrence for men who failed initial management was 167 (IQR 28-112days). Following initial aspiration and sclerotherapy



## Abstracts – Podium Abstracts (cont'd)

67.7% (63/93) of men with recurrence chose to have a repeat aspiration and sclerotherapy of these men, 68.3% (43/63) had resolution of their hydroceles. Hence, after 2 aspiration and sclerotherapy interventions, 73.5% (214/291) of men had clinical and symptomatic resolution of their hydroceles.

The median age of participants was 62.3years. The median initial aspirated volume was 150ml (SD 250ml, IQR 100-250ml), injected volume 10ml (SD 4ml, IQR 8-10ml). Notably the median aspirated volume decreased for men with a recurrence to 100ml (SD 81.7ml, IQR 63.8-143.8ml), injected volume 0ml (SD 3.9ml, IQR 0-4.8ml).

The overall complication rate was 3.4% (10/291) of which all but one was managed conservatively.

### Conclusion:

Aspiration and sclerotherapy with STD is a minimally invasive, safe and effective treatment for hydroceles and epididymal cysts that can be utilized in regional and ambulatory setting with local anesthetic, thereby reducing wait times for interventions and improving patient flow for public hospital waitlists.

## RADICAL CYSTECTOMY IS ASSOCIATED WITH CONSIDERABLE MORTALITY IN OLDER PATIENTS – A SYSTEMATIC REVIEW

*Jake Tempo, Sulleyman Felemban, Kirby Qin, Marlon Perera, Joseph Ischia, Damien Bolton, Declan G Murphy, Brian Kelly, David I Watson, Michael O'Callaghan*

Austin Health

### Aims:

Bladder cancer is typically a disease of older people, yet older people are less likely than their younger peers to undergo radical cystectomy, predominantly due to concerns about morbidity and mortality of surgery. This systematic review and meta-analysis report post-cystectomy mortality and complications in older people to aid decision-making pertinent to cystectomy.

### Methodology:

A systematic search of Medline, Scopus and Ovid Emcare was performed in May 2023 for all studies in the past 20 years which reported mortality and/or complications in the 90-days following radical cystectomy. All studies reporting mortality or complication outcomes in patient groups over 75 years of age were included. Exclusion criteria included partial, or organ sparing-cystectomy, non-English language articles, and fewer than 20 patients over 75 years of age.

### Results:

Seventy-six studies were included, with data from 58,504 older patients across five continents and 19 countries. Post-cystectomy 90-day mortality was 11% in studies reporting outcomes for patients aged 80 and over, and 7% in studies of patients aged 75 and over. The 90-day mortality was higher in patients aged 80 years and over compared to patients aged less than 80 (Odds Ratio [OR] 3.42 (95%CI 1.62-7.22)). Older people were more likely to experience a minor (Clavien-Dindo I-II) post-operative complication than younger patients (OR 1.17 (95%CI 1.01-1.36)) whereas there was no difference for major complications (Clavien-Dindo III-IV) (OR 1.00, 95% CI 0.63-1.60). A higher co-morbid status is more strongly correlated with 90-day mortality in older patients than in younger patients.

### Conclusions:

Older patients face higher post-operative mortality following radical cystectomy than younger patients. Post-operative outcomes should be weighed against the high risk of cancer-specific death if no curative treatment is offered. Older people must be monitored closely post operatively to try and prevent death as a result of escalation from minor and major complications.

## PRE-OPERATIVE, INTRA-OPERATIVE AND POST-OPERATIVE CONSIDERATIONS FOR SACRAL NERVE STIMULATOR INFECTION PREVENTION: A SCOPING REVIEW

*Jess Wynn, David Hennes, Kathryn McLeod*

Barwon Health, Geelong

### Background:

Surgically implanted sacral nerve stimulators (SNS) are widely used to treat urinary symptoms, bowel symptoms and pelvic pain when patients have failed behavioural and medical interventions. There is an inherent risk of surgical site and implant infection which can lead to patient distress and morbidity. SNS manufacturers have not released guidelines for infection prevention and there are limited data on the pre-operative, intra-operative and post operative considerations for infection prevention. We present a scoping review the current strategies for infection prevention during implantation of SNS.



## Abstracts – Podium Abstracts (cont'd)

### Aim:

We aim to use this scoping review discuss infection control strategies at all time points of patient care during SNS implantation and aim to identify current trends in practice.

### Methods:

A scoping review was conducted using Preferred Reporting Items for Systematic Review and Meta Analysis. The search strategy using search terms “sacral nerve stimulation”, “infection”, “infection control” and “infection prevention” was undertaken. A search was conducted on medical databases, and a grey literature search was performed.

### Results:

Forty-three articles were included for data extraction. Articles were published between 2003 and 2022. Outcomes were reported for 10401 patients. Three hundred and thirty-six infection events were recorded, giving a 3% rate of infection. Pre-operative, intra-operative, post-operative considerations were recorded. Overall, there was heterogeneity in the data, limited data to support the different infection control considerations and no consensus in the SNS implanting community.

### Conclusions:

Despite infection of SNS being a detrimental and highly morbid outcome for the patient, there is no clear consensus on what should be routinely done to reduce the risk of infection when implanting SNS devices. The pre-operative, intra-operative, post-operative considerations currently covered in the literature have little reported evidence to support the implementation of certain infection prevention considerations and it seems many are used due to surgeon preference and local protocols.

## DO WE ALWAYS EXAMINE? DIFFERENCES BETWEEN MALES AND FEMALES IN UROLOGY AND THEIR APPROACH TO THE GENITOURINARY EXAMINATION

*Marina Youssef, Richard Gills, Kathryn McLeod*

Barwon Health

### Introduction:

Genitourinary examinations form an integral part of patient clinical care for urologists.

### Aim:

We sought to explore the attitudes, practices and perceptions of consultant urologists and urology trainees in Australia towards genitourinary examinations, particularly vaginal examinations (VEs), and if these differed between male and female clinicians.

### Methodology:

We performed a multiple method study with a 9-question survey advertised to Australia and New Zealand urologists and trainees via the USANZ newsletter over 4 weeks, with an invitation to participate in a semi-structured interview to discuss their responses.

### Results:

74 participants responded to the survey; 63 were consultants and 11 trainees. Males represented 63.5% of the consultant responses (40) and 54.5% of the trainee responses (6); 7 males and 3 females were subsequently interviewed. Most participants, 89.1% of males and 92.9% of females, reported performing a DRE >75% of the time in males that presented to their clinic rooms with LUTS ( $p=0.60$ ). Conversely, males were significantly less likely to perform a VE (8.9% performed VEs >75% of the time) in a female patient presenting with LUTS compared to females (85.7%;  $p<0.01$ ). Most common reasons to omit VEs were lack of access to chaperones (35.8%), time required to examine (19.6%), deferral to the time of a flexible cystoscopy (41.3%), perceived medicolegal risks (13%) and lack of role modelling (2.2%). Of those that see female patients, 46.5% reported non-clinical barriers to performing VEs despite a clinical indication, such as perceived patient discomfort and lack of access to a speculum in clinic.

### Conclusion:

Compared to female urologists, male urologists are less likely to examine a female patient with LUTS despite a recognised clinical indication. Many of the barriers reported can be addressed with better training, role-modelling and resource access to increase rates of examinations and prevent delay to treatment and diagnosis of female patients.





## Abstracts – Podium Abstracts (cont'd)

### SHOULD YOU OFFER ACTIVE SURVEILLANCE TO MEN WITH ISUP 1 PROSTATE CANCER AND PI-RADS 4/5 LESION?

*Shaoting Zhang, Kylie Yen-Yi Lim, Darren Lam, Harrison Liu, Eldo Paul, Jeffrey Jiang, Steuart Rorke, Beena Kumar, Sean Lim, Matthew Harper, Kevin Chu, James Huang, Neuroshan Rajarubendra, Paul Manohar, Trung Pham, Gideon Blecher, Scott Donnellan, Weranja Ranasinghe.*

Monash Health

#### Introduction:

According to EAU guidelines, active surveillance (AS) is the standard of care for patients with ISUP Grade Group (GG) 1 disease. However, there are some concerns with AS in GG1 patients with a PI-RADS 4/5 lesion on multiparametric MRI (mpMRI). The aim of this study was to evaluate disease upgrading in men with ISUP GG1 and PIRADS 4-5 lesions.

#### Methods:

ISUP GG1 patients who underwent AS at a tertiary institution between 2016 and 2023 with MRI were identified. Demographic, biopsy, and MRI information were collated. All patients were assessed in accordance with the PI-RADS version 2.1 guidelines. Cox regression was used to determine the association between PI-RADS 1-3 and 4-5 cohort and their disease upgradation.

#### Results:

Two hundred and twenty-eight men with ISUP 1 disease were included. Of these, one hundred and thirty-five (57.6%) patients had a PI-RADS 4-5 lesion, while ninety-three (42.4%) patients had PIRADS 1-3 lesions. There was a significant difference in the maximum length of positive cores ( $p$ -value=0.039), biopsy upgrading ( $p$ -value=0.017) and subsequent radical prostatectomy ( $p$ -value= 0.02) between study cohorts.

On repeat biopsy, twenty-three (40.4%) men with PIRADS 1-3 and forty-nine men (58.3%) with PIRADS 4-5 were upgraded to clinically significant prostate cancer ( $p$ -value=0.04), with a significantly shorter time to disease upgrading ( $p$ -value=0.001). Among patients who underwent radical prostatectomy post reclassification, 15.4% (2/13) with PIRADS 1-3 had  $\geq$ pT3 disease, while 47.7% (20/42) patients with PIRADS 4-5 lesion had  $\geq$ pT3 disease ( $p$ -value=0.09). Additionally, four deaths were reported in each cohort. Among those, one patient with PI-RADS 4/5 lesion experienced a metastatic disease and died from the disease.

#### Conclusion:

PI-RADS 4-5 patients showed a higher likelihood of biopsy upgrading and a significantly shorter time to disease progression. This suggests that ISUP GG1 disease with PI-RADS 4/5 lesion on MRI warrants careful AS.

## Poster Abstracts

### FILAMENT DENSITY REDUCES FAILURE RATES IN PROSTATIC URETHRAL LIFTS

*Dr. Bodie Chislett, Dr. Howard Webb, Dr. Gregory Jack, Dr. Dennis Gyomber, Dr. Damien Bolton, Dr. Marlon Perera*

The Austin Hospital

#### Introduction & Objectives:

There are multiple management strategies for lower urinary tract systems (LUTS) associated with benign prostatic hyperplasia (BPH), both medical and surgical, to manage these symptoms. Prostatic urethral lift (Urolift®) is minimally invasive surgical intervention to treat BPH. Although its efficacy and safety have been well demonstrated, there is a paucity of research into the patient demographics that predict failure of the intervention to achieve sustained relief from symptoms. This study aims to investigate these predictors of failure.

#### Methods:

A retrospective cohort study was conducted to assess the outcomes of patients undergoing a Urolift® prostatic urethral lift procedure between May 2011 and May 2022. A total of 99 patients were included in the study. Statistical analyses were carried out to the demographic characteristics of the overall cohort. Univariate statistical analyses were then conducted to elucidate the associations between failure and the number of filaments used, prostate volume per 10cc increase, and filament density measured as the prostate volume per filament deployed

#### Results:

Our results showed that those patients with a filament density of more than or equal to one filament per 10cc prostate volume overall had a greater failure-free survival time than patients with a filament density less than one per 10cc prostate volume. Prostate volume nor the absolute number of filament deployed did not have a statistically significant impact on the time to failure of the prostatic urethral lift.



## Abstracts – Poster Abstracts (cont'd)

### Conclusions:

This study suggests that implanting one or more filaments per 10cc prostate volume can have a positive impact on the sustained success of the Urolift system in maintaining relief from LUTS. Rather than using prostate volume and absolute number of filaments deployed to guide the number of filaments deployed, our results suggest that low filament density may be a better predictor of failure than these two other measures.

### UTILITY OF PSMA PET/CT FOR STAGING OF FAVOURABLE RISK INTERMEDIATE RISK PROSTATE CANCER

*Ming Hei Fu<sup>1</sup>, Anne Hong<sup>2</sup>, Kim Taubman<sup>3</sup>, Tom Sutherland<sup>6</sup>, Lih Ming Wong<sup>1,2,4</sup>*

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### Aim:

To assess the utility of staging PSMA-PET/CT for newly diagnosed men with favourable intermediate risk (ISUP grade group 2/5 or Gleason 3+4) prostate cancer.

PSMA PET/CT has superior detection of metastases to conventional imaging for staging cancer and has Medicare approval for use in patients with intermediate to high risk prostate cancer. The number of patients with favourable intermediate risk disease in the landmark proPSMA trial was only 6% (n=2), and the incidence of metastasis in this group is reported as ~1%.

### Methods:

Retrospective review from tertiary referral centre of patients with favourable intermediate risk prostate cancer who underwent PSMA-PET/CT for staging between 2019-2024. Characterisation of PSMA avidity (local and distant) and relationship to standard pre-biopsy clinical and radiological parameters will be performed.

### Results:

For the 53 patients, median age was 69 years, median PSA was 6.3 ng/ml (IQR 4.4-8.9) and majority of patients had nonpalpable disease. Majority of biopsy was done trans-perineal, median number of positive cores is 6 (IQR 3-7.5) and median percentage of Gleason 4 disease on biopsy is 20% (IQR 10-30) with median highest length of core taken to be 7mm. The PIRADS score on MRI for 0-2,3,4 and 5 disease was 16.8%, 13.8%, 36.9% and 32.3% respectively. Median size of lesion was 13mm. MRI predicted extracapsular extension in 11.9% (equivocal in 7.5%) and SVI (seminal vesicle invasion) in 3%.

13.2% (n=7) had distant avidity on PSMA PET. Distribution was regional nodal (8.6%), abdominopelvic nodal (5.8%), bone (3.8%) and visceral (1.9%) respectively. Median SUV Max of radiological metastases was 12.3 (IQR 7.1-29.6)

### Conclusion:

In a small group of patients having staging PSMA-PET/CT for favourable intermediate risk prostate cancer, we found a higher rate of radiological metastases than previously reported. Longer follow-up is required to determine if these are true metastases.

### RATIONAL DESIGN OF MULTILAYERED, DEGRADABLE 3D PRINTED IMPLANTS FOR PELVIC ORGAN PROLAPSE SURGERY

*David Hennes<sup>1,2,3</sup>, Kallyanashis Pau<sup>6</sup>, Saeedeh Darzi<sup>1,2</sup>, Jerome Werkmeister<sup>1,2</sup>, Anna Rosamilia<sup>2,3</sup>, Caroline Gargett<sup>1,2</sup>, Shayanti Mukherjee<sup>1,2</sup>*

Monash University/Hudson Institute of Medical Research

### Aims:

This study aims to develop degradable surgical implants using melt electrowriting (MEW) 3D printing technology. We investigated how different implant geometries and porosities affect mechanical tensile strength, cellular responses, and foreign body reactions to optimize implants for pelvic organ prolapse (POP) surgery.

### Methodology:

3D printing parameters were optimized with a melting temperature of 100°C, voltage of 5 kV, nozzle-to-workspace distance of ~10 mm, extrusion pressure of 8 kPa, and printing speed of 10 mm/s. Poly ε-caprolactone (PCL) implants were created by stacking fibres at



## Abstracts – Poster Abstracts (cont'd)

1 mm and 0.5 mm spacings with interlayer angles of 90°, 45°, and 22.5°. The implants were evaluated for deformation under tensile cyclic loading, toughness, and pore collapsing using Poisson's ratio. Cellular interactions were assessed by seeding vaginal fibroblasts in vitro. Explants from an in-vivo mouse model were used to assess collagen deposition at 1 and 6 weeks.

### Results:

Electron microscopy revealed a fibre diameter of  $18.86 \pm 2.16 \mu\text{m}$ . The 22.5° angular implants exhibited the highest functionality ( $19.7 \text{ Jm}^{-3}$ ) with minimal deformation (3%), maintaining structural integrity. In vitro, vaginal fibroblasts showed improved proliferation on implants with 22.5° angles. In vivo, these implants demonstrated the greatest collagen deposition at 6 weeks, indicating enhanced tissue integration.

### Conclusion:

This study is the first to demonstrate how implant architecture and topography influence biomechanical performance and tissue response at the implant site. The findings support the design of degradable implants with specific parameters to enhance tissue homeostasis and offer a promising alternative for transvaginal POP surgical applications.

## QUANTITATIVE ANALYSIS OF PYELOVENOUS BACKFLOW IN A PORCINE MODEL

*Anne Hong, Damien Bolton, Gregory Jack*

Austin Health

### Introduction:

Irrigation fluid is required for visualization during ureteroscopy and pyeloscopy. Pressurized irrigation can result in pyelovenous backflow of irrigation into the vascular system providing a mechanism for urosepsis. We aim to quantify the amount of irrigation substrate that is absorbed via pyelovenous backflow into the venous system at various pressures.

### Methods:

6 deceased donor porcine kidneys were flushed with 1L heparinized saline and preserved on ice. The renal artery was cannulated with a 10Fr catheter and perfused with normal saline (pH 6.77) at mean arterial pressure of 90mmHg simulating arterial blood flow. Venous effluent from the renal vein was achieved and collected for the duration of the study.

The ureter was cannulated with a 10Fr dual lumen ureteric catheter with the tip at the ureteropelvic junction and fixed in place with silk ties. A pressure monitor (Comet II Pressure Guidewire®, Boston Scientific, Massachusetts, USA) was inserted through one lumen and positioned in the renal pelvis for continuous pressure monitoring. Distilled white vinegar (8% acetic acid, pH 3.32) was infused under pressure through the ureteral access catheter at various intrarenal pressures (IRPs). RPP was increased in increments of 15mmHg every 3-minutes and the venous effluent was collected at each increment.

A control arm was conducted using RPP fixed at 30mmHg for the duration of the 1 hour study with the venous effluent collected in the same 3 minute intervals. Statistical comparisons were performed using Wilcoxon rank test to compare the 15mmHg increments.

### Results:

At baseline, pH was 6.72 and this did not change until 60mmHg (pH=6.59,  $p > 0.05$ ). At 90mmHg, pH was 6.10 and was significantly different from baseline ( $p < 0.05$ ).

### Conclusion:

Ureteral irrigation fluids are initially detected in the renal venous effluent in trace amounts when renal pelvis irrigation pressures exceed 60mmHg, and are statistically significant when IRP exceeds 90mmHg.

## DURATION OF SURGERY AND INTRARENAL PRESSURES CONTRIBUTE TO REPRESENTATION AFTER PYELOSCOPY

*Anne Hong, Greg Jack, Damien Bolton*

Austin Health

### Introduction and objectives:

Raised intrarenal pressure (IRP) during ureteroscopy and pyeloscopy has been attributed to infectious complications. To study this, majority of human studies to date have examined intrarenal pressure using a nephrostomy. However, this disrupts the continuity of the collecting system with unknown consequences on subsequent pressure measurements. We assess intrarenal pressures in human subjects using pressure guidewire technology that do not disrupt the collecting system.



## Abstracts – Poster Abstracts (cont'd)

### Material and Methods:

Patients undergoing pyeloscopy for urolithiasis were recruited. During the procedure, the Comet II Pressure Guidewire (Boston Scientific, Massachusetts, USA) was used for all pressure measurement. The pressure guidewire was inserted with the pressure sensor positioned in the renal pelvis at the beginning of the procedure. The remainder of the procedures were performed without deviation from usual, with manipulation including laser lithotripsy, basket extraction, manual irrigation, and flushing. The operating surgeon was blinded to the live intrarenal measurements. representation to the emergency department (ED) was noted.

The duration of treatment and IRP was measured, and an area under the curve analysis was performed. The

### Results:

87 patients who underwent 91 pyeloscopy procedures were included. The mean age was 55 years and 61 (70%) were male patients. Of the procedures, 24 (26%) had pre-operative positive urine culture and was managed with antibiotics.

Nine cases re-presented to ED within 30 days. Of these area under the curve above 60mmHg significantly different between those who did and did not represent (342 vs. 2228,  $p=0.029$ ).

### Conclusions:

Both duration and IRP are important contributing factors to representation rates after pyeloscopy.

## TWO-YEAR FOLLOW-UP OF NOVOGLAN-01 OPEN LABEL MULTICENTRE CLINICAL TRIAL: EFFICACY AND SAFETY OF NOVOGLAN FOR ADULT PHIMOSIS

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Department of Urology, Princess Alexandra Hospital

### Aim:

Conventional definitive treatment for adult phimosis is circumcision. Novoglan device is a potential non-surgical alternative through the application of custom-moulded balloons for gradual skin remodelling and prepuce dilation. Initial results of the NOVOGLAN-01 open-label clinical trial demonstrated promising outcomes. This follow-up abstract presents the two-year results, aimed at establishing long-term efficacy, safety, and tolerability.

### Methods:

A prospective, open-label trial was conducted on the first 20 adult patients with phimosis at Macquarie University Hospital and Princess Alexandra Hospital. Following eligibility screening, patients underwent Novoglan treatment involving twice-daily 10-minute applications for 4-8 weeks. Efficacy was measured by the degree of phimosis before and after treatment, with follow-ups at 6-8 weeks and two years. Each patient served as their own control. Safety and tolerability were assessed using questionnaires.

### Results:

Two-year follow-up data revealed that 19 of the first 20 patients (95%) maintained successful outcomes with full normal retraction. Among these 19 patients, 100% reported no new symptoms and did not require further intervention or circumcision. The statistical analysis supports that these results are likely attributable to the Novoglan treatment rather than chance, given the consistent improvement across individual cases and sustained efficacy over two years.

### Conclusions:

The NOVOGLAN-01 trial's two-year follow-up data underscore the long-term efficacy and safety of Novoglan for treating adult phimosis. Each patient serving as their own control further strengthens the validity of these results. The high success rate, absence of new symptoms, and lack of need for further surgical intervention highlight the potential of Novoglan as a viable non-surgical alternative to circumcision.

### References:

Trial registration: The NOVOGLAN-01 study is registered with the Australia and New Zealand Clinical Trial Registry under reference ACTRN 1262 10009 24853, dated 15 July 2021.



## Abstracts – Poster Abstracts (cont'd)

### ANALYSING THE GENITOURINARY OUTCOMES IN MEN WITH LOCALISED PROSTATE CANCER UNDERGOING NOVEL SURGICAL INTERVENTIONS FOR BENIGN PROSTATIC HYPERPLASIA IN THE PERI-IRRADIATION PERIOD

*Dr Thomas Neerhut, Associate Professor Richard Grills, Dr Rod Lynch, Dr Patrick Preece, Dr Kathryn Mcleod*

Barwon Health

#### Introduction:

Lower urinary tract symptoms (LUTS) secondary to Benign Prostatic Hyperplasia (BPH) amongst men with localised prostate cancer (PC) are common. For those with localised medium to high-risk PC undergoing radiotherapy, surgical intervention for symptomatic BPH may increase the risk of significant genitourinary toxicity. Evidence has shown transurethral prostatic resection (TURP) before or after brachytherapy, hypofractionated and external beam radiotherapy is associated with increased risk of urinary incontinence, retention and genitourinary (GU) toxicity. However, the development of novel surgical interventions for BPH may offer lower risk of genitourinary toxicity and other benefits.

#### Methods:

PubMed, Medline (Ovid), EMBASE and Cochrane Library were searched. Articles exploring: Holmium laser enucleation (HoLEP), laser photo-vaporization (PVP/Greenlight laser), Rezum water vapor therapy and Urolift were included. A total of 64 articles were identified. 7 articles were included in the final analysis.

#### Results:

Three studies reported on PVP (n=3), while two studies examined HoLEP (n=2) and Urolift (n=2). IPSS was the most measured outcome, with all studies displaying an improvement in median IPSS. This was consistent regardless of radiotherapy occurring before or after intervention. Uroflow was also examined, with studies assessing HoLEP and PVP revealing an improvement in peak flow rate, average flow and post void residual. Complications following novel interventions for BPH were rare, catheter free rates were high and the number of additional procedures following intervention were insignificant compared to conventional TURP. PVP was non-inferior to TURP in terms of genitourinary toxicity. Urolift with fiducial markers was also found to reduce any delay to radiotherapy and potentially obviate the need for an additional surgical procedure.

#### Conclusion:

While the genitourinary risks of conventional TURP amongst this population have been clearly highlighted in the literature, our results suggest novel surgical therapies for BPH may result in less genitourinary toxicity and improved genitourinary outcomes amongst this at-risk population.

### THE ROLE OF SURGERY IN M1 PROSTATE CANCER

*Sachin Perera, Chloe Hobson, Veeru Kasivisvanathan, Brian Kelly, Louise Kostos, Arun Azad, Nathan Lawrentschuk, Declan Murphy*

The Peter MacCallum Cancer Centre

#### Aims:

The role of surgery in prostate cancer (PCa) has traditionally been limited to cases of localized and locally advanced disease. However, recent discussions suggest there may be a role for surgery in the treatment of advanced or metastatic prostate cancer (M1). This review aims to explore the current evidence surrounding the use of surgery in the management of metastatic PCa.

#### Methodology:

A systematic review of the existing literature was conducted. The focus is on evaluating the effectiveness of surgery in the M1 prostate cancer setting, with particular attention to cancer-specific survival outcomes and the integration of novel imaging techniques. The review also considers the standard of care for M1 disease, which typically involves systemic therapy, specifically Androgen Deprivation Therapy (ADT), and how surgery may play a role in conjunction with these established treatments.

#### Results:

The current body of literature suggests that surgery alone is not sufficient in treating M1 prostate cancer. Systemic therapy, particularly ADT, remains the gold standard. While emerging evidence indicates that upfront surgery targeting the primary tumour may offer some benefit in terms of cancer-specific survival, these findings are not yet conclusive. The available studies are limited in number and scope, with many ongoing trials yet to report their outcomes. Additionally, the role of novel imaging techniques in defining M1 disease is still under investigation and has not been uniformly adopted in study protocols.



## Abstracts – Poster Abstracts (cont'd)

### Conclusion:

The treatment of the primary tumour in metastatic prostate cancer has shown potential survival benefits in some studies, though the evidence remains largely retrospective with current trials expected to provide more definitive answers. The variability in imaging modalities and terminologies used to define M1 disease underscores the need for standardization in future research. This standardization could provide clearer guidance on the potential benefits and limitations of surgery in advanced prostate cancer.

### **PATHOLOGIC NODAL POSITIVITY AND SURVIVAL OUTCOMES IN PATIENTS WITH POSITIVE FDG-PET LYMPH NODES UNDERGOING CYSTECTOMY FOR MUSCLE INVASIVE BLADDER CANCER.**

*Xinyi Wei<sup>1,2</sup>, Samiha Arulshankar<sup>1,2</sup>, Darren Lam<sup>1</sup>, Tran Ngoc An Huynh<sup>1</sup>, Kylie Yen-Yi Lim<sup>2</sup>, James Huang<sup>1</sup>, Nieroshan Rajarubendra<sup>1</sup>, Kevin Chu<sup>1</sup>, Matthew Harper<sup>1</sup>, Scott Donnellan<sup>1</sup>, Weranja Ranasinghe<sup>1</sup>*

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Department of Urology, Monash Health

### Aims:

Cystectomy in the presence of bladder cancer (BC) metastases can be futile and also delay systemic therapies. As such, it is important to accurately detect nodal disease prior to cystectomy. However, widely used imaging modalities such as computed tomography (CT) are proven not to be adequately accurate in identifying lymph node (LN) involvement in bladder cancer and questions arise for the indication to utilise other imaging modalities such as positron-emission-tomography (PET) scans in the staging of BC.

This retrospective study aims to evaluate the pathological nodal positivity and survival outcomes in BC patients undergoing cystectomy with positive and negative FDG-PET LN.

### Methodology:

Data were retrospectively collected from Monash Health patients who underwent radical cystectomy (RC) between 2008-2021. Information regarding demographic, preoperative imaging (CT and FDG-PET scans), pathology, and survival outcomes were collated. FDG-PET nodal positivity is defined by SUVmax >2 and patients were divided into groups based on the results of their PET imaging.

### Results:

29 BC patients were included in the analysis.

The sensitivity and specificity of FDG-PET in detecting pathologic nodal disease in patients was 58.33% (95% CI 26.67%-84.83%) and 68.75% (95% CI 41.34% to 88.98%) respectively. 6 patients who had a positive FDG-PET LN had a normal CT, however, only 50% had pathologically confirmed LN disease.

The three-year overall survival (OS) for patients with positive FDG-PET LN was 54.5%, compared to 83.3% for patients with negative FDG -PET LN.

The five-year OS for patients with positive FDG-PET LN was lower compared to patients with negative FDG-PET and CT LN 33% vs 81.8% respectively.

### Conclusion:

Differences in the survival between patients with positive compared to negative FDG-PET LN has been observed. However, the small cohort size limits the significance of these findings.

### **COMPARATIVE ANALYSIS OF POSTOPERATIVE COMPLICATIONS IN ELECTIVE PYELOPLASTY VS COMPLICATIONS DURING WAITLIST PERIOD: A RETROSPECTIVE COHORT STUDY**

*Qianxi Wu, James Sewell*

Monash Health

### Aims:

To investigate and compare complication rates and outcomes of patients who underwent elective pyeloplasty within a standard timeframe with those who experienced an extended waitlist period at a single Australian institution. To assess the impact of timely surgical intervention and identify disparities in outcomes to improve waitlist management and resource allocation.



## Abstracts – Poster Abstracts (cont'd)

### Methodology:

We retrospectively collected data from a tertiary Australian hospital network regarding patients who had been on the waitlist for elective pyeloplasty over the past 5 years. Radiological and symptomatic success rates were independently assessed based on imaging and symptoms at 3-month post-op review. Post-operative complications were classified using the Clavien-Dindo Classification. Sub-group analysis was performed to identify risk factors contributing to outcomes and complications.

### Results:

The study included 29 adults with a mean age of 42.2 years. Of these, 20 underwent surgery (17 laparoscopic, 2 open, 1 abandoned), 8 withdrew from the waitlist, and 1 remained on the waitlist at the time of analysis. Although all surgeries were categorised as category 2 ( $\leq 90$  days), the average waitlist duration was 326 days. Nine patients presented to hospital with PUJO symptoms after an average of 75 days. Symptomatic and radiological success rates were both 84.2%. One intraoperative complication occurred. The overall post-operative complication rate was 57.9% with none classified as Clavien-Dindo III or greater. Notably, patients with stents in situ had a higher post-operative complication rate (83.3%) compared to those without stents (46.2%).

### Conclusion:

The symptomatic and radiological success rates were both similar to existing literature. There were no major postoperative complications but having a stent in-situ at the time of surgery potentially increased postoperative complications. The average time to re-presentation with symptoms while on the waitlist was 75 days, highlighting the importance of performing surgery within the Category 2 timeframe.

## BARRIERS FOR MEN HAVING PENILE PROSTHESIS FOR ERECTILE DYSFUNCTION (ED) POST RADICAL PROSTATECTOMY – A NURSING PERSPECTIVE

*Dr Changheng Yang, Mr. Shekib Shahbaz*

Melbourne Urology Centre

### Introduction:

Erectile dysfunction (ED) is a common and significant symptom in men, more so in the post radical prostatectomy group. However, the usage for penile prosthesis is extremely low, domestically and internationally, despite being the gold-standard management. Research group endeavour to explore barriers for ED patients accessing penile prosthesis.

### Methods:

A 10-questions questionnaire was developed to collect Victorian prostate cancer nurses (PCN)' experience with post radical prostatectomy patient group regarding their barrier to seek treatment. 47 questionnaires sent out and 22 responses collected.

### Results:

91% of the PCN routinely screen ED. 81% of PCN report patients do not routinely raise ED as post operative concern. 55% of PCN report good understanding of penile prosthesis. 40% of PCN routinely raise penile prosthesis as management option for ED, and 45% often or always raise it. 59% of PCN report patient sometimes feel embarrassed or anxious when discussing their ED. 36% of PCN report patient sometimes decline discussing their ED. 22% of PCN report their patients rarely seek urologist input once they discuss penile prosthesis with the patients. 86% of PCN believe ED is very prevalent in post radical prostatectomy group. 81% of the PCN report they have adequate resources to support patients suffering from ED. Common barriers raised from PCN comprises: geographic access to specialist service, lack of dedicated sexual health clinic, waitlist for penile prosthesis insertion in public sector, and lack of agreed local penile rehab workflow process amongst clinicians.

### Conclusion:

PCN as a group has the knowledge and resources to help patient exploring penile prosthesis. However, there are still limitation from the patient factors and access factors. Barriers to men receiving them should be further explored. A national level survey from PCN will provide more insights. A patients' perspective is also recommended.



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