

Stockholm

11-15 April 2014

29th Annual EAU Congress **Programme Book**

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conversation



#EAU14

EAU

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European
Association
of Urology

XOFIGO® IS AN ALPHA PARTICLE-EMITTING PHARMACEUTICAL
that is indicated for the treatment of adults with castration-resistant prostate cancer (CRPC), symptomatic bone metastases and no known visceral metastases.¹



Introducing Xofigo® (radium Ra 223 dichloride)

Improve survival. Target bone metastases.

The first agent to extend overall survival by targeting bone metastases in CRPC^{1,2}

- 30% reduction in the risk of death vs placebo¹
- 3.6-month increase in median overall survival vs placebo (14.9 months vs 11.3 months; HR=0.695; 95% CI: 0.581-0.832)¹
- 5.8-month delay in median time to first symptomatic skeletal event vs placebo (15.6 months vs 9.8 months; HR=0.66; 95% CI: 0.52-0.83)²
- 1-minute intravenous injection every 4 weeks for 6 injections¹

Essential Information

Xofigo 1000 kBq/mL solution for injection (Refer to full Summary of Product Characteristics before prescribing).

- **Composition:** Active ingredient: radium Ra 223 dichloride (radium-223 dichloride, 1000 kBq/mL, corresponding to 0.53 ng radium-223 at the reference date). Each vial contains 6 mL of solution (6.0 MBq radium-223 dichloride at the reference date).
- **Indication:** Treatment of adults with castration-resistant prostate cancer, symptomatic bone metastases and no known visceral metastases. Xofigo should be administered only by persons authorised to handle radiopharmaceuticals in designated clinical settings.
- **Contraindications:** There are no known contraindications.
- **Warnings and Precautions:** Bone marrow suppression, notably thrombocytopenia, neutropenia, leukopenia and pancytopenia, has been reported. Haematological evaluation of patients must be performed at baseline and prior to every dose. In case there is no recovery in values for absolute neutrophil count (ANC) and haemoglobin within 6 weeks after the last administration of Xofigo despite receiving standard of care, further treatment with Xofigo should only be continued after careful benefit/risk evaluation. Patients with evidence of compromised bone marrow reserve e.g. following prior cytotoxic chemotherapy and/or radiation treatment (EBRT) or patients with advanced diffuse infiltration of the bone (EOD4; "superscan"), should be treated with caution as an increased incidence of haematological adverse reactions such as neutropenia and thrombocytopenia has been observed. Limited available data indicate that patients receiving chemotherapy after Xofigo had a similar haematological profile compared to patients receiving chemotherapy after placebo. Crohn's disease and ulcerative colitis: due to the faecal excretion of Xofigo, radiation may lead to aggravation of acute inflammatory bowel disease, therefore Xofigo should only be administered to these patients after a careful benefit-risk assessment. In patients with untreated imminent or established spinal cord compression, treatment with

standard of care, as clinically indicated, should be completed before starting or resuming treatment with Xofigo. In patients with bone fractures, orthopaedic stabilisation of fractures should be performed before starting or resuming treatment with Xofigo. In patients treated with bisphosphonates and Xofigo, an increased risk of development of osteonecrosis of the jaw (ONJ) cannot be excluded. In the phase III study, cases of ONJ have been reported in 0.67% patients (4/600) in the Xofigo arm compared to 0.33% patients (1/301) in the placebo arm. However, all patients with ONJ were also exposed to prior or concomitant bisphosphonates and prior chemotherapy. Xofigo contributes to a patient's overall long-term cumulative radiation exposure and therefore may be associated with an increased risk of cancer and hereditary defects. No cases of Xofigo-induced cancer have been reported in clinical trials in follow-up of up to three years. Depending on the volume administered, this medicinal product can contain up to 2.35 mmol (54 mg) sodium per dose.

- **Undesirable effects:** *Very common:* thrombocytopenia, diarrhoea, vomiting, nausea; *Common:* neutropenia, pancytopenia, leukopenia, injection site reactions; *Uncommon:* lymphopenia.
- **Classification for supply:** Medicinal product subject to restricted medical prescription. No general reimbursement. ATC-code: V10XX03.
- **Marketing Authorisation Holder:** Bayer Pharma AG, 13342 Berlin, Germany.
- **Date of revision of the underlying Prescribing Information:** November 2013

▼ This medicinal product is subject to additional monitoring.

References: 1. Xofigo® (radium Ra 223 dichloride) solution for injection Summary of Product Characteristics (SmPC), Bayer Pharma AG, 13342 Berlin, Germany, 2013. 2. Parker C, Nilsson S, Heinrich D, et al. Alpha emitter radium-223 and survival in metastatic prostate cancer. *N Engl J Med.* 2013;369(3):213-223.



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NEW
 **Xofigo®**
radium Ra 223 dichloride
SOLUTION FOR INJECTION

Seven reasons why you should be on Twitter for #EAU14

Compete for the most 'favourited' tweet and win an iPad Mini



Nobody needs convincing that social media is useful, popular and very effective. Twitter is especially handy when it comes to professional use: news and comments spread fast and we get commentary from opinion leaders as if in our own mailbox. It feels personal and global at the same time.

At the EAU we are very happy to use social media: it allows us to hear first-hand what we are doing right and what needs to be improved. It allows us to offer another way for our members to talk with each other, build networks, and – at the time of the congress – form and share common memories!

Twitter will be an integral part of #EAU14: we will put up monitors throughout the venue and make sure that all our chairman have an iPad with a relevant Twitter feed: we believe that the scientific discussion in the session rooms can feed the discussion in the digital space, and vice versa. We will be selecting best tweets of the day and announcing the winners to the whole wide world! And, to reward the most successful and dedicated effort, we will also be giving away an iPad Mini to the person whose #EAU14-tagged tweet will be "favourited" the most.

Still not convinced?

Here are all the reasons why you should join the #EAU14 discussion in a list!

1. Win an iPad Mini – all you need to do, is to tweet something that everybody loves. Get the most favourites for your tweet, and that iPad is yours!
2. You will follow all the discussions of the congress online – an open and very stimulating environment.
3. Make yourself heard – not just by the EAU – the entire international urological community will be all ears!
4. Make friends – in the ether but also in real. You can even meet up for a coffee right there and then.
5. We will be posting all the latest announcements, updates, and special offers on Twitter – you don't want to miss them!
6. Get your 15 minutes of fame! We will be selecting best tweets of the day and letting everybody know who our heroes are!
7. Have fun! The congress is a serious event packed with information. It is great to tap into the informal side of the congress – and Twitter is where it all happens!

Don't know how to start? Here is a video that explains it all:
<http://www.youtube.com/watch?v=J0xbjIE8cPMThe>

Urology experts are already on Twitter - join the conversation!

Next to #eau14, we will be using these hashtags to let the whole medical social media community know that the congress is on! Use the relevant hashtag when you talk about a specific topic – and spread the word about the EAU Congress science:

#urology #oncology #infections #andrology #RCC #PCa #pediatricurology
#femaleurology #reconstructive #bpe #urolinternational #kidneystones #transplantation
#basicresearch #urotechnology #BCa #OAB #urothelialCa #neurourology



Contents

Welcome	3
EAU Sponsors and Contributors	4
Synopsis & Venue	
EAU Award Winners	6
Acknowledgement of Abstract reviewers	9
Floorplans	12
Synopsis EAU Programme	15
Synopsis Sponsored Sessions	30
Synopsis EAU	33
Exhibition Floorplans	34
Alphabetical list of Exhibitors	37
General	
General Information	43
Speaker Guidelines	50
CME Accreditation	51
EU-ACME Programme	52
Congress Hotels	53
EAU Programme Friday, 11 April	57
EAU Programme Saturday, 12 April	79
EAU Programme Sunday, 13 April	153
EAU Programme Monday, 14 April	237
EAU Programme Tuesday, 15 April	319
ESU Courses	323
ESU Hands-on	381
E-BLUS	395
Sponsored Sessions	397
About EAU	
EAU Membership	427
EAU Offices	428
Historical Overview EAU Congresses	431
Indices	
Abstract Authors	433
Abstracts sorted by Topic	474
Sessions sorted by Topic	477
List of Speakers (not abstracts)	478

The EAU Scientific Congress Office is responsible for the scientific congress programme (with the exception of the sponsored sessions). However, the opinions and recommendations expressed by the presenters and planners of educational content in this programme are their own and do not necessarily represent the viewpoint of the EAU.



Welcome to Stockholm

By the EAU Secretary General

Dear friends and colleagues,

It is our pleasure to welcome you to the 29th Annual EAU Congress in Stockholm. The city receives us for the third time as trusted witness to the growth and development of the EAU, and its continuous stride for innovation in the urological field, both in Europe and around the world.

The scientific programme will present the most exciting and up-to-date developments and new technologies. It will also provide extensive opportunities for professional development, in the shape of courses, lectures and debates, under the guidance of European and international experts. All classes and activities are designed to ensure the EAU and its members are at the forefront, with innovative techniques, the most current data and emerging diagnostic and risk-assessment strategies in the management of urological disease. It will also be the opportunity to showcase the updated EAU Guidelines.

This year's congress promises to be a platform for the advancement of the field of urology, as well as for collaboration among all healthcare professionals, research scientists, academics and industry experts, to ensure our goal of delivering quality health care to all urological patients.

As we approach our fourth decade of working to link urological specialists and other medical professionals, all that is left is to thank you in advance for your support, the experience and ideas you always bring to this yearly event. Välkommen till Stockholm, and to the 29th Annual EAU Congress!

On behalf of the European Association of Urology,



**Per-Anders
Abrahamsson**
EAU Secretary
General

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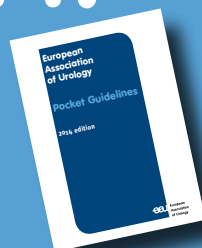


EAU Member Benefits at EAU 2014!

EAU members are kindly invited to collect the following complementary items:

EAU Pocket Guidelines

The Pocket Guidelines can be collected at **OLYMPUS booth B03:31**.
The distribution is supported by OLYMPUS



EAU members are kindly invited to the **EAU booth B13:49** to collect the following complementary items:

EAU Extended Guidelines

The EAU Extended urological guidelines edition 2014.



De Historia Urologiae Europaeae Vol. 21

This year marks the 21st edition of *De Historia Urologiae Europaeae*, the EAU History Office's annual edited volume of Europe's urological history. Beside the regular contributors from the History Office, newcomers tackle a broad range of fascinating topics.

Congress delegates are kindly invited to collect the following complementary items:

EAU Abstract CD 2014

A CD containing all presented abstracts during the 29th Annual EAU Congress can be collected at **FERRING booth B01:29**.
Supported by an unrestricted educational grant from FERRING PHARMACEUTICALS



ESU Courses CD 2014

A CD including all presentations and course materials of the ESU Courses given during the congress can be collected at **MILLENIUM: The TAKEDA Oncology company, booth B02:31**.
Supported by an unrestricted educational grant from MILLENIUM: The TAKEDA Oncology Company



EAU Posters DVD 2014

A DVD containing posters presented during the 29th Annual EAU Congress. The EAU Posters DVD can be collected at **AMGEN booth B06:21**.
Supported by an unrestricted educational grant from AMGEN



EAU Award Winners

EAU Willy Gregoir Medal 2014

For a significant contribution to the development of the urological specialty in Europe

M. Pavone-Macaluso, Palermo, Italy

EAU Frans Debruyne Life Time Achievement Award 2014

For a longstanding and important contribution to the activities and development of the EAU

L. Denis, Antwerp, Belgium

EAU Crystal Matula Award 2014

For a young promising European urologist

S.F. Shariat, Vienna, Austria

Supported by an unrestricted educational grant from LABORIE

EAU Hans Marberger Award 2014

For the best European paper published on Minimally Invasive Surgery in Urology

C. Netsch, Hamburg, Germany

Complications and Early Postoperative Outcome in 1080 Patients After Thulium

Vapoenucleation of the Prostate: Results at a Single Institution

A.J. Gross, S. Knipper, J. Hölzel, T. Bach (Hamburg, Mannheim, Germany)

European Urology 63 (2013) 859–867: <http://dx.doi.org/10.1016/j.eururo.2012.11.048>

Supported by an unrestricted educational grant from KARL STORZ GMBH & CO.KG

EAU Innovators in Urology Award 2014

For inventions and clinical contributions which have had a major impact on influencing the treatment and/or diagnosis of a urological disease

R. Gaston, Bordeaux, France

EAU Prostate Cancer Research Award 2014

For the best paper published on clinical or experimental studies in prostate cancer

Z. Culig, Innsbruck, Austria

Epithelial-to-Mesenchymal Transition Leads to Docetaxel Resistance in Prostate Cancer and Is Mediated by Reduced Expression of miR-200c and miR-205

M. Pühr, J. Hofer, G. Schäfer, H.H.H. Erb, S. Jung Oh, H. Klocker, I. Heidegger,

H. Neuwirt (Innsbruck, Austria)

The American Journal of Pathology, Vol. 181, No. 6, December 2012 - <http://dx.doi.org/10.1016/j.ajpath.2012.08.011>

Supported by an unrestricted educational grant from the FRITZ H. SCHRÖDER FOUNDATION

Prize for the Best Paper published on Fundamental Research in the Urological Literature

J.L. Boormans, H. Korsten, A.J.C. Ziel-Van Der Made, G.J.L.H. Van Leenders, C. V. De Vos,

G. Jenster, J. Trapman (Rotterdam, The Netherlands)

Identification of TDRD1 as a direct target gene of ERG in primary prostate cancer

International Journal of Cancer 133(2):335–45: doi: 10.1002/ijc.28025. Epub 2013 Feb 12

Prize for the Best Paper published on Clinical Research in the Urological Literature

S. Joniau, L. Van Den Bergh, E. Lerut, C.M. Deroose, K. Haustermans, R. Oyen,

T. Budiharto, F. Ameye, K. Bogaerts, H. Van Poppel (Leuven, Belgium)

Mapping of Pelvic Lymph Node Metastases in Prostate Cancer

European Urology 63 (2013) 450–458: <http://dx.doi.org/10.1016/j.eururo.2012.06.057>

Prize for the Best Scientific Paper published in European Urology®

J. Oddens, M. Brausi, R. Sylvester, A. Bono, C. v.d. Beek, G. V. Andel, P. Gontero,

W. Hoeltl, L. Turkeri, S. Marreaud, S. Collette, W. Oosterlinck ('s-Hertogenbosch,

Maastricht, Amsterdam, The Netherlands; Brussels, Ghent, Belgium; Modena, Varese,

Torino, Italy; Vienna, Austria; Istanbul, Turkey)

Final Results of an EORTC-GU Cancers Group Randomized Study of Maintenance Bacillus

Calmette-Guérin in Intermediate- and High-risk T_a, T₁ Papillary Carcinoma of the Urinary

Bladder: One-third Dose Versus Full Dose and 1 Year Versus 3 Years of Maintenance

European Urology, Volume 63, Issue 3, March 2013, Pages 462–472

Supported by an unrestricted educational grant from ELSEVIER



Prize for the Best Scientific Paper published on Fundamental Research in European Urology® by a young urologist (max. 35 years)

C.H.J. Muselaers, O.C. Boerman, E. Oosterwijk, J.F. Langenhuijsen, W.J.G. Oyen, P.F.A. Mulder (Nijmegen, The Netherlands)

Indium-111-labeled Girentuximab ImmunoSPECT as a Diagnostic Tool in Clear Cell Renal Cell Carcinoma

European Urology, Volume 63, Issue 6, June 2013, Pages 1101-1106

Supported by an unrestricted educational grant from ELSEVIER

Prize for the Best Scientific Paper published on Clinical Research in European Urology® by a young urologist (max. 35 years)

M. Popiolek, J.R. Rider, O. Andrén, S. Andersson, L. Holmberg, H. Adami, J. Johansson (Boston, United States of America; Örebro, Uppsala, Sweden)

Natural History of Early, Localized Prostate Cancer: A Final Report from Three Decades of Follow-up

European Urology, Volume 63, Issue 3, March 2013, Pages 428-435

First Prize for the Best Abstract (Oncology)

O. Patschan, G. Sjödahl, G. Chebil, K. Lövgren, M. Lauss, S. Gudjonsson, P. Kollberg, P. Eriksson, M. Aine, W. Månsson, M. Fernö, F. Liedberg, M. Höglund (Malmö, Lund, Helsingborg, Sweden) – Abstract 40

Molecular classification of T1 urothelial bladder cancer identifies high-risk subtypes

Second Prize for the Best Abstract (Oncology)

Y. Shiga, M.S. Sugimoto, T.I. Iwabuchi, Y.K. Kawano, Y.O. Oiwa, H.W. Watanabe, K.H. Hariu, M.S. Shimbori, K.U. Umeda, T.O. Otsutomo, H.M. Morikawa, R.Y. Yamamoto (Tokyo, Kobe, Japan) – Abstract 1124

Benefit of three-dimensional printing in robotic laparoscopic renal surgery: Tangible surgical navigation using a patient-based three-dimensional printed kidney

Third Prize for the Best Abstract (Oncology)

J.C. Oosterwijk-Wakka, W.P.J. Leenders, G.M. Franssen, O.C. Boerman, F.A. Mulders, E. Oosterwijk (Nijmegen, The Netherlands) – Abstract 192

Combination therapy with sunitinib and 177-Lu-girentuximab in RCC

First Prize for the Best Abstract (Non-Oncology)

T. Bivalacqua, G. Steinberg, N. Smith, S. Lerner, B. Bochner, C. Lee, E. Rivera, D. Jain, T. Bertram, M. Schoenberg (Baltimore, Chicago, Dallas, New York, Michigan, United States of America) – Abstract 178

Pre-clinical and clinical translation of a tissue engineered neo-urinary conduit using adipose derived smooth muscle cells for urinary reconstruction

Second Prize for the Best Abstract (Non-Oncology)

C.D. Vera-Donoso, F. Marco-Jiménez, J.S. Vicente-Antón (Valencia, Spain) – Abstract 908

Looking for solutions to the kidneys shortage: Xeno-transplantation of metanephroi

Third Prize for the Best Abstract (Non-Oncology)

N. Aizawa, P. Hedlund, Y. Homma, Y. Igawa (Tokyo, Japan; Milan, Italy) – Abstract 364

URB937, a peripherally-restricted inhibitor of fatty acid amide hydrolase, reduces prostaglandin E2-induced hyperactivity of bladder mechanosensitive nerve fibers in rats

The European Urology® Platinum Award 2014

I.S. Gill, Los Angeles, United States of America

R. Sylvester, Brussels, Belgium

H. Van Der Poel, Amsterdam, The Netherlands

First Prize for the Best Abstract by a resident

T. Hayashi, K.M. Gust, W. Jaeger, S. Awrey, N. Li, M. Altamirano-Dimas, R. Buttyan, L. Fazli, A. Matsubara, P.C. Black (Vancouver, Canada; Hiroshima, Japan) – Abstract 39

Notch2 promotes bladder cancer progression: Pre-clinical rationale for a novel targeted therapy

EAU Award Winners

Second Prize for the Best Abstract by a resident

C. Meyer, T. Eichenauer, T. Steuber, G. Salomon, U. Michl, H. Huland, S. Steurer, G. Sauter, H. Heinzer, M. Graefen, L. Budäus (Hamburg, Germany) - Abstract 722

Size and extension of lymph node metastases in prostate cancer patients: Implications for radiological imaging based on 6804 lymph nodes

Third Prize for the Best Abstract by a resident

M. Rieken, S.F. Shariat, B. Al Hussein Al Awamlh, L. Kluth, J. Crivelli, J. Chrystal, T. Faison, Y. Lotan, P. Karakiewicz, M. Babjuk, H. Fajkovic, C. Seitz, T. Klatte, A. Pycha, A. Bachmann, M. Gönen, E. Xylinas (New York, Dallas, United States of America; Vienna, Austria; Montreal, Canada; Prague, Czech Republic; Bolzano, Italy; Basel, Switzerland) - Abstract 998
Comparison of the EORTC tables and the new introduced EAU categories for risk stratification of patients with non-muscle-invasive bladder cancer

Resident's Corner Award for the Best Scientific Paper published in European Urology® by a resident (2 awards)

T. Nordström, M. Aly, M.S. Clements, C.E. Weibull, J. Adolfsson, H. Grönberg (Stockholm, Sweden)

Prostate-specific Antigen (PSA) Testing Is Prevalent and Increasing in Stockholm County, Sweden, Despite No Recommendations for PSA Screening: Results from a Population-based Study, 2003-2011
European Urology, Volume 63, Issue 3, March 2013, Pages 419-425

D.E. Spratt, C. Zhang, Z.S. Zumsteg, X. Pei, Z. Zhang, M.J. Zelefsky (New York, United States of America)

Metformin and Prostate Cancer: Reduced Development of Castration-resistant Disease and Prostate Cancer Mortality
European Urology, Volume 63, Issue 4, April 2013, Pages 709-716

First video prize

F. Dal Moro, A. Crestani, C. Valotto, F. Zattoni (Padua, Italy) - Video: V33

CORPUS - novel Complete Reconstruction of the Posterior Urethral Support after robotic radical prostatectomy: Preliminary data of very early continence recovery

Second video prize

O. Ukimura, A.L. Abreu, A. Marien, S. Shoji, T. Matsugasumi, S. Chopra, R. Azhar, Y. Sun, M. Desai, I. Gill (Los Angeles, United States of America) - Video: V32

Novel percutaneous navigation system integrating GPS-technology with tablet display for targeted focal therapy of prostate and kidney: Initial experience in human body

Third video prize

R. Saglam, J. Rassweiler, A.I. Tasci, K. Sarica, M. Binbay, A. Armagan, Y. Ozgok (Ankara, Istanbul, Turkey; Heilbronn, Germany) - Video: V31

Robotic flexible ureterorenoscopy: The new concept for the treatment of kidney stones

EUSP Best Scholar Award

Y. Neuzillet, Suresnes, France

Predictive markers of response to neoadjuvant chemotherapy before cystectomy for bladder cancer, and the molecular characterization of nonresponder tumors

The 29th Annual EAU Congress features an EAU Award Gallery. Here you can find a complete overview of all EAU Awards that will be handed out during the Congress. It will also list the past winners of the most prestigious urology prizes.

The EAU Award Gallery provides a great opportunity to take in all the important developments and breakthroughs in recent years.

The Award Gallery is located in the main entrance area of the Stockholmsmässan congress centre - be sure to visit it!

Acknowledgement of Abstract reviewers

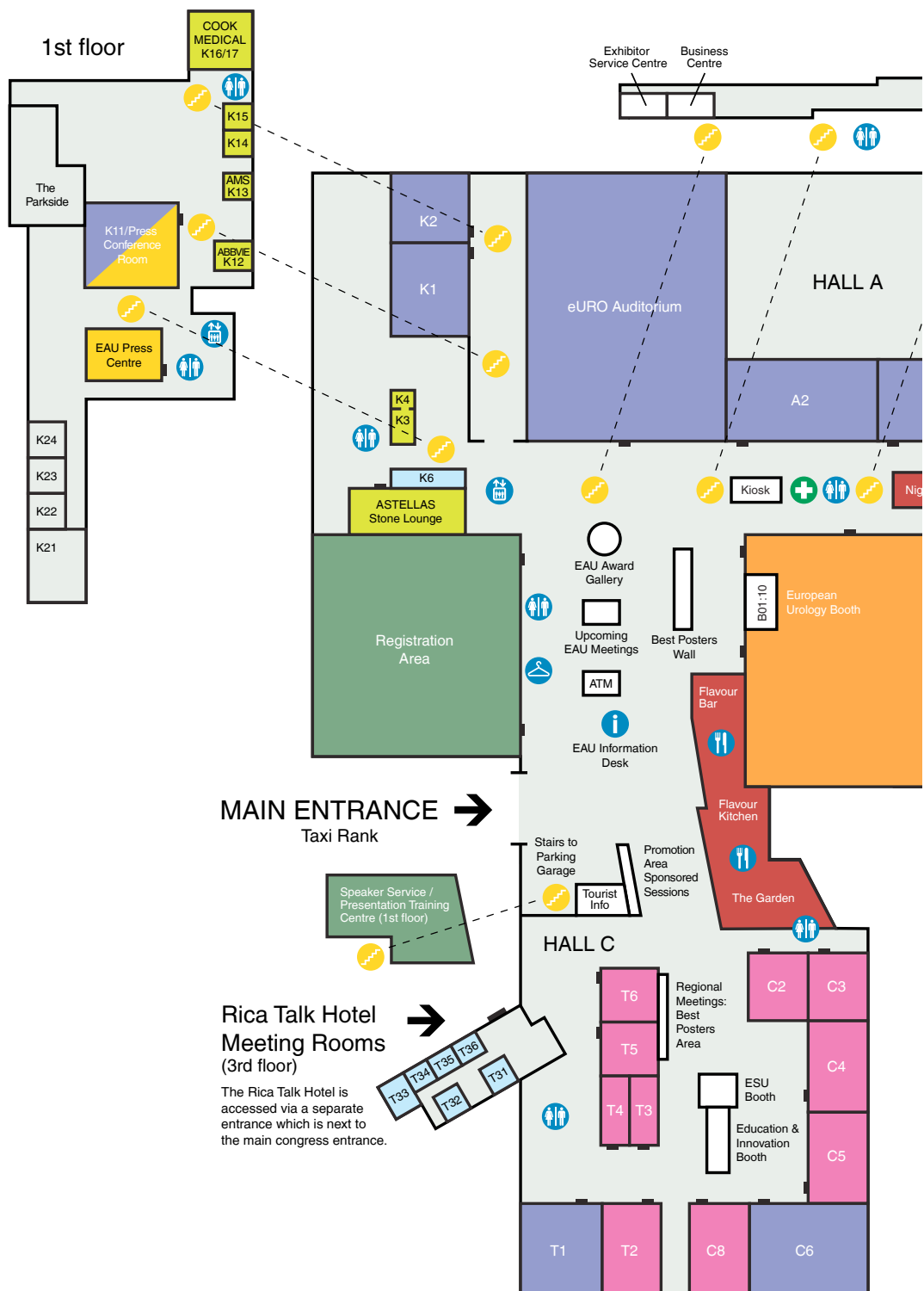
The abstract sessions have been composed by and under the responsibility of the members of the EAU Scientific Congress Office & Video Committee (see page 433) who wish to acknowledge the following reviewers for their important contribution to the 29th Annual EAU Congress.

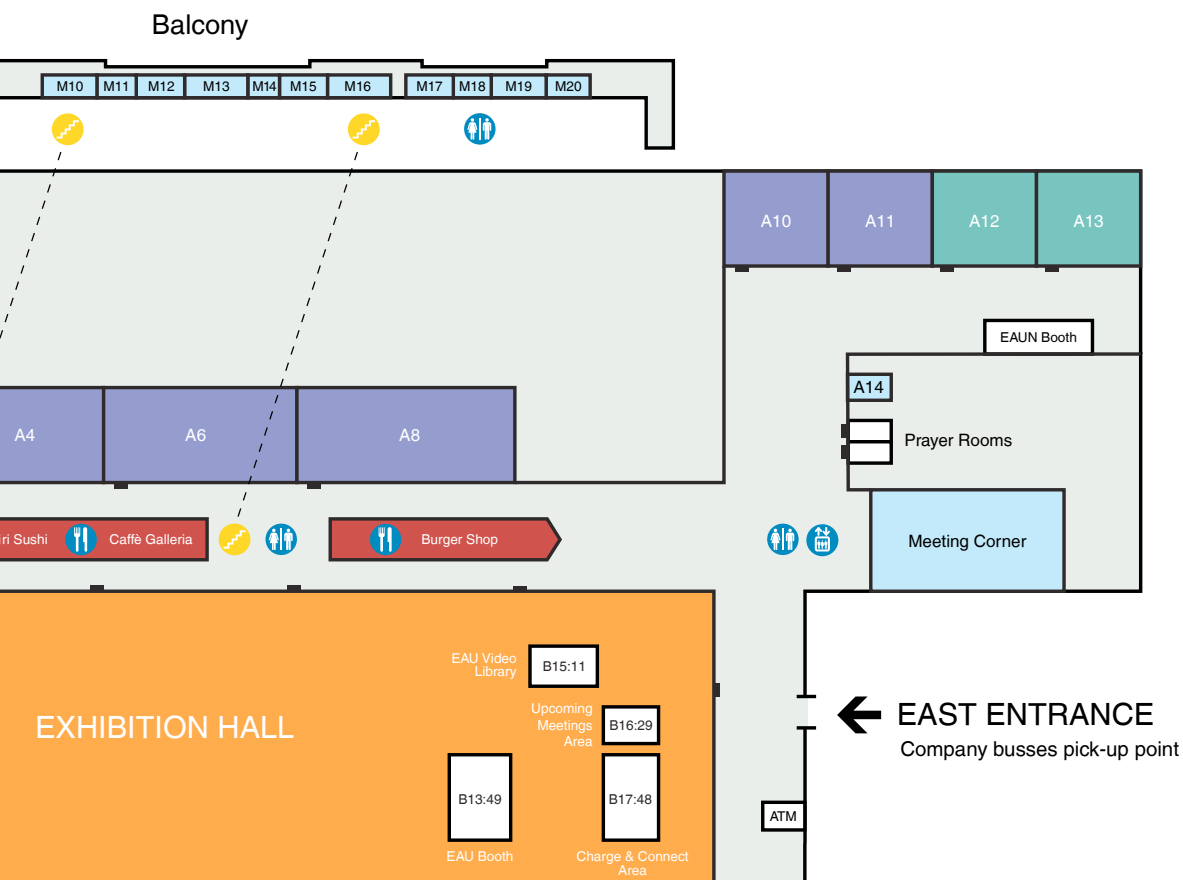
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Association
of Urology

Programme Friday, 11 April

	Room A2	Room A4	Room A6	Room A8	Room A10	Room A11	Room K1	Room K2
8.45		08.45-15.45 EAU-ICUD Consultation EAU-ICUD Consultation on minimally invasive surgery in urology (MISU)						
9.30								
10.00								
10.30	10.30-12.30 Joint Meeting of the EAU Section on Infections in Urology (ESIU) and the European Centre for Disease Prevention and Control (ECDC) Antimicrobial-resistance in nosocomial UTIs: A threat to patient safety		10.30-13.00 Urology beyond Europe Joint Session of the European Association of Urology (EAU) and the Korean Urological Association (KUA)	10.30-13.00 Urology beyond Europe EAU - World Chinese Joint Session	10.30-13.00 Urology beyond Europe Joint Session of the European Association of Urology (EAU) and the Arab Association of Urology (AAU)	10.30-13.00 Urology beyond Europe Joint Session of the European Association of Urology (EAU) and the Iranian Urological Association (IUA)	10.30-13.00 Urology beyond Europe Joint Session of the European Association of Urology (EAU) and the Société Internationale d'Urologie (SIU)	10.30-13.00 Urology beyond Europe Joint Session of the European Association of Urology (EAU) and the Urological Society of India (USI)
11.00								
11.30								
12.00								
	 page 59		 page 60	 page 61	 page 63	 page 65	 page 66	 page 67
12.30								
13.00								
13.15			13.15-15.45 Urology beyond Europe Joint Session of the European Association of Urology (EAU) and the Confederación Americana de Urología (CAU)	13.15-15.45 Urology beyond Europe Joint Session of the European Association of Urology (EAU) and the Maghreb Union Countries	13.15-15.45 Urology beyond Europe Joint Session of the European Association of Urology (EAU) and the Indonesian Urological Association (IUAII)	13.15-15.45 Urology beyond Europe EAU - International: Caucasus and Central Asia Session	13.15-15.45 Urology beyond Europe Joint Session of the European Association of Urology (EAU) and the Japanese Urological Association (JUA)	13.15-15.45 Urology beyond Europe Joint Session of the European Association of Urology (EAU) and the Pan-African Urological Surgeons' Association (PAUSA)
13.30								
14.00								
14.30								
15.00								
15.30								
15.45		 page 57	 page 68	 page 69	 page 71	 page 72	 page 74	 page 76

Programme Saturday, 12 April, Morning

	eURO Auditorium	Room A2	Room A4	Room A6	Room A8	Room A10	Room A11	Room K1	Room K2	
7.30		07.30-08.30 EAU General Assembly page 79								
8.00										
8.30	08.30-10.15 Plenary Session 1 Andrology in healthy ageing 08.30-08.45 State-of-the-art lecture Current recommendations in male infertility 08.45-09.00 State-of-the-art lecture Testosterone supplementation in the ageing male		08.30-10.00 Poster Session 2 Upper urinary tract urothelial cancer 13-25	08.30-10.00 Poster Session 1 Novel approaches to overcome therapy resistance in prostate cancer 1-12	08.30-10.00 Poster Session 3 Prostate cancer: Active surveillance 26-38	08.30-10.00 Poster Session 4 Molecular diagnostic and biomarkers of bladder cancer 39-49	08.30-10.00 Poster Session 5 Penile cancer 50-62	08.30-10.00 Poster Session 6 Sphincter or sling in PPI 63-74	08.30-10.00 Poster Session 7 Urethral stricture diseases 75-87	
9.00	09.00-09.10 EAU Guidelines snapshot Testosterone supplementation and prostate cancer									
9.15	09.10-09.25 State-of-the-art lecture How dangerous is testosterone supplementation? 09.25-09.45 American Association of Urology (AAU) Lecture Sexual function after urological surgery									
9.45	09.45-09.55 State-of-the-art lecture Preserving sexual function: From research to reality 09.55-10.15 State-of-the-art lecture Urological research funding in Horizon 2020									
	  page 80									
10.15	10.15-17.30 Meeting of the EAU Section of Uro-Technology (ESUT) in collaboration with ERUS and EUJUS On the frontiers in endourology, laparoscopy and robotics	10.15-14.00 Meeting of the EAU Section of Urolithiasis (EULIS) Urolithiasis management - Changing concepts in medical and surgical approach	10.15-14.00 Joint Meeting of the EAU Section of Oncological Urology (ESOU) and the European Organisation for Research and Treatment of Cancer Genito-Urinary Cancer Group (EORTC GUICG) New developments in uro-oncology	10.15-14.00 Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS) and the EAU Section of Andrological Urology (ESAU) Surgical and andrological aspects in men's health	10.15-14.00 Joint Meeting of the EAU Section of Urological Imaging (ESUI), the EAU Section of Uropathology (ESUP) and the EAU Section of Urological Research (ESUR) Staging and characterisation of urological malignancies: Current evidence, rationale and future perspectives		10.15-14.00 Meeting of the EAU Section of Transplantation Urology (ESTU) (in cooperation with ESUT and ERUS) Living donor kidney transplantation	10.15-14.00 Meeting of the EAU Section of Female and Functional Urology (ESFFU) Functional urology: How to put science in practice		
10.30										
10.45										
11.00										
11.15										
12.00	  page 99	 page 102	 page 104	 page 106	 page 108		 page 111	 page 113		

Room T1	Room C6	Room C2	Room C3	Room C8	Room T2	Room T5	Room T6	Room C4	Room C5	Room T3	
											7.30
											8.00
											8.30
08.30-10.00 Best Posters EAU Regional Meetings Best Posters EAU Regional Meetings	08.30-10.00 Poster Session 8 Options for preserving renal function 88-101										

Programme Saturday, 12 April, Afternoon

	eURO Auditorium	Room A2	Room A4	Room A6	Room A8	Room A10	Room A11	Room K1	Room K2
12.00	10.15-17.30 Meeting of the EAU Section of Uro-Technology (ESUT) in collaboration with ERUS and EULIS On the frontiers in endourology, laparoscopy and robotics	10.15-14.00 Meeting of the EAU Section of Urolithiasis (EULIS) Urolithiasis management - Changing concepts in medical and surgical approach	10.15-14.00 Joint Meeting of the EAU Section of Oncological Urology (ESOU) and the European Organisation for Research and Treatment of Cancer Genito-Urinary Cancer Group (EORTC GUCC) New developments in uro-oncology	10.15-14.00 Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS) and the EAU Section of Andrological Urology (ESAU) Surgical and andrological aspects in men's health	10.15-14.00 Joint Meeting of the EAU Section of Urological Imaging (ESUI), the EAU Section of Uropathology (ESUP) and the EAU Section of Urological Research (ESUR) Staging and characterisation of urological malignancies: Current evidence, rationale and future perspectives		10.15-14.00 Meeting of the EAU Section of Transplantation Urology (ESTU) (in cooperation with ESUT and ERUS) Living donor kidney transplantation	10.15-14.00 Meeting of the EAU Section of Female and Functional Urology (ESFFU) Functional urology: How to put science in practice	
12.15									
12.30									
13.00									
13.30		 page 102	 page 104	 page 106	 page 108		 page 111	 page 113	
14.00									
14.15		14:15-15:45 Poster Session 9	14:15-15:45 Poster Session 10	14:15-15:45 Video session 1	14:15-15:45 Poster Session 11	14:15-15:45 Poster Session 12	14:15-15:45 Poster Session 13	14:15-15:45 Poster Session 14	14:15-15:45 Poster Session 15
14.30		Critical evaluation of established markers in prostate cancer	High quality cystectomy	Endourology	Lasers for BPE	Bladder cancer biomarkers in prediction of disease aggressiveness	Male infertility: Basic to clinical	Predictors for oncological outcome after radical prostatectomy	Whats new in urinary diversion
15.00		102-114	115-126	V1-V8	127-138	139-150	151-162	163-174	175-186
15.30		 page 122	 page 124	 page 121	 page 126	 page 128	 page 129	 page 131	 page 133
15.45									
16.00		16:00-17:30 Poster Session 17	16:00-17:30 Poster Session 18	16:00-17:30 Video session 2	16:00-17:30 Poster Session 19	16:00-17:30 Poster Session 20	16:00-17:30 Poster Session 21	16:00-17:30 Poster Session 22	16:00-17:30 Poster Session 23
16.30		Improvement in prostate cancer biomarkers measurement	Optimizing outcomes post cystectomy	Bladder cancer surgery	Surgical and minimally invasive therapy in BPE, whats new?	Bladder cancer cell biology	Male infertility: Clinical	Management of lymph node disease in prostate cancer	Upper tract surgery for benign disease
17.00		201-213	214-225	V9-V16	226-238	239-249	250-261	262-271	272-285
17.15									
17.25									
17.30	 page 99	 page 138	 page 140	 page 137	 page 142	 page 144	 page 145	 page 147	 page 149

Room T1	Room C6	Room C2	Room C3	Room C8	Room T2	Room T5	Room T6	Room C4	Room C5	Room T3	
10.15-17.25 Special Session Residents (ESRU) and Young Academic Urologists (YAU) day organised by the Young Urologist Office (YUO)	10.15-14.00 Meeting of the EAU Section of Infections in Urology (ESIUI) ESIUI brings the future to urology									11.00-12.30 HOT 08 ESU/ESUT Hands-on training GreenLight Laser Vaporisation – Basic Course 2 AMERICAN MEDICAL SYSTEMS page 382	12.00
		12.30-13.30 Special Session History: Visualisation in urology									12.15
											12.30
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	14.15-15.45 Poster Session 16 RCC: New therapeutic approaches and drug response 187-200	14.30-17.30 ESU Course 1 Prostate cancer – Screening, diagnosis and staging	14.30-17.30 ESU Course 2 Advanced course on urethral stricture surgery	14.30-17.30 ESU Course 6 Prolapse management and female pelvic floor problems	14.30-17.30 ESU Course 4 Retropubic radical prostatectomy – Tips, tricks and pitfalls	14.30-17.30 ESU Course 5 Urinary tract and genital trauma	14.30-17.30 ESU Course 3 Modern management of BPO	13.00-16.00 HOT 05 ESU Hands-on training on Urodynamics – course 1		13.00-14.30 HOT 09 ESU/ESUT Hands-on training GreenLight Laser Vaporisation – Advanced Course 1 AMERICAN MEDICAL SYSTEMS page 383	13.00
											13.30
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Programme Sunday, 13 April, Morning

	eURO Auditorium	Room A2	Room A4	Room A6	Room A8	Room A10	Room A11	Room K1	Room K2	Room K11	Room T1
7.30	07.30-11.00 Plenary Session 2 Bladder cancer, testis cancer 07.30-08.00 Highlight session 1										
8.00	08.00-08.15 State-of-the-art lecture Personalised uri- nary diagnostics 08.15-08.45 Case discussion Diagnosis and treatment of non- muscle-invasive bladder cancer										
8.30	08.45-09.00 State-of-the-art lecture How to avoid cystectomy being too late in non- muscle-invasive bladder cancer										
9.00	09.00-09.30 Debate Bladder preserva- tion in muscle invasive bladder cancer										
9.15	09.15-10.45 Video Session 3	09.15-10.45 Poster Session 25	09.15-10.45 Poster Session 25		09.15-10.45 Poster Session 26	09.15-10.45 Poster Session 27	09.15-10.45 Poster Session 28	09.15-10.45 Poster Session 29	09.15-10.45 Poster Session 30	09.15-10.45 Poster Session 31	
9.30	09.30-09.40 State-of-the-art lecture Diagnostic dilemmas and risks in testicular cancer	Partial nephrectomy: Pedicle management	miRNA and novel regulatory molecules in prostate cancer		Renal tumors: From biopsy to prognosis	History of urology	Prognostic biomarkers in prostate cancer	Focal therapy for prostate cancer: New insights	Shooting at new targets in bladder overactivity and underactivity	All about SU1 and POP	
	09.40-10.10 Debate Surveillance for everyone in stage I germ cell tumours	V17-V25	299-310		311-324	325-338	339-352	353-363	364-375	376-388	
10.00	10.10-10.20 State-of-the-art lecture Late morbidity in testicular cancer										
10.30	10.20-11.00 Case discussion Post-chemother- apy surgery	 page 156	 page 157		 page 159	 page 161	 page 162	 page 164	 page 166	 page 168	
10.45	  page 153										
11.00	11.00-12.00 Thematic Session 1	11.00-12.00 Thematic Session 2	11.00-12.00 Thematic Session 3		11.00-12.00 Thematic Session 4	11.00-12.00 Thematic Session 5	11.00-12.00 Thematic Session 6	11.00-12.00 Thematic Session 7	11.00-12.00 Thematic Session 8	11.00-12.00 Thematic Session 9	
11.15	Prostate biopsy and imaging	New technologies: Star Trek in urology	EAU Guidelines Office: Challenge the EAU guidelines		Management of surgical complications	Paediatric urology	Transplant surgery techniques applied to urology	European Society of Surgical Oncology (ESSO) session: Recurrent pelvic cancer: What are urological challenges?	A joint session with the European Society of Urogenital Radiology (ESUR) and the EAU	The brain is the future: Neurourology	
11.30											
12.00	 page 172	 page 173	 page 174		 page 175	 page 176	 page 177	 page 178	 page 179	 page 180	

	Room C6	Room C2	Room C3	Room C8	Room T2	Room T5	Room T6	Room C4	Room C5	Room T3	Room T4	
												7.30
												8.00
		08.30-11.30 ESU Course 7 Office management of male sexual dysfunction	08.30-11.30 ESU Course 8 Renal transplantation: Technical aspects, diagnosis and management of early and late urological complications	08.30-11.30 ESU Course 12 Lower urinary tract dysfunction and urodynamics	08.30-11.30 ESU Course 10 Focal treatment in prostate cancer	08.30-11.30 ESU Course 11 An Introduction to social media: Why this is important for urologists	08.30-11.30 ESU Course 9 Update on stone disease					8.30
								09.00-12.00 HOT 06 ESU Hands-on training on Urodynamics - course 2		09.00-10.30 HOT 01 ESU/ESUT Hands-on training in Women's Health - course 1	09.00-10.30 HOT 17 ESU/ERUS Hands-on training Robotic surgery course 1	9.00
09.15-10.45 Poster Session 32 Imaging and minimally invasive surgery in retroperitoneal tumours 389-401									09.15-11.15 Hands-on training ESU/ESUT Hands-on training Laparoscopy training			9.15
												9.30
												10.00
										AMERICAN MEDICAL SYSTEMS page 385	INTUITIVE SURGICAL page 388	
												10.30
												10.45
									OLYMPUS EUROPA SE & CO. KG page 384			11.00
										11.00-12.30 HOT 02 ESU/ESUT Hands-on training in Women's Health - course 2	11.00-12.30 HOT 18 ESU/ERUS Hands-on training Robotic surgery course 2	11.15
												11.30
								LABORIE and MEDIWATCH page 386		AMERICAN MEDICAL SYSTEMS page 385	INTUITIVE SURGICAL page 388	12.00

Programme Sunday, 13 April, Afternoon

	eURO Auditorium	Room A2	Room A4	Room A6	Room A8	Room A10	Room A11	Room K1	Room K2	Room K11	Room T1	
12.00												
12.15	12.15-13.45 Video Session 4 Highlights and awards	12.15-13.45 Poster Session 33 Experimental therapies for bladder cancer	12.15-13.45 Poster Session 34 Oncological outcomes after radical prostatectomy		12.15-13.45 Poster Session 35 How to perform partial nephrectomy?	12.15-13.45 Poster Session 36 Paediatric urology: Hypospadias and embriology	12.15-13.45 Poster Session 37 Urological infection therapy	12.15-13.45 Poster Session 38 PBS, hemorrhagic and interstitial cystitis	12.15-13.45 Poster Session 39 Cell based therapies for bladder and urethral dysfunction		12.15-13.45 Poster Session 40 Preclinical innovation - the future of erectile dysfunction treatment?	
12.30	V26-V33	402-413	414-423	12.30-14.30 European Urology Session Surgery in motion	424-436	437-448	449-460	461-473	474-486		487-498	
13.00												
13.15												
13.30	 page 182	 page 183	 page 185		 page 187	 page 189	 page 191	 page 193	 page 195		 page 197	
13.45												
14.00	14.00-15.30 Video Session 5 Prostate surgery: Present and future	14.00-15.30 Poster Session 42 Novel experimental therapies and resistance in urothelial cancer	14.00-15.30 Poster Session 43 Morbidity and functional outcomes of treatments for prostate cancer	 page 181	14.00-15.30 Poster Session 44 Planning and techniques of partial nephrectomy	14.00-15.30 Poster Session 45 Paediatric urology: Upper urinary tract	14.00-15.30 Poster Session 46 Infectious prostate disease	14.00-15.30 Poster Session 47 Refractory OAB	14.00-15.30 Poster Session 48 Nocturia and nocturnal polyuria		14.00-15.30 Poster Session 49 Men's sexual health: Treatment of erectile dysfunction	
14.15												
14.30	V34-V40	510-523	524-535		536-547	548-559	560-571	572-585	586-597		598-609	
15.00	 page 201	 page 202	 page 204		 page 206	 page 208	 page 210	 page 212	 page 214		 page 216	
15.15												
15.30												
15.45	15.45-17.15 Video Session 6 Complex stones and transplantation	15.45-17.15 Poster Session 51 Beyond conventional endoscopy	15.45-17.15 Poster Session 52 Treatment of high risk prostate cancer		15.45-17.15 Poster Session 53 Renal function and survival after partial nephrectomy	15.45-17.15 Poster Session 54 Paediatric urology: Bladder and external genitalia	15.45-17.15 Poster Session 55 Kidney and bladder infections	15.45-17.15 Poster Session 56 New ideas in LUTD: Obstruction or underactivity	15.45-17.15 Poster Session 57 Botulinum toxin: From bench to bedside		15.45-17.15 Poster Session 58 Men's sexual health: Testosterone, premature ejaculation and Peyronies disease	
16.00												
16.30	V41-V49	621-633	634-645		646-657	658-669	670-681	682-692	693-704		705-716	
17.00	 page 220	 page 221	 page 223		 page 225	 page 227	 page 228	 page 230	 page 231		 page 233	
17.15												
17.30												

	Room C6	Room C2	Room C3	Room C8	Room T2	Room T5	Room T6	Room C4	Room C5	Room T3	Room T4	
		12.00-14.00 ESU Course 13 Pathology (prostate, bladder/UUT, kidney, testicles/penis)	12.00-14.00 ESU Course 14 Management of locally advanced and metastatic renal cancer	12.00-14.00 ESU Course 18 Ultrasound in urology	12.00-14.00 ESU Course 16 Testicular cancer	12.00-14.00 ESU Course 17 Management and outcome in invasive and locally advanced bladder cancer	12.00-14.00 ESU Course 15 Laparoscopy for beginners			11.00-12.30 HOT 02 ESU/ESUT Hands-on training in Women's Health - course 2 AMERICAN MEDICAL SYSTEMS page 385	11.00-12.30 HOT 18 ESU/ERUS Hands-on training Robotic surgery course 2 INTUITIVE SURGICAL page 388	12.00
	12.15-13.45 Poster Session 41 PCNL: Outcomes, safety and complexity 499-509  page 199	 page 340	 page 342	 page 346	 page 344	 page 345	 page 343					12.15
												12.30
										13.00-14.30 HOT 03 ESU/ESUT Hands-on training in Women's Health - course 3	13.00-14.30 HOT 19 ESU/ERUS Hands-on training Robotic surgery course 3	13.00
												13.15
												13.30
												13.45
												14.00
	14.00-15.30 Poster Session 50 Technical innovation in PCNL 610-620  page 218							14.00-15.30 HOT 11 ESU/ESUT Hands-on training Laparoscopy course 1		AMERICAN MEDICAL SYSTEMS page 385	INTUITIVE SURGICAL page 388	14.15
		14.30-17.30 ESU Course 19 Advanced course on upper tract laparoscopy (UP), adrenal and stones)	14.30-17.30 ESU Course 20 How to write a manuscript and get it published in European Urology	14.30-17.30 ESU Course 24 Flexible uretero- renoscopy and retrograde intrarenal surgery: Instrumentation, technique, tips and tricks, indications	14.30-17.30 ESU Course 22 Nerve-sparing cystectomy and orthotopic bladder substitution - Surgical Tricks and management of complications	14.30-17.30 ESU Course 23 Surgery or radiotherapy for localised and locally advanced prostate cancer	14.30-17.30 ESU Course 21 Advanced vaginal reconstruction					14.30
								KARL STORZ GMBH & CO.KG and COVIDIEN page 387			15.00-16.30 HOT 20 ESU/ERUS Hands-on training Robotic surgery course 4	15.00
												15.15
												15.30
	15.45-17.15 Poster Session 59 Prostate cancer clinical staging - the limits of imaging? 717-731  page 235							15.45-17.15 HOT 12 ESU/ESUT Hands-on training Laparoscopy course 2			INTUITIVE SURGICAL page 388	15.45
												16.00
												16.30
												17.00
		 page 347	 page 348	 page 355	 page 352	 page 353	 page 350					17.15
												17.30

Programme Monday, 14 April, Morning

	eURO Auditorium	Room A2	Room A4	Room A6	Room A8	Room A10	Room A11	Room K1	Room K2	Room K11	Room T1	
7.30	07.30-11.00 Plenary Session 3 Refractory problems in functional urology											
8.00	07.30-08.00 Highlight session 2											
	08.00-08.15 Société Internationale d'Urologie (SIU) Lecture Urodynamics in refractory lower urinary tract symptoms (LUTS)											
	08.15-08.30 Confederación Americana de Urología (CAU) Lecture Optimising the management of bladder emptying problems											
8.30	08.30-08.45 State-of-the-art lecture Overactive Bladders (OABs) pharmacological therapy: Have we reached the end of our possibilities?											
	08.45-08.55 EAU Guidelines snapshot Optimising clinical assessments for Lower Urinary Tract Symptoms (LUTS)											
9.00	08.55-09.15 State-of-the-art lecture Aetiology and management of residual LUTS after prostatic surgery											
9.15	09.15-09.45 Debate Botulinum toxin or sacral neuromodulation for treating refractory lower urinary tract dysfunction?	09.15-10.45 Video Session 7 Retropertitoneal surgery	09.15-10.45 Poster Session 60 Diagnostic prostate biopsies		09.15-10.45 Poster Session 61 Radical prostatectomy for clinically localized prostate cancer	09.15-10.45 Poster Session 62 Neurogenic bladder: Diagnosis and treatment	09.15-10.45 Poster Session 63 Towards optimization of LUTS medical treatment	09.15-10.45 Poster Session 64 Novel approaches to treatment, prognosis and prediction of response	09.15-10.45 Poster Session 65 Basic research related to stone treatment		09.15-10.45 Poster Session 66 Exploring the limits of ESWL	
9.30												
9.45	09.45-10.00 State-of-the-art lecture How to treat sphincteric incontinence after radiation	V50-V57	732-745		746-759	760-771	772-783	784-796	797-809		810-822	
10.00	10.00-10.30 Clinical discussion Refractory cases of stress urinary incontinence (SUI)											
10.30	10.30-10.45 Update Painful bladder syndrome: What's new?	page 240	page 241		page 243	page 245	page 246	page 248	page 250		page 252	
10.45	10.45-11.00 State-of-the-art lecture The end of the line: Urinary diversion   page 237											
11.00	11.00-12.00 Thematic Session 10	11.00-12.00 Thematic Session 11	11.00-12.00 Thematic Session 12		11.00-12.00 Thematic Session 13	11.00-12.00 Thematic Session 19	11.00-12.00 Thematic Session 18	11.00-12.00 Thematic Session 14	11.00-12.00 Thematic Session 15		11.00-12.00 Thematic Session 16	
11.15	Castration-resistant prostate cancer	Will transurethral resection of the prostate (TURP) remain state of the art?	Targetable and targeted molecules in prostate cancer		Expert challenges the expert	Joint session with the European Society of Nuclear Medicine (EANM) and EAU	Joint session with the European Society for Radiotherapy & Oncology (ESTRO) and EAU	Challenges in non-surgical stone management	Update on renal cell cancer		Reconstructive urology: Now and the future	
11.30												
12.00	 page 256	 page 257	 page 259		 page 260	 page 266	 page 265	 page 261	 page 262		 page 263	

	Room C6	Room C2	Room C3	Room C8	Room T2	Room T5	Room T6	Room C4	Room C5	Room T3	Room T4	
												7.30
												8.00
												8.30
		08.30-11.30 ESU Course 25 The infertile couple - Urological aspects	08.30-11.30 ESU Course 26 Prostate cancer imaging: When and how to use it	08.30-11.30 ESU Course 30 Robot renal surgery	08.30-11.30 ESU Course 28 Management of small renal tumours	08.30-11.30 ESU Course 29 Chronic pelvic pain in men and women	08.30-11.30 ESU Course 27 Diagnosis and management of non-muscle invasive bladder cancer (NMIBC)					
								09.00-10.30 HOT 13 ESU/ESUT/ training Uretero- renoscopy course 1			09.00-10.30 HOT 21 ESU/ERUS Hands-on training Robotic surgery course 5	9.00
09.15-10.45 Poster Session 67 Prostate cancer: Improving biopsies for screening 823-835									09.15-11.15 Hands-on training ESU/ESUT Hands-on training Laparoscopy			9.15
										09.30-11.00 HOT 25 ESU/ESUT Hands-on training in OnabotulinumtoxinA administration for OAB - Course 1		9.30
 page 254								KARL STORZ GMBH & CO. KG and COOK MEDICAL page 319			INTUITIVE SURGICAL page 392	10.00
												10.30
												10.45
										Allergan through funding of room and equipment hire and honorarium payment for trainers. page 393		
11.00-12.00 Thematic Session 17 1st ESO Prostate Cancer Observatory: Innovation and care in the next 12 months	 page 357	 page 358	 page 364	 page 362	 page 363	 page 360		11.00-12.30 HOT 14 ESU/ESUT/ Hands-on training Ureterorenoscopy course 2	OLYMPUS EUROPA SE & CO. KG page 389		11.00-12.30 HOT 22 ESU/ERUS Hands-on training Robotic surgery course 6	11.00
 page 264										11.30-13.00 HOT 26 ESU/ESUT Hands-on training in OnabotulinumtoxinA administration for OAB - Course 2 Allergan through funding of room and equipment hire and honorarium payment for trainers. page 393		11.15
								KARL STORZ GMBH & CO. KG and COOK MEDICAL page 390			INTUITIVE SURGICAL page 392	11.30
												12.00

Programme Monday, 14 April, Afternoon

	eURO Auditorium	Room A2	Room A4	Room A6	Room A8	Room A10	Room A11	Room K1	Room K2	Room K11	Room T1	
12.00												
12.15	12.15-13.45 Video Session 8 Reconstructive surgery	12.15-13.45 Poster Session 68 Signaling pathways in prostate tumor and stem cells	12.15-13.45 Poster Session 69 Prostate cancer: Population-based screening		12.15-13.45 Poster Session 70 Modern management of castration-resistant prostate cancer	12.15-13.45 Poster Session 71 Education and training	12.15-13.45 Poster Session 72 BPE: What's new in basic research?	12.15-13.45 Poster Session 73 Modern staging of urothelial carcinomas of the bladder and the upper tract: A new era has started	12.15-13.45 Poster Session 74 Kidney transplant: From lab to clinic		12.15-13.45 Poster Session 75 URS in renal stones, stents	
12.30	V58-V64	836-847	848-860		861-872	873-884	885-896	897-907	908-919		920-933	
13.00												
13.15												
13.30	 page 268	 page 269	 page 271		 page 273	 page 275	 page 277	 page 279	 page 281		 page 282	
13.45												
14.00	14.00-15.30 Video Session 9 Techniques in motion	14.00-15.30 Poster Session 77 MRI staging of prostate cancer - is it already standard?	14.00-15.30 Poster Session 78 Technical aspects of robot-assisted prostatectomy		14.00-15.30 Poster Session 79 Androgen deprivation therapy, still work to be done	14.00-17.00 EUSP Session European Urological Scholarship Programme (EUSP) Session	14.00-15.30 Poster Session 80 How to diagnose male LUTS and BPE?	14.00-15.30 Poster Session 81 Management strategies in non muscle invasive bladder cancer: From first diagnosis to recurrence	14.00-15.30 Poster Session 82 Kidney transplant surgery		14.00-15.30 Poster Session 83 Ureteral stones, URS in children and UTI	
14.15												
14.30	V65-V72	947-959	960-971		972-982		983-994	995-1008	1009-1020		1021-1034	
15.00	 page 286	 page 287	 page 289		 page 291		 page 293	 page 295	 page 297		 page 299	
15.15												
15.30												
15.45	15.45-17.15 Video Session 10 Renal and urothelial tumour surgery	15.45-17.15 Poster Session 85 Initial prostate cancer staging - ultrasound versus MRI	15.45-17.15 Poster Session 86 Surgical outcomes after open and minimally invasive radical prostatectomy		15.45-17.15 Poster Session 87 New technologies for urology surgery		15.45-17.15 Poster Session 88 BPE: Aetiology, epidemiology and treatment outcomes	15.45-17.15 Poster Session 89 Outcomes in non-muscle invasive bladder cancer	15.45-17.15 Poster Session 90 Testicular tumors		15.45-17.15 Poster Session 91 New technologies and techniques	
16.00	V73-V80	1048-1062	1063-1074		1075-1085		1086-1098	1099-1110	1111-1123		1124-1135	
16.30						 page 267						
17.00	 page 303	 page 304	 page 306		 page 308		 page 309	 page 311	 page 313		 page 315	
17.15												
17.30												

Room C6	Room C2	Room C3	Room C8	Room T2	Room T5	Room T6	Room C4	Room C5	Room T3	Room T4	
	12.00-14.00 ESU Course 31 Current concepts and controversy in the diagnosis and management of upper tract urothelial carcinoma (UTUC)	12.00-14.00 ESU Course 32 Extraperitoneal robotic assisted prostatectomy and partial nephrectomy	12.00-15.00 ESU Course 36 Laparoscopic and robot-assisted laparoscopic radical cystectomy	12.00-15.00 ESU Course 34 Robot-assisted laparoscopic prostatectomy	12.00-14.00 ESU Course 35 Ultrasound for the urologist - TRUS and TRUS guided biopsies	12.00-15.00 ESU Course 33 Paediatric urology for the adult urologist: A practical update	11.00-12.30 HOT 14 ESU/ESUT/ EULIS Hands-on training Ureterorenoscopy course 2 KARL STORZ GMBH & CO.KG and COOK MEDICAL page 390		11.30-13.00 HOT 26 ESU/ESUT Hands-on training in OnabotulinumtoxinA administration for OAB - Course 2 Allergan through funding of room and equipment hire and honorarium payment for trainers. page 393	11.00-12.30 HOT 22 ESU/ERUS Hands-on training Robotic surgery course 6 INTUITIVE SURGICAL page 392	12.00
12.15-13.45 Poster Session 76 RCC: Non-organ sparing surgery 934-946  page 284											12.15
	 page 365	 page 367				 page 372					12.30
14.00-15.30 Poster Session 84 RCC: Prognostic factors 1035-1047											13.00
											13.15
											13.30
											13.45
											14.00
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											14.30
	14.30-17.30 ESU Course 37 Percutaneous nephrolithotripsy (PCNL)	14.30-16.30 ESU Course 38 General neuro-urology	 page 373	 page 370	14.30-17.30 ESU Course 41 Metastatic prostate cancer	 page 369					15.00
											15.15
											15.30
											15.45
											16.00
15.45-17.15 Poster Session 92 Novel views on the management of renal tumors 1136-1145  page 317		 page 375		15.30-17.30 ESU Course 40 Advanced course on laparoscopic nephrectomy		15.30-17.30 ESU Course 39 Post-surgical urinary incontinence in males					16.30
											17.00
											17.15
	 page 374			 page 377	 page 379	 page 376					17.30

	eURO Auditorium
08.00	08.00-13.50 Plenary Session 4
	08.00-08.15 State-of-the-art lecture Genomic alterations and early-onset prostate cancer
	08.15-08.25 State-of-the-art lecture Chemoprevention and definition of significant prostate cancer: Working towards a multi-disciplinary consensus
	08.25-08.40 Update European Randomised Study of Screening for Prostate Cancer (ERSPC)
	08.40-08.50 Late breaking news Efficacy and safety of Duodart™ treatment versus watchful waiting (WW) with step-up therapy to tamsulosin in the management of men with treatment-naïve, prostate enlargement, increased prostate-specific antigen (PSA) and moderately symptomatic benign prostatic hyperplasia (BPH): 2 Year results from CONDUCT study
	08.50-09.00 Late breaking news Active surveillance in HAROW – the first comprehensive prospective non-interventional study comparing treatment options in localized prostate cancer.
	09.00 – 09.15 EAU Guidelines snapshot PSA screening and risk stratification
	09.15 – 09.55 Case discussion What's new in active surveillance
	09.55 – 10.15 State-of-the-art lecture The association of BRCA mutations with prostate cancer risk and implications for management
	10.15 – 10.30 State-of-the-art lecture Prediction of long-term adverse consequences of local treatment
	10.30 – 10.40 Late breaking news Enzalutamide in men with chemotherapy-naïve metastatic castration resistant prostate cancer (MCRPC): Primary and European regional results of the phase 3 prevail study
	10.40 – 10.55 State-of-the-art lecture EUROCARE: Regional differences in Europe regarding survival of prostate cancer
	10.55 – 11.35 Case discussion Early identification and management of oligometastatic disease
	11.35 – 11.45 Late breaking news The International Consortium for Health Outcomes Measurement (ICHOM) activities on prostate cancer
	11.45 – 13.45 Souvenir session by the EAU Scientific Congress Office
	13.45-13.50 Closing remarks
13.50	 page 319

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Sponsored Sessions

Friday, 11 April

	Room A2	Room A4	Room A6	Room A11	Room K1	Room K2
16.00	16.15-17.45 Symposium Understanding the heterogeneity of mCRPC to optimize survival	16.15-17.45 Symposium Causes and impacts of nocturia and bedwetting	16.15-17.45 Symposium The many faces of mCRPC: Assessing patient profiles and tailoring treatment in a changing therapeutic landscape	16.15-17.45 Symposium Unmet medical needs of patients with angiomyolipoma	16.15-17.45 Symposium Clinical innovation in endoscopic and laparoscopic urology	16.15-17.45 Symposium A new paradigm in the treatment of ED - the topical option
17.45	SANOFI page 404	FERRING PHARMACEUTICALS page 401	 BAYER HEALTHCARE page 400	NOVARTIS page 402	OLYMPUS page 403	APRICUS BIOSCIENCES page 399

Saturday, 12 April

	eURO Auditorium	Room A2	Room A4	Room A6	Room A10	Room A11	Room K1	Room K2
18.00	18.00-19.30 Symposium Redefining clinical practice in CRPC: New options, new thinking, new decisions	18.00-19.30 Symposium Innovative approaches in urological cancers	18.00-19.30 Symposium Managing patients with NMIBC: How can we improve?	18.00-19.30 Symposium Impact of beliefs and evidence on initial BPH medical treatment decisions in the real-world	18.00-19.30 Symposium Premature ejaculation: A deep look into the impact and its treatment	18.00-19.30 Symposium Glycosaminoglycan-replenishment Therapy: Rationale for Use and Current Evidence	18.00-19.30 Symposium Scientific and practical relevance of long-term testosterone replacement for hypogonadal men	18.00-19.30 Symposium Evolving controversies in the management of prostate disease - The role of tadalafil
19.30	ASTELLAS page 405	IPSEN page 409	MEDAC page 411	GLAXOSMITH KLINE page 407	MENARINI page 412	IBSA INSTITUT BIOCIMIQUE SA page 408	BAYER page 406	LILLY page 410

Sunday, 13 April

	Room A6
10.00	10.00-12.00 da Vinci Live 3D HD Robotic Surgery Live surgery: da Vinci prostatectomy - Posterior transabdominal approach INTUITIVE SURGICAL page 413
12.00	
15.00	15.00-17.00 da Vinci Live 3D HD Robotic Surgery 3D video and live narration - da Vinci extraperitoneal prostatectomy INTUITIVE SURGICAL page 413
17.00	

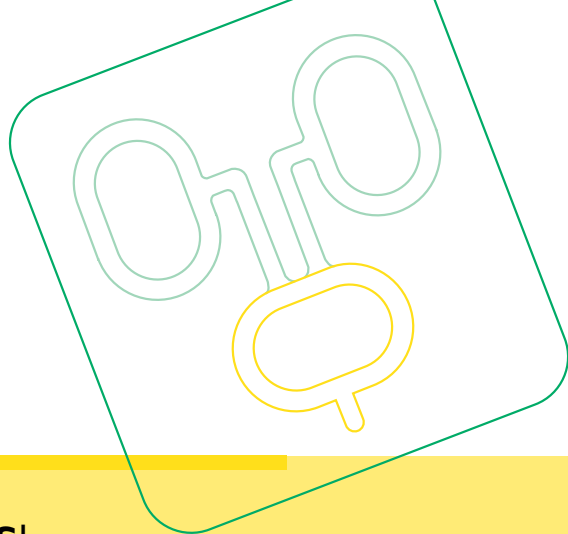
Sunday, 13 April

	eURO Auditorium	Room A2	Room A4	Room A6	Room A8	Room A10	Room A11	Room K1	Room K2	Room K11
17.45	17.45-19.15	17.45-19.15	17.45-19.15	17.45-19.15	17.45-19.15	17.45-19.15	17.45-19.15	17.45-19.15	17.45-19.15	17.45-19.15
	Symposium	Symposium	Symposium	Symposium	Symposium	Symposium	Symposium	Symposium	Symposium	Workshop
	The assembly instructions: user guide on male LUTS	The genesis of urgency: Unravelling the symptom complex of overactive bladder (OAB)	Prostate cancer: A state of the heart	Using novel therapies in the real world management of patients with mCRPC	LUTS/BPH: How can we improve the relevance of clinical studies to real life?	Reintroducing pivmecillinam - a useful weapon to fight resistance in UTI	Towards a new prostate management	Avanafil: A new step towards sexual satisfaction	Prognostic signatures in prostate cancer	HoLEP and beyond: An instructional workshop
	ASTELLAS	ALLERGAN	FERRING PHARMA-CEUTICALS	JANSSEN PHARMA-CEUTICAL COMPANIES OF JOHNSON & JOHNSON	RECORDATI	LEO PHARMA A/S	STEBA BIOTECH	MENARINI	MYRIAD GENETICS	LUMENIS
19.15	page 415	page 414	page 416	page 417	page 422	page 418	page 423	page 420	page 421	page 419

Monday, 14 April

	Room A6
10.00	10.00-12.00 da Vinci Live Robotic Surgery Live surgery: da Vinci prostatectomy INTUITIVE SURGICAL page 424
14.00	14.00-16.00 da Vinci Live Robotic Surgery Live surgery: da Vinci partial nephrectomy with Firefly™ fluorescence imaging INTUITIVE SURGICAL page 424
16.00	
	eURO Auditorium
17.45	17.45-19.15 Symposium OAB: Scientific theories becoming clinical practice: Past, present and future ASTELLAS page 425
	Room K11
19.15	17.45-19.15 Workshop New considerations in the treatment and prophylaxis of UTI BIONORICA page 426

SELEXID® PIVMECILLINAM



GUIDELINES RECOMMENDS¹

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- Resistance remains low, even in areas of extensive use^{2,4}
- Minimal impact on the normal microflora⁵

Short SmPC Selexid® film-coated tablets

Name Selexid® 200 mg and 400 mg film-coated tablets. **Composition** Active substance: Pivmecillinam hydrochloride. Excipients: cellulose, microcrystalline, hydroxypropyl cellulose, hypromellose, magnesium stearate, simethicone emulsion, paraffin, synthetic. **Therapeutic indications*** Urinary tract infections. **Posology and method of administration** Adults: 400 mg, 2-3 times a day; Elderly population, Renal impairment, Hepatic impairment: Dosage adjustment is not necessary. Paediatric population 20-40 mg/kg/day divided into 3 doses. Selexid® must be taken with at least half a glass of liquid. Selexid® may be taken with food. **Duration of treatment** 3-7 days. Consideration should be given to official guidance on the appropriate use of antibacterial agents. **Contraindications** Hypersensitivity to the active substance or to any of the excipients; Hypersensitivity to penicillins or cephalosporins; Any conditions resulting in impaired transit through the oesophagus; Genetic metabolism anomalies known to be leading to severe carnitine deficiency such as carnitine transporter defect, methylmalonic aciduria and propionic acidemia. **Special warnings and precautions for use** Pseudomembranous colitis caused by *Clostridium difficile* may occur. If diarrhoea occurs after use, the possibility of pseudomembranous colitis should be considered, and appropriate precaution should be taken; Should not be used by patients suffering from porphyria as pivmecillinam has been connected to acute attacks of porphyria; Concurrent treatment with valproic acid, valproate or other medication liberating pivalic acid should be avoided due to increased risk of carnitine depletion; Should be used with caution for long-term or frequently-repeated treatment, due to the possibility of carnitine depletion. Symptoms of carnitine depletion include muscle aches, fatigue, and confusion; The tablets must be taken with at least half a glass of fluid due to the risk of oesophageal ulceration. **Interaction with other medicinal products and other forms of interaction** Simultaneous administration of probenecid reduces the excretion of mecillinam and hence increases the blood level of the antibiotic; Clearance of methotrexate from the body can be reduced by concurrent use of penicillins; Concurrent treatment with valproic acid, valproate or other medication liberating pivalic acid should be avoided due to increased risk of carnitine depletion; The bactericidal effect of mecillinam may be hindered by concurrent administration of products with bacteriostatic effect, for instance erythromycin and tetracyclines. **Fertility, pregnancy and lactation** Can be used during pregnancy if clinically needed. Can be used during breast-feeding. There are no clinical studies with Selexid regarding fertility. A pre-clinical study did not show an effect on fertility in rats. **Undesirable effects** The most frequently reported adverse reactions are nausea and diarrhoea. Anaphylactic reactions and fatal pseudomembranous colitis have been reported. Infections and infestations, common: Vulvovaginal mycotic infection, uncommon: *Clostridium difficile* colitis. Blood and lymphatic system disorders, uncommon: Thrombocytopenia. Immune system disorders, uncommon: Anaphylactic reaction. Metabolism and nutrition disorders, uncommon: Carnitine decreased. Nervous system disorders, uncommon: Headache, Dizziness. Ear and labyrinth disorders, uncommon: Vertigo. Gastrointestinal disorder; common: Diarrhoea, Nausea; uncommon: Vomiting, Abdominal pain, Dyspepsia, Oesophageal ulcer, Oesophagitis, Mouth ulceration. Hepatobiliary disorders, uncommon: Hepatic function abnormal. Skin and subcutaneous tissue disorders, uncommon: Rash, Urticaria, Pruritus. General disorders and administration site conditions, uncommon: Fatigue. Class adverse reactions of beta-lactam antibiotics: Slight reversible increase in aspartate aminotransferase (ASAT), alanine aminotransferase (ALAT), alkaline phosphatase, and bilirubin, Neutropenia, Eosinophilia. **Reporting of suspected adverse reactions** Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system. **Legal Category:** Prescription only medicine. **Marketing authorisation holder:** LEO Pharma A/S, Industriparken 55, 2750 Ballerup, Denmark. **Date of revision of the text:** 11 Feb 2014 SX-2014-01-04

LEO®

1. IDSA Guidelines 2014: www.idsociety.org

2. Nicolle 2002, Scand J Infect Dis 34:487-492

3. Nicolle 2000, J Antimicrob Chem. 46, Suppl. SI, 35-39

4. Kahlmeter G. 2012, Int. Jour. Antimicro. Agents (ECO. SENSII)

5. Sullivan Å et al. J Chemother 2001; 13: 299-308

* In Sweden the indication is Lower uncomplicated Urinary Tract Infection



European Association of Urology Nurses Programme Overview, 12-14 April 2014



	12 April Saturday		13 April Sunday		14 April Monday		
Room	Room A13	Room A12	Room A13	Room A12	Room A13	Room A12	In front of Room A12
08:30							
09:00		EAUN Opening					
09:15	Lecture	International panel discussion	Workshop			Workshop	Unmoderated poster viewing
09:30	Presentation of the EAUN Guidelines for writing guidelines	How is urology nursing evolving in European perspective	How to close the gap between research and practice	Inside the body - surgery in motion (videos)	ESU-EAUN Hands-on training session on practical aspects of TRUS prostate biopsy - Course 1	Nursing solutions in difficult cases	
09:45	State-of-the-art lecture						
10:00	Fournier's gangrene		State-of-the-art lecture			Break	
10:15	Break	Break	Men's health		Break		
10:30		Workshop		Workshop		EAUN-ESU Course - 2 Part 1	
10:45	Workshop	Neurogenic bladder dysfunction: From assessment to treatment	Lecture	Update on bladder cancer management - Muscle invasive disease	ESU-EAUN Hands-on training session on practical aspects of TRUS prostate biopsy - Course 2	Lithotripsy for operating room nurses	
11:00	Nursing in robotics		Patient involvement in modern hospital treatment and care				
11:15		Break		Break		Break	
11:30				Poster viewing			
11:45	EAUN Nursing Research Competition	Workshop	Lecture			EAUN-ESU Course - 2 Part 2	
12:00		Testicular cancer: Hitting below the belt	Enrolled in a research project: The patient's perspective			Lithotripsy for operating room nurses	
12:15	Break		Workshop	Poster Abstract Session			
12:30		Break	Urological cancer as a chronic disease - early palliative care			Break	
12:45	Lecture	Symposium		Break		General Assembly	
13:00	Renal cell carcinoma - An update on the SURTIME study of the European Organisation for Research and Treatment of Cancer (EORTC)	Maximizing patient care in mCRPC: Practical and clinical aspects of new radiopharmaceuticals		Symposium			
13:15				The changing paradigm of management in metastatic castrate-resistant prostate cancer (mCRPC) - A multiprofessional focus		Award Session	
13:30			Break 1.5 hrs				
13:45	EAUN-ESU Course - 1 Part 1	Poster viewing				Workshop	
14:00	Upper urinary tract obstruction			Break		Journal club: Making sense of clinical articles	
14:15		Poster Abstract Session					
14:30						State-of-the-art lecture	
14:45	Break			Workshop		Gender reassignment	
15:00				Intermittent catheterisation			
15:15	EAUN-ESU Course - 1 Part 2		Workshop			Lecture	
15:30	Upper urinary tract obstruction	Break	Market Place Session			The Prostate Cancer Education Project (PrEP) study	
15:45			Pain management in urological patients	Break			
16:00		Workshop			EAUN-EONS Workshop		
16:15		Penile cancer			The nursing role in new cancer developments		
16:30							
16:45							
17:00		EAUN get-together					
17:15							
17:30							
17:45							

The extensive EAUN programme is available in the special EAUN programme book and EAUN 2014 App

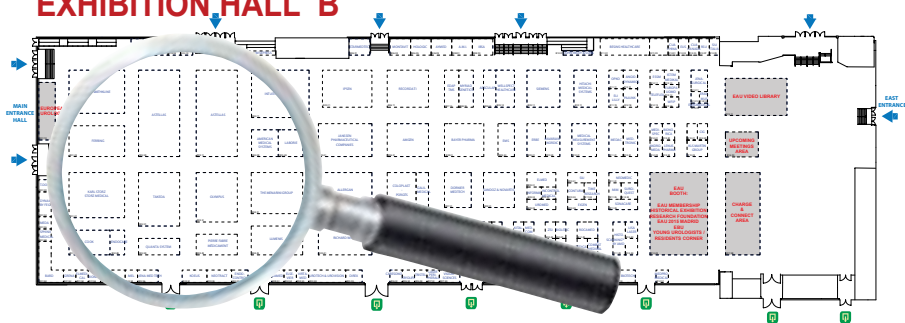
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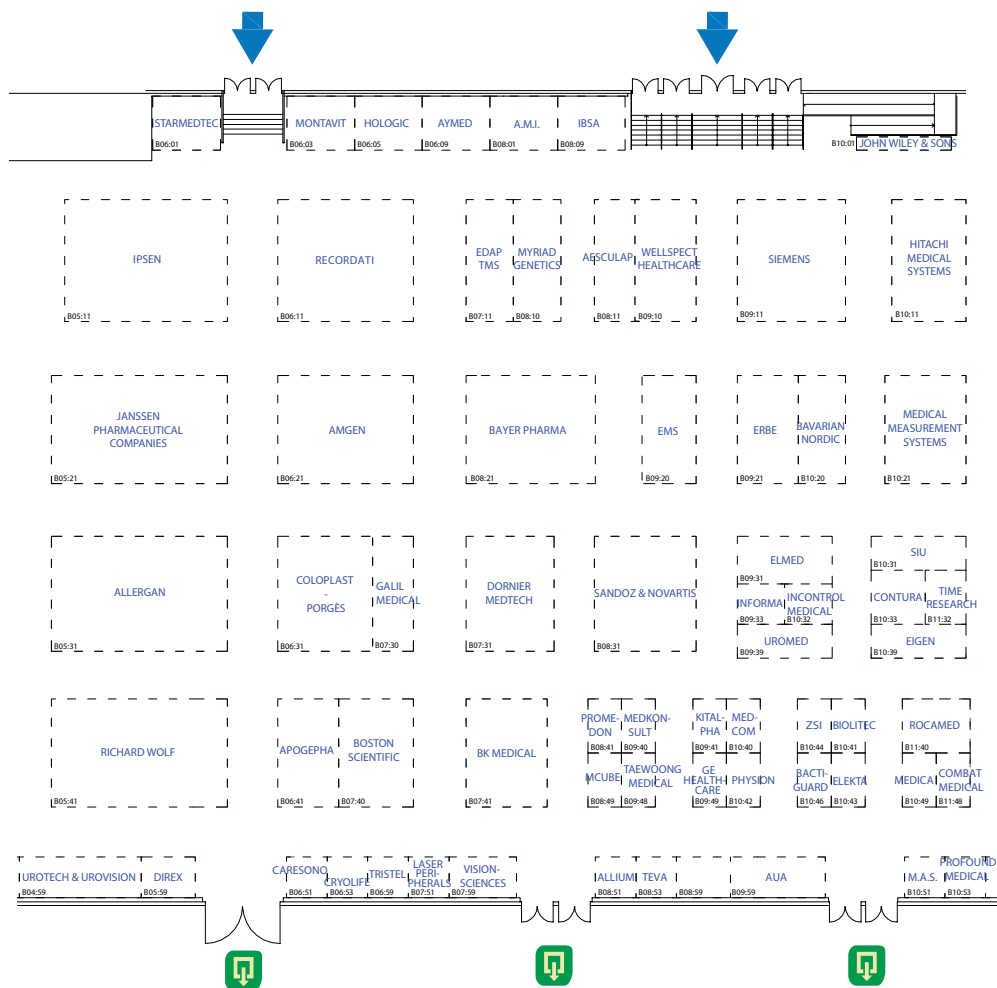


MAIN
ENTRANCE
HALL

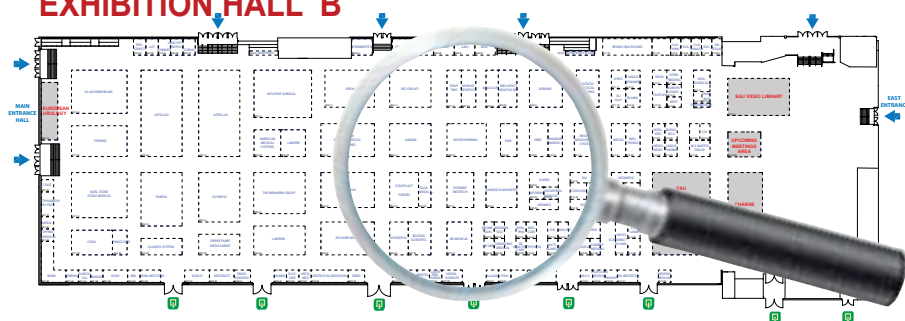


EXHIBITION HALL B





EXHIBITION HALL B



EXHIBITION HALL B



EXHIBITION HALL B



Alphabetical list of Exhibitors

Please note that this list and the floorplan on the previous pages will not be comprehensive due to the printing date of this programme book (list and floorplan are updated through 6 March 2014).

EXHIBITOR

BOOTH NR.

A

A.M.I. GMBH	B08:01
AESCLAP AG	B08:11
ALLERGAN	B05:31
ALLIUM LTD.	B08:51
AMERICAN MEDICAL SYSTEMS, INC	B04:29
AMERICAN UROLOGICAL ASSOCIATION (AUA)	B09:59
AMGEN (EUROPE) GMBH	B06:21
ANDROMEDA MEDIZINISCHE SYSTEME GMBH	B12:29
ANGIODYNAMICS	B12:10
APOGEPHA ARZNEIMITTEL GMBH	B06:41
ASTELLAS PHARMA EUROPE LTD.	B02:29
& B03:11	
AYMED MEDICAL TECHNOLOGY	B06:09

B

BACTIGUARD AB	B10:46
BARD LTD	B01:50
BAVARIAN NORDIC	B10:20
BAYER PHARMA AG	B08:21
BESINS HEALTHCARE	B11:01
BIOLITEC BIOMEDICAL TECHNOLOGY GMBH	B10:41
BIONORICA SE	B13:20
BIORAD LTD.	B01:56
BK MEDICAL	B07:41
BOSTON SCIENTIFIC	B07:40

C

CANADIAN UROLOGICAL ASSOCIATION (CUA CANADA)	B13:05
CARESONO TECHNOLOGY CO., LTD.	B06:51
CHINESE UROLOGICAL ASSOCIATION (CUA CHINA)	B13:01
CHARGE & CONNECT AREA	B17:48
COCHRANE INCONTINENCE REVIEW GROUP (CIG)	B14:20
COLOPLAST - PORGÈS	B06:31
COMBAT MEDICAL LTD	B11:48
CONMED LINVATEC SWEDEN	B03:06
CONTURA INTERNATIONAL A/S	B10:33
COOK MEDICAL	B01:49
CRYOLIFE EUROPA, LTD.	B06:53
CURAN MEDICAL BV	B03:10

D

DIREX GMBH	B05:59
DORNIER MEDTECH EUROPE GMBH	B07:31
DYNAMESH BY FEG	B01:34

Alphabetical list of Exhibitors

E

EAU BOOTH	B13:49
EAU HISTORICAL EXHIBITION	B13:49
EAU RESEARCH FOUNDATION	B13:49
EAU MADRID 2015	B13:49
EAU VIDEO LIBRARY	B15:11
EDAP TMS	B07:11
EIGEN	B10:39
ELEKTA	B10:43
ELI LILLY AND COMPANY	B11:19
ELMED LITHOTRIPTY SYSTEMS	B09:31
ELMEDICAL LTD	B01:54
ELSEVIER	B04:53
EMIRATES UROLOGICAL SOCIETY (EUS)	B13:03
EMS ELECTRO MEDICAL SYSTEMS	B09:20
ENDOCARE, INC.	B02:48
ENDOCNTRAL	B04:52
ERASMUS S.A.	B14:12
ERBE ELEKTROMEDIZIN GMBH	B09:21
ESSM	B12:11
EUROMEDICAL GMBH	B13:19
EUROPA UOMO	B13:12
EUROPEAN BOARD OF UROLOGY	B13:49
EUROPEAN UROLOGY	B01:10

F

FERRING INTERNATIONAL CENTER S.A.	B01:29

G

GALIL MEDICAL	B07:30
GE HEALTHCARE	B09:49
GENOMIC HEALTH	B13:21
GLAXOSMITHKLINE	B01:21
GRENA LTD	B01:52

H

HISTOSCANNING™ BY AMD.	B11:49
HITACHI MEDICAL SYSTEMS EUROPE HOLDING AG.	B10:11
HOLOGIC, INC.	B06:05

I

IBSA INSTITUT BIOCHIMIQUE SA	B08:09
IDL BIOTECH AB	B11:51
INCONTROL MEDICAL, LLC	B10:32
INFORMA HEALTHCARE	B09:33
INTUITIVE SURGICAL	B04:11
INVIVO	B10:59
IPSEN	B05:11
ISTEM MEDIKAL	B13:10

J

JANSSSEN PHARMACEUTICAL COMPANIES	B05:21

JENA MED TECH GMBH	B02:56
JENASURGICAL	B13:11
JOHN WILEY & SONS LTD	B10:01

K

KARL STORZ GMBH & CO. KG	B01:41
KITALPHA MED LTD	B09:41
KLS MARTIN GROUP	B13:29
KOELIS	B03:51

L

LABORIE	B05:28
LASER PERIPHERALS	B07:51
LENUS PHARMA GESMBH	B13:28
LISA LASER PRODUCTS	B12:40
LUMENIS (GERMANY) GMBH	B04:49
LUT GMBH	B03:04

M

M.A.S.	B10:51
MCUBE TECHNOLOGY	B08:49
MEDA CO., LTD	B01:36
MEDAC GMBH	B11:21
MEDCOM GMBH	B10:40
MEDICA S.P.A.	B10:49
MEDICAL MEASUREMENT SYSTEMS B.V.	B10:21
MEDISPEC LTD	B12:21
MEDKONSULT	B09:40
MEDPRO MEDICAL B.V.	B12:51
MEDTRONIC INTERNATIONAL TRADING SÀRL	B12:20
the MENARINI GROUP	B04:31
MIM SOFTWARE INC.	B11:35
MONTAVIT GMBH	B06:03
MYRIAD GENETICS GMBH	B08:10

N

NEOMEDIC INTERNATIONAL S.L.	B11:31
NEOTRACT, INC.	B03:55

O

OLYMPUS EUROPA SE & CO KG	B03:31
OPKO DIAGNOSTICS	B11:11

P

PAJUNK GMBH	B12:18
PHYSION	B10:42
PIERRE FABRE MÉDICAMENT	B03:49
PROFOUND MEDICAL INC.	B10:53
PROGENICS PHARMACEUTICALS, INC.	B03:02
PROMEDON S.A.	B08:41

Alphabetical list of Exhibitors

Q

QUANTA SYSTEM SPA B02:49

R

RECORDATI B06:11

RICHARD WOLF GMBH B05:41

ROCAMED B11:40

RUSSIAN SOCIETY OF UROLOGY (RSU) B13:07

S

SAMED GMBH DRESDEN B04:51

SANDOZ & NOVARTIS B08:31

SIEMENS AG HEALTHCARE SECTOR B09:11

SIU SOCIETÀ ITALIANA DI UROLOGIA B13:09

SOCIÉTÉ INTERNATIONALE D'UROLOGIE (SIU) B10:31

SONACARE B11:39

SONY EUROPE LIMITED B01:58

SPHINX MEDICAL LTD B01:38

STARMEDTEC GMBH B06:01

STORZ MEDICAL AG B01:41

SURGIQUEST, INC. B12:32

SYNERGO-MEDICAL ENTERPRISES B02:54

T

TAEWOONG MEDICAL, CO. LTD B09:48

TAKEDA B02:31

T-DOC® COMPANY, LLC B01:30

TELEFLEX B12:19

TEVA ONCOLOGY B08:53

TIME RESEARCH LIMITED B11:32

TRIBUTE PHARMACEUTICALS CANADA INC. B03:08

TRISTEL SOLUTIONS B06:59

U

UPCOMING MEETINGS AREA B16:29

UROMED KURT DREWS KG B09:39

UROTECH GMBH & UROVISION GMBH B04:59

V

VIRTAMED AG B04:55

VISION-SCIENCES, INC. B07:59

W

WELLSPECT HEALTHCARE B09:10

WISEPRESS ONLINE BOOKSHOP B04:01

WORLD FEDERATION OF INCONTINENT PATIENTS - WFIP B13:18

Y

YOUNG UROLOGISTS / RESIDENTS CORNER B13:49

Z

ZEPHYR SURGICAL IMPLANTS B10:44

newest
developments
simulators
education
virtual
technology
innovation
hands-on
recent



The EAU Education Office (ESU) presents interesting recent developments in the field of education and technological innovations. Education & Innovation offers you a hands-on experience with exciting technology, such as virtual simulators, smart phone apps and innovative devices.

Visit Education & Innovation in Hall C, behind the ESU Booth.

We would like to thank the following companies for their support:
EPONA MEDICAL LAPX, INTUITIVE SURGICAL, MIMIC TECHNOLOGIES INC, EPONA MEDICAL, ERASMUS MC and GERMAN CANCER RESEARCH CENTER



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Scandinavian Airlines

Shenzhen Airlines

SINGAPORE AIRLINES

SOUTH AFRICAN AIRWAYS

SWISS

TAM

TP TAP PORTUGAL

THAI

TURKISH AIRLINES

UNITED

US AIRWAYS

www.staralliance.com

Information correct as of 06/2013

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THE WAY THE EARTH CONNECTS



General information

Abstracts

More than 1,100 abstracts have been accepted for presentation during poster and video sessions in Stockholm. The EAU Abstract CD 2014 will be distributed to all congress delegates by FERRING PHARMACEUTICALS (booth B01:29 in the exhibition). The EAU Poster DVD 2014 will be distributed to all congress delegates by AMGEN (booth B06:21 in the exhibition). All abstracts and PDFs of the posters are available online at www.eaustockholm2014.org/scientific-programme. Abstracts are also available through the Congress App.

The EAU Abstract CD 2014 is supported by an unrestricted educational grant from FERRING PHARMACEUTICALS

The EAU Poster DVD 2014 is supported by an unrestricted educational grant from AMGEN

Access to the Session Rooms

Seating is regulated on a first-come, first-served basis. We recommend delegates to go to the session room well in advance. Due to safety regulations, the organisers will close the session room when all seats are taken. It is not allowed to stand in the aisles of the rooms.

Address and Accessibility Congress Centre

Stockholmsmässan is easily accessible by public transport. It takes only 10 min. by train from the Central Station in the city centre. The public transport system is easy to use and a very efficient way to get around the city. All congress delegates may collect a complimentary transportation pass in the registration area. This pass is valid on all public transport within the city of Stockholm during the congress, see also "Transportation pass".

Address:

Stockholmsmässan
Mässvägen 1; Älvsjö
125 80 Stockholm
Sweden
T +46 (0)8 749 4100
www.stockholmsmassan.se

Commuter Train

The commuter train from Arlanda Airport stops at Älvsjö station, which is only a 200-meter walk from Stockholmsmässan's Main entrance. The journey takes 47 minutes. There are also 8-12 commuter train departures every hour from Stockholm Central Station to Älvsjö Station. Trains depart from platforms 13 and

14 and you can take trains going to Södertäljehamn, Västerhaninge, Östertälje or Nynäshamn. Get off at train station Älvsjö.

By Car

Take the southbound E4/E20 and follow the signs to Stockholmsmässan, then take exit 155. Alternatively, if you are on the northbound E4/E20, take exit 153. Car parking is available under the main entrance, you can enter the parking garage on the south side of the venue. There are 2,000 spaces in the parking garage and in the outdoor spaces surrounding the congress centre. There are 20 parking spaces close to the Main entrance which are reserved for people with a disabled parking permit. The garage costs 35 SEK/hour or 100 SEK for a whole day. Outdoor parking spaces cost 30 SEK/hour or 90 SEK for a whole day. The automatic pay stations accept cards but if you want to use coins to pay there are money-changing machines by both the main entrance and the East entrance.

By Taxi

See Taxi Service

App - Your smart congress companion



Use the Congress Apps to navigate through the 29th Annual EAU Congress and the 15th International EAUN Meeting. The applications offer the best mobile overview of this scientific events. You do not need constant internet access to use the App. Check under "EAU 2014" and "EAUN 2014" in your App Store or Android Market to get your smart congress companion.

Award Gallery

At the EAU Award Gallery located in the main entrance hall, you will find a complete overview of all awards that are handed out by the EAU during this congress (see page 6-8 for an overview of the award winners). It also features information on past winners of the most prestigious EAU prizes. The EAU Award Gallery provides a great opportunity to take in all the important developments and breakthroughs in recent years.

Badge Tracking System

Congress delegates have a barcode on their badge which enables them to leave their contact details with exhibitors in a quick and easy way. The barcode will also be scanned at the entrance of the session rooms to gather CME points and statistical information.

General information

Badges

The badge classification is as follows:

Blue badge	: EAU member
White badge	: Delegate
Brown badge	: Nurse
Green badge	: Exhibitor
Red badge	: Press
Purple badge	: Guest
Yellow badge	: Organising staff

Bank and Exchange

The national currency in Sweden is the Swedish Krona (SEK). Three ATM machines are available at the congress centre; two in the main entrance hall and one at the East entrance. There are also banks near the congress centre, please go to the EAU Information Desk for detailed information. Banks do not handle exchange anymore, the best place for exchange is "Forex" at Stockholm Central Station which is open daily 07.00-21.00 hrs.

Best Posters

The Best Posters Wall features the best scientific posters of the 29th Annual EAU Congress. This high-tech plasma wall is accessible during congress hours in the main entrance hall. The best posters can also be viewed through the congress website during and after the congress.

The EAU Best Posters wall 2014 is supported by an unrestricted educational grant from ALLERGAN

Business Centre

A small Business Centre is located on the balcony of the congress centre which is accessible from the main entrance hall. This service will be available to all congress participants during the congress and offers facilities such as computers, printers, copiers and internet.

Congress Hours

	Speaker Service Centre	Registration	Sessions	Sponsored sessions	Exhibition	Cloakroom	Main entrance	East entrance
Thursday, 10 April	14.00-19.00	08.00-20.00					07.45-20.15	
Friday, 11 April	08.00-19.00	07.00-20.00	08.45-21.00	16.15-17.45		07.00-21.30	06.45-21.30	16.00-21.30
Saturday, 12 April	07.00-19.30	07.00-20.00	07.30-19.30	18.00-19.30	09.15-18.15	07.00-19.45	06.45-21.00	16.00-21.00
Sunday, 13 April	07.00-19.30	07.00-19.30	07.30-19.15	17.45-19.15	09.15-18.15	07.00-19.30	06.45-20.45	16.00-20.45
Monday, 14 April	07.00-19.30	07.00-19.30	07.30-19.15	17.45-19.15	09.15-18.15	07.00-19.30	06.45-19.45	16.00-19.45
Tuesday, 15 April	07.00-14.00	07.00-13.30	08.00-14.00			07.30-14.15	06.45-14.15	

Certificate of Attendance

A Certificate of Attendance for the Stockholm Congress can be printed online at www.eaustockholm2014.org as of Wednesday 16 April 2014. To print your Certificate of Attendance you need the number under the barcode on your badge (type the number without the *). Information on CME accreditation is available in this programme book on page 51.

Cloakroom / Luggage

The cloakroom is located in the main entrance hall and open during congress hours. Please be sure to collect all personal belongings at the end of each day.

CME Accreditation

The 29th Annual EAU Congress is accredited by the UEMS/EACCME through the European Board of Urology. More information on national credit systems and credits recognition is available in this programme book on page 51-52. See also "EU-ACME Desk".

Congress Bag

Each delegate can collect a congress bag in the registration area.

The congress bags are sponsored by ASTELLAS

Daily Congress Newsletter: European Urology Today Special Edition

Special daily congress newsletters will be published on Saturday, Sunday and Monday during the congress. The newsletters cover on-site news, session and background information on a variety of subjects. The first edition also contains the Exhibition Guide; including an exhibition floor plan and an overview of all exhibitors with their company outline. The newsletters will also be available online at www.eaustockholm2014.org during and after the congress.

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EAU Education Office (European School of Urology)

The European School of Urology (ESU), working with European faculties, aims to provide high quality international educational courses in urology. The ESU has a special booth in Hall C with extensive information on its activities. Registration for the courses can be made at the ESU registration desks in the registration area. The ESU Courses CD 2014 is distributed at the EAU desk next to the MILLENNIUM: THE TAKEDA ONCOLOGY COMPANY booth (booth B02:31 in the exhibition) to all congress delegates.

The ESU Courses CD 2014 is supported by an unrestricted educational grant from MILLENNIUM: THE TAKEDA ONCOLOGY COMPANY



Fees ESU Courses (for congress registered delegates only)

	2 hrs.	3 hrs.
EAU members	€ 33	€ 49
Non-EAU members	€ 49	€ 71
Residents and nurses (members/non-members)	€ 22	€ 22

Prices are excl. 21% VAT

Hands-on training sessions on Laparoscopy, Ureterorenoscopy, Bipolar TURP, Robotic surgery, Urodynamics, Women's Health and Green Light Laser are organised by the ESU in cooperation with the EAU Robotic Urology Section (ERUS), the EAU Section of Uro-Technology (ESUT) and the EAU Section of Urolithiasis (EULIS). The registration fee is € 26 per hands-on training (excl. VAT).

Registration for hands-on trainings and courses can be made at the ESU registration desks and in the Self Service Area in the registration area.

The Hands-on training sessions are supported by educational grants from AMERICAN MEDICAL SYSTEMS, ALLERGAN, COOK MEDICAL, HITACHI, INTUITIVE SURGICAL, KARL STORZ GMBH & CO.KG, LABORIE and MEDIWATCH, LUMENIS, MIMIC and OLYMPUS EUROPA SE & CO.KG.

E-BLUS (European training in Basic Laparoscopic Urological Skills)

One of the main goals of the EAU is to establish and introduce common standards for training and European urological practice in order to improve patient care.

The E-BLUS exam certifies a basic level of laparoscopic urological skills. The exercises address bimanual dexterity, depth perception, suturing, clipping and cutting skills. Clinical application is found in such procedures as partial nephrectomy, total nephrectomy, pyeloplasty and radical prostatectomy. To aid in the training of these skills and to prepare for this E-BLUS exam, the exercises to be performed can be found in the instructional videos at <http://hot.uroweb.org/exercises/>.

At the Annual EAU Congress several exam sessions will be organised where you can demonstrate your skills and be awarded with a certificate if you pass the defined criteria. Interest usually exceeds the number of available positions, participation in the exam is therefore by invitation.

For more information: <http://hot.uroweb.org> or at the ESU booth in Hall C.

General information

EAU Booth

The EAU Booth (booth B13:49 in the exhibition) consists of the EAU Membership Booth, EBU Corner, Young Urologists / Residents Corner, EAU Madrid 2015 Promotion Counter, EAU Research Foundation and the EAU Historical Exhibition.

There is also information on European Urology and other EAU publications. The EAU Membership Booth provides information on membership status and membership benefits. Non-members are welcome to visit the EAU Booth for further information and to apply for EAU membership.

EAU Policy on Live Surgery

The EAU established an official policy on Live Surgery Events, offering organising centres a clear framework within which to plan and perform live surgeries at any EAU congress or meeting. It outlines a set of guidelines in which the overriding principle is that patient safety must take priority over all other considerations in the conduct of live surgery. Read more on: <http://www.uroweb.org/events/eau-live-surgery-events/>



EAU Research Foundation

The EAU Central Research Office initiates and coordinates, as well as refines investigator initiated and other clinical research protocols. It also acts to facilitate all aspects of clinical research and expand the current network of active research centres and investigators - basic and clinical - both within the EAU member states and its international affiliates. The office coordinates clinical and translational research in close liaison with the EAU Research Foundation. The EAU Research Foundation can be visited at the EAU Booth (booth B13:49 in the exhibition).



Education & Innovation

The EAU Education & Innovation booth (in Hall C), represents a joint effort of the European School of Urology, the EAU Section of Uro-technology, the EAU Section on Urolithiasis and the EAU Robotic Urology Section, which offers urologists a hands-on experience with notable technological innovations in urological treatment and training.



Electricity

The electricity in Sweden runs on 230 volts and the frequency is 50 Hz. Plugs have two round pins. A plug adaptor will be required if incompatible electronic devices are used.

Emergency Phone Numbers

In case of an emergency please call 112 for police, fire brigade or ambulance service. In case of an emergency in the congress centre please call +46 8 749 99 11 or contact a security guard immediately. See also "First Aid".

EU-ACME Desk



Information on the EU-ACME programme, CME/CPD credits, membership status & benefits, accredited CME activities and national CME credits systems can be obtained at the EU-ACME Desk in the registration area. For more information see page 48.

European Association of Urology Nurses (EAUN)



The 15th International Meeting of the European Association of Urology Nurses (EAUN) is a 3-day scientific meeting that will be held in conjunction with the 29th Annual EAU Congress on 12-14 April in Room A12 and A13 in support of their goal to continually upgrade the nursing skills of urology nurses. Scheduled are for example abstract sessions and panel discussions. Expert nurses and urologists will give lectures, workshops and courses. See page 33 for the EAUN programme.

European Board of Urology (EBU)



The European Board of Urology (EBU) is a section of the UEMS (European Union of Medical Specialists) and responsible for regulatory matters. Visit the EBU Corner at the EAU Booth (booth B13:49 in the exhibition) to obtain more information on EBU's core activities:

- European Board Examinations in Urology (FEBU) and Assessments
- Certification of Sub-Specialty Centres and Residency Training Programmes in Urology
- European Curriculum

European Urology

European Urology, the official journal of the EAU, has been a respected urological forum for over 30 years and is currently read by more than 10,000 urologists across the globe. With an impact factor of 10.476 the Platinum Journal remains the leading scientific publication in the field of urology. To keep up with the rapidly evolving world of medicine, technology and surgical techniques, European Urology is constantly updating and innovating its features and layout in order to provide the best clinical guidance,

research and education for urologists across Europe and the world. The recently implemented electronic features and platforms make reading the articles and viewing the videos even more interesting! Come see European Urology for yourself - visit either the European Urology (booth B01:10) or the EAU Booth (booth B13:49) in the exhibition.

Excursions and Stockholm Information

Information on Stockholm and excursions will be available at the Tourist Information & Shop in the main entrance hall.

Exhibition

An extensive technical exhibition will be held jointly with the congress. The exhibition is open to technical equipment manufacturers, pharmaceutical companies and scientific publishers.

Exhibition Hours

Saturday, 12 April	09.15-18.15 hrs
Sunday, 13 April	09.15-18.15 hrs
Monday, 14 April	09.15-18.15 hrs

First Aid

There is a medical unit present for first aid in the main entrance hall indicated on the directional signs with . In case of emergency, contact a security guard immediately or call +46 8 749 99 11. See also "Emergency Phone Numbers".

Guidelines

EAU Extended guidelines

The EAU extended urological guidelines edition 2014, are distributed at the EAU Booth (booth B13:49 in the exhibition). EAU members can collect the guidelines free of charge. This publication is also available for purchase.

EAU Pocket guidelines

EAU urological guidelines in pocket format including a CD are distributed by Olympus (booth B03:31 in the exhibition) to EAU members only.

The distribution of the EAU Pocket Guidelines 2014 is supported by OLYMPUS

Historical Exhibition

The EAU History Office has set up an historical exhibit located at the EAU Booth (booth B13:49 in the exhibition). The exhibit will present "Visualization in urology - From Andreas Vesalius to hi-tech imaging".

Hospitality Suites Companies

ABBVIE	K12; 1st floor
AMS	K13; 1st floor
ASTELLAS	Stone/lounge/VIP; ground floor
COOK MEDICAL	K16-K17; 1st floor

Hotel Accommodation

The EAU has contracted the company K.I.T. Group GmbH to deal with the housing for the congress. K.I.T. staff will be available at the Hotel Desk in the registration area.

Insurance

The organisers do not accept responsibility for any personal damage. Participants are strongly recommended to arrange their own personal insurance.

Language

All presentations during the EAU Congress will be conducted in English, the official language of the EAU. There will be no translation provided.

Learning Objectives EAU Congress

The EAU congress provides a forum for presenting original unpublished data and sharing ideas for urological innovation as well as disseminating evidence-based knowledge of primary clinical relevance. Urologists and affiliated professionals attending the EAU Congress will be able to:

- Review innovative techniques and scientific advances in the field of urology and its sub-specialties
- Review the latest data and emerging trends from studies in clinical and translational research
- Enhance their knowledge of evidence-based approaches to the management of urological disease
- Gain new knowledge on emerging diagnostic and risk-assessment strategies in the management of urological disease
- Enhance their practical knowledge and skills by educational activities, including hands-on-training and courses
- Gain exposure to new developments in drugs and new cutting edge technology in the field of pharmaceutical research and medical technology through visiting the EAU exhibition
- Communicate, collaborate and network with representatives of a large international audience - medical professionals, national urological societies, patient groups, medical industry and the media.

General information

Lost and Found

Found items should be returned to the EAU Information Desk in the main entrance hall. If you lose or find something, please report to this desk for assistance.

Media Policy

Photography, filming and interviews during the congress (with the exception of the EAU Press Centre and EAU Press Conference Room) are prohibited without written permission from EAU Communication Officer Ms. Ivanka Moerkerken (i.moerkerken@uroweb.org).

Mobile Phones

The sound and flash lights of mobile phones must be switched off during all sessions.

Personal Planner

Do not miss anything during this year's congress, use the EAU Personal Planner!

- It is fully integrated with the scientific programme of the congress
- You can select your priority sessions and add your private appointments
- If you are presenting at the congress – your faculty appointments will be automatically displayed
- You can export it to your Outlook, Google Calendar or print it out

Visit the congress website for more information:
<http://www.eaustockholm2014.org/scientific-programme/eau-personal-planner/>

Poster Builder Service

Poster presenters who created their posters for the Stockholm Congress through the EAU Online Poster Builder Service, can collect their posters at the Speaker Service Centre (1st floor).

Poster DVD

A DVD with a collection of scientific posters from the Stockholm Congress will be distributed by AMGEN (booth B06:21 in the exhibition).

The EAU Poster DVD 2014 is supported by an unrestricted educational grant from AMGEN

Prayer Room

A special room dedicated to prayer for men and women is located near the East Entrance (follow the signs).

Presentation Training Centre

Mr. Paul Casella (Iowa, USA) gives Individual Presentation Skills Training Sessions to help improve presentation and delivery skills. The one-on-one half hour sessions are free of charge and available to all speakers. Appointments for this very popular training session can be made at the Speaker Service Centre (1st floor).

Press Centre

Journalists and medical/science writers can obtain free registration to the congress. Journalists receive a press pack, to be collected at the EAU Press Centre (1st floor). All press are invited to report to the EAU Press Centre to obtain the assistance and information they require. Internet access, printer and photocopier are provided.

Resource Centre

Urology Science and Learning

All of the congress's scientific content, including abstracts, posters and webcasts will be available online on the Congress Website Resource Centre (www.eaustockholm2014.org). Content is constantly updated over the course of the congress and afterwards. Watch scientific sessions you may have missed, or reread the data of the latest research. Access the Resource Centre by logging in with your MyEAU account or with the number under the barcode on your badge (type the number without the *).

Restaurant Reservations

The choices for eating out in Stockholm are endlessly varied. Traditional Swedish cooking is made up of unpretentious but tasty dishes offered in numerous restaurants (including very luxury ones). Popular dishes are Swedish Meatballs and 'Smorgasbord' (a lot of warm and cold dishes such as salmon, herring, shrimps, sardines, smoked reindeer, cheese, bread etc.). To make a restaurant booking go to the Tourist information & Shop in the main entrance hall.

Safety

All bags may be subject to inspection. Security is present for your safety. Please take all personal effects with you when leaving a session room.

Smoking Policy

Smoking is prohibited inside the congress centre and in the exhibition hall.

Social Media

We are using social media at the congress to encourage an open discussion on urology science and experiences at the congress. EAU congress speakers, opinion leaders, delegates and media share their ideas, commentary and photos on Facebook and Twitter. The EAU Facebook page is www.facebook.com/eaupage and the EAU Twitter profile is @uroweb. The hashtag used for the congress is #EAU14. Join the conversation!

Speaker Service Centre

For extensive speaker information see page 46.

Taxi Service

The major taxi companies have fixed prices to and from Stockholmsmässan from Arlanda, Bromma and Stockholm City. If you wish to book a taxi in Stockholm we recommend to call the following companies:

- Taxi Stockholm, Telephone +46 815 00 00
- Taxi Kurir, Telephone +46 8 30 00 00
- Taxi 020, Telephone +46 20 38 38 38

The maximum price for trips within the marked zone boundaries is 625 SEK. Taxis will be available in the taxi rank in front of the main entrance.

Companies that are arranging a bus for their group pick-up are only allowed to use the East entrance. Opening hours of the East entrance are following:

Friday	11 April 16.00 - 21.30
Saturday	12 April 16.00 - 21.00
Sunday	13 April 16.00 - 20.45
Monday	14 April 16.00 - 19.45

Transportation Pass

Congress delegates may collect a complimentary transportation pass in the registration area which is valid on 11 - 15 April 2014. The pass covers underground, tram and bus within the city limits of Stockholm. The airport cannot be reached with this transportation pass. Flygbussarna, the Airport Coaches, operate between all Stockholm's airports and Stockholm Central Station. Then it's a short walk to the commuter trains that that stop at the congress centre "Stockholmsmässan" (Älvsjö station). To get to the City Centre from Arlanda Airport, it is recommended to use the Arlanda Express. To obtain a 20% discount on your ticket go to the Arlanda express website <https://www.arlandaexpress.com/> and fill out the discount code: EAU14.

Upcoming Meetings

Posters and other information on upcoming meetings can be displayed in the "Upcoming Meetings" promotion area in the exhibition. It is strictly forbidden to put up promotional material at any other location in the building.

Video Library

The EAU Video Library is located in the exhibition (booth B15:11). A wide choice of EAU videos, including all videos presented in Stockholm and at previous EAU Congresses, can be viewed on individual monitors. All videos can be copied to a DVD which can be collected at the ASTELLAS booth during exhibition hours (booth B02:29 in the exhibition), a service that is provided free of charge to all congress delegates. On Tuesday, 15 April DVD's can be collected in the registration area at the "Support Desk".

The Video Library is supported by an unrestricted educational grant from ASTELLAS

Webcasts (W) & Live Streams (L)

Many sessions will be webcasted via www.eaustockholm2014.org. The webcasted sessions are indicated with a special logo in the synopsis and will be online within several hours after the session. The webcasts have not been edited and are exactly as presented. The statements and the opinions featured in the webcasts are solely those of the individual presenters and not of the EAU. Webcasts are not accredited and no CME credits can be obtained by watching the webcasts. In addition to the webcasts there will be live streams of several sessions available at the congress website: www.eaustockholm2014.org. These sessions are also indicated in the synopsis with a special logo.

WiFi / Charge and Connect Area

Free wireless internet, provided by the congress centre, will be available in all areas and session rooms. Please search for the "Stockholmsmässan", you do not need to enter a username and password.

A special "Charge and Connect Area" with tables and power outlets is available in the exhibition. The "Charge and Connect Area" allows you to charge your laptops and phones.

Speaker guidelines

Speaker Service Centre

Only digital presentations will be accepted during the congress and all presentations should be handed in at least three hours prior to the start of the session at the Speaker Service Centre (1st floor). Failure to do so could result in presentations not being available for projection when required. *If you have an early presentation, please hand in your presentation the previous day!*

Opening hours

Thursday, 10 April	14.00 - 19.00
Friday, 11 April	08.00 - 19.00
Saturday, 12 April	07.00 - 19.30
Sunday, 13 April	07.00 - 19.30
Monday, 14 April	07.00 - 19.30
Tuesday, 15 April	07.00 - 14.00

If you are a chair person

Locate your session room in time. Please be in your session room at least 15 minutes prior to the start of the session.

Kindly note that:

- Speakers should strictly observe timing.
- Discussants should first clearly state their name, institution and country of origin.

If you are presenting a poster

Posters must be put up in the room 15 minutes prior to the start of the session. The poster boards are numbered and your poster should be mounted on the board which corresponds with your abstract number. Pushpins are available in the session room. Please remove your poster immediately at the end of the session. A maximum of 5 PowerPoint slides is allowed during extended poster presentation. For standard poster presentations, a maximum of 2 PowerPoint slides is allowed.

Disclose links to the industry

The EAU Scientific Congress Office requests that you disclose to the audience any links you may have with the industry related to the topic of your lecture at the beginning of your session. A link can be: Being a member of an advisory board or having a consultancy agreement with a specific company.

Presentation Training Centre

Mr. Paul Casella (Iowa, USA) gives Individual Presentation Skills Training Sessions to help improve presentation and delivery skills. The one-on-one half hour sessions are free of charge and available to all speakers. Please go to the Speaker Service Centre to make an appointment for this popular training session.



Accreditation of the EAU Congress

The 29th Annual EAU Congress is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net.

The 29th Annual EAU Congress is designated for a maximum of **27 hours of European external CME credits**.

EACCME credits

Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity. **The EACCME credit system is based on 1 ECMEC per hour with a maximum of 3 ECMECs for half a day and 6 ECMECs for a full-day event.**

EU-ACME members please scan your EAU congress badge when entering the lecture room to have CME credits added automatically to your account. The CME credit registration is carried out by the EUACME Office and during the congress you can find their desk at the registration area.

CME credits per Country

The UEMS-EACCME® has such agreements with the following countries: Austria, Belgium, Cyprus, Czech Republic, Finland, Georgia, Greece, Hungary, Ireland, Regione Lombardia, Luxembourg, Malta, Norway, Romania, Slovakia, Slovenia, Spain, Sweden, Turkey, UK

CME credits per Speciality

The UEMS represents more than 50 medical disciplines through various bodies and structures. UEMS Specialist Sections and Divisions: Allergology, Anaesthesiology, Cardiology (Cardiology foundation), Cardiothoracic Surgery, Child and Adolescent Psychiatry and Psychotherapy, Clinical Genetics, Clinical Neurophysiology, Dermatology and Venereology, Emergency Medicine, Endocrinology, Gastroenterology, Geriatrics, Gynaecology and Obstetrics, Infectious Diseases, Internal Medicine, Laboratory Medicine / Medical Biopathology, Medical Microbiology, Nephrology, Neurology,

Neurosurgery, Nuclear Medicine, Occupational Medicine, Ophthalmology, Oro-Maxillo-Facial Surgery, Orthopaedics, Otorhinolaryngology, Paediatric Surgery, Paediatrics, Pathology, Physical Medicine and Rehabilitation, Plastic, Reconstructive and Aesthetic Surgery, Pneumology, Psychiatry, Public Health Medicine, Radiology, Radiotherapy, Rheumatology, Surgery, Thoracic Surgery, Urology, Vascular Surgery

Multidisciplinary Joint Committee: Hand Surgery, Immune Mediated Disease, Intensive Care Medicine, Manual Medicine, Oncology, Pain Medicine, Paediatric Urology, Sexual Medicine, Spine Surgery, Sports Medicine, Thematic Federation, Legal and Forensic Medicine

CME credits outside Europe

Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME credit to AMA credit can be found at www.ama-assn.org/go/internationalcme.

If you attended a conference in Europe and received a certificate for EACCME credit you can convert it to the AMA PRA Category 1 Credit™. To receive the credit, the conference must appear on the list of approved activities posted in the EACCME section of the UEMS Website.

To apply for conversion of EACCME credit to AMA PRA Category 1 Credit™, download the application for EACCME Credit Conversion and submit the completed application by fax or mail, a copy of the EACCME credit certificate and appropriate processing fee. A certificate of AMA PRA Category 1 Credit™ will be mailed within four weeks. If you wish to receive information about the conversion procedure of EACCME credits to AMA PRA category 1 credits, please contact the AMA.

Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.

The EU-ACME Programme - the initiative resulting from a close collaboration between **the European Board of Urology (EBU)** and **the European Association of Urology (EAU)** - stands for European Urology - Accredited Continuing Medical Education. Its primary task is assistance in the implementation, promotion and organization of Continuing Medical Education (CME) and Continuing Professional Development (CPD) among European urologists. Urologists have access to an online system - in compliance with the EBU/UEMS regulations - which helps them to keep track of their educational activities, irrespective of the country they practice in or where they have participated in accredited CME/CPD activities.

CME/CPD activities are generally geared towards practising physicians and are designed to provide information that is both relevant and essential to medical practice.

The EU-ACME office acts as a central 'institution' where all information forwarded by urologists, (inter) national urological associations and CME organisers/providers is kept.

As a service institution the EU-ACME office offers:

- registration of credit points for members of the urological society participating in the EU ACME programme,
- access to the online CME/CPD credit system via webpage www.eu-acme.org,
- the EU ACME membership card for urologist participating in the programme,
- yearly Credit Registry Report listing all collected CME/CPD credit points,
- registration of accredited on national and/or European level CME events,
- assistance in obtaining European Accreditation.

The international urological societies as European Association of Urology, European Society of Paediatric Urology and International Continence Society as well as national urological societies from: Austria, Czech Republic, Cyprus, Denmark, Egypt, Estonia, Greece, Hungary, Italy, Latvia, Malta, The Netherlands, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia have already joined the programme. For more information, please visit the website: www.eu-acme.org.

Information on the EU-ACME programme, your acquired CME/CPD credits and membership cards can be obtained at the EU-ACME information desk in the registration are.

Congress hotels

Älvsjö Hotel

Johan Skyttes Väg 190
125 21 Älvsjö
T +46 8 727 53 00
F +46 8 727 53 10
www.hotellalvsjo.se
Walking distance

Best Western Kom Hotel

Döbelnsgatan 17
111 40 Stockholm
T +46 8 412 23 00
F +46 8 412 23 10
www.komhotel.se
Metro green line 19 from Hötorget towards Hagsätra. At Stockholms Central change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

Best Western Premier Kung Carl Hotel

Birger Jarlsgatan 21
111 45 Stockholm
T +46 8 463 50 00
F +46 8 463 50 50
www.hotellkungcarl.se
Metro 14 from Östermalmstorg towards Liljeholmen. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Birger Jarl Hotel

Tulegatan 8
113 53 Stockholm
T +46 8 674 18 00
F +46 8 673 73 66
www.birgerjarl.se
Metro 18 Rådmansgatan towards Hagsätra. At Stockholms Central change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

Clarion Sign Hotel

Östra Järnväggsgatan 35
101 26 Stockholm
T +46 8 676 98 00
F +46 8 676 98 99
www.clarionsign.com
Commuter train 35 from Stockholms Central towards Västerhaninge. Get off at Älvsjö.

Clarion Stockholm Hotel

Ringvägen 98
104 60 Stockholm
T +46 8 462 10 00
F +46 8 462 10 19
www.clarionstockholm.com
Bus 4 from Skanstull towards Radiohuset. At Stockholms Södra change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

Clarion Wellington Hotel

Storgatan 6
114 51 Stockholm
T +46 8 667 09 10
F +46 8 667 12 54
www.wellington.se
Metro 14 from Östermalmstorg towards Liljeholmen. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Comfort Hotel Stockholm

Kungsbron 1
111 22 Stockholm
T +46 8 566 222 00
F +46 8 566 224 44
www.nordicchoicehotels.com
Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

Connect City Kungsholmen

Alströmergatan 41
112 47 Stockholm
T +46 8 441 02 20
F +46 8 441 02 30
www.connecthotels.se
Bus 49 from Arbetargatan towards Fridhemsplan. Get off at Fridhemsplan. Bus 726 from Fridhemsplan towards Tumba Station. Get off at Älvsjö.

Connect Stockholm International Fairs

Götalandsvägen 218
125 44 Älvsjö
T +46 8 749 61 60
F +46 8 749 61 70
www.connecthotel.se
Walking distance

Courtyard by Marriott Kungsholmen

Rålambshovsleden 50
112 19 Stockholm
T +46 8 441 31 00
F +46 8 441 31 99
www.marriott.de
Metro 10 from Fridhemsplan towards Kungsträdgården. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Elite Eden Park Hotel

Sturegatan 22
114 36 Stockholm
T +46 8 555 627 00
F +46 8 555 627 01
www.elite.se
Metro 14 from Östermalmstorg towards Fruängen. At Telefonplan change to bus 142. Get off at Älvsjö.

Congress hotels

Elite Marina Tower Hotel

Saltsjöquarns Kaj 25
131 71 Nacka
T +46 8 555 702 00
F +46 8 555 702 01
www.elite.se

Bus 53 from Saltsjöquarn towards Roslagstull. Get off at Tagelbacken and walk to Central station. Take train Pendeltåg. Get off at Älvsjö.

Elite Stockholm Plaza

Birger Jarlsgatan 29
111 45 Stockholm
T +46 8 566 220 00
F +46 8 566 220 20
www.elite.se

Metro 14 from Östermalmstorg towards Fruängen. At Fruängen take bus 163. Get off at Älvsjö.

First Amaranten Hotel

Kungsholmsgatan 31
104 30 Stockholm
T +46 8 692 52 00
F +46 8 652 62 48
www.clarionhotel.com

Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

First Hotel Reisen

Skeppsbron 12
111 30 Stockholm
T +46 8 22 32 60
F +46 8 20 15 59
www.firsthotels.com

Bus 43 from Slottsbacken towards Tanto. At Stockholms Södra change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

First Royal Star Hotel

Mässvägen 1
125 30 Älvsjö
T +46 8 99 02 20
F +46 8 99 39 09
www.firsthotels.com

Walking distance

Freys Hotel

Bryggargatan 12
101 31 Stockholm
T +46 8 506 213 00
F +46 8 506 213 13
www.freyshotel.se
Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

Grand Hotel

Södra Blasieholmshamnen 8
103 27 Stockholm
T +46 8 679 35 00
F +46 8 611 86 86
www.grandhotel.se
Metro 11 from Kungsträdgården towards Akalla. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Hellsten Hotel

Luntmakargatan 68
113 51 Stockholm
T +46 8 661 86 00
F +46 8 661 86 01
www.hellsten.se
Metro 19 from Radmansgatan towards Hagsätra. At Stockholms Central change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

Hilton Stockholm Slussen

Guldgränd 8
104 65 Stockholm
T +46 8 517 353 00
F +46 8 517 353 11
www.hilton.co.uk
Metro 14 from Slussen towards Mörby Centrum. At Stockholms Central change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

Quality Hotel Globe Stockholm

Arenaslingan 7
121 26 Stockholm
T +46 8 686 63 00
F +46 8 686 63 01
www.globehotel.se
Tvärbanan local train 22 from Globen towards Alvik. At Årstaberg change to commuter train 35 towards Västerhaninge. Get off at Älvsjö.

Lady Hamilton Hotel

Storkyrkobrinken 5
111 28 Stockholm
T +46 8 506 401 00
F +46 8 506 401 10
www.thecollectorshotels.se
Take Metro red line 14 from Gamla Stan towards Mörby centrum. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

New World Hotel

Äbyvägen 20
120 44 Årsta
T +46 8 602 55 00
F +46 8 602 56 00
www.newworldhotel.se
Bus 143 from Västberga kyrkogårdsväg towards Högdalen. Get off at Älvsjö.

Nobis Hotel Stockholm

Norrmalmstorg 2-4
111 86 Stockholm
T +46 8 614 10 00
F +46 8 601 30 45
www.nobishotel.se
Commuter train 36 from
Stockholms Central towards
Östertälje. Get off at Älvsjö.

Nordic Light Hotel

Vasaplan 7
111 20 Stockholm
T +46 8 50 56 30 00
F +46 8 50 56 30 90
www.nordiclighthotel.se
Commuter train 36 from
Stockholms Central towards
Södertälje Centrum. Get off at
Älvsjö.

Nordic Sea Hotel

Vasaplan 4
111 20 Stockholm
T +46 8 505 630 00
F +46 8 505 630 40
www.nordicseahotel.se
Commuter train 36 from
Stockholms Central towards
Södertälje Centrum. Get off at
Älvsjö.

Omena Hotel Stockholm

Torsgatan 10
111 23 Stockholm
T +46 10 470 55 50
www.omenahotels.com
Commuter train 36 from
Stockholms Central towards
Östertälje. Get off at Älvsjö.

Park Inn by Radisson Solna

Hotellgatan 11
171 25 Stockholm
T +46 8 470 91 00
F +46 8 470 91 09
www.parkinn.com
Metro 11 from Solna Centrum. At
Stockholms Central change to com-
muter train 36 towards Södertälje
Centrum. Get off at Älvsjö.

Radisson Blu Royal Viking

Vasagatan 1
101 24 Stockholm
T +46 8 506 540 00
F +46 8 506 540 01
www.radissonblu.com
Commuter train 36 from
Stockholms Central towards
Södertälje Centrum. Get off at
Älvsjö.

Radisson Blu Strand Hotel

Nybrokajen 9
103 27 Stockholm
T +46 8 506 640 00
F +46 8 506 640 01
www.radissonblu.com
Bus 69K from Nybroplan towards
Fridhemsplan. At Stockholms
Central change to commuter train
35 towards Västerhaninge. Get off
at Älvsjö.

Radisson Blu Waterfront Hotel

Nils Ericsons Plan 4
111 64 Stockholm
T +46 8 505 060 00
F +46 8 505 060 01
www.radissonblu.com
Commuter train 35 from
Stockholms Central towards
Västerhaninge. Get off at Älvsjö.

Rex Hotel

Luntmakargatan 73
113 51 Stockholm
T +46 8 160 040
F +46 8 661 86
www.rexhotel.se
Metro 19 from Rådmanngatan
towards Hagsätra. At Stockholms
Central change to commuter train
35 towards Västerhaninge. Get off
at Älvsjö.

Rica Gamla Stan Hotel

Lilla Nygatan 25
111 28 Stockholm
T +46 8 723 72 50
F +46 8 723 72 59
www.rica-hotels.com
Metro 14 from Gamla Stan towards
Mörby centrum. At Stockholms
Central change to commuter train
35 towards Västerhaninge. Get off
at Älvsjö.

Rica Kungsgatan Hotel

Kungsgatan 47
111 56 Stockholm
T +46 8 723 72 20
F +46 8 723 72 99
www.rica.se
Commuter train 35 from
Stockholms Central towards
Västerhaninge. Get off at Älvsjö.

Rica Stockholm Hotel

Slöjdgatan 7
111 57 Stockholm
T +46 8 723 72 00
F +46 8 723 72 09
www.rica-hotels.com
Commuter train 35 from
Stockholms Central towards
Västerhaninge. Get off at Älvsjö.

Congress hotels

Rica Talk

Mässvägen 2
125 80 Stockholm
T +46 8 588 820 00
F +46 8 588 820 01
www.rica.se
Walking distance

Riddargatan Hotel

Riddargatan 14
114 35 Stockholm
T +46 8 555 730 00
F +46 8 555 730 11
www.profilhotels.com
Metro 14 from Östermalmstorg towards Fruängen. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Scandic Anglais

Humlegårdsgatan 23
102 44 Stockholm
T +46 8 517 340 00
F +46 8 517 340 11
www.scandichotels.com
Merto red line 14 from Östermalmstorg towards Fruängen. At Stockholms central change to commuter train 35 towards Nynäshamn or 36 towards Södertälje centrum. Get off at Älvsjö.

Scandic Grand Central

Kungsgatan 70
111 20 Stockholm
T +46 8 512 520 00
F +46 8 512 520 11
www.scandichotels.de
Commuter train 35 from Stockholms Central towards Västerhaninge. Get off at Älvsjö.

Scandic Malmen

Götgatan 49-51
102 66 Stockholm
T +46 8 517 347 00
F +46 8 517 347 11
www.scandichotels.se
Commuter train 35 from Stockholm Södra towards Vesterhaninge. Get off at Älvsjö.

Scandic Norra Bantorget

Wallingatan 15
111 24 Stockholm
T +46 8 517 670 00
F +46 8 517 670 11
www.scandichotels.com
Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

Scandic Park

Karlavägen 43
102 46 Stockholm
T +46 8 517 348 00
F +46 8 517 348 11
www.scandichotels.com
Metro 14 from Stadion. At Stockholms central to commuter train 35 towards Nynäshamn or 36 towards Södertälje centrum. Get off at Älvsjö.

Scandic Sergel Plaza

Brunkebergstorg 9
103 27 Stockholm
T +46 8 517 263 00
F +46 8 517 263 11
www.scandichotels.com
Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

Scandic Sjöfartshotellet

Katarinavägen 26
104 65 Stockholm
T +46 8 517 349 00
F +46 8 517 349 11
www.scandichotels.se
Commuter train 35 from Stockholms Södra towards Västerhaninge. Get off at Älvsjö.

Sheraton Stockholm Hotel

Tegelbacken 6
101 23 Stockholm
T +46 8 412 34 00
F +46 8 412 34 09
www.starwoodhotels.com
Commuter train 36 from Stockholms Central towards Södertälje Centrum. Get off at Älvsjö.

Stureplan Hotel

Birger Jarlsgatan 24
114 34 Stockholm
T +46 8 440 66 00
F +46 8 440 66 11
www.hotelstureplan.se
Metro 14 from Östermalmstorg towards Liljeholmen. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Tegnérslunden Hotel

Tegnérslunden 8
113 59 Stockholm
T +46 8 545 455 50
F +46 8 545 455 51
www.hoteltegnerslunden.se
Metro 19 from Radmansgatan towards Hagsätra. At Stockholms Central change to commuter train 36 towards Södertälje Centrum. Get off at Älvsjö.

Special Session

08.45 - 15.45 EAU-ICUD Consultation on minimally invasive surgery in urology (MISU)

Room A4

08.45 - 08.50 Opening by the Steering Committee: Aims of the Consultation

Chairs: W. Artibani, Verona (IT)
J.H. Kaouk, Cleveland (US)
M. Menon, Detroit (US)
J. Rassweiler, Heilbronn (DE)

08.50 - 09.10 MI Adenomectomy

H. John, Zurich (CH)
R. Sotelo Noguera, Caracas (VE)

09.10 - 09.25 Discussion

09.25 - 09.55 MI Radical prostatectomy

C-C. Abbou, Vincennes (FR)
V. Patel, Celebration (US)

09.55 - 10.15 Discussion

10.15 - 10.45 MI Radical cystectomy

A. Guru, East Amherst (US)
P. Wiklund, Stockholm (SE)

10.45 - 11.05 Discussion

11.05 - 11.25 MI Nephrectomy

A. Alcaraz, Barcelona (ES)
A. Hemal, Winston Salem (US)

11.25 - 11.40 Discussion

11.40 - 12.10 MI Nephron sparing surgery

I.S. Gill, Los Angeles (US)
A. Motttrie, Aalst (BE)

12.10 - 12.30 Discussion

12.30 - 12.50 Break

12.50 - 13.20 MI Reconstructive surgery

L. Kavoussi, Baltimore, MD (US)
F. Porpiglia, Turin (IT)

13.20 - 13.35 Discussion

13.35 - 13.55 MI Prolapse surgery

M. Kennelly, Charlotte (US)
P.T. Piechaud, Bordeaux (FR)

- 13.55 - 14.10** **Discussion**
- 14.10 - 14.30** **MI Lymphadenectomy**
G. Janetschek, Salzburg (AT)
- 14.30 - 14.45** **Discussion**
- 14.45 - 15.05** **MI Training and simulation**
P. Dasgupta, London (GB)
H.G. Van Der Poel, Amsterdam (NL)
- 15.05 - 15.20** **Discussion**
- 15.20 - 15.35** **Future perspectives**
J. Rassweiler, Heilbronn (DE)
K. Tewari, New York (US)
- 15.35 - 15.45** [Close](#)

Joint meeting of the EAU Section on Infections in Urology (ESIU) and the European Centre for Disease Prevention and Control (ECDC)

10.30 - 12.30 Antimicrobial-resistance in nosocomial UTIs: A threat to patient safety

Room A2

Chairs: T.E. Bjerklund Johansen, Oslo (NO)
D. Monnet, Stockholm (SE)

- 10.30 - 10.50** **Antimicrobial-resistance and UTIs: What is at stake for European hospitalised patients?**
A.P. Magiorakos, Stockholm (SE)
- 10.50 - 11.10** **Antimicrobial-resistant healthcare-associated UTIs in Europe: Results from the ECDC point prevalence survey**
C. Suetens, Stockholm (SE)
- 11.10 - 11.30** **Antimicrobial-resistant infections in urology departments: Results from the Global Prevalence Study of Infections in Urology (GPIU)**
F.M.E. Wagenlehner, Gießen (DE)
- 11.30 - 11.50** **How might increasing antimicrobial-resistance change prophylaxis and treatment in urology?**
M.J. Grabe, Malmö (SE)
- 11.50 - 12.10** **How to deal with urology patients carrying ESBL**
H.M. Cek, Edirne (TR)
- 12.10 - 12.30** **Discussion**

Urology beyond Europe

10.30 - 13.00 **Joint Session of the European Association of Urology (EAU) and the Korean Urological Association (KUA)**

Room A6

Chairs: G.T. Sung, Busan (KR)
H. Van Poppel, Leuven (BE)

10.30 - 10.35

Introduction

S.W. Han, Seoul (KR)
H. Van Poppel, Leuven (BE)

10.35 - 11.25

Session 1: Adjuvant and salvage treatments after radical prostatectomy

Moderators: G.T. Sung, Busan (KR)
H. Van Poppel, Leuven (BE)

10.35 - 10.55

Radiation therapy

A. Briganti, Milan (IT)

10.55 - 11.15

Hormone therapy

S.I. Kim, Suwon (KR)

11.15 - 11.25

Clinical cases

Case presenter: H.K. Ha, Busan (KR)

11.25 - 12.10

Session 2: Urinary diversion

Moderators: F.C. Burkhard, Berne (CH)
S.J. Hong, Seoul (KR)

11.25 - 11.45

Complications

B.S. Hong, Seoul (KR)

11.45 - 12.05

Quality of life

K.G.W. Månsson, Lund (SE)

12.05 - 12.10

Discussion

12.10 - 13.00

Session 3: Peyronie's disease

Moderators: W. Aulitzky, Vienna (AT)
S.W. Lee, Seoul (KR)

12.10 - 12.30

Medical treatment

W. Aulitzky, Vienna (AT)

12.30 - 12.50

Surgical treatment

J.K. Ryu, Incheon (KR)

12.50 - 13.00

Clinical cases

Case presenter: D. Moon, Seoul (KR)

Urology beyond Europe

10.30 - 13.00 **EAU – World Chinese Joint Session**

Room A8

Chairs: P-A. Abrahamsson, Malmö (SE)
F.M.J. Debruyne, Arnhem (NL)
T. Hwang, Taipei (TW)
L-P. Xie, Hangzhou (CN)

10.30 - 10.35 **Introduction**

10.35 - 11.55 **Session 1**

Moderators: P-A. Abrahamsson, Malmö (SE)
L-P. Xie, Hangzhou (CN)

10.35 - 11.05 **Screening of prostate cancer**

10.35 - 10.45 **Early detection of prostate cancer: The European view**
P-A. Abrahamsson, Malmö (SE)

10.45 - 10.55 **PSA screening for prostate cancer in Taiwan: A must or mud**
T-L. Cha, Taipei (TW)

10.55 - 11.05 **Updates on biomarkers in early diagnosis of prostate cancer**
C-L. Xu, Shanghai (CN)

11.05 - 11.35 **Intrarenal surgery for stones**

11.05 - 11.15 **Is there a role for laparoscopy**
G. Janetschek, Salzburg (AT)

11.15 - 11.25 **Title to be confirmed**
Y-C. Lin, Taipei (TW)

11.25 - 11.35 **RIRS for complex renal calculi**
G-H. Zeng, Guangzhou (CN)

11.35 - 11.55 **Treatment of failed stress urinary incontinence**

11.35 - 11.45 **Repeat mid-urethral sling after failed sling surgery**
F. Van der Aa, Leuven (BE)

11.45 - 11.55 **Management of urinary incontinence after failed stress urinary incontinence surgery**
H-C. Kuo, Huanlien (TW)

11.55 – 12.55 Session 2

Moderators: F. Debruyne, Arnhem (NL)
 T.I.S. Hwang, Taipei (TW)

11.55 – 12.25 Bladder cancer

11.55 – 12.05 **Current strategies for intravesical treatment of superficial bladder cancer**
 F. Debruyne, Arnhem (NL)

12.05 – 12.15 **Prognostic significant predictors of urothelial carcinoma**
 W.-J. Wu, Kaohsiung (TW)

12.15 – 12.25 **Hydrodissection for improved staging in bladder cancer**
 H.S.S. Ho, Singapore (SG)

12.25 – 12.55 Andrology

12.25 – 12.35 **Erectile dysfunction after radical prostatectomy: Treatment or rehabilitation**
 I. Moncada, Madrid (ES)

12.35 – 12.45 **Title to be confirmed**
 T-F. Tsai, Taipei (TW)

12.45 – 12.55 **Erectile dysfunction treatment beyond PDE-5 inhibitor**
 C.F. Ng, Hong Kong (HK)

12.55 – 13.00 Closing remarks

Urology beyond Europe

10.30 - 13.00 Joint Session of the European Association of Urology (EAU) and the Arab Association of Urology (AAU)

Room A10

Chairs: H. Abol-Enein, Mansoura (EG)
W. Artibani, Verona (IT)

10.30 - 10.35 Welcome and introduction

H. Abol-Enein, Mansoura (EG)
W. Artibani, Verona (IT)

10.35 - 11.10 Session 1: Training programmes

Moderators: N.N-P. Buchholz, London (GB)
I. Khalaf, Nasr City (EG)

10.35 - 10.50 **Training programmes in minimally invasive urology for the young urologist**
A. Volpe, Novara (IT)

10.50 - 11.05 **Publication in the Arab world: The impact of the Arab Journal of Urology**
A. Shokeir, Mansoura (EG)

11.05 - 11.10 **Discussion**

11.10 - 11.45 Session 2: Prostate cancer

Moderators: D. Rabah, Riyadh (SA)
A.K. Chamssuddin, Damascus (SY)

11.10 - 11.25 **When and how to treat PSA relapse after radical prostatectomy**
S.G. Joniau, Leuven (BE)

11.25 - 11.40 **Prostate cancer management: Arab perspective**
R.B. Khauli, Beirut (LB)

11.40 - 11.45 **Discussion**

11.45 - 12.20 Session 3: Female urology and kidney transplantation

Moderators: N. Al-Hamdani, Baghdad (IQ)
F. Farag, Nijmegen (NL)

11.45 - 12.00 **Female urology for general urologist: What is the minimal knowledge required?**
J.P.F.A. Heesakkers, Nijmegen (NL)

12.00 - 12.15 **Current role of urologist in kidney transplantation**
M. Moukarzel, Beirut (LB)

12.15 - 12.20 **Discussion**

12.20 - 12.55 **Session 4: Urinary diversion**

Moderators: K. Al-Kohlany, Sana'a (YE)
 Y. Noura, Ariana (TN)

12.20 - 12.35 **Surgical tricks make the neobladder easy**
 H. Abol-Enein, Mansoura (EG)

12.35 - 12.50 **Complication of orthotopic neobladder: How to avoid**
 K.G.W. Månsson, Lund (SE)

12.50 - 12.55 **Discussion**

12.55 - 13.00 **Conclusion and closing remarks**
 H. Abol-Enein, Mansoura (EG)
 W. Artibani, Verona (IT)

Urology beyond Europe

10.30 - 13.00 Joint Session of the European Association of Urology (EAU) and the Iranian Urological Association (IUA)

Room A11

Chairs: S.J. Hosseini, Tehran (IR)
M. Marberger, Vienna (AT)

10.30 - 10.35 Introduction

S.J. Hosseini, Tehran (IR)
M. Marberger, Vienna (AT)

10.35 - 11.30 LUTS and sexual dysfunction

10.35 - 10.50 LUTS and sexual dysfunction: Joint problems?

A. Hamidi Madani, Rasht (IR)

10.50 - 11.05 Managing sexual dysfunction in patients with LUTS

M.A. Sadighi Gilani, Tehran (IR)

11.05 - 11.20 Sexual dysfunction after surgery for B00: Procedure related and avoidable?

I. Eardley, Leeds (GB)

11.20 - 11.30 Questions and answers

11.30 - 12.55 High risk prostate cancer

11.30 - 11.45 Identifying high risk localised prostate cancer

S.F. Shariat, Vienna (AT)

11.45 - 12.00 Aggressive surgery is the way to go

S.J. Hosseini, Tehran (IR)

12.00 - 12.15 Neoadjuvant/ adjuvant hormonal/ medical therapy with the surgical approach?

B. Tombal, Brussels (BE)

12.15 - 12.30 Positive margins at radical prostatectomy: Adjuvant radiotherapy?

A. Heidenreich, Aachen (DE)

12.30 - 12.45 Primary radiotherapy as an alternative to surgery: Why, when and how?

M.A. Zargar Shoshtari, Tehran (IR)

12.45 - 12.55 Questions and answers

12.55 - 13.00 Closing remarks

S.J. Hosseini, Tehran (IR)
M. Marberger, Vienna (AT)

Urology beyond Europe

10.30 - 13.00 **Joint Session of the European Association of Urology (EAU) and the Société Internationale d'Urologie (SIU)**

Room K1

Optimal management of urothelial carcinoma

Chairs: C.F. Heyns, Cape Town (ZA)
J.W. Thüroff, Mainz (DE)

- 10.30 - 10.36** **Introduction**
C.F. Heyns, Cape Town (ZA)
J.W. Thüroff, Mainz (DE)
- 10.36 - 11.00** **Risk stratification in upper tract urothelial carcinoma**
M. Roupret, Paris (FR)
- 11.00 - 11.24** **Conservative management in 2014: Optimal patient selection and techniques**
J.J.M.C.H. De La Rosette, Amsterdam (NL)
- 11.24 - 11.48** **Optimal surgical approach to high grade upper tract urothelial carcinoma**
A. Stenzl, Tübingen (DE)
- 11.48 - 12.12** **Role of lymph node dissection in urothelial carcinoma**
G.N. Thalmann, Berne (CH)
- 12.12 - 12.36** **Robotic surgery in urothelial carcinoma**
M.M. Desai, Los Angeles (US)
- 12.36 - 13.00** **Continent urinary diversion: Patient selection and technical tips**
J.W. Thüroff, Mainz (DE)

Urology beyond Europe

10.30 - 13.00 **Joint Session of the European Association of Urology (EAU) and the Urological Society of India (USI)**

Room K2

Chairs: D. Jacqmin, Strasbourg (FR)
D. Kirpekar, Pune (IN)

10.30 - 10.35 **Introduction**

D. Jacqmin, Strasbourg (FR)
D. Kirpekar, Pune (IN)

10.35 - 11.05 **Urethral stricture**

S.B. Kulkarni, Pune (IN)

11.05 - 11.25 **Point counterpoint Is there a role for robotic surgery in kidney transplantation**

G. Karam, Nantes (FR)
M. Pranjal, Ahmedabad (IN)

11.25 - 12.25 **Round table Management of kidney stones**

11.25 - 11.35 **Ultra-Mini PCNL**

J. Desai, Ahmedabad (IN)

11.35 - 11.45 **Calyceal stones**

S.V. Kandasami, Coimbatore (IN)

11.45 - 11.55 **Ureteroscopic laser treatment**

O. Traxer, Paris (FR)

11.55 - 12.05 **ESWL**

T.B.C.

12.05 - 12.25 **Q&A**

12.25 - 12.55 **Ergonomics in laparoscopic and robotic surgery**

12.25 - 12.35 **Laparoscopy**

M. Chiruvella, Hyderabad (IN)

11.35 - 11.45 **Robotic**

J. Hubert, Nancy (FR)

12.45 - 12.55 **Q&A**

12.55 - 13.00 **Conclusion**

D. Jacqmin, Strasbourg (FR)
D. Kirpekar, Pune (IN)

Urology beyond Europe

13.15 - 15.45 **Joint Session of the European Association of Urology (EAU) and the Confederación Americana de Urología (CAU)**

Room A6

Chairs: D.M. Castro-Díaz, Santa Cruz Tenerife (ES)
H. Villavicencio Mavrich, Barcelona (ES)

13.15 - 13.20 **Welcome**

D.M. Castro-Díaz, Santa Cruz Tenerife (ES)
H. Villavicencio Mavrich, Barcelona (ES)

13.20 - 13.40 **What is the future of research in urology?**

J.W.F. Catto, Sheffield (GB)

13.40 - 14.00 **Current management of neurogenic voiding dysfunction in childhood**

S. Tekgöl, Ankara (TR)

14.00 - 14.20 **Diagnosis and medical treatment of lower urinary tract symptoms in adult men**

M. Oelke, Hanover (DE)

14.20 - 14.40 **Surgery in locally advanced prostate cancer: Why and how**

H. Van Poppel, Leuven (BE)

14.40 - 15.00 **How to manage hormone resistant prostate cancer**

M.J. Ribal, Barcelona (ES)

15.00 - 15.20 **Analysis of results of robotic radical prostatectomy, CAU study**

H. Davila Barrios, Caracas (VE)

15.20 - 15.40 **Current and future trends in robotic surgery**

H.G. Van Der Poel, Amsterdam (NL)

15.40 - 15.45 **Closing remarks**

D.M. Castro-Díaz, Santa Cruz Tenerife (ES)
H. Villavicencio Mavrich, Barcelona (ES)

Simultaneous translation from English to Spanish will be provided

Urology beyond Europe

13.15 - 15.45 Joint Session of the European Association of Urology (EAU) and the Maghreb Union Countries

Room A8

Chairs: P. Coloby, Cergy Pontoise (FR)
A. Joulal, Casablanca (MA)

13.15 - 13.20

Introduction

A. Joulal, Casablanca (MA)

13.20 - 13.50

Prostate cancer screening

Moderators: P. Coloby, Cergy Pontoise (FR)
A. Joulal, Casablanca (MA)

13.20 - 13.30

Prostate cancer in the Maghreb

F. Attyaoui, Tunis (TN)

13.30 - 13.45

New guidelines for PSA screening: Global perspective

G.P. Haas, Syracuse (US)

13.45 - 13.50

Q&A

13.50 - 14.25

Prostate cancer diagnosis and management

Moderators: C-C. Abbou, Vincennes (FR)
K. Atallah, Tunis (TN)

13.50 - 14.00

Biomarkers of aggressiveness

S.F. Shariat, Vienna (AT)

14.00 - 14.10

MRI as an imaging biomarker for prostate cancer

T.B.C.

14.10 - 14.20

Role penile rehabilitation after radical prostatectomy

J. Romero Otero, Madrid (ES)

14.20 - 14.25

Q&A

14.25 - 14.55

Bladder cancer

Moderators: M. Ounnoughene, Tizi Ouzou (DZ)
S.F. Shariat, Vienna (AT)

14.25 - 14.40

Management of T1 urothelial carcinoma of the bladder

G. Dalbagni, New York (US)

14.40 - 14.50

Surgical quality indicators of cystectomy

K. Touijer, New York (US)

14.50 - 14.55

Q&A

14.55 - 15.40 **Panel discussion of clinical scenarios**

Panel: C-C. Abbou, Vincennes (FR)
 K. Atallah, Tunis (TN)
 P. Coloby, Cergy Pontoise (FR)
 A. Joual, Casablanca (MA)
 S.M. Moudouni, Marrakech (MA)
 M. Ounnoughene, Tizi Ouzou (DZ)
 R. Rabii, Casablanca (MA)

15.40 - 15.45 **Closing remarks**
P. Coloby, Cergy Pontoise (FR)

Urology beyond Europe

13.15 - 15.45 Joint Session of the European Association of Urology (EAU) and the Indonesian Urological Association (IUAL)

Room A10

Chairs: C.R. Chapple, Sheffield (GB)
C.A. Mochtar, Jakarta (ID)

13.15 - 13.45 Session 1: Incontinence/ OAB

13.15 - 13.25 **Identifying various aspects of LUTS: The role of urodynamics**
H.E. Rahardjo, Jakarta (ID)

13.25 - 13.35 **When would I carry out invasive urodynamics in either a male or female patient?**
J.P.F.A. Heesakkers, Nijmegen (NL)

13.35 - 13.45 **Discussion**

13.45 - 14.15 Session 2: Vesicovaginal fistula

13.45 - 13.55 **Surgical approach of vesicovaginal fistula**
A. Rodjani, Jakarta (ID)

13.55 - 14.05 **Surgical management of ureterovaginal fistula**
C.R. Chapple, Sheffield (GB)

14.05 - 14.15 **Discussion**

14.15 - 14.45 Session 3: Male OAB

14.15 - 14.25 **The significance of storage symptoms**
C.A. Mochtar, Jakarta (ID)

14.25 - 14.35 **Pharmacotherapy for storage disorders in the male**
M.J. Drake, Bristol (GB)

14.35 - 14.45 **Discussion**

14.45 - 15.15 Session 4: LUTS/BPH

14.45 - 15.55 **Regulation of prostatic growth and therapy of BPH**
T. Djodimedjo, Surabaya (ID)

15.55 - 15.05 **Predictors for progression of benign prostatic hyperplasia - a pragmatic approach**
F. Desgrandchamps, Paris (FR)

15.05 - 15.15 **Discussion**

15.15 - 15.45 Session 5: Orthotopic neobladder/ urinary diversions

15.15 - 15.25 **Implication of ileal neobladder to voiding function**
F. Safriadi, Bandung (ID)

15.25 - 15.35 **A pragmatic approach to selection of diversion in patients**
K.G.W. Månsson, Lund (SE)

15.35 - 15.45 **Discussion**

Urology beyond Europe

13.15 - 15.45 **EAU - International: Caucasus and Central Asia Session**

Room A11

Chairs: A. Akilov, Tashkent (UZ)
B. Djavan, Vienna (AT)
M.K. Alchinbayev, Almaty (KZ)

Coordinator: N. Turmanidze, Tbilisi (GE)

13.15 - 13.20 **Welcome and introduction**
B. Djavan, Vienna (AT)

13.20 - 14.10 **Localised prostate cancer**

Moderators: A.B. Chkhotua, Tbilisi (GE)
B. Djavan, Vienna (AT)
S. Javad-Zada, Baku (AZ)

13.20 - 13.35 **Early detection and treatment approaches of prostate cancer in Azerbaijan**
F. Guliyev, Baku (AZ)

13.35 - 13.50 **Laparoscopic prostatectomy in Georgia**
D.O.NI Nikoleishvili, Tbilisi (GE)

13.50 - 14.10 **Innovations and new perspectives in laparoscopy**
G. Janetschek, Salzburg (AT)

14.10 - 14.45 **Men's health**

Moderators: M.K. Alchinbayev, Almaty (KZ)
F. Debruyne, Arnhem (NL)
Z. Tchanturaia, Tbilisi (GE)

14.10 - 14.25 **Hot issues in men's health**
F. Debruyne, Arnhem (NL)

14.25 - 14.35 **Implementation of the national programme "Men's Health School" in Kazakhstan**
K. Nadyrov, Almaty (KZ)

14.35 - 14.45 **The development perspectives in urology services in Tajikistan**
A. Radzhabov, Dushanbe (TJ)

14.45 - 15.45 **Stone disease**

Moderators: Z. Khakimkhodzhaev, Bishkek (KG)
A. Muradyan, Yerevan (AM)

14.45 - 15.00 **Urinary stone disease distribution map of Armenia**
A.M. Grabsky, Yerevan (AM)

15.00 - 15.15 **Modern approaches in the treatment of urolithiasis in Uzbekistan**
B. Ayubov, Tashkent (UZ)

15.15 - 15.30

New perspectives in endourology

J.J.M.C.H. De La Rosette, Amsterdam (NL)

15.30 - 15.45

Case discussion: Management of renal stones today

Moderator: B. Djavan, Vienna (AT)

Panel:

A. Akilov, Tashkent (UZ)

J.J.M.C.H. De La Rosette, Amsterdam (NL)

G. Janetschek, Salzburg (AT)

Urology beyond Europe

13.15 - 15.45 Joint Session of the European Association of Urology (EAU) and the Japanese Urological Association (JUA)

Room K1

Chairs: S. Egawa, Tokyo (JP)
M. Wirth, Dresden (DE)

13.15 - 13.20 Welcome and introduction

S. Egawa, Tokyo (JP)
M. Wirth, Dresden (DE)

13.20 - 14.00 Prostate cancer: PSA screening

Moderators: K. Ito, Gunma (JP)
M.J. Roobol, Rotterdam (NL)

13.20 - 13.35 PSA screening: Pros and cons
M.J. Roobol, Rotterdam (NL)

13.35 - 14.00 Panel discussion: PSA screening- Pros vs. cons

Panel: A. Heidenreich, Aachen (DE)
T. Kimura, Tokyo (JP)
N. Mottet, Saint Etienne (FR)
S. Sakamoto, Chiba (JP)

14.00 - 14.55 Kidney cancer

Moderators: J.E. Gschwend, Munich (DE)
Y. Tomita, Yamagata (JP)

14.00 - 14.15 Update on the targeted therapy
K. Saito, Tokyo (JP)

14.15 - 14.30 Surgery in the era of the targeted therapy
J.E. Gschwend, Munich (DE)

14.30 - 14.55 Panel discussion: Combination of targeted therapy and surgery - individual based discussion

Panel: Y. Kawano, Kumamoto (JP)
T. Inamoto, Osaka (JP)
P.F.A. Mulders, Nijmegen (NL)
J.J. Patard, Le Kremlin Bicetre (FR)

14.55 - 15.35 Overactive bladder

Moderators: S. Takahashi, Tokyo (JP)
M. Oelke, Hanover (DE)

14.55 - 15.10 Update on the treatment of overactive bladder
S. Takahashi, Tokyo (JP)

15.10 - 15.35 **Panel discussion: Drug treatment for overactive bladder - What is the appropriate choice?**

Panel: Y. Matsukawa, Nagoya (JP)
T. Mitsui, Sapporo (JP)
M. Oelke, Hanover (DE)
P. Radziszewski, Warsaw (PL)

15.35 - 15.45 **Conclusion**

S. Naito, Fukuoka (JP)

Urology beyond Europe

13.15 - 15.45 **Joint Session of the European Association of Urology (EAU) and the Pan-African Urological Surgeons' Association (PAUSA)**

Room K2

*Chairs: M. Eissa, Cairo (EG)
V.G. Mirone, Naples (IT)*

13.15 - 13.20 **Welcome and introduction**

M. Eissa, Cairo (EG)
V.G. Mirone, Naples (IT)

13.20 - 14.05 **Challenges in female urology**

13.20 - 13.35 **African perspective**
S.M. Gueye, Dakar (SN)

13.35 - 13.50 **European perspective**
F.R. Cruz, Porto (PT)

13.50 - 14.05 **Discussion**

14.05 - 14.50 **Prostate cancer**

14.05 - 14.20 **Prostate cancer in subsaharan Africa**
E. Oluwabunmi Olapade-Olaopa, Ibadan (NG)

14.20 - 14.35 **Prostate cancer in Europe**
F. Zattoni, Padova (IT)

14.35 - 14.50 **Discussion**

14.50 - 15.35 **Recent trends in endourology**

14.50 - 15.05 **European perspective**
A. Patel, London (GB)

15.05 - 15.20 **African perspective**
A. Abdel-Karim, Alexandria (EG)

15.20 - 15.35 **Discussion**

15.35 - 15.45 **Conclusion**

M. Eissa, Cairo (EG)
V.G. Mirone, Naples (IT)

Friday, 11 April - EAU Programme

18.00 - 19.30

EAU Opening Ceremony

eURO Auditorium

Opening addresses

Per-Anders Abrahamsson, Malmö (SE), EAU Secretary General

Announcement of the new EAU Honorary Members

Citation by P-A. Abrahamsson, Malmö (SE)

New Honorary Members: R. Flanigan, Maywood (USA)
S. Naito, Fukuoka (JP)
J. Thüroff, Mainz (DE)

Presentation of the EAU Willy Gregoir Medal 2014

Citation by P-A. Abrahamsson, Malmö (SE)

Presented to: M. Pavone-Macaluso, Palermo (IT)

The EAU is proud to present the Willy Gregoir Medal to an important senior urologist who contributed in an extraordinary way to the development of the urological specialty in Europe

Presentation of the EAU Frans Debruyne Life Time Achievement Award 2014

Citation by P-A. Abrahamsson, Malmö (SE)

Presented to: L. Denis, Antwerp (BE)

The EAU wishes both to honour and acknowledge the important and longstanding contribution by a distinguished colleague to the activities and development of the EAU

Presentation of the EAU Crystal Matula Award 2014

Citation by P-A. Abrahamsson, Malmö (SE)

Presented to: S.F. Shariat, Vienna, Austria (AT)

This prestigious prize is granted to a promising younger urological academician

Supported by an unrestricted educational grant from LABORIE

Presentation of the EAU Hans Marberger Award 2014

Citation by P-A. Abrahamsson, Malmö (SE)

Presented to: C. Netsch, Hamburg (DE)

The Hans Marberger Award is awarded for the best European paper published on Minimally Invasive Surgery in urology

Supported by an unrestricted educational grant from KARL STORZ GMBH & CO.KG

Presentation of the EAU Innovators in Urology Award 2014

Citation by P-A. Abrahamsson, Malmö (SE)

Presented to: R. Gaston, Bordeaux (FR)

The Innovators in Urology Award is to acknowledge and highlight inventions and clinical contributions which have had a major impact on influencing the treatment and/or diagnosis of a urological disease

Presentation of the EAU Prostate Cancer Research Award 2014

Citation by P-A. Abrahamsson, Malmö (SE)

Presented to: Z. Culig, Innsbruck (AT)

The EAU Prostate Cancer Research Award is awarded for the best paper published on clinical or experimental studies in prostate cancer

Supported by an unrestricted educational grant from the FRITZ H. SCHRODER FOUNDATION

19.30 - 21.00

EAU Networking Reception

Main Entrance Hall

Choose a taxi carefully



Look for the price sticker that should be prominently displayed on the outside of the vehicle.

Taxiföretagets eller sammanslutningens namn

Prisinformation

När	Jämförpris 10 km som tar 15 min	Det högsta jämförpriset som tillämpas av detta taxifordon
Vardag klockan 09-16	250 kr	320 kr
Vardag klockan 16-09	270 kr	
Fredag klockan 16-måndag klockan 09	300 kr	
Valborg, Midsommar-, Jul-, Nyårsafton klockan 15 till klockan 09 nästa dag	320 kr	

Begär alltid taxameterkvitto!

Grunderna för hur priset bestäms framgår av prisinformation på insidan av taxifordonet!
Storbilstaxa tillämpas vid körning med fler än fyra passagerare.
Stations-/ terminalavgift tillämpas.
Fasta priser tillämpas.

Compare the prices given in large numbers, i.e., the highest unit price of each vehicle.

The highest unit price of most taxis is between SEK 290 - 390

- Sweden does not regulate prices; they may vary greatly. It is the customer's responsibility to check prices beforehand.
- Check the price on the yellow label, which is usually on the rear door window, before entering the vehicle.
- The price on the yellow label is based on a 10 km, 15-minute journey.
- When taking a taxi at a taxi station, you do not need to take the first vehicle in line – you are free to select any taxi company.
- The price indicated on the taximeter is in Swedish kronor. Always ask for a taximeter receipt when paying for the journey.

Special Session

07.30 - 08.30 **EAU General Assembly**

Room A2

Welcome by the EAU Secretary General

Approval minutes General Assembly of 16 March 2013, Milan, Italy

General report by the EAU Secretary General

P-A. Abrahamsson, Malmö (SE)

Report by the EAU Treasurer

M. Wirth, Dresden (DE)

Specific reports on the EAU Offices by the EAU Executive

Approval of the election of Secretary General Elect

C. Chapple, Sheffield (GB)

Approval on the new EAU Office chairmen for:

- Guidelines Office - J. N'Dow, Aberdeen (GB)
- Young Urologists Office - M. Sedelaar, Nijmegen (NL)

Report by the Secretary General on the EAU Membership Office

- Approval new EAU members
- Approval new Honorary members

Other business

Future Congresses

Presentation of the 30st Annual EAU Congress in Madrid, 20 - 24 March 2015

Plenary Session 1

08.30 - 10.15 **Andrology in healthy ageing**

eURO Auditorium

Chairs: J.O.R. Sonksen, Herlev (DK)
H. Van Poppel, Leuven (BE)

08.30 - 08.45 **State-of-the-art lecture** [Current recommendations in male infertility](#)

W.H-G. Weidner, Giessen (DE)

Aims and objectives

In 50% of involuntary childless couples a potential male factor is associated with abnormal semen parameters. There is consensus that andrological examination is necessary if a semen analysis according to WHO compared with reference values shows abnormalities in at least 2 tests. Functional ejaculate parameters may complete standard investigations. Significant clinical entities contribute to male infertility. Men with Non-Obstructive Azoospermia (NOA) are at highest risk for genetic disorders. Y microdeletion testing is necessary in these men. Klinefelter's syndrome is the most common sex chromosome abnormality. Testicular sperm retrieval procedures are the therapy of choice in NOA patients. Testing for CIS is necessary. In obstructive azoospermia well consented microsurgical operative techniques are available. In absence of the vas deferens, epididymal sperm retrieval and testing for CF mutation are standard procedures. New data provide evidence that microsurgical varicocelectomy improves not only sperm quality, but also pregnancy rates. With the exception of epididymitis the influence of infection and inflammation for the fertility of a man is not consented. Concerning cryopreservation of semen spermatogonial stem cell preservation has been introduced before chemotherapy.

References:

1. Jungwirth A, Diemer T, Dohle G, Giwercman A, Kopa Z, Tournaye H, Krausz C; EAU Working Group on Male Infertility. *EAU Guidelines on Male Infertility: Update 2013*
2. World Health Organization. *WHO laboratory manual for the examination and processing of human semen. Fifth Edition ed. Geneva, Switzerland (2010)*

08.45 - 09.00 **State-of-the-art lecture** [Testosterone supplementation in the ageing male](#)

S. Arver, Stockholm (SE)

09.00 - 09.10 **EAU Guidelines snapshot** [Testosterone supplementation and prostate cancer](#)

G.R. Dohle, Rotterdam (NL)

Aims and objectives

Testosterone replacement therapy appears relatively safe for ageing men with symptomatic hypogonadism, even those who have been successfully treated for localised prostate cancer. So far no studies have shown an increased risk for prostate cancer associated with testosterone treatment. However, larger studies and longer follow-up data are needed before we can conclude that testosterone therapy does not result in a higher risk of prostate cancer and in tumour recurrence. Surveillance of prostate symptoms and PSA is mandatory in men older than 40 years who are on testosterone therapy, according to current guidelines for male hypogonadism.

09.10 - 09.25 **State-of-the-art lecture** [How dangerous is testosterone supplementation?](#)

J.P. Mulhall, New York (US)

09.25 - 09.45 **American Association of Urology (AUA) Lecture** [Sexual function after urological surgery](#)

A.L. Burnett, Baltimore (US)

Aims and objectives

To present current and emerging therapies to manage sexual dysfunctions after pelvic surgery such as radical prostatectomy.

09.45 - 09.55**State-of-the-art lecture [Preserving sexual function: From research to reality](#)**

M. Albersen, Leuven (BE)

Aims and objectives

Since the description of the anatomy and the function of the periprostatic neurovascular bundle by Walsh and Donker in 1982, a large body of research has been directed at the preservation of these bundles, and thus erectile function, following radical prostatectomy. In the literature -when thoroughly assessed- 30 years after Walsh's seminal discovery, we still observe a high percentage of men who develop, either-or-not temporarily, erectile dysfunction. At present, so called 'penile rehabilitation' programs following nerve-sparing radical prostatectomy have been targeting denervation-induced changes in the corpus cavernosum. Recovery and regeneration of the nerve itself has so far not been a target for clinical sexual rehabilitation in these men, but has been a focus of intense research in the lab. In the current lecture, we will discuss how stem cell therapy may hold promise for cavernous nerve regeneration, and review the evidence for stem cell therapy for post-prostatectomy erectile dysfunction from the bench to the bedside.

09.55 - 10.15**State-of-the-art lecture [Urological research funding in Horizon 2020](#)**

M.J.H. Van Griethuysen, Rotterdam (NL)

Aims and objectives

Research funding under Horizon2020

Abstract Session

08.30 - 10.00 **Novel approaches to overcome therapy resistance in prostate cancer**

Room A6

Poster Session 1

Chairs: F. Claessens, Leuven (BE)
N. Mottet, Saint Etienne (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Mechanisms of therapy resistance in prostate cancer

F. Claessens, Leuven (BE)

- * 1 **Patient-derived tissue culture and xenograft models for studying prostate tumor responses to therapy**
J. Tuomela, L. Yu, T. Kähkönen, P. Taimen, P. Boström, P.L. Härkönen (Turku, Finland)
- * 2 **Polyamide targeting transcription of long chain acyl-CoA synthetase 3: A novel therapeutic approach for prostate cancer**
D. Obinata, K-I. Takayama, K. Fujiwara, N. Fukuda, T. Urano, A. Ito, D. Ashikari, T. Murata, T. Fujimura, K. Ikeda, K. Horie-Inoue, S. Inoue, S. Takahashi (Tokyo, Saitama, Japan)
- * 3 **Wnt/ β -catenin signalling is a potential therapeutic target for castrate-resistant prostate cancer**
Y. Kawano, Y. Maeda, M. Takanobu, T. Imamura, W. Takahashi, Y. Wada, R. Kypta, M. Eto (Kumamoto, Japan; Derio, Spain)
- 4 **Combinational epigenetic therapy targeting EZH2 and histone deacetylase in prostate cancer cells: Synergic effect on induction of apoptosis and TIMP3 tumor suppressor gene**
T. Shinojima, R. Mizuno, T. Kosaka, E. Kikuchi, A. Miyajima, M. Oya, D.S.B. Hoon, L. Lessard (Tokyo, Japan; Santa Monica, United States of America)
- 5 **Synergistic anticancer effect of combination treatment with MEK inhibitor and PI3K inhibitor in castration-resistant prostate cancer**
T. Kwon, Y. Kim, H. Park, S.H. Song, N. Suh, J.B. Ahn, J.J. Hwang, I.G. Jeong, D. You, B. Lim, K-S. Han, C. Lee, S. Hong, J.H. Hong, C-S. Kim (Seoul, Chuncheon, Cheonan, South Korea)
- 6 **Cancer-testis antigens as potential targets for specific immunotherapy in prostate cancer**
S. Guo, M. Rieken, G. Bonkat, S. Wyler, G. Müller, L. Bubendorf, G. Spagnoli, C. Mengus, A. Bachmann (Basel, Switzerland)
- 7 **Pre-clinical evaluation of targeted intraoperative radiotherapy using the Intrabeam® system in locally advanced prostate cancer**
F. Buge, S. Chiavassa, J. Rigaud, C. Hervé, G. Delpon, S. Supiot (Nantes, Nantes Saint Herblain, France)
- 8 **A novel approach to identifying optimal treatment strategies in docetaxel-resistant prostate cancer**
D.J. Landon, M. Principe, A. O'Neill, S. Ahearne, P. Doolan, J.M. Fitzpatrick, R.W.G. Watson (Dublin, Ireland)
- 9 **Tetrandrine blocks autophagic flux by preventing lysosomal acidification in prostate cancer**
W.Q. Qiu, Y.G. Gong, Y.G. Guo (Beijing, China)
- 10 **Interleukin-15 boosts expansion of CD8 T, NK and NKT cells by upregulation of telomerase activity**
S.K. Nayar, C.A. Sakellariou, O. Elhage, O. Ukimura, I. Gill, R.A. Smith, C. Galustian, P. Dasguta (London, United Kingdom; Los Angeles, United States of America)

- 11 The intriguing role of fibroblasts in therapeutic effect of finasteride on xenograft model of prostate cancer**
Y-N. Niu, K. Wang, D. Fan, S. Jin, M. Wang, N. Xing (Beijing, China)
- 12 Enhanced sensitivity to sunitinib by inhibition of Akt-1 expression in human castration-resistant prostate cancer PC3 cells both in vitro and in vivo**
M. Nishikawa, H. Miyake, F. Masato (Kobe, Japan)

Abstract Session

08.30 - 10.00 Upper urinary tract urothelial cancer

Room A4

Poster Session 2

Chairs: J.W.F. Catto, Sheffield (GB)

S.F. Shariat, Vienna (AT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Who should be tested for Lynch?

J.W.F. Catto, Sheffield (GB)

- 13 **Nephroureterectomy surgery in England in 2012: British Association of Urological Surgeons (BAUS) registry data**
S.S. Connolly, M.A. Rochester (Cambridge, Norwich, United Kingdom)
- 14 **Radical nephroureterectomy versus endoscopic procedures for the treatment of upper urinary tract urothelial carcinoma: A meta-analysis of comparative studies**
R. Yacoubi, T. Seisen, P. Colin, L. Nison, G. Bozzini, S. Drouin, S. Shariat, M. Rouprêt (Boulogne, Paris, Lille, France; Vienna, Austria)
- 15 **Risk stratification model based on robust multi-institutional data stratified by preoperative clinicopathological factors including promising serum biomarkers in patients with upper urinary tract urothelial carcinoma undergoing radical nephroureterectomy**
S. Morizane, H. Iwamoto, T. Masago, A. Yao, M. Honda, T. Sejima, A. Takenaka (Yonago, Japan)
- 16 **Impact of platelet count kinetics on recurrence-free survival after radical nephroureterectomy for upper tract urothelial carcinoma**
G. Gakis, H.-M. Fritsche, F. Hassan, L. Kluth, F. Miller, J. Hansen, W. Otto, C. Schwentner, T. Todenhöfer, R. Dahlem, M. Fisch, A. Stenzl, A. Aziz, M. Rink (Tübingen, Regensburg, Hamburg-Eppendorf, Germany)
- 17 **Frequency and prognostic value of PTEN loss in patients with upper tract urothelial carcinoma**
M. Rieken, E. Xylinas, D. Lee, F. Khani, T. Klatte, C. Wood, J. Karam, A. Weizer, J. Raman, M. Remzi, C. Guo, N. Rioux-Leclercq, A. Haitel, C. Bolenz, K. Bensalah, A. Sagalowsky, F. Montorsi, Y. Lotan, A. Bachmann, A. De Marzo, S.F. Shariat, B. Robinson, V. Margulis (New York, Houston, Ann Arbor, Hershey, Dallas, Baltimore, United States of America; Vienna, Korneuburg, Austria; Rennes, France; Mannheim, Germany; Milan, Italy; Basel, Switzerland)
- * 18 **Intravesical seeding of upper tract urothelial carcinoma cells during nephroureterectomy: An exploratory analysis from the THPMG trial**
A. Ito, I. Shintaku, M. Satoh, S. Yamashita, Y. Arai (Sendai, Higashimatsushima, Rifu, Japan)
- * 19 **Impact of micropapillary histological variant on survival after radical nephroureterectomy for upper tract urothelial carcinoma**
A. Masson-Lecomte, P. Colin, G. Bozzini, L. Nison, A. De La Taille, E. Comperat, M. Zerbib, F. Rozet, X. Cathelineau, A. Valeri, A. Ruffion, L. Guy, S. Droupy, O. Cussenot, M. Rouprêt (Creteil, Lille, Paris, Brest, Lyon, Clermont-Ferrand, Nîmes, France)

- 20 Clinical implications of intravesical recurrence after nephroureterectomy for upper urinary tract urothelial carcinoma**
 S. Yamashita, A. Ito, I. Shintaku, M. Aizawa, T. Tochigi, F. Soma, S. Ota, T. Namima, K. Orikasa, A. Kyan, K. Numahata, A. Takeda, S. Katoh, H. Nakagawa, N. Ioritani, Y. Arai (Sendai, Higashimatsushima, Natori, Hachinohe, Yuzawa, Kesennuma, Shirakawa, Yamagata, Ichinoseki, Japan)
- 21 Association of perioperative blood transfusion with oncologic outcomes after radical nephroureterectomy for upper tract urothelial carcinoma**
 M. Rieken, T. Schubert, E. Xylinas, L. Kluth, M. Rouprêt, T. Quoc-Dien, R.K. Lee, B. Al Hussein Al Awamlh, H. Fajkovic, G. Novara, V. Margulis, Y. Lotan, J. Martinez-Salamanca, K. Matsumoto, C. Seitz, M. Remzi, P. Karakiewicz, D. Scherr, A. Briganti, A. Bachmann, S.F. Shariat (New York, Boston, Dallas, United States of America; Paris, France; Vienna, Korneuburg, Austria; Padua, Milan, Italy; Madrid, Spain; Sagamihara, Kanagawa, Japan; Montreal, Canada; Basel, Switzerland)
- 22 Does transperitoneal or retroperitoneal hand-assisted laparoscopic nephroureterectomy really matter to bladder recurrence?**
 C-Y. Hu, S-M. Wang, Y-S. Pu (Taipei, Taiwan)
- 23 Comparison of white-light, photodynamic diagnosis and narrow-band imaging for the detection of non-muscle invasive bladder cancer: Results from a randomized multicenter diagnostic phase-III study**
 C. Doehn, K. Krockenberger, J. Zumbé, J. Rassler, M. Sommerauer, A.C. Feller, M. Gebhardt, C. Hemmelmann, K. Grozinger, S. Nolte, C. Breitling, D. Jocham, A. Ziegler (Lübeck, Leverkusen, Leipzig, Bremen, Germany)
- 24 Impact of diagnostic ureterorenoscopy on intravesical recurrence following nephroureterectomy for upper tract urothelial carcinoma**
 H.H. Sung, H.S. Ryoo, K.J. Ko, T.S. Kim, S.J. Shin, S.W. Lee, D.K. Choi, S.M. Choi, Y.T. Lee, H.G. Jeon, B.C. Jeong, S.I. Seo, H.M. Lee, H-Y. Choi, S.S. Jeon (Seoul, South Korea)
- 25 Hydrogel based drug retention system for the treatment of upper tract urothelial carcinoma**
 D. Lifshitz, M. Meiron, M. Konorty, M. Schoenberg (Petach Tikva, Ra'anana, Israel)

Abstract Session

08.30 - 10.00 **Prostate cancer: Active surveillance**

Room A8

Poster Session 3

Chairs: M.R. Cooperberg, San Francisco (US)

I.J. De Jong, Groningen (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 26 **Long term follow-up of a large active surveillance cohort**
L. Klotz, D. Vesprini, A. Loblaw (Toronto, Canada)
- 27 **Protocol based versus non-protocol based discontinuation in the Prostate cancer Research International: Active Surveillance (PRIAS) study**
L.P. Bokhorst, J.W. Salma, L.D. Venderbos, A. Rannikko, R. Valdagni, T. Pickles, Y. Kakehi, C.H. Bangma, M.J. Roobol (Rotterdam, The Netherlands; Helsinki, Finland; Milan, Italy; Vancouver, Canada; Kagawa, Japan)
- 28 **Current use of active surveillance in Australia - a patterns of care analysis from the Prostate Cancer Registry**
M.T. Weerakoon, S.M. Evans, J.L. Millar, M. Frydenberg, N. Lawrentschuk, D.M. Bolton, D.G. Murphy (Richmond, Melbourne, Australia)
- * 29 **Active surveillance in the National Prostate Cancer Register (NPCR) of Sweden: Patterns of care and outcomes after 5 years of follow-up**
S. Loeb, Y. Folkvaljon, D. Makarov, O. Bratt, A. Bill-Axelsson, P. Stattin (New York, United States of America; Uppsala, Lund, Umeå, Sweden)
- 30 **Active surveillance in 853 men with low and intermediate risk prostate cancer**
J.J. Aning, M. Peacock, H. Zargar, M. McKenzie, P.B. Black, A.I. So, S.L. Goldenberg, M.E. Gleave (Vancouver, Canada)
- 31 **Impact of radical prostatectomy on quality of life after initial active surveillance: More to lose?**
R.C.N. Van Den Bergh, W. De Blok, E. Van Muilekom, C. Tillier, L. Venderbos, H.G. Van Der Poel (Utrecht, Amsterdam, Rotterdam, The Netherlands)
- 32 **Disease specific mortality of low-risk localized prostate cancer: A prospective population-based cohort of 1534 men with two decades of follow-up**
R. Klaff, E. Varenhorst, J. Rosell, G. Sandblom (Linköping, Stockholm, Sweden)
- 33 **Transperineal biopsy related erectile dysfunction in active surveillance**
J.E. Kinsella, M. Van Hemelrijck, K. Briggs, D.M. Brown, R. Beard, B. Challacombe, R. Popert, M. Shabbir, D. Cahill (London, United Kingdom)
- 34 **Comparing epidemiological data from the United States and Germany reveals different treatment habits for low-risk prostate cancer**
B. Hager, K. Kraywinkel, B. Keck, A. Katalinic, M. Meyer, M. Fröhner, M.P. Wirth, J. Huber (Dresden, Berlin, Erlangen, Lübeck, Germany)

- 35 How to expand indications for active surveillance without compromising cancer control: A systematic assessment of the currently used criteria for prostate cancer patients**
[U. Capitanio](#), N. Suardi, A. Gallina, R. Bertini, V. Scattoni, L. Villa, P. Dell'Oglio, A. Nini, V. Cucchiara, E. Zaffuto, V. Mirone, A. Briganti (Milan, Naples, Italy)
- 36 Outcome of radical prostatectomy for misclassified active surveillance candidates**
[G. Gandaglia](#), N. Suardi, U. Capitanio, E. Di Trapani, P. Dell'Oglio, A. Nini, V. Cucchiara, E. Zaffuto, D. Vizziello, V. Scattoni, A. Briganti (Milan, Italy)
- 37 13 years of experience in active surveillance for prostate cancer: Malcompliance is a major concern in the long term**
[L.J. Hefermehl](#), D. Disteldorf, S. Talimi, R. Groebli, B. Lyttwin, K. Lehmann (Baden, Switzerland)
- 38 Per-lesion based active surveillance in 502 men with median follow-up of 4.5 years: Image-based monitoring of targeted biopsy-proven prostate cancer**
A.L. De Castro Abreu, I. Gill, D. Bahn, S. Shoji, M. Arnaud, J. Ca, P. Silverman, [O. Ukimura](#) (Los Angeles, United States of America)

Abstract Session

08.30 - 10.00 **Molecular diagnostic and biomarkers of bladder cancer**

Room A10

Poster Session 4

Chairs: M. Sanchez-Carbayo, Madrid (ES)

E.C. Zwarthoff, Rotterdam (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Introduction on the session topic

M. Sanchez-Carbayo, Madrid (ES)

- * 39 **Notch2 promotes bladder cancer progression: Pre-clinical rationale for a novel targeted therapy**
T. Hayashi, K.M. Gust, W. Jäger, S. Awrey, N. Li, M. Altamirano-Dimas, R. Buttyan, L. Fazli, A. Matsubara, P.C. Black (Vancouver, Canada; Hiroshima, Japan)
- * 40 **Molecular classification of T1 urothelial bladder cancer identifies high-risk subtypes**
O. Patschan, G. Sjödal, G. Chebil, K. Lövgren, M. Lauss, S. Gudjonsson, P. Kollberg, P. Eriksson, M. Aine, W. Månsson, M. Fernö, F. Liedberg, M. Höglund (Malmö, Lund, Helsingborg, Sweden)
- * 41 **Genome-wide mutational signatures of aristolochic acid in urothelial cancer**
S.L. Poon, S-T. Pang, J.R. McPherson, W. Yu, K.K. Huang, P. Guan, W-H. Weng, E.Y. Siew, Y. Liu, H.L. Heng, S.C. Chong, A. Gan, S.T. Tay, W.K. Lim, I. Cutcutache, D. Huang, L.D. Ler, M-L. Nairismägi, M.H. Lee, Y-H. Chang, K-J. Yu, W. Chan-On, B-K. Li, Y-F. Yuan, C-N. Qian, K-F. Ng, C-F. Wu, C-L. Hsu, R. Bunte, M. Stratton, A. Futreal, W-K. Sung, C-K. Chuang, C.K. Ong, S. Rozen, P. Tan, B.T. Teh (Singapore, Singapore; Taoyuan, Taipei, Chiayi, Taiwan; Guangdong, China; Hinxton, United Kingdom; Houston, United States of America)
- 42 **Identification, counting and characterization of circulating tumor cells (CTC) in high-risk non-muscle invasive bladder cancer (NMIBC): Prognostic value and clinical significance**
G.M. Busetto, R. Giovannone, P. Gazzaniga, A. Gradilone, V. Gentile, E. De Berardinis (Rome, Italy)
- * 43 **Promoter hypermethylation of KISS1R, KiSS1, SEPT9 and CSAD as a prognostic biomarker panel to assess the metastatic potential of muscle invasive bladder tumors**
B. Stubendorff, K. Wilhelm, K. Posselt, J. Catto, A. Hartmann, S. Füssel, M. Gajda, H. Wunderlich, M-O. Grimm, K. Junker (Homburg, Jena, Dresden, Erlangen, Eisenach, Germany; Sheffield, United Kingdom)
- 44 **Stathmin-1 has prognostic relevance and is a potential therapeutic target in muscle invasive urinary bladder cancer**
T. Hemdan, M. Lindén, S. Bergström-Lind, A. Venkat Namuduri, E. Sjöstedt, T. Diaz De Ståhl, M. De La Torre, T. Gårdmark, A. Asplund, P-U. Malmström, U. Segersten (Uppsala, Stockholm, Sweden)
- 45 **The role of enhancer RNAs in regulating differentially expressed pathological grade associated genes in urothelial bladder cancer – results from a whole transcriptomal analysis**
Y. Liu, A.P. Noon, T. Hermanns, G.S. Kulkarni, T.H. Van Der Kwast, A.R. Zlotta, J.L. Wrana (Toronto, Canada)
- 46 **Significant correlation of preoperative routine blood parameters and postoperative outcome in patients undergoing radical cystectomy for bladder cancer**
T. Grimm, A. Buchner, B. Schneevoigt, C.G. Stief, A. Karl (Munich, Germany)

- 47 Diagnostic validation of urinary Tyr-phosphorylated proteins as a new marker for bladder cancer**
[P. Destefanis](#), A. Battaglia, M. Allasia, S. Chiesa, E. Garzino, A. Khadjavi, A. Notarpietro, F. Mannu, S. Polidoro, C. Sacerdote, D. Fontana, B. Frea, G. Giribaldi, F. Turrini (Turin, Sassari, Italy)
- 48 Increased expression of serum uroplakin III is associated with the detection and pathological features of aggressive bladder cancer**
[H. Tsumura](#), M. Kazumasa, M. Toshihide, M. Ikeda, T. Satoh, K. Yoshida, Y. Sato, M. Iwamura (Sagamihara, Japan)
- 49 An integrated genomic analysis reveals frequent genetic alterations in the spindle checkpoint genes of the cell cycle in bladder cancer**
[S. Wu](#), Y. Huang, Z. Cai (Shenzhen, China)

Abstract Session

08.30 - 10.00

Penile cancer

Room A11

Poster Session 5

Chairs: C. Protzel, Rostock (DE)

E. Solsona, Valencia (ES)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 50** **Has centralisation of penile cancer services in the United Kingdom improved survival?**
B.E. Ayres, L. Hounscome, H. Alnajjar, D. Sharma, J. Verne, N.A. Watkin (London, Bristol, United Kingdom)
- 51** **The effect of centralisation on the management of penile cancer**
E. Green, R. Iype, V.A.C. Ramani, N.W. Clarke, T. Elliot, N. Parr, M.W. Lau, V.K. Sangar (Manchester, Upton, United Kingdom)
- 52** **MicroRNA expression signature discriminates between metastatic and non-metastatic penile carcinomas**
J.M. Hartz, C. Protzel, D. Engelmann, B.M. Puetzer, O.W. Hakenberg (Rostock, Germany)
- 53** **Correlation of genomic alterations and HPV infection in penile carcinoma**
M. Jörg, U. Becker, A. Hartmann, A. Knöll, M. Burger, K. Junker (Jena, Erlangen, Regensburg, Homburg, Germany)
- 54** **HPV prevalence in penile cancer and association with clinical outcome**
R.S. Djajadiningrat, D.A.M. Heideman, J. De Jong, P.J.F. Snijders, D. Pronk, E.S. Jordanova, S. Horenblas (Amsterdam, The Netherlands)
- 55** **Strong expression of glucosetransporter 1 in the invasion front correlates with aggressive behaviour in penile cancer**
C. Protzel, H.P. Burmeister, C. Kakies, A. Erbersdobler, B. Kleist, O.W. Hakenberg (Rostock, Germany; Christiansand, Norway)
- * 56** **The role of ultrasound in the detection of inguinal nodal metastasis in patients with primary squamous cell carcinoma of the penis: A prospective cohort analysis of 726 inguinal basins assessed in a single institution**
W. Lam, A. Kaul, B. Ayres, C. Corbishley, M. Perry, D. Sharma, J. Pilcher, N. Watkin (London, United Kingdom)
- 57** **Neo-adjuvant and adjuvant combination of a taxane plus cisplatin and 5-fluorouracil in patients undergoing lymph-node dissection for nodal metastases from squamous cell carcinoma (SCC) of the penis: Is there an indication for a recommendable use?**
N. Nicolai, L.M. Sangalli, A. Necchi, P. Giannatempo, A.M. Paganoni, M. Colecchia, L. Piva, M. Catanzaro, D. Biasoni, S. Stagni, T. Torelli, D. Raggi, E. Faré, A. Crestani, G. Pizzocaro, R. Salvioni (Milan, Italy)
- 58** **Neoadjuvant taxane-based combination chemotherapy in patients with advanced penile cancer**
R.S. Djajadiningrat, A.M. Bergman, S. Horenblas (Amsterdam, The Netherlands)
- 59** **Endoscopic inguinal lymphadenectomy for penile cancer: Long-term follow-up**
C. Schwentner, T. Todenhöfer, S. Aufderklamm, J. Böttge, J. Mischinger, S. Rausch, J. Hennenlotter, A. Stenzl, G. Gakis (Tübingen, Germany)
- 60** **Does pelvic lymph node dissection (PNLD) have a role in the treatment of penile cancer?**
T.L. Yap, M. Shabbir, I. Cullen, M. Lucky, C. Handalage, C. Jameson, R. Nigam, P. Malone, C. Akkers, A. Freeman, A. Muneer, S. Minhas (London, Guildford, Reading, United Kingdom)

- 61 The role of lymph node count and node density after lymphadenectomy for penile cancer**
Y. Kai, L. Zai-Shang, C. Peng, Z. Zi-Jun, T. Hua, Q. Zi-Ke, L. Zhou-Wei, Z. Fang-Jian, L. Yong-Hong, [H. Hui](#)
(Guangzhou, Xinjiang, Guizhou, China)
- 62 Feasibility of performing delayed dynamic sentinel lymph node biopsy (DSNB) following primary surgery for penile carcinoma**
[S. Omorphos](#), Z. Saad, J. Bomanji, A. Freeman, P. Malone, R. Nigam, S. Minhas, A. Muneer (London, United Kingdom)

Abstract Session

08.30 - 10.00

Sphincter or sling in PPI

Room K1

Poster Session 6

Chairs: T.B.C.

F. Haab, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Sling vs sphincter

F. Haab, Paris (FR)

- * 63 **Early outcomes for the first patients within a 2-arm randomized and parallel sling-versus-sphincter feasibility protocol**
A. Kass-Iliyya, C. Moore, I. Chaudhury, R. Hamid, D.E. Andrich, T.J. Greenwell, P.J.R. Shah, J.L. Ockrim (London, United Kingdom)
- * 64 **Long-term impact of artificial urinary sphincter reimplantation following prior device explantation for erosion and/or infection**
D.S. Elliott, B. Linder (Rochester, United States of America)
- * 65 **Functional outcomes over 10 years after artificial urinary sphincter (AMS 800) implantation in men with stress urinary incontinence**
P. Léon, E. Chartier-Kastler, M. Rouprêt, V. Ambroggi, P. Mozer, M-O. Bitker, F. Richard, V. Phé (Paris, France)
- 66 **Prediction of post-prostatectomy incontinence: Clinical nomogram and validation**
A. Tienza, M. Hevia, R. Algarra, I. Merino, J.M. Velis, F. Diez-Caballero, D. Rosell, J.E. Robles, J.J. Zudaire, J.I. Pascual (Pamplona, Spain)
- 67 **Long-term results of artificial urinary sphincter (AMS 800) – an analysis of 353 consecutive patients**
A. Jürß, J. Kilian, W.H. Meyer-Moldenhauer, T. Bach (Hamburg, Germany)
- 68 **Results following replacement and revision artificial urinary sphincter (AUS) surgery compared to primary implantation**
S. Bugeja, A. Frost, A. Imbeault, I. Chaudhury, D.E. Andrich, A.R. Mundy (London, United Kingdom)
- 69 **Transcortical artificial urinary sphincter implantation for incontinence in high-risk patient: Functional outcomes in a retrospective study**
E. Lelong, R. Caremel, J.D. Rebibo, P. Grise (Rouen, France)
- 70 **Radiotherapy is associated with increased bladder neck stricture and reduced continence outcomes following implantation of the artificial urinary sphincter in men with post radical prostatectomy incontinence**
S. Guillaumier, J.C. Jenks, M. Pakzad, R. Hamid, P.J.R. Shah, J.L. Ockrim, T.J. Greenwell (London, United Kingdom)
- 71 **Obesity as a risk factor for AdVance sling failure**
A. Kretschmer, C.G. Stief, R.M. Bauer (Munich, Germany)
- 72 **Male Remeex System™ (MRS) for the surgical treatment of male incontinence: 12 years from the first case**
A. Sousa Escandon (Monforte de Lemos, Spain)

- 73 Two-dimensional perineal ultrasonography in men before and after radical prostatectomy**
D.S.L. Costa Cruz, C.A.L. D'Ancona, J. Baracat, M.A.D. Alves, M. Cartapatti, R. Damião (Rio de Janeiro, Campinas, Brazil)
- 74 High-risk and non-high risk PCa patients have comparable time to continence, voiding symptoms and quality of life after radical prostatectomy**
I. Geraerts, L. Tosco, S. Joniau, B. Van Cleynenbreugel, H. Van Poppel, M. Van Kampen (Leuven, Belgium)

Abstract Session

08.30 - 10.00 Urethral stricture diseases

Room K2

Poster Session 7

*Chairs: K-D. Sievert, Tübingen (DE)
D.J. Summerton, Leicester (GB)*

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 75 **Influence of local steroid injections on recurrence rate of urethral strictures after internal urethrotomy**
C. Germann, P. Stucki, A. Mattei, H. Danuser (Luzern, Switzerland)
- 76 **Perineal urethrostomy: The last resort?**
N. Lumen, M. Beysens, W. Oosterlinck (Ghent, Belgium)
- 77 **Nontransecting augmented roof anastomosis: The technique of choice for long bulbar urethral strictures with limited spongiofibrosis**
C. Gingu, A. Dick, S. Patrascoiu, C. Surcel, M. Crasneanu, M. Harza, M.A. Manu, M. Mihai, L. Domnisor, I. Sinescu (Bucharest, Romania)
- 78 **Dorsal onlay skin graft versus buccal mucosal graft for repair of long anterior urethral stricture: A prospective randomized study**
M.M. Hussein, M. Zaki, W. Gamal, E. Salem, R. Hammady (Sohag, Egypt)
- 79 **Withdrawn**
- 80 **Urethroplasty after irradiation**
S.A. Ahyai, O. Engel, T.A. Ludwig, L. Kluth, A. Becker, C. Rosenbaum, R. Dahlem, M. Fisch (Hamburg, Germany)
- 81 **Effectiveness of urethral end-to-end anastomosis in case of short bulbar urethral strictures of diverse genesis**
M.I. Kogan, V. Mitusov, A. Shangichev, S. Naranov (Rostov-on-Don, Russia)
- 82 **The outcome of redo bulbar and membranous urethroplasty**
A. Imbeault, S. Bugeja, A. Frost, I. Chaudhury, D.E. Andrich, A.R. Mundy (London, United Kingdom)
- * 83 **Patient reported complaints and complications after bulbar urethroplasty: A critical analysis of 292 patients**
M.A. Granieri, G.D. Webster, M.O. Fraser, A.C. Peterson (Durham, United States of America)
- 84 **Correction of congenital penile curvature using different corporoplasty techniques: The long-term outcome with attention to patient satisfaction**
W. Zachalski, K. Krajka, M. Matuszewski (Gdansk, Poland)
- 85 **Tissue engineered buccal mucosal urethroplasty: Long term clinical outcomes**
N. Osman, T. Kuo, J.M. Patterson, S. Bhargava, R.D. Inman, S. MacNeil, C.R. Chapple (Sheffield, United Kingdom; Bangalore, India)
- 86 **Urethral ultrasound versus magnetic resonance urethrography versus retrograde urethrography in the evaluation of anterior urethral stricture: A prospective study**
A.M. Abdel-Aal, A.O. Khalifa, M. Selim (Shibin Elkom, Egypt)

- 87** **The evolution of urethroplasty for bulbar urethral stricture disease; more options, better outcomes**
[M.A. Granieri](#), G.D. Webster, M.O. Fraser, A.C. Peterson (Durham, United States of America)

Abstract Session

08.30 - 10.00 Options for preserving renal function

Room C6

Poster Session 8

Chairs: I. Abdullin, Moscow (RU)

A. Volpe, Novara (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- 88 **Active surveillance for renal angiomyolipoma: Outcomes and predictive factors of delayed intervention**
I. Ouzaid, R. Autorino, B.R. Hertz, E.M. Remer, G. McLennan, G-P. Haber (Cleveland, United States of America)
- 89 **Role of active surveillance in the management of small renal masses in elderly and co-morbid patients: A retrospective study with long-term follow-up**
E. Brunocilla, M. Borghesi, R. Schiavina, L. Della Mora, M. Cevenini, C. Pultrone, C. Del Prete, G. Gentile, C. Monti, G. Martorana (Bologna, Italy)
- 90 **Renal surgery in the elderly - validation of perioperative outcomes and postoperative complications in 160 consecutive patients undergoing retroperitoneoscopic partial nephrectomy**
J. Göckschu, D. Marghawal, S. Filiz, N. Flechtenmacher, C. Wülfing (Hamburg, Germany)
- 91 **Evaluation of renal function under controlled hypotension in zero ischemia robotic assisted partial nephrectomy for peripheral renal tumors**
R. Papalia, G. Simone, M. Ferriero, S. Guaglianone, M. Gallucci, E. Forastiere (Rome, Italy)
- 92 **Renal scanning functional outcomes of "clampless" laparoscopic partial nephrectomy: The viable harmless alternative to "clamped"?**
F. Porpiglia, R. Bertolo, D. Amparore, T. Angusti, V. Podio, A. Olivero, C. Fiori (Orbassano (Turin), Italy)
- 93 **Change of differential renal function after laparoscopic and robot-assisted partial nephrectomy with short warm ischemic time**
K.S. Kim, S.W. Choi, Y.S. Choi, W.J. Bae, H.J. Cho, J.Y. Lee, S.W. Kim, T.K. Hwang, S.H. Hong (Seoul, South Korea)
- 94 **Kidney injury following clampless and clamped laparoscopic partial nephrectomy: Is an early detection of acute postoperative damage possible? Role of neutrophil gelatinase-associated lipocain**
F. Porpiglia, D. Amparore, R. Bertolo, E. Arosio, F. Ragni, C. Fiori (Orbassano (Turin), Italy)
- 95 **Impact of warm ischemia during laparoscopic partial nephrectomy on experimental solitary kidney animal model: Doppler ultrasonography assessment**
S. Diez Farto, E. Morcillo-Martín, J.P. Rioja Zuazu, M.A. Sánchez Hurtado, I. Díaz-Güemes Martín-Portugués, F.M. Sánchez Margallo, F. Rodríguez-Rubio, F. Soria Galvez (Cadiz, Cáceres, Zaragoza, Spain)
- 96 **Ischemia effect on kidney function after partial nephrectomy**
O. Voylenko, O. Stakhovskiy, I. Vitruk, V. Kotov, E. Stakhovsky (Kyiv, Ukraine)
- * 97 **Intermediate term oncologic outcomes of renal cryoablation: An international multi-institution analysis**
A. Lusch, Z. Okhunov, K. Osann, I. Derweesh, M. Liss, L.R. Kavoussi, S. Wyler, K. Badani, M.P. Laguna, J.J. De La Rosette, K. Barwari, M. Tsivian, T.J. Polascik, T. Klatte, H.C. Klingler, J. Pattaras, J. Landman (Orange, San Diego, New Hyde Park, New York, Durham, Atlanta, United States of America; Basel, Switzerland; Amsterdam, The Netherlands; Vienna, Austria)

- 98 Long-term oncologic outcomes of laparoscopic renal cryoablation: 10 years results from a single institution**
A. Larcher, F. Mistretta, N. Fossati, G. Lista, P. Dell'Oglio, A. Abrate, E. Kinzikeeva, G. Cardone, G. Lughezzani, M. Lazzeri, N. Buffi, G. Guazzoni (Milan, Italy)
- 99 Comparison of immune status of patients with renal cell carcinoma after laparoscopic radiofrequency ablation and partial nephrectomy**
A. Nosov, S. Petrov, E. Samarceva, S. Reva (Saint-Petersburg, Russia)
- 100 A multicenter evaluation of long-term oncological outcome of RFA in a biopsy-proven cohort**
M. Salagierski, L. Goeman, W. Marchand, T. Tailly, T. Van Den Broeck, I. Garetto, A. Veltri, S. Joniau (Łódź, Poland; Brussels, Roeselare, Leuven, Belgium; Orbassano, Italy)
- 101 Early results of the use of stereotactic body radiotherapy in patients with the tumour of a single kidney**
N. Vorobyov, G. Andreev, A. Kalesnik, I. Zubatkina, A. Kubasov, A. Lyubinsky (Saint-Petersburg, Russia)

Abstract Session

08.30 - 10.00

Best Posters EAU Regional Meetings

Room T1

Best Posters EAU Regional Meetings

Chairs: C.R. Chapple, Sheffield (GB)

B. Djavan, Vienna (AT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

Value of MRI-ultrasound fusion for guidance of targeted prostate biopsy

A.K. Czech, Krakow (PL)

Percutaneous nephrolithotomy characteristics in elderly patients

S. Nedelea, Bucharest (RO)

Role of partial cytotoreduction in metastatic renal cell carcinoma

O. Stakhovskyi, Kiev (UA)

Prostate-specific antigen level and detection of circulating tumour cells in castration-resistant prostate cancer

O. Čapoun, Prague (CZ)

Role of local immune cells in bladder cancer recurrence of single-tumor patients

K. Krpina, Rijeka (HR)

Value of diffusion weighted imaging MRI in differentiation renal tumors

K. Havlová, Teplice (CZ)

Percutaneous nephrolithotripsy in patients with solitary kidneys: A single-center experience

K. Petkova, Sofia (BG)

Fold back perineo-scrotal flap plus penile inversion vaginoplasty for male to female gender reassignment surgery in circumscribed subjects

K. Tavakkoli Tabassi, Tehran (IR)

Comparison of two different techniques for transobturator tape procedure with concomitant anterior colporrhaphy: One incision versus two incision technique

T. Yonguc, Izmir (TR)

Mondor's disease of the penis

A. Al-Amiri, Slough (GB)

Partial nephrectomy may protect from future cardiovascular disease - first experimental evidence

O. Ivanovski, Skopje (MK)

Neutrophil to lymphocyte ratio as an independent prognostic factor in nonmetastatic renal cell carcinoma

N. Grivas, Ioannina (GR)

The role of tadalafil in prevention of postoperative graft retraction in the treatment of severe Peyronie's disease

V. Kojovic, Belgrade (RS)

Meeting of the EAU Section of Uro-Technology (ESUT) in collaboration with ERUS and EULIS

10.15 - 17.30 On the frontiers in endourology, laparoscopy and robotics

eURO Auditorium

Chair: J. Rassweiler, Heilbronn (DE)

esut



10.15 - 17.30 Live broadcast from the Karolinska Hospital, Stockholm

Coordinators at Karolinska

C-C. Abbou, Vincennes (FR)

C.M. Annerstedt, Herlev (DK)

E.M. Brehmer, Aarhus N (DK)

Coordinators in eURO Auditorium

V. Bucuras, Timisoara (RO)

T. Frede, Müllheim (DE)

R. Muschter, Rotenburg (DE)

10.15 - 10.20 Welcome and introduction

ESUT J. Rassweiler, Heilbronn (DE)

ERUS H.G. Van Der Poel, Amsterdam (NL)

EULIS K. Sarica, Istanbul (TR)

10.20 - 10.30 Cases from last year in Milan

G. Guazzoni, Milan (IT)

10.20 - 10.30 Ethics of live surgery

P.T. Piechaud, Bordeaux (FR)

10.30 - 13.00 Live surgery Part 1

Moderators: P.J. Osther, Fredericia (DK)

C.M. Scoffone, Turin (IT)

H.G. Van Der Poel, Amsterdam (NL)

R.F. Van Velthoven, Brussels (BE)

10.30 - 11.00 Robotic cystectomy with intracorporeal ileal neobladder

P. Dasgupta, London (GB)

11.00 - 11.20 Laparoscopic partial nephrectomy with 3D HD technology

E. Liatsikos, Patras (GR)

11.20 - 11.40 3D laparoscopic ablative procedure nephrectomy

J-U. Stolzenburg, Leipzig (DE)

11.40 - 12.10 Robotic partial nephrectomy with isocyanine green

A. Motttrie, Aalst (BE)

12.10 - 12.30 Robotic flexible ureteroscopy using digital technology

R. Saglam, Ankara (TR)

12.30 - 12.50 Retrograde management of a renal stone using digital technology

O. Traxer, Paris (FR)

12.50 - 13.00 **Ultra-mini PCNL (Video)**
T. Knoll, Sindelfingen (DE)

13.00 - 15.00 Live surgery Part 2

Moderators: W. Artibani, Verona (IT)
A.J. Gross, Hamburg (DE)
M.P. Laguna, Amsterdam (NL)
A. Skolarikos, Athens (GR)

13.00 - 13.20 **Robotic cystectomy with intracorporeal ileal neobladder**
C.M. Annerstedt, Herlev (DK)

13.20 - 13.40 **3D mini laparoscopic pyeloplasty**
A. Breda, Barcelona (ES)

13.40 - 14.00 **3D HD Laparoscopic partial nephrectomy**
A. Alcaraz, Barcelona (ES)

14.00 - 14.20 **Robotic sacrocolpopexy**
P.T. Piechaud, Bordeaux (FR)

14.20 - 14.40 **SPIES assisted RIRS in upper tract TCC**
G. Giusti, Milan (IT)

14.40 - 15.00 **NBI and digital endoscopy of upper urinary tract**
E.M. Brehmer, Stockholm (SE)

15.00 - 17.10 Live surgery Part 3

Moderators: M. Burchardt, Greifswald (DE)
I.Y. Ozgok , Ankara (TR)
C.H. Rochat, Geneva (CH)
D. Stoianovici, Baltimore (US)

15.00 - 15.30 **Robotic cystectomy with intracorporeal ileal neobladder**
P. Wiklund, Stockholm (SE)

15.30 - 15.50 **Bipolar enucleation of prostate adenoma**
T.R.W. Herrmann, Hanover (DE)

15.50 - 16.10 **Bipolar enucleation TURP**
J. Rassler, Leipzig (DE)

16.10 - 16.30 **Laservaporisation of the prostate using the GL XPS system**
F. Gomez Sancha, Madrid (ES)

16.30 - 16.50 **iPad assisted PCNL**
M. Müller, Heidelberg (DE)
J. Rassweiler, Heilbronn (DE)
M-C. Rassweiler, Mannheim (DE)
M. Ritter, Mannheim (DE)

16.50 - 17.10 **NBI in en bloc TURB**
B. Malavaud, Toulouse (FR)

17.10 - 17.20 **A novel approach for BPH treatment: Convective thermal ablation using the Rezum System (Video)**
L. Mynderse, Rochester (US)

Aims and objectives

Following a more than 10 year tradition of live surgery sessions, the EAU Section of Uro-Technology (ESUT) presents an ambitious programme focussing on novel techniques in percutaneous, endourological, laparoscopic and robotic assisted procedures. This year, with 'On the frontiers in endourology, laparoscopy and robotics' we want to focus on novel technology improving the performance of video assisted surgery in all fields of urology. This session is conducted in collaboration with the EAU Section of Robotic Surgery in Urology (ERUS) and in collaboration with the EAU Section of Urolithiasis (EULIS). In the laparoscopic and robot assisted cases, we will focus on the developments of imaging (3D-HD) as well as new instruments and devices (laser) improving the ergonomics of laparoscopy. The latest digital developments for flexible endoscopy of the upper urinary tract for diagnosis and treatment of tumours and calculi are demonstrated even with the use of a new robot. Additionally the use of the iPad for access to the collecting system as well as the use of miniaturised instruments (ie ultra-mini-perc) will be demonstrated. Finally, new endoscopic techniques to manage bladder tumours (en bloc resection) as well as benign prostatic disease (bipolar enucleation) will be shown.

ESUT faculty consists of internationally well known experts serving as surgeons and moderators. The different surgical procedures will be transmitted from Karolinska Hospital in Stockholm in high-definition and 3D-quality. A split-screen will allow the delegates to follow the uncommented procedures. Traditionally, the format of ESUT Live Surgery will allow all delegates to directly communicate with the surgeons to ask questions and to discuss every aspect of the procedure. Moreover, the ESUT session will be available online. Supported by unrestricted educational grants from AMERICAN MEDICAL SYSTEMS, COOK MEDICAL, INTUITIVE SURGICAL, KARL STORZ GMBH & CO.KG, LISA LASER PRODUCTS, NXTERA, OLYMPUS, ROCAMED, STARMEDTEC, SURGIQUEST

Meeting of the EAU Section of Urolithiasis (EULIS)

10.15 - 14.00 Urolithiasis management - Changing concepts in medical and surgical approach

Room A2



Chair: K. Sarica, Istanbul (TR)

10.15 - 10.20 Introduction

K. Sarica, Istanbul (TR)

10.20 - 11.20 Medical management: Has something changed in recent years?

Moderators: K.H. Andreassen, Fredericia (DK)
G. Gambaro, Rome (IT)
D.J. Kok, Rotterdam (NL)
J.M. Reis Santos, Lisbon (PT)

10.20 - 10.40 Oxalobacter formigenes in calcium oxalate stone formers - New treatment options?

R. Siener, Bonn (DE)

10.40 - 11.00 Medical expulsive therapy: Why, when and how?

A. Trinchieri, Lecco (IT)

11.00 - 11.20 Medical management: What are the barriers limiting the desired success rates?

B. Hess, Zurich (CH)

11.20 - 12.30 Surgical management: Changing concepts and changing methods

Moderators: H-M. Fritsche, Regensburg (DE)
S. Lahme, Pforzheim (DE)
I. Saltirov, Sofia (BG)
A. Skolarikos, Athens (GR)

11.20 - 11.40 PCNL: Standard, mini, micro - where do we end up?

M. Straub, Munich (DE)

11.40 - 12.10 'Acute' stone management: Are management concepts changing?

K. Sarica, Istanbul (TR)

12.10 - 12.30 Gender aspects in urolithiasis (diagnosis, treatment and prophylaxis)

M. Özsoy, Vienna (AT)

12.30 - 13.00 Point-counterpoint session: Traditional and new - each has opponents

12.30 - 13.00 RIRS vs PCNL - Changing indications

Moderators: P.A. Geavlete, Bucharest (RO)
P.J. Osther, Fredericia (DK)

12.30 - 12.45 'PCNL': Are the indications really decreasing? No!!

N.N-P. Buchholz, London (GB)

12.45 - 13.00 'RIRS': Are the indications really increasing? Yes!!

O. Traxer, Paris (FR)

13.00 - 13.30 Management of complex renal stones

Moderators: T. Bach, Hamburg (DE)
 A. Galan, Elche (ES)
 A. Papatsoris, Athens (GR)
 G. Wendt-Nordahl, Sindelfingen (DE)

13.00 - 13.15 Multittract PNL - still an effective option in experienced hands
 T. Knoll, Sindelfingen (DE)

13.15 - 13.30 NO; ECIRS: Combined antegrade-retrograde approach is the treatment of choice
 C.M. Scoffone, Turin (IT)

13.30 - 13.50 Evidence-based management of upper urinary tract stone disease
 P.J. Osther, Fredericia (DK)

13.50 - 14.00 Announcements and final remarks
 K. Sarica, Istanbul (TR)

Aims and objectives

Significant advances have been made in the management of upper urinary tract stone disease with the advent of SWL and the development of small-calibre endoscopes that allow access to the entire urinary tract. Parallel to the technological advancements over the last 20 years, the contemporary management of stone disease has changed (and of course is changing) considerably, continuously bringing us powerful tools to select the right patient for the right treatment based on treatment algorithms derived from evidence-based outcomes. However, it is an unchanged fact that the fundamental principle guiding us in the selection of proper methods is to maximise stone clearance while minimising patient morbidity. In this EULIS session we will focus on the changing concepts in modern management of stone disease from both the medical and the surgical aspect.

Joint Meeting of the EAU Section of Oncological Urology (ESOU) and the European Organisation for Research and Treatment of Cancer Genito-Urinary Cancer Group (EORTC GUCCG)

10.15 - 14.00 **New developments in uro-oncology**

Room A4



10.15 - 12.15 **ESOU: Contemporary surgical treatment of high risk prostate cancer and muscle invasive bladder cancer: Cost comparison analysis**

Chairs: M. Brausi, Modena (IT)
B. Djavan, Vienna (AT)

10.15 - 10.30 **European Uro-Oncology Group (EUOG): Clinical utility of circulating tumour cells (CTC) in prostate cancer: Primetime?**
S. Osanto, Leiden (NL)

10.30 - 10.35 **Discussion**

10.35 - 11.25 **Debate Surgical treatment of high risk prostate cancer: Cost comparison analysis**

10.35 - 10.47 **Robot assisted radical prostatectomy: The new standard?**
B. Rocco, Milan (IT)

10.47 - 10.59 **Robot assisted RP for cT3 prostate cancer: The Australian experience**
D. Murphy, Melbourne (AU)

10.59 - 11.11 **Open radical prostatectomy: Still here?**
A. Heidenreich, Aachen (DE)

11.11 - 11.25 **Discussion**

11.25 - 12.15 **Debate: Surgical treatment of muscle invasive bladder cancer: Cost comparison analysis**

11.25 - 11.45 **Robot assisted radical cystectomy: The new standard?**
R. Gaston, Bordeaux (FR)

11.45 - 12.05 **Open minimally invasive radical cystectomy: Still the best option?**
M. Brausi, Modena (IT)

12.05 - 12.15 **Discussion**

12.15 - 14.00 **EORTC GUCC:**

Chairs: N.W. Clarke, Manchester (GB)
C.N. Sternberg, Rome (IT)

12.15 - 12.20 **Introduction**
N.W. Clarke, Manchester (GB)

12.20 - 12.40 **Treatment of advanced renal cell carcinoma and the concept of patient's adherence**
A. Bex, Amsterdam (NL)

- 12.40 - 13.00 **The SPECTA prostate concept or high-risk prostate cancer beyond retrospective data**
M. Spahn, Berne (CH)
- 13.00 - 13.20 **What more do we need to know about BCG?**
C.A. Rentsch, Basel (CH)
- 13.20 - 13.40 **Advanced bladder cancer in the era of targeted therapies**
A. Necchi, Milan (IT)
- 13.40 - 14.00 **Next generation trials for urologists and uro-oncologists, where are we headed?**
B. Tombal, Brussels (BE)

Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS) and the EAU Section of Andrological Urology (ESAU)

10.15 - 14.00 **Surgical and andrological aspects in men's health**

Room A6

Chairs: S. Deger, Ostfildern (DE)
W.H-G. Weidner, Giessen (DE)



10.15 - 11.00 **Challenges in PCa surgery**

Moderators: C.C. Schulman, Brussels (BE)
K-D. Sievert, Tübingen (DE)

10.15 - 10.30 **Recurrent anastomotic strictures**
R. Dahlem, Hamburg (DE)

10.30 - 10.45 **Rectal fistula after Radical Retropubic Prostatectomy or radiation: A major challenge**
A.R. Mundy, London (GB)

10.45 - 11.00 **Closing remarks from moderators and panel**

11.00 - 11.40 **Radical Retropubic Prostatectomy: The best operative techniques for the optimal outcome for sexual function and life quality**

Moderators: E.J.H. Meuleman, Amsterdam (NL)
V. Pansadoro, Rome (IT)

11.00 - 11.20 **Surgical aspects**
S. Deger, Ostfildern (DE)

11.20 - 11.40 **Penile rehabilitation after Radical Retropubic Prostatectomy and radiation**
F. Fusco, Naples (IT)

11.40 - 12.20 **Urethroplasty**

Moderators: D.E. Andrich, London (GB)
D. Ralph, London (GB)

11.40 - 12.00 **Techniques for the best outcome in recurrent urethral stricture**
A. Zhivov, St. Petersburg (RU)

12.00 - 12.20 **Andrological aspects of urethroplasty**
E. Palminteri, Arezzo (IT)

12.20 - 13.20 **The small and deformed penis**

Moderators: M. Alici, Istanbul (TR)
C. Bettocchi, Bari (IT)

12.20 - 12.35 **Andrological and sexual aspects**
C. Bettocchi, Bari (IT)

12.35 - 12.50 Surgical management of the buried penis

A-F.M. Spinoit, Ghent (BE)

12.50 - 13.05 Surgical aspects of Peyronie's disease

R.P. Djjinovic, Belgrade (RS)

13.05 - 13.20 Peyronie's disease and impact on sexuality

A. Kadioglu, Istanbul (TR)

13.20 - 13.50 Priapism and chronic scrotal pain syndrome

Moderators: E.J.H. Meuleman, Amsterdam (NL)
 C. Trombetta, Trieste (IT)

13.20 - 13.35 Diagnostic and treatment of priapism

D.J. Ralph, London (GB)

13.35 - 13.50 Chronic scrotal pain syndrome

G.R. Dohle, Rotterdam (NL)

13.50 - 13.55 ESGURS activities 2014-2015

S. Deger, Ostfildern (DE)

13.55 - 14.00 ESAU activities 2014-2015

N. Sofikitis, Ioannina (GR)

Aims and objectives

The session covers surgical and andrological aspects in men's health. One focus for the andrologist remains the optimal outcome for sexual function and life quality after RRP and radiation. A second point of interest are the andrological aspects of urethroplasty concerning erection, ejaculation and orgasm. A further ongoing problem in andrological urology is a small and deformed penis. This area is covered under different aspects including mere surgery and sexual dysfunction. Finally, priapism and chronic scrotal pain syndrome are discussed.

Joint Meeting of the EAU Section of Urological Imaging (ESUI), the EAU Section of Uropathology (ESUP) and the EAU Section of Urological Research (ESUR)

10.15 - 14.00 Staging and characterisation of urological malignancies: Current evidence, rationale and future perspectives

Room A8

Chairs: Z. Culig, Innsbruck (AT)
A. Lopez-Beltran, Cordoba (ES)
J. Walz, Marseille (FR)

esui
esup
esur

10.15 - 10.20 Introduction

Z. Culig, Innsbruck (AT)
A. Lopez-Beltran, Cordoba (ES)
J. Walz, Marseille (FR)

10.20 - 11.10 Characterisation of renal cell cancer

Chairs: F. Algaba, Barcelona (ES)
K. Junker, Homburg (DE)
H. Wijkstra, Amsterdam (NL)

10.20 - 10.28 Staging and imaging for renal cell cancer: Why, when, what and how to use the information?
S. Siracusano, Trieste (IT)

10.28 - 10.32 Discussion

10.32 - 10.40 What information can we get from biopsy?
F. Algaba, Barcelona (ES)

10.40 - 10.44 Discussion

10.44 - 10.52 What new developments are on the horizon (imaging, biomarkers ...)?
O. Boerman, Nijmegen (NL)

10.52 - 10.56 Discussion

10.56 - 11.04 Where do we need to do further research? The EAU Guidelines Office view
B. Ljungberg, Umeå (SE)

11.04 - 11.10 Discussion

11.10 - 12.00 Characterisation of bladder cancer

Chairs: A. Lopez-Beltran, Cordoba (ES)
A. Vlahou, Athens (GR)
J. Walz, Marseille (FR)

11.10 - 11.18 Staging and imaging for bladder cancer: Why, when, what and how to use the information?
J. Walz, Marseille (FR)

11.18 - 11.22 **Discussion**

11.22 - 11.30 **What information can and should we get from pathology after TURB and cystectomy?**
A. Lopez-Beltran, Cordoba (ES)

11.30 - 11.34 **Discussion**

11.34 - 11.42 **What new developments are on the horizon (imaging, biomarkers ...)?**
Y. Allory, Creteil (FR)

11.42 - 11.46 **Discussion**

11.46 - 11.54 **Where do we need to do further research? The EAU Guidelines Office view**
A. Stenzl, Tuebingen (DE)

11.54 - 12.00 **Discussion**

12.00 - 12.10 **ESUI Vision Award 2014**
Supported by an unrestricted medical grant from HITACHI MEDICAL SYSTEMS EUROPE

12.10 - 13.00 **Characterisation of prostate cancer**

Chairs: A. Bjartell, Malmö (SE)
B.M. Carey, Leeds (GB)
R. Montironi, Torrette Di Ancona (IT)

12.10 - 12.18 **Staging and imaging for prostate cancer: Why, when, what and how to use the information?**
H.U. Ahmed, London (GB)

12.18 - 12.22 **Discussion**

12.22 - 12.30 **What information can and should we get from biopsy?**
R. Montironi, Torrette Di Ancona (IT)

12.30 - 12.34 **Discussion**

12.34 - 12.42 **What new developments are on the horizon (imaging, biomarkers ...)?**
M. Hendriks De Jong, Rotterdam (NL)

12.42 - 12.46 **Discussion**

12.46 - 12.54 **Where do we need to do further research? The Guidelines Office view**
P. Bastian, Düsseldorf (DE)

12.54 - 13.00 **Discussion**

13.00 - 13.50 **Characterisation of testis cancer**

Chairs: E. Belgrano, Trieste (IT)
M. Colecchia, Milan (IT)
M. Mancini, Padua (IT)

13.00 - 13.08 **Staging and imaging for testis cancer: Why, when and what?**
N. Nicolai, Milan (IT)

13.08 - 13.12 **Discussion**

13.12 - 13.20 **What information can we get from pathology after orchiectomy and RPLND?**
M. Colecchia, Milan (IT)

13.20 - 13.24 **Discussion**

13.24 - 13.32 **What new developments are on the horizon (imaging, biomarkers ...)?**
C.G.A. Ruf, Hamburg (DE)

13.32 - 13.36 **Discussion**

13.36 - 13.44 **Where do we need to do further research? The EAU Guidelines Office view**
P. Albers, Düsseldorf (DE)

13.44 - 13.50 **Discussion**

13.50 - 14.00 **Summary**

Chairs: Z. Culig, Innsbruck (AT)
A. Lopez-Beltran, Cordoba (ES)
J. Walz, Marseille (FR)

Aims and objectives

The joint meeting of the ESUI, ESUP and ESUR addresses staging and characterization of urological malignancies. The aim of the session is to provide for each cancer entity an overview how malignancies can be characterized and classified based on current staging standards, which are mainly based on imaging. By focusing on the question how this characterization can be improved, the information obtained from pathology will be critically evaluated for their added value in clinical decision making. Following this, the most recent research results are put into context to identify possible future solutions for pending problems and limitations. Finally, for each cancer entity, members of the EAU guidelines office will address current weaknesses and suggest fields of future research priorities.

During the session, the prize giving ceremony for the 2014 ESUI vision award winner will be held, followed by a presentation of the awarded study. The aim of the ESUI vision award is to highlight the most innovative imaging study published during the last year in urology.

Meeting of the EAU Section of Transplantation Urology (ESTU) (in cooperation with ESUT and ERUS)

10.15 - 14.00 **Living donor kidney transplantation**

Room A11

estu

Chairs: A.J. Figueiredo, Coimbra (PT)
E. Lledo García, Madrid (ES)

10.15 - 10.20

Introduction

A.J. Figueiredo, Coimbra (PT)
E. Lledo García, Madrid (ES)

10.20 - 12.45

The donation

Moderators: A.J. Figueiredo, Coimbra (PT)
E. Lledo García, Madrid (ES)

10.20 - 10.35

Living kidney donation - history and future perspectives
F. Friedersdorff, Berlin (DE)

10.35 - 10.50

Living kidney donor - where are the limits for donation?
M. Giessing, Düsseldorf (DE)

10.50 - 11.10

Minilap LDN

Video presentation - A. Breda, Barcelona (ES)

11.10 - 11.30

Robotic LDN

Video presentation - S. Siemer, Homburg (DE)

11.30 - 11.50

LESS LDN

Video presentation - B.A. Da Costa Parada, Coimbra (PT)

11.50 - 12.20

Technology and virtuosism - is LDN a different surgery?

11.50 - 12.05

Yes

F.J. Burgos Revilla, Madrid (ES)

12.05 - 12.20

No

L. Peri Cusi, Barcelona (ES)

12.20 - 12.45

Surgical challenges in living donor transplantation
G. Ciancio, Miami (US)

12.50 - 13.55

The outcomes

Moderators: P. Di Tonno, Bari (IT)
C. Terrone, Novara (IT)

12.50 - 13.05

Medical and economical results of the different LDN techniques
G. Karam, Nantes (FR)

13.05 - 13.20

Psychology - what happens to the donor
G. Greif-Higer, Mainz (DE)

13.20 - 13.35 Causes of graft failure in living donor transplant

E. Lledo García, Madrid (ES)

13.35 - 13.50 Living kidney donation outcomes: What lessons have we learned?

A.B. Chkhotua, Tbilisi (GE)

13.55 - 14.00 Discussion and final remarks

A.J. Figueiredo, Coimbra (PT)

E. Lledo García, Madrid (ES)

Aims and objectives

Living donor kidney transplantation is one of the most challenging yet rewarding activities in urology.

This session, held in cooperation with ESUT and ERUS, will discuss the most recent advances in the field, including video demonstrations of the various techniques of living donor nephrectomy, presentation of difficult cases where urological expertise is paramount.

The responsibility of inflicting physical damage to an altruistic healthy person poses unique problems, making the ponderation of indications and results an essential part of this activity.

Meeting of the EAU Section of Female and Functional Urology (ESFFU)

10.15 - 14.00 **Functional urology: How to put science in practice**

Room K1



Chair: J.P.F.A. Heesakkers, Nijmegen (NL)

10.15 - 10.20

Introduction

J.P.F.A. Heesakkers, Nijmegen (NL)

10.20 - 10.30

Probiotics: Lactobacillus, cranberry

T.M. De Reijke, Amsterdam (NL)

10.30 - 10.50

Perioperative antibiotics: What and when?

T.T. Tarcin, Istanbul (TR)

10.50 - 11.10

Asymptomatic bacteriuria in pregnancy: Why should we screen and treat?

S. Elneil, London (GB)

11.10 - 11.50

Scientific proof and results of various treatment modalities in IC/BPS

Moderator: J. Nordling, Herlev (DK)

11.10 - 11.20

BoNTA

A. Apostolidis, Thessaloniki (GR)

11.20 - 11.30

GAG layer treatment

C. Persu, Bucharest (RO)

11.30 - 11.40

Behavioural treatment: Psychotherapy, painkillers

E.J. Messelink, Groningen (NL)

11.40 - 11.50

Discussion

11.50 - 12.10

Catheters, blockages and infections: The good, the bad and the ugly

N. Thiruchelvam, Cambridge (GB)

12.10 - 12.30

Detrusor underactivity

G. Van Koeveringe, Maastricht (NL)

12.30 - 12.45

Latest developments in: Slings

H. Hashim, Bristol (GB)

12.45 - 13.00

Latest developments in: Bulking agents

A. Ergen, Ankara (TR)

13.00 - 13.15

Artificial sphincters (AMS, flowsecure, atoms etc)

R. Bauer, Munich (DE)

13.15 - 13.55

Debate: What to do with failed continence surgery in females without urethral mobility

Moderator: J.P.F.A. Heesakkers, Nijmegen (NL)

13.15 - 13.25

New tape

F. Van Der Aa, Leuven (BE)

13.25 - 13.35 **Bulk**
F.C. Burkhard, Berne (CH)

13.35 - 13.45 **Pubovaginal sling**
E. Costantini, Perugia (IT)

13.45 - 13.55 **AMS800**
E. Chartier-Kastler, Paris (FR)

13.55 - 14.00 **Close**
J.P.F.A. Heesakkers, Nijmegen (NL)

Aims and objectives

The programme of the ESSFU in 2014 comprises a variety of functional urological items that are presenting as realistic medical problems in clinical practice.

First some topics that deal with urinary tract infections and infection-like diseases like IC/BPS will be addressed. The role of probiotics, application of peri-operative antibiotics and the treatment of asymptomatic antibiotics in pregnancy, as mentioned in the EAU guidelines will be discussed.

Then we switch to practical topics like catheter management and detrusor underactivity.

After the break latest developments of various treatment options for stress urinary incontinence will be addressed.

ESSFU ends with a debate on how to handle female SUI when no urethral hypermobility is present. Since more and more women are operated on because of SUI, more failed cases are seen in the clinic that ask for a solution. The various options are presented by experts in the field.

Meeting of the EAU Section of Infections in Urology (ESIU)

10.15 - 14.00 **ESIU brings the future to urology**

Room C6



Chairs: T.E. Bjerklund Johansen, Oslo (NO)
P. Tenke, Budapest (HU)

10.15 - 10.20 **Welcome and introduction**

T.E. Bjerklund Johansen, Oslo (NO)

10.20 - 11.20 **The evidence basis for alternative treatments in urology**

Moderators: H.M. Çek, Istanbul (TR)
J. N'Dow, Aberdeen (GB)

10.20 - 10.35 **Non-antimicrobial therapy and prophylaxis of UTI**

K.G. Naber, Straubing (DE)

10.35 - 10.50 **Phytotherapy in urinary stones, prostatitis and BPH**

R. Bartoletti, Florence (IT)

10.50 - 11.05 **Phytotherapy and other alternative treatments in the prevention and palliation of cancer**

Z. Tandoğdu, Newcastle Upon Tyne (GB)

11.05 - 11.25 **Discussion**

11.25 - 12.40 **Prostate cancer, infection and computerised biopsy systems**

Moderators: M.J. Grabe, Malmö (SE)
A. Heidenreich, Aachen (DE)

11.25 - 11.40 **Risk factors for infection after prostate biopsies and strategies to reduce infections**

F.M.E. Wagenlehner, Gießen (DE)

11.40 - 11.55 **Can new imaging and computerised systems reduce the number of biopsies?**

E. Baco, Oslo (NO)

11.55 - 12.10 **Ethical aspects of informing patients about risks and benefits in prostate biopsies**

V.B. Mouraviev, Syracuse (US)

12.10 - 12.25 **Resistance in infection and cancer. Are there common mechanisms?**

R.S. Pickard, Newcastle upon Tyne (GB)

12.25 - 12.40 **Discussion**

12.40 - 13.55 **Rethinking the pathogenesis of UTI**

Moderators: R.S. Pickard, Newcastle upon Tyne (GB)
B. Wullt, Lund (SE)

12.40 - 12.55 **The microbiome of the urinary tract. Is sterile urine a myth?**

M.J. Drake, Bristol (GB)

- 12.55 - 13.10 **The future is here. Implantation of benign E coli to treat uropathogenic E coli**
B. Köves, Budapest (HU)
- 13.10 - 13.25 **Molecular basis of oestrogens protection against UTI**
A. Ali, Newcastle Upon Tyne (GB)
- 13.25 - 13.40 **The role of hormone replacement therapy in recurrent UTI**
E. Costantini, Perugia (IT)
- 13.40 - 13.55 **Discussion**
- 13.55 - 14.00 **Close**
P. Tenke, Budapest (HU)

Aims and objectives

The ESIU section session will provide an up-to-date discussion of prostate biopsies; the risk of infective complications; the importance of reducing biopsy numbers; and how to inform patients before biopsies. In separate parts the role of phytotherapy in UTI, urinary stones and cancer will be explored and speakers will rethink the pathogenesis of recurrent UTI and update delegates on the importance of oestrogens and the contemporary treatment with live benign E Coli. All topics will be addressed by key international experts and opinion leaders

Upon the completion of the ESIU session, the delegates will know how to inform patients before prostate biopsies, how to avoid infective complications and how the number of biopsies may be reduced. He or she will know the evidence for using phytotherapy in urology and will understand the mechanisms of drug resistance in infection and cancer. Attendees will have deep insight into the pathogenesis of recurrent UTI. They will know when and how to administer oestrogen replacement therapy and be updated on treatment with implantation of benign E Coli.

Special Session

10.15 - 17.25 Residents (ESRU) and Young Academic Urologists (YAU) day organised by the Young Urologist Office (YUO)

Room T1

Chairs: C.G.A. Ruf, Hamburg (DE)
F. Sanguedolce, London (GB)
J.P.M. Sedelaar, Nijmegen (NL)

10.15 - 10.30 Introduction

C.G.A. Ruf, Hamburg (DE)
J.P.M. Sedelaar, Nijmegen (NL)

10.30 - 11.10 What residents need to know about the EAU

Chair: L.G. Martinez Bustamante, Izola (SI)

10.30 - 10.40 European School of Urology (ESU)
J. Palou, Barcelona (ES)

10.40 - 10.50 Regional Offices
B. Djavan, Vienna (AT)

10.50 - 11.00 European Board of Urology (EBU)
S.C.M. Müller, Bonn (DE)

11.00 - 11.10 European Urology Scholarship Programme (EUSP)
V.G. Mirone, Naples (IT)

11.10 - 12.10 Young Academic Urologists (YAU) Session

11.10 - 11.16 What are we doing and where are we going?
F. Sanguedolce, London (GB)

11.16 - 12.10 Insights and outsgights from:

11.16 - 11.22 Prostate cancer group
G. Giannarini, Berne (CH)

11.22 - 11.28 Renal cancer group
S.D. Brookman-May, München (DE)

11.28 - 11.34 Urothelial cancer group
E.N. Xylinas, Paris (FR)

11.34 - 11.40 Robotics group
N. Suardi, Milan (IT)

11.40 - 11.46 Endourology and urolithiasis
S. Hruby, Salzburg (AT)

11.46 - 11.52 BPH group
C. De Nunzio, Rome (IT)

- 11.52 - 11.58 Paediatric group**
E. Baldassarre, Aosta (IT)
- 11.58 - 12.04 Female and functional urology group**
F. Van der Aa, Leuven (BE)
- 12.04 - 12.10 Men's health group**
P. Verze, Naples (IT)
- 12.10 - 12.40 Campbell Team Challenge Quiz**

Quizmasters: M. Čechová, Prague (CZ)
Á. Rosecker, Szeged (HU)
Panel: O.W. Hakenberg, Rostock (DE)
- 12.40 - 12.55 Break**
- 12.55 - 13.55 Developments in urology - What is the pipeline?**

Chairs: K. Hendricksen, Nijmegen (NL)
F. Sanguedolce, London (GB)
- 12.55 - 13.10 Electrochemotherapy in urological cancer**
J.L. Vasquez, Copenhagen (DK)
- 13.10 - 13.25 Stem cells in urology**
J.A. Schalken, Nijmegen (NL)
- 13.25 - 13.40 Tissue engineering solutions in reconstructive surgery**
J-N.L. Cornu, Vincennes (FR)
- 13.40 - 13.55 Fusion imaging in urology**
P. Sooriakumaran, Sandford on Thames (GB)
- 13.55 - 14.30 Social media in urology**

Chairs: C. Meyer, Hamburg (DE)
J.L. Vasquez, Copenhagen (DK)
- 13.55 - 14.10 Do's and don'ts of social media**
M.R. Van Balken, Arnhem (NL)
- 14.10 - 14.25 Potential of social media in urology**
Q.D. Trinh, Boston (US)
- 14.25 - 14.30 Communication within ESRU**
F. Teixeira Gabriel Furriel, Coimbra (PT)
- 14.30 - 15.50 Surgery I: Tips and tricks**

Chairs: C.G.A. Ruf, Hamburg (DE)
M.S. Skrodzka, Białystok (PL)
- 14.30 - 14.50 TURBT**
T.S. O'Brien, London (GB)
- 14.50 - 15.10 URS**
H-M. Fritsche, Regensburg (DE)

- 15.10 - 15.30 Scrotal surgery**
A. Heidenreich, Aachen (DE)
- 15.30 - 15.50 Drainage placement and biopsies**
F.K-H. Chun, Hamburg (DE)
- 15.50 - 16.30 Surgery II: Discussion on education**
- Chairs:* *R. Pereira e Silva, Lisbon (PT)*
 Z. Tandoğdu, Newcastle Upon Tyne (GB)
- 15.50 - 16.00 The 40 hours project: Implementation of skills training on clinical practice**
B.M.A. Schout, Amstelveen (NL)
- 16.00 - 16.10 Surgical training in the US**
J.S. Ellison, Bristol (GB)
- 16.10 - 16.20 What procedures are done by residents in Europe**
G. Patruno, Rome (IT)
- 16.20 - 16.30 Do we need to improve surgical education**
- 16.20 - 16.30 Panel:** J.S. Ellison, Bristol (GB)
 A.J. Figueiredo, Coimbra (PT)
 A. Pycha, Bolzano (IT)
 J.O.R. Sonksen, Herlev (DK)
- 16.30 - 17.15 Nightmare session**
- Case presenters:* A. Marsh, Copenhagen (DK)
 N. Osman, Sheffield (GB)
 L. Schneidewind, Greifswald (DE)
- Panel:* M.J. Drake, Bristol (GB)
 M. Fode, Herlev (DK)
- 17.15 - 17.25 Prizes and awards**

Special Session

12.30 - 13.30 **History: Visualisation in urology**

Room C2

Chair: D. Schultheiss, Giessen (DE)

12.30 - 12.45 **Cross-sectional anatomical imaging: From Leonardo da Vinci to Godfrey Hounsfield**
D. Schultheiss, Giessen (DE)

12.45 - 13.00 **From uroscopy to microscopy: The examination of urine**
P. Rathert, Düsseldorf (DE)

13.00 - 13.15 **Bringing light into the urinary tract: The development of endoscopy**
P.E. Van Kerrebroeck, Maastricht (NL)

13.15 - 13.30 **Reality and imagination**
H. Fangerau, Ulm (DE)

Aims and objectives

Looking into the body is the key for the understanding of diseases. Therefore, anatomical imaging, optical examination of the urine, and direct endoscopy are different ways of visualisation in urology.

The presentations of this session will highlight the historical development of all these different techniques to visualise the human body and its function.

The session will be closed by some theoretical thoughts about the question "What we see is really the truth?" or "Do we only see what we know?"

Abstract Session

14.15 - 15.45

Endourology

Room A6

Video session 1

Chairs: P.A. Geavlete, Bucharest (RO)
J-T. Klein, Heilbronn (DE)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

- V1** **Selecting the right Ho: laser intracorporeal lithotripsy mode during retrograde flexible ureteroscopic approach**
D.R. Multescu, D. Georgescu, G. Nita, M. Dragutescu, B. Geavlete, R. Satalan, P. Geavlete (Bucharest, Romania)
- V2** **Retrograde intrarenal surgery (RIRS), an alternative technique in the treatment of lithiasis and reconstructive renal surgery**
E. Pieras Ayala, V. Vidana Tubau, P. Pizá Reus (Palma de Mallorca, Spain)
- V3** **Micro-ECIRS (Endoscopic Combined Intrarenal Surgery) for kidney stones: Our initial experience**
M. Cossu, M. Poggio, C. Fiori, N. Serra, M. Manfredi, G. Cattaneo, R. Bertolo, P. Porpiglia (Orbassano, Turin, Italy)
- V4** **The newly developed Uro Dyna-CT enables complex 3D-planned punctures**
M. Ritter, M-C. Rassweiler, M.S. Michel (Mannheim, Germany)
- V5** **Backstop gel®: A breakthrough in semirigid ureterorenoscopy**
G. Giusti, S. Proietti, R. Pescechiera, G. Taverna, M. Seveso, P. Graziotti (Milan, Italy)
- V6** **Xenx (Xenolith), a new anti-repulsion device in the treatment of ureteral stones: A multicenter European study**
N. Macchione, F. Longo, F. Sanguedolce, S. Kachrilas, J. Masood, N. Bucholz, S. Hruby, E. Montanari (Milan, Italy; London, United Kingdom; Salzburg, Austria)
- V7** **Endoscopic rendez-vous of ureteral iatrogenic detachment**
A.L. Pastore, G. Palleschi, L. Silvestri, C. Maggioni, A. Fuschi, D. Moschese, Y. Al Salhi, F. Maneschi, A. Carbone (Latina, Italy)
- V8** **Stone migration in the pleural cavity: An unusual complication of percutaneous renal surgery**
M. Lezrek, H. Tazi, A. Slimani, M. Asseban, K. Bazine, E.H. Kasmaoui, A. Bedouch, M. Alami (Meknes, Morocco)

Abstract Session

14.15 - 15.45 **Critical evaluation of established markers in prostate cancer**

Room A2

Poster Session 9

Chairs: S. Füssel, Dresden (DE)
H. Klocker, Innsbruck (AT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 102 Involvement of TMPRSS2-ERG status and GSTP-1 expression as prognostic biomarkers in the clinical management of prostate cancer**
A. Fernandez-Serra, J. Rubio-Briones, A. Calatrava, L. Rubio-Martinez, J. Domínguez-Escrig, M. Ramírez-Backhaus, I. Casanova-Salas, Z. García-Casado, A. Collado, A. Gómez-Ferrer, J. Casanova, E. Solsona, J.A. López-Guerrero (Valencia, Spain)
- * 103 Recurrent chromosomal deletions status obtained on tissue cores is highly correlated with local invasive and systemic prostate cancer growth**
M. Adam, P. Wenzel, D. Lanwehr, P. Tennstedt, M. Kluth, L. Burkhardt, A. Krohn, M. Fisch, M. Graefen, S. Minner, G. Sauter, R. Simon, T. Schlomm (Hamburg, Germany)
- * 104 Loss of speckle-type POZ protein (SPOP) during prostate cancer progression indicates its role as tumour suppressor gene**
J. Rubio Briones, I. Casanova-Salas, M. García-Flores, A. Calatrava, J. Casanova, A. Fernandez-Serra, L. Rubio-Martínez, Z. García-Casado, J. Domínguez-Escrig, M. Ramírez-Backhaus, J.A. López-Guerrero (Valencia, Spain)
- 105 Identification and characterization of long noncoding RNA markers for prostate cancer detection**
B. Lee, J. Mazar, M. Aftab, F. Qi, J.-L. Li, S. Govindarajan, D. Kameh, V. Patel, R. Perera (Orlando, Celebration, United States of America)
- 106 Serum MMP-7, sFas and FasL levels in predicting therapy resistance and survival in castration-resistant prostate cancer patients treated with docetaxel**
T. Szarvas, S. Sevcenco, S.F. Shariat, G. Kramer (Vienna, Austria)
- 107 Competing risk analysis of metabolic factors and prostate cancer**
C. Häggström, T. Stocks, G. Nagel, J. Manjer, T. Bjørge, H. Ulmer, H. Jonsson, P. Stattin (Umeå, Malmö, Sweden; Ulm, Germany; Bergen, Norway; Innsbruck, Austria)
- 108 Circulating microRNAs and kallikreins before and after radical prostatectomy**
G. Cochetti, M.G. Egidi, E. Cottini, F. D'Amico, F. Barillaro, A. Boni, S. Pohja, E. Mearini (Terni, Italy)
- 109 Expression of androgen and estrogen signalling components and stem cell markers is highly predictive cancer progression of metastatic prostate cancer**
T. Fujimura, S. Takahashi, T. Urano, K. Takayama, T. Sugihara, D. Obinata, Y. Yamada, J. Kumagai, H. Kume, Y. Ouchi, S. Inoue, Y. Homma (Tokyo, Japan)
- 110 The expression profile of phosphatidylinositol in high resolution imaging mass spectrometry is a potential biomarker for prostate cancer**
T. Goto, N. Terada, T. Inoue, K. Nakayama, T. Yoshikawa, Y. Miyazaki, M. Uegaki, T. Kobayashi, T. Kamba, K. Yoshimura, O. Ogawa (Kyoto, Japan)

- 111 Epithelial markers for the molecular detection of occult lymph node metastases are here to stay**
A. Wetterwald, A. Fleischmann, J. Hensel, B. Özdemir, M.G. Cecchini, [G.N. Thalmann](#) (Berne, Switzerland)
- 112 Measurement of prostate cancer-associated aberrant glycosylation of prostate specific antigen can improve diagnostic accuracy**
[T. Yoneyama](#), Y. Tobisawa, S. Hatakeyama, S. Narita, T. Habuchi, K. Mori, T. Koie, C. Ohyama (Hirosaki, Japan)
- 113 Germline genetic variants and prostate cancer prognosis**
[W.L. Ong](#), P.P. Pharoah (Cambridge, United Kingdom)
- 114 Systemic alterations of Wnt Inhibitors in patients with prostate cancer and bone metastases**
[T. Todenhöfer](#), P. Leidenberger, J. Hennenlotter, U. Kühns, A. Hohneder, S. Aufderklamm, A. Stenzl, C. Schwentner (Tübingen, Germany)

Abstract Session

14.15 - 15.45

High quality cystectomy

Room A4

Poster Session 10

Chairs: E. Compérat, Paris (FR)

M.J. Ribal, Barcelona (ES)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

EAU Guidelines Office snapshot

J.A. Witjes, Nijmegen (NL)

- 115 **Gender differences for bladder cancer survival in Austria: A descriptive, long-term, nation-wide analysis involving 27.395 patients**
S. Madersbacher, I. Berger, C. Wehrberger, G. Haidinger, N. Zielonke, T. Waldhör (Vienna, Wiener Neustadt, Austria)
- * 116 **Chemoinduced downstaging as a potential surrogate marker of efficacy and of increased survival following neoadjuvant chemotherapy of locally advanced urothelial urinary bladder cancer**
R. Rosenblatt, A. Sherif, E. Rintala, R. Wahlqvist, A. Ullén, S. Nilsson, P-U. Malmström (Stockholm, Umeå, Uppsala, Sweden; Helsinki, Finland; Oslo, Norway)
- * 117 **Implications of circulating tumor cells on adjuvant chemotherapy decision-making in patients with urothelial carcinoma of the bladder treated with radical cystectomy**
A. Soave, S. Riethdorf, L. Weisbach, S. Minner, O. Engel, J. Hansen, F.K. Chun, R. Dahlem, K. Pantel, M. Fisch, M. Rink (Hamburg, Germany)
- 118 **Does the extent of lymphadenectomy impact survival after radical cystectomy: A systematic review**
H.M. Bruins, V. Hernandez, E. Veskimäe, M. Imamura, T.B. Lam, M. Neuberger, P. Dahm, A.G. Van Der Heijden, E. Comperat, N.C. Cowan, M. De Santis, G. Gakis, T. Lebre, M.J. Ribal, A. Sherif, J.A. Witjes (Nijmegen, The Netherlands; Madrid, Barcelona, Spain; Tampere, Finland; Aberdeen, Birmingham, United Kingdom; Gainesville, United States of America; Paris, Suresnes, France; Vienna, Austria; Tübingen, Germany; Umeå, Sweden)
- * 119 **Rapid tumour progress after robot assisted radical cystectomy: Increased risk for intraoperative tumour seeding?**
M. Saar, J. Kamradt, C.H. Ohlmann, S. Siemer, M. Stöckle (Homburg/Saar, Germany)
- 120 **The curative potential of lymphadenectomy after response to chemotherapy in patients with urothelial carcinoma presenting with regional or distant nodal metastases: Analysis of a series from a tertiary cancer centre**
A. Necchi, S. Lo Vullo, P. Giannatempo, E. Farè, N. Nicolai, L. Piva, D. BIASONI, T. Torelli, M. Catanzaro, S. Stagni, A. Crestani, M. Colechia, B. Paolini, A.M. Gianni, L. Mariani, M. Maffezzini, R. Salvioni (Milan, Italy)
- 121 **Favourable quality of life and urinary functions after bladder preservation in muscle-invasive bladder cancer patients treated with induction chemoradiotherapy plus partial cystectomy with pelvic lymph node dissection**
H. Takeshita, K. Kihara, H. Masuda, F. Koga, Y. Nakanishi, T. Kijima, S. Yoshida, J. Ishioka, Y. Matsuoka, N. Numao, K. Saito, Y. Fujii (Tokyo, Japan)

- 122 ERCC1-negative tumors benefit from neoadjuvant cisplatin-based chemotherapy whereas patients with ERCC1-positive tumors do not – results from a cystectomy trial database**
[T. Hemdan](#), U. Segersten, P-U. Malmström (Uppsala, Sweden)
- 123 Long-term outcome following management of muscle invasive bladder cancer: Bladder-sparing Radical Therapy (BRT) and subsequent salvage cystectomy versus immediate primary cystectomy**
[A. Sujenthiran](#), J. Van Der Meulen, J.D. Kelly, P.J. Cathcart (London, United Kingdom)
- 124 External validation of the pathological nodal staging score in bladder cancer: A population-based study**
[E.N. Xylinas](#), L.A. Kluth, M. Rieken, B. Al Hussein Al Awamlh, M. Sun, P.I. Karakiewicz, M. Gonen, S.F. Shariat (New York, United States of America; Montreal, Canada; Vienna, Austria)
- 125 Outcome after treatment of small cell cancer of the bladder by neoadjuvant chemotherapy and radical cystectomy with extended pelvic lymph node dissection**
[G.N. Thalmann](#), B. Roth, M. Spahn, P. Zehnder, F.C. Burkhard (Berne, Switzerland)
- 126 Prognostic model for predicting survival in patients with disease recurrence following radical cystectomy**
[L.A. Kluth](#), E. Xylinas, M. Rieken, M. Kent, M. Ikeda, K. Matsumoto, M. Hagiwara, E. Kikuch, M.T. Bing, A. Gupta, J.M. Sewell, B.R. Konety, T. Todenhöfer, C. Schwentner, A. Masson-Lecomte, D. Vordos, F. Roghmann, J. Noldus, A.A. Razmaria, N.D. Smith, E. Comploj, A. Pycha, J. Baniel, R. Mano, G. Novara, A. Aziz, H-M. Fritsche, A. Brisuda, T. Bivalacqua, P. Gontero, S.A. Boorjian, A. Vickers, S.F. Shariat (New York, Iowa City, Minnesota, Chicago, Baltimore, Rochester, United States of America; Minami-Ku, Sagami-hara, Kanagawa, Tokyo, Japan; Tübingen, Herne, Regensburg, Germany; Creteil, France; Bolzano, Padua, Turin, Italy; Petah-Tikva, Israel; Prague, Czech Republic; Vienna, Austria)

Abstract Session

14.15 - 15.45 Lasers for BPE

Room A8

Poster Session 11

Chairs: A. Bachmann, Basel (CH)

G.H. Fournier, Brest (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

EAU Guidelines Office snapshot on technology

E. Liatsikos, Patras (GR)

- * 127 **PROPL's study, early outcomes at 1 month: Evolution of the penetration depth by enhanced contrast ultrasonography after photovaporization of the prostate by the GREENLIGHT laser XPS®**
T. Bodin, F. Bruyere, L. Brunereau, A. Bleuzen, F. Patat (Tours, France)

- * 128 **Prospective randomized controlled trial comparing GreenLight (GL) 180-W XPS PVP and transurethral resection of the prostate (the Goliath Study): Patient questionnaires and one year follow-up**
A. Bachmann, A. Tubaro, N. Barber, F. D'Ancona, M. Gordon, U. Witzsch, M-O. Grimm, J. Benejam, J-U. Stolzenburg, A. Riddick, S. Pahernik, J. Roelink, F. Ameye, C. Saussine, F. Bruyere, W. Loidl, T. Lerner, N. Gogoi, R. Hindley, R. Muschter, A. Thorpe, N. Shrotri, S. Graham, M. Hamann, K. Miller, M. Schostak, C. Capitan, H. Knispel, A. Thomas (Basel, Switzerland; Rome, Italy; Frimley, Camberley Surrey, London, Edinburgh, Brighton, Wakefield, Hampshire, Newcastle upon Tyne, Kent, Wales, United Kingdom; Nijmegen, Almelo/Hengelo, The Netherlands; Frankfurt, Jena, Leipzig, Heidelberg, Rotenburg, Kiel, Berlin, Magdeburg, Germany; Manacor, Madrid, Spain; Ghent, Belgium; Strasbourg, Tours, France; Linz, Austria)

- * 129 **Cost effectiveness of XPS vs TURP, a UK analysis**
J.A. Thomas, A. Tubaro, N. Barber, A. Thorpe, N. Armstrong, A. Bachmann, B. Van Hout (Bridgend, Frimley, Camberley Surrey, Newcastle upon Tyne, York, Sheffield, United Kingdom; Rome, Italy; Basel, Switzerland)

- * 130 **Randomized control trial comparing high power and medium power settings for holmium laser enucleation of prostate**
H.N. Shah, R. Shah (Mumbai, India)

- 131 **The outcome of holmium laser enucleation of the prostate in benign prostatic hyperplasia patients with detrusor underactivity**
K.J. Cho, S.H. Kim, H.W. Kim, S.Y. Cho, H.S. Lee, H.G. Kim, D.K. Kim, J.C. Kim (Seoul, Daejeon, South Korea)

- 132 **HoLEP in the octogenarian population**
C. Chemasle, V. Meiyappan, Q.M. King, J.M. Chrisp, S.W. Coppinger (Palmerston North, New Zealand)

- 133 **Bleeding complication rates after holmium laser enucleation of the prostate in patients with concomitant anticoagulation therapy**
A. Becker, L.A. Kluth, A. Placke, F. Chun, S. Ahyai (Hamburg, Germany)

- 134 **Complications following holmium laser enucleation of the prostate (HoLEP)**
J. Placer, C. Salvador, D. Lorente, E. Trilla, J. Planas, A. Celma, M.A. López-Pacios, C. Konstantinidis, I. Iztueta, J. Morote (Barcelona, Spain)

- 135 **Thulium laser in patients with benign prostatic hyperplasia on anticoagulant and antiplatelet drugs**
S. Mattioli, A. Picinotti, A. Burgio (Varese, Arezzo, Italy)

- 136 A prospective-randomized comparison of a 1.9 μm and 2 μm thulium:yttrium-aluminium-garnet laser device for Thulium VapoEnucleation of the prostate: Early results**
C. Tiburtius, A.J. Gross, S. Knipper, C. Netsch (Hamburg, Germany)
- 137 Sexual outcome of patients performing Thulium Laser Enucleation (ThuLEP) for BPH: First study on 110 pts**
G. Bozzini, C. Marengi, A. Macchi, S. Maruccia, S. Casellato, M. Picozzi, L. Carmignani (Milan, Italy)
- 138 Prospective evaluation of ambulatory 180W-XPS Greenlight laser therapy for benign prostate hyperplasia**
G. Berquet, L. Corbel, E. Della Negra, R. Huet, F. Trifard, Y. Codet, F. Boulière, G. Verhoest, K. Bensalah, S. Vincendeau, R. Mathieu (Rennes, Saint Briec, France)

Abstract Session

14.15 - 15.45 **Bladder cancer biomarkers in prediction of disease aggressiveness**

Room A10

Poster Session 12

Chairs: G. Van Der Pluijm, Leiden (NL)
A. Vlahou, Athens (GR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 139 **Overexpression of Droscha, Argonaute 1 and 2 in patients with urothelial carcinomas**
N. Ratert, K. Jung, A. Erbersdobler, E. Kilic, T. Ecke (Berlin, Rostock, Bad Saarow, Germany)
- * 140 **Molecular genetic analysis of multifocal bladder tumours**
R. Turo, F.M. Platt, C.D. Hurst, P. Harnden, W.R. Cross, M.A. Knowles (Leeds, United Kingdom)
- 141 **TERT promoter mutations discriminate the origin of urogenital tumors: A genomic and molecular study**
S. Wu, Z. Cai (Shenzhen, China)
- 142 **Prognostic significance of nestin expression in pT1 high-grade bladder urothelial carcinoma patients treated with BCG**
V. Şen, O. Bozkurt, O. Demir, B. Tuna, K. Yorukoglu, H. Ellidokuz, U. Mungan (Izmir, Turkey)
- 143 **The value of the complete Her2 status in urothelial carcinoma of the bladder by hybrid staining of chromogenic in situ hybridisation and immunohistochemistry**
B.M. Kiss, V. Skuginna, A. Fleischmann, G.N. Thalmann, R. Seiler (Berne, Switzerland)
- 144 **Withdrawn**
- 145 **Withdrawn**
- 146 **Association of oncofetal protein expression with clinical outcomes in patients with urothelial carcinoma of the bladder**
E.N. Xylinas, E. Cha, F. Khani, L.A. Kluth, M. Rieken, B.G. Volkmer, R. Hautmann, R. Küfer, Y-T. Chen, M.A. Rubin, M. Zerbib, D.S. Scherr, S.F. Shariat, B.D. Robinson (New York, United States of America; Kassel, Ulm, Göppingen, Germany; Paris, France; Vienna, Austria)
- 147 **The expression of uPAR may be a prognostic marker in urothelial neoplasia of the bladder**
L.H. Dohn, H. Pappot, M. Illemann, G. Høyer-Hansen, I.J. Christensen, L. Colapaoli, H. Von Der Maase, O.D. Laerum (Copenhagen, Denmark; Bergen, Norway)
- 148 **Gas6 gene expression and tyrosine kinase Axl Sky receptors: Its relation with tumor stage and grade in patients with bladder cancer**
H.M. Akgul, O. Baykan, Z. Karaca, M. Ozyurek, I. Tinay, C. Akbal, F. Uras, L. Turkeri (Istanbul, Turkey)
- * 149 **A four-gene expression signature to predict progression in high risk non-muscle invasive bladder cancer**
A.G. Van Der Heijden, L. Mengual, M. Ingelmo-Torres, M.J. Ribal, A. Alcaraz, J.J. Lozano, P.L. Fernández, J.A. Schalken, J.A. Witjes (Nijmegen, The Netherlands; Barcelona, Spain)
- 150 **Polymorphisms of carcinogen transporting gene SLC01B1 associate with bladder cancer susceptibility**
N. Fujimoto, H. Bui, T. Kubo, I. Tomisaki, T. Matsumoto (Kitakyushu, Japan)

Abstract Session

14.15 - 15.45 **Male infertility: Basic to clinical**

Room A11

Poster Session 13

Chairs: A. Giwercman, Malmö (SE)
W.H-G. Weidner, Giessen (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Introduction on the session topic

W.H-G. Weidner, Giessen (DE)

- * 151 Nephrin-podocin complex as a possible regulator of spermatogenesis**
N. Enatsu, K. Yamaguchi, T. Fukuda, K. Okada, K. Chiba, K. Matsushita, H. Miyake, M. Fujisawa (Kobe City, Japan)
- * 152 Repetitive DNA elements act as landmark in establishment and function of sperm chromatin**
Y. Yang, B. Samans, S. Krebs, G.V. Sarode, E. Wolf, H. Blum, T. Dansranjav, W. Weidner, U. Schagdarsurengin (Giessen, Munich, Germany)
- 153 Numb and Numb-like function in rat testes: Analysis using in vivo gene transfer technique**
S. Iwatsuki, S. Sasaki, H. Kubota, Y. Umemoto, K. Mizuno, K. Kohri (Nagoya, Japan)
- * 154 Offspring production with sperm grown in vitro from cryopreserved testis tissues**
T. Yokonishi, T. Sato, M. Komeya, K. Katagiri, N. Ogonuki, K. Inoue, A. Ogura, K. Hata, Y. Kubota, T. Ogawa (Yokohama, Tsukuba, Tokyo, Japan)
- 155 Atherosclerosis-associated mixed testicular atrophy: Novel hormonal and microvascular aspects in ApoE-/-/LDL receptor-/- double knockout mouse model**
K. Steinfeld, R. Middendorff, M. Kampschulte, A. Mietens, A.C. Langheinrich, G. Krombach, T. Linn, C. Mühlfeld, S. Wudy, M. Hartmann, A. Paradowska-Dogan, B. Altinkilic, M. Bergmann, W. Weidner (Giessen, Hanover, Germany)
- 156 Promoter hyper-methylation of BOLL gene is associated with spermatogenic failure**
Y-M. Lin, T-Y. Lin, Y-S. Cheng, C-W. Lu, H-Y. Ma, C-Y. Lin (Tainan, Taiwan)
- 157 Selection of spermatozoa for assisted reproduction involves a hitherto ignored and uncontrolled hypotonic shock that affects basic sperm volume control and sperm motility**
E. Holmes, L. Björndahl, U. Kvist (Stockholm, Sweden)
- 158 Age blunts clinically-significant differences between men with primary or secondary infertility: Results of a real-life cross-sectional study**
P. Capogrosso, E. Ventimiglia, M. Colicchia, A. Serino, L. Boeri, G. Castagna, F. Castiglione, L. Villa, A. Russo, G. La Croce, M. Brown, A. Salonia (Milan, Italy; London, United Kingdom)
- 159 Does intra-cytoplasmic morphological sperm injection (IMSI) improve outcome in assisted reproductive techniques (ART) in men with raised DNA fragmentation?**
I.M. Cullen, S.A. Bora, T. Yap, G. Rozis, M. Vaid, H.I. Abdalla, A. Muneer, M.Y. Thum, S. Minhas (London, United Kingdom)

- 160 Is there a relationship between semen parameters, age and DNA fragmentation in men undergoing assisted reproductive techniques (ART)?**
[I.M. Cullen](#), S.A. Bora, T. Yap, G. Rozis, H.I. Abdalla, A. Muneer, M.Y. Thum, S. Minhas (London, United Kingdom)
- 161 Secretory function of Sertoli cells recovered by microsurgical testicular biopsy**
Y. Mio, S. Tsampalas, S. Gratsias, D. Baltogiannis, E. Vlachopoulou, I. Giannakis, F. Dimitriadis, P. Tsounapi, S. Stavrou, H. Kaeamura, S. Koukos, K. Kotsonas, N. Kolitsas, A. Takenaka, [N. Sofikitis](#) (Yonago, Japan; Ioannina, Greece)
- 162 Flexible vesiculovasoscopy using a microoptical system in a human cadaver model – a next step towards endoscopic diagnostics of seminal tract pathology**
[A.J. Miernik](#), M. Maas, U. Wetterauer, T. Diemer, W. Weidner, M. Schoenthaler (Freiburg, Giessen, Germany)

Abstract Session

14.15 - 15.45

Predictors for oncological outcome after radical prostatectomy

Room K1

Poster Session 14

Chairs: A. Gallina, Milan (IT)

R.E. Sanchez Salas, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

State-of-the-art: How to implement predictions

R.E. Sanchez Salas, Paris (FR)

- 163 Agreement analysis after prospective pathological review of 588 radical prostatectomies from the Propenlap study**
Y. Allory, A. Charles-Nelson, L. Salomon, M-T. Paoletti, L. Shar, C. Radulescu, S. Bastuji-Garin (Creteil, Paris, Suresnes, France)
- 164 High incidence of predominant Gleason pattern 4 is associated with low testosterone serum level in localized prostate cancer: An update with 937 patients**
Y. Neuzillet, A. Pichon, T. Ghoneim, C. Radulescu, V. Molinié, T. Le Bret, J-P. Raynaud, H. Botto (Suresnes, Pointe-à-Pitre, Paris, France)
- 165 Preoperative MRI improves the surgical outcome in patients with non-palpable prostate cancer in a randomized study**
E. Rud, D. Klotz, K. Rennesund, E. Baco, A. Svindland, V. Berge, E. Lundebj, R.E. Berg, L.M. Eri, H.B. Eggesbø (Oslo, Norway)
- 166 External validation of the pathological nodal staging score for prostate cancer in a contemporary cohort: A population-based study**
M. Rieken, L. Kluth, E. Xylinas, H. Fajkovic, P. Karakiewicz, C. Seitz, A. Bachmann, A. Briganti, M. Gönen, S.F. Shariat (New York, United States of America; Vienna, Austria; Montreal, Canada; Basel, Switzerland; Milan, Italy)
- 167 Prognostic value of lymph node density in prostate cancer node-positive patients treated with radical prostatectomy and pelvic lymph node dissection**
R. Schiavina, E. Brunocilla, M. Borghesi, V. Vagnoni, D. Romagnoli, L. Della Mora, M. Cevenini, C. Del Prete, F. Mengoni, D. Diazi, G. Martorana (Bologna, Italy)
- 168 Expression profile of CD44s, CD44v6, and CD44v10 in localized prostate cancer: Impact on prognostic outcomes following radical prostatectomy**
H. Tei, H. Miyake, M. Fujisawa (Kobe, Japan)
- 169 Impact of prostate volume on the risk of biochemical recurrence after radical prostatectomy**
G. Gandaglia, M. Bianchi, A. Gallina, F. Abdollah, N. Passoni, N. Fossati, V. Cucchiara, E. Zaffuto, V. Mirone, R. Colombo, A. Briganti (Milan, Naples, Italy)
- 170 Country-specific, externally validated pre and post-treatment prostate cancer nomograms for the prediction of pathological stage and biochemical recurrence-free survival**
L. Tosco, F. Abdollah, F. Ameye, I. Billiet, J. Braeckman, M. D'Hoedt, Y. Lefebvre, N. Lumen, W. Marchand, L. Merckx, T. Roumeguere, B. Tombal, J. Van Haverbeke, P. Vanoyen, S. Joniau (Leuven, Ghent, Kortrijk, Brussels, Waregem, Bouge, Roeselare, Tielt, Brugge, Belgium; Milan, Italy)

- 171 Use of proerectile medication (PDE5-I) is an independent risk factor for PSA recurrence following radical prostatectomy**
U. Michl, M. Graefen, A. Haese, L. Budäus, I. Thederan, G. Salomon, H. Heinzer, T. Schlomm, T. Steuber, P. Tennstedt, H. Huland (Hamburg, Germany)
- 172 Age stratified comparative analysis of perioperative, functional and oncologic outcomes in patients after robotic assisted radical prostatectomy: A propensity score-matched study**
S. Samavedi, H. Abdul Muhsin, S. Pigilam, K. Palmer, G. Ebra, B. Rocco, V. Patel (Celebration, Florida, United States of America; Milan, Italy)
- 173 Clinical and pathological characteristics of the patients in spite of positive surgical margins who were free from biochemical recurrence after radical prostatectomy**
S. Hatakeyama, K. Mitsuzuka, S. Narita, N. Tsuchiya, T. Koie, T. Yoneyama, S. Kawamura, T. Habuchi, Y. Arai, C. Ohyama (Hirosaki, Sendai, Akita, Japan)
- 174 Comparative effectiveness of robotic-assisted versus open radical prostatectomy cancer control outcomes**
N. Hanna, J.C. Hu, G. Gandaglia, P.L. Nguyen, Y-C.T. Shih, K. Chamie, J.L. Wright, P.I. Karakiewicz, M. Sun (Montreal, Canada; Los Angeles, Boston, Chicago, Seattle, United States of America)

Abstract Session

14.15 - 15.45

Whats new in urinary diversion

Room K2

Poster Session 15

Chairs: D. Eberli, Zurich (CH)

D.N. Wood, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Tissue engineering in bladder substitution: What is the future?

D. Eberli, Zurich (CH)

- 175** **Cell selection strategies for autologous urothelial cell-based tissue-engineering therapies**
F. Wezel, J. Pearson, J. Southgate (Mannheim, Germany; York, United Kingdom)
- 176** **Long-term culture of urothelial cells: Effects on gene expression and proliferation**
C.I. Chamorro, S. Zeiai, G. Reinfeldt Engberg, A. Nordenskjöld, M. Fossum (Stockholm, Sweden)
- 177** **Application of a new tissue-engineered urinary conduit in a large animal model**
M. Sloff, P.J. Geutjes, V. Simaioforidis, B.B.M. Kortmann, L.A.J. Roelofs, W.F. Daamen, A.H.M.S.M. Van Kuppevelt, E. Oosterwijk, W.F.J. Feitz (Nijmegen, The Netherlands)
- * 178** **Pre-clinical and clinical translation of a tissue engineered neo-urinary conduit using adipose derived smooth muscle cells for urinary reconstruction**
T. Bivalacqua, G. Steinberg, N. Smith, S. Lerner, B. Bochner, C. Lee, E. Rivera, D. Jain, T. Bertram, M. Schoenberg (Baltimore, Chicago, Dallas, New York, Michigan, Winston-Salem, United States of America)
- 179** **Human umbilical mesenchymal stem cells-seeded bladder acellular matrix grafts for reconstruction of bladder defects in a canine model**
H. Yuan, P. Han, Q. Wei (Chengdu, China)
- 180** **Primary human urothelial cell culture on a matrix of spider silk: A novel technique in bladder reconstruction**
A. Steins, P. Dik, A.A. Van Apeldoorn, K. Reimers, P.J. Coffey, K. Schepers (Utrecht, Enschede, The Netherlands; Hanover, Germany)
- 181** **Withdrawn**
- * 182** **Does intraoperative fluid restriction combined with preemptive noepinephrine affect functional outcome in patients undergoing radical cystectomy with orthotopic bladder substitution?**
F.C. Burkhard, U.E. Studer, G.N. Thalmann, P.Y. Wuethrich (Berne, Switzerland)
- 183** **Is estimated GFR a reliable measurement after cystectomy and ileal loop diversion?**
R. Robinson, C.D. Tait, P. Somov, M.W. Lau, V.K. Sangar, V.A.C. Ramani, N.W. Clarke (Manchester, Salford, United Kingdom)
- 184** **Long-term observation of changes in renal function following radical cystectomy and urinary diversion**
M. Nishikawa, H. Miyake, M. Fujisawa (Kobe, Japan)
- 185** **Modified ureterosigmoidostomy (Mainz II): A long-term analysis of outcomes and complications**
Y. Philippou, P. Kumar, C.R. Woodhouse (Surrey, United Kingdom)

- 186** **Efficacy of polydimethylsiloxane (Macroplastique®) injection for Mitrofanoff leakage after continent urinary diversion surgery**
A. Kass-Iliyya, [T. Rashid](#), M. Pakzad, R. Hamid, T.J. Greenwell, P.J.R. Shah, J.L. Ockrim (London, United Kingdom)

Abstract Session

14.15 - 15.45

RCC: New therapeutic approaches and drug response

Room C6

Poster Session 16

Chairs: J. Bedke, Tübingen (DE)

T. Klatte, Vienna (AT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

- 187 **Predicting targeted therapy tumor resistance in renal cell carcinoma patient-derived xenografts implanted into chicken embryos**
C.R. Mazzola, C. Willie, S. Pardhan, C. MacMillan, K.M. Siddiqui, M. Billia, J. Izawa, J. Chin, A.F. Chambers, J. Brugarolas, N. Power, H.S. Leong (London, Ontario, Canada; Dallas, Texas, United States of America)
- 188 **Development of a realistic in vivo bone metastasis model for human renal cell carcinoma**
M.P. Valta, H. Zhao, A. Ingels, A.E. Thong, R. Nolley, M. Saar, D.M. Peehl (Turku, Finland; Stanford, United States of America; Paris, France; Homburg/Saar, Germany)
- 189 **Enhanced anti-tumour effects of anti-CTLA-4 antibody and anti-PD-1 antibody to kidney cancer model in mice**
T. Motoshima, Y. Komohara, H. Hasita, Y. Kawano, Y. Wada, M. Takeya, M. Eto (Kumamoto, Japan)
- 190 **Combination therapy with anti-CD137 and anti-PD-L1 antibodies against renal cell carcinoma**
T. Azuma, H. Nishimatsu, H. Kume, L. Chen, Y. Homma (Tokyo, Japan; New Haven, United States of America)
- 191 **The antisense long non-coding mitochondrial RNA(AS-ncmtRNA) as target for a novel treatment of renal carcinoma**
V. Borgna, J. Villegas, L. Oliveira-Cruz, T. Socias, S. Belmar, V. Burzio, L.O. Burzio (Santiago, Chile)
- 192 **Combination therapy with sunitinib and 177-Lu-girentuximab in RCC**
J.C. Oosterwijk-Wakka, W.P.J. Leenders, G.M. Franssen, O.C. Boerman, F.A. Mulders, E. Oosterwijk (Nijmegen, The Netherlands)
- 193 **How do genetic polymorphisms influence in sunitinib treated metastatic renal carcinoma? A prospective observational study and validation**
F. Guerrero Ramos, F. Villacampa Auba, I.A. Ospina Galeano, J.M. Sepulveda Sanchez, D. Castellano Gauna, L. Garcia Gonzalez, E. Jimenez Alcaide, J.M. Duarte Ojeda, F. De La Rosa Kehrmann, J. Passas Martinez, R. Diaz Gonzalez (Madrid, Spain)
- 194 **Molecular mechanism mediating cytotoxic activity of axitinib in sunitinib-resistant human renal cell carcinoma cells**
A. Miyazaki, H. Miyake, M. Fujisawa (Kobe, Japan)
- 195 **Stromal expression of Fer plays as suppressor for tumour progression and it was a useful predictor for survival in patients with renal cell carcinoma**
Y. Miyata, H. Sakai, P. Greer (Nagasaki, Japan; Kingston, Canada)
- 196 **Withdrawn**

- 197 The effect of anti-VEGF tyrosine kinase inhibitors on biomarkers and tumour heterogeneity in metastatic clear cell renal cancer**
G.D. Stewart, [A. Laird](#), F.C. O'Mahony, L. Eory, A.L.R. Lubbock, J. Nanda, M. O'Donnell, A. Mackay, P. Mullen, S.A. McNeill, A.C.P. Riddick, J. Peters, P. Patki, M. Aitchison, D. Berney, A. Bex, I.M. Overton, D.J. Harrison, T. Powles (Edinburgh, London, St. Andrews, Cambridge, Glasgow, United Kingdom; Amsterdam, The Netherlands)
- 198 IL-6 induced by TKI on RCC cells - as a mechanism of resistance to TKI therapy**
[K. Ishibashi](#), Y. Kojima, T. Haber, J. Thüroff, W. Brenner (Fukushima City, Japan; Mainz, Germany)
- 199 Prediction of targeted therapy response in metastatic renal cell carcinoma by DNA methylation markers**
[I. Peters](#), N. Dubrowskaja, M. Abbas, C. Seidel, M. Kogosov, R. Scherer, K. Gebauer, A.S. Merseburger, M.A. Kuczyk, V. Gruenwald, J. Serth (Hanover, Hamburg, Germany)
- 200 MTOR pathway regulates the expression of angiotensin II type 1 receptor in renal cell carcinoma**
[G. Kaneko](#), A. Miyajima, T. Kosaka, R. Mizuno, E. Kikuchi, M. Oya (Tokyo, Japan)

Summary

J. Bedke, Tübingen (DE)

Abstract Session

16.00 - 17.30 **Bladder cancer surgery**

Room A6

Video session 2

Chairs: A. Carbone, Latina (IT)

M. Roupret, Paris (FR)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

- V9 Robot-assisted intracorporeal ileal neobladder: Simplified step-by-step technique and surgical outcomes**
I.P. Ouzaid, R. Autorino, D. Samarasekera, V. Ganesan, J. Krishnan, G-P. Haber (Cleveland, United States of America)
- V10 Laparoscopic radical cystectomy with concomitant nephroureterectomy**
F. Gaboardi, F. Scieri, F. Pietrantonio, A.M. Granata, A. Gregori, G.P. Incarbone, A.L.L. Romano, S. Ranzoni, L. Lunelli (Milan, Italy)
- V11 Robotic radical cystectomy with intracorporeal orthotopic ileal neobladder: Original technique**
E. Cottini, G. Cochetti, F. D'Amico, F. Barillaro, A. Boni, E. Mearini (Terni, Italy)
- V12 A novel concept of focal therapy for bladder tumors: Robot-assisted HIFU**
A. Abreu, S. Shoji, S. Leslie, A. Marien, T. Maatsugasumi, S. Chopra, R. Azhar, A. Dharmaraja, Y. Ma, I. Gill, O. Ukimura (Los Angeles, United States of America)
- V13 Laparoscopic radical cystectomy: Step by step description of the technique and its variations**
S. Fernández-Pello Montes, I. González Rodríguez, J.V. Baldissera Aradas, G. Cruceyra Betriu, J. Mosquera Madera, J. Cuervo Calvo (Gijón, Spain)
- V14 Robot assisted totally intracorporeal stapled ileal neobladder in female**
G. Simone, R. Papalia, M. Ferriero, S. Guaglianone, M. Gallucci (Rome, Italy)
- V15 Totally intracorporeal laparoscopic radical cystectomy with orthotopic "U" shaped ileal neobladder: Technique description, oncologic and functional outcomes of the first thirty patients**
G. Palleschi, A.L. Pastore, L. Silvestri, A. Leto, D. Autieri, A. Ripoli, Y. Al Salhi, D. Moschese, A. Fuschi, C. Maggioni, G. Silecchia, M. Rizzello, A. Messas, A. Carbone (Latina, Italy; Paris, France)
- V16 Robot-assisted radical cystectomy for female patients. The OLV Vattikuti Robotic Surgery Institute technique**
A. Ploumidis, A. Volpe, V. Ficarra, A. Mottrie (Aalst, Belgium)

Abstract Session

16.00 - 17.30 **Improvement in prostate cancer biomarkers measurement**

Room A2

Poster Session 17

Chairs: H.G. Lilja, New York (US)
M.P. Matikainen, Helsinki (FI)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- 201 **Prostate cancer urine detection through highly-trained dogs olfactory system: A real clinical opportunity**
G. Taverna, L. Tidu, F. Grizzi, A. Mandressi, M. Seveso, G. Giusti, A. Benetti, R. Hurle, L. Pasini, S. Zandegiacomo, P.G. Colombo, P.P. Graziotti (Milan, Grosseto, Castellanza, Italy)
- 202 **Discovery of urinary biomarker candidates for prostate cancer based on proteomic analyses**
Y. Miyazaki, K. Nakayama, S. Sekiya, T. Inoue, T. Goto, N. Terada, S. Kajihara, S-I. Kawabata, S. Iwamoto, K. Tanaka, O. Ogawa (Kyoto, Japan)
- 203 **Urine biomarkers for prostate cancer**
M. Yazbek Hanna, J. Clark, R. Hurst, D. Brewer, F. McCarthy, R. Mills, M. Rochester, D. Edwards, C. Cooper (Norwich, United Kingdom)
- 204 **Plasma circulating miRNAs: A new potential biomarker for prostate cancer diagnosis**
S. Giglio, C. De Nunzio, R. Cirombella, A. Tubaro, A. Vecchione (Rome, Italy)
- * 205 **Validation of a genomic classifier for predicting biochemical failure following post-operative radiation therapy in high-risk prostate cancer**
R.J. Karnes, R. Den, F. Feng, T. Showalter, M. Mishra, E. Trabulsi, C. Lallas, L. Gomella, R. Birbe, P. McCue, M. Ghadessi, C. Buerki, E. Davicioni, K. Knudsen, A. Dicker (Rochester, Philadelphia, Ann Arbor, Charlottesville, Baltimore, United States of America; Vancouver, Canada)
- * 206 **Fine-mapping of the Kallikrein region and its role in prostate cancer aggressiveness: Results from a Canadian cohort and the European Randomized Study for Prostate Cancer Screening**
L. Briollais, J. Xu, M. Kwiatkowski, M. Friedlander, F. Recker, C. Kuk, S. Hanna, N.E. Fleshner, B. Bapat, T. Juvet, H. Li, K. Chadwick, J. Trachtenberg, M.E. Nesbitt, T.H. Van Der Kwast, E. Diamandis, A.R. Zlotta, H. Ozelik (Toronto, Canada; Aarau, Switzerland)
- * 207 **The isolation of prostate cancer specific circulating tumor cells in the blood of patients with metastatic castration-resistant prostate cancer**
G. Theil, S. Schmidt, K. Fischer, K. Lücke, N. Björn, N. Mohammed, P. Fornara (Halle/Saale, Postdam, Germany)
- 208 **Regenerating islet-derived family, member 4 enhances cell proliferation, castration-resistance and chemoresistance through acceleration of neuroendocrine differentiation in human prostate cancer cells**
J. Teishima, K. Shoji, K. Goto, R. Yamanaka, H. Shikuma, H. Nagamatsu, S. Shinmei, H. Kitano, S. Ohara, T. Hayashi, N. Oue, W. Yasui, A. Matsubara (Hiroshima, Japan)
- 209 **FGF7 as a candidate urine biomarker for prostate cancer detection**
Y. Fukabori, H. Yamazaki, A. Yanagibayashi, M. Yashi, H. Abe, H. Betsunoh, A. Masuda, H. Yuki, K. Arai, T. Kamai (Mibu, Japan)

- 210 Association of genetic variants in telomere-related genes with prostate cancer risk and recurrence**
[C.Y. Gu](#), Q.X. Li, Y. Zhu, D.W. Ye (Shanghai, China)
- 211 Immunohistochemical detection of core2 β -1,6-N-acetylglucosaminyltransferase is an independent risk factor for PSA recurrence after radical prostatectomy**
[Y. Tobisawa](#), S. Hatakeyama, T. Yoneyama, T. Okamoto, K. Mori, A. Okamoto, H. Murasawa, A. Imai, H. Yamamoto, T. Yoneyama, Y. Hashimoto, T. Koie, C. Ohya (Hiroaki, Japan)
- 212 The association between genetic variants identified by GWAS and prostate cancer risk and mortality**
[M. Suzuki](#), S. Maekawa, Y. Suzuki, Y. Kasuya, T. Arai, M. Suzuki, M. Kato, T. Fujimuta, H. Fukuhara, T. Nakagawa, H. Nishimatsu, H. Kume, T. Kitamura, Y. Homma (Tokyo, Kashiwa, Yokohama, Japan)
- 213 The role of known low-penetrance genetic prostate cancer markers in hereditary prostate cancer**
R.G. Cremers, T. Galesloot, S.H. Vermeulen, [L.A. Kiemeny](#) (Nijmegen, The Netherlands)

Abstract Session

16.00 - 17.30

Optimizing outcomes post cystectomy

Room A4

Poster Session 18

Chairs: M. Burger, Regensburg (DE)

B. Roth, Berne (CH)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- 214 **Metabolic syndrome, obesity and radical cystectomy complications: A Clavien classification system-based analysis**
F. Cantiello, A. Cicione, R. Autorino, C. De Nunzio, A. Salonia, A. Briganti, G. Ucciero, S. Perdonà, A. Tubaro, R. Damiano (Catanzaro, Rome, Milan, Naples, Italy; Cleveland, United States of America)
- * 215 **Radiologic response predict prognosis in patients with muscle invasive bladder cancer undergoing carboplatin-based neoadjuvant chemotherapy**
S. Hatakeyama, H. Yamamoto, A. Okamoto, A. Imai, T. Yoneyama, Y. Hashimoto, T. Koie, C. Ohyama (Hirosaki, Japan)
- 216 **Early postoperative cognitive dysfunction in patients undergoing open radical cystectomy with urinary diversion and intraoperative fluid regimen: An observational study**
F.C. Burkhard, F. Geese, G.N. Thalmann, P.Y. Wuethrich (Berne, Switzerland)
- 217 **Perioperative outcomes in patients undergoing radical cystectomy for bladder cancer using the national surgical quality improvement program (NSQIP) database**
G. Gandaglia, B. Varda, A. Sood, M. Schmid, D. Pucheril, R. Konijeti, J.D. Sammon, S. Sukumar, S.L. Chang, K.R. Ghani, N. Ruhotina, J. Meyers, J.O. Peabody, M. Menon, A.S. Kibel, Q-D. Trinh (Montreal, Canada; Boston, Detroit, Minneapolis, Ann Arbor, United States of America; Hamburg, Germany)
- 218 **90-day mortality represents a more realistic endpoint than 30-day mortality after radical cystectomy**
J. Schifffmann, M. Azizi, I. Pope, V. Trudeau, N. Hanna, P.I. Karakiewicz, M. Sun (Hamburg, Germany; Montreal, Canada)
- 219 **Efficacy of an exercise-based rehabilitation programme in radical cystectomy pathways: A randomised controlled trial**
B.T.J. Jensen, A.K.P. Krintel Petersen, J.B. Jensen, S.L. Laustsen, M.B. Borre (Aarhus, Denmark)
- 220 **The risks and benefits of extended pelvic lymph node dissection in patients undergoing radical cystectomy**
H. Abdi, F. Pourmalek, M.E. Gleave, A.I. So, P.C. Black (Vancouver, Canada)
- 221 **Prostate sparing cystectomy: 20 years single center experience**
L.S. Mertens, R.P. Meijer, R.R. De Vries, J.A. Nieuwenhuijzen, H.G. Van Der Poel, A. Bex, B.W.G. Van Rhijn, W. Meinhardt, S. Horenblas (Amsterdam, The Netherlands)
- * 222 **Outcomes for radical cystectomy in potential candidates for bladder preservation therapy**
E.J. Pietzak, Z.L. Smith, S.B. Malkowicz, T.J. Guzzo (Philadelphia, United States of America)
- * 223 **Chronic urinary retention after radical cystectomy and orthotopic neobladder in women: Risk factors and relation to time**
B. Ali-El-Dein, M.H. Zahran, D-E. Taha, A.A. Shaaban (Mansoura, Egypt)

- 224 Quality of life of 171 patients with bladder cancer undergoing ileal orthotopic neobladder: A multicentre study among long-term survivors**
S. Siracusano, S. Ciciliato, R. Talamini, L. Toffoli, M. Rizzo, F. Visalli, E. Belgrano, M. Niero, C. Lonardi, M.A. Cerruto, C. Imbimbo, M. Racioppi, M. Iafrate, C. D'Elia, G. Cacciamani, D. De Marchi, P.F. Bassi, W. Artibani, P. Verze (Trieste, Aviano-Pordenone, Verona, Naples, Rome, Padua, Italy)
- 225 The added value of intracorporeal urinary diversion after robotic radical cystectomy: A propensity matched comparative study**
I. Ouzaid, V. Ganesan, R. Autorino, J. Krishnan, R. Stein, G-P. Haber (Cleveland, United States of America)

Abstract Session

16.00 - 17.30 **Surgical and minimally invasive therapy in BPE, whats new?**

Room A8

Poster Session 19

Chairs: T. Esen, Istanbul (TR)

K. Van Renterghem, Hasselt (BE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

EAU Guidelines Office snapshot

T. Esen, Istanbul (TR)

- 226 **Surgical management of benign prostatic obstruction: Current practice patterns and attitudes in Europe**
R. Sosnowski, C. De Nunzio, N. Thiruchelvam, S. Ahyai, R. Autorino, A. Bachmann, A. Briganti, G. Novara, C. Füllhase (Warsaw, Poland; Rome, Naples, Milan, Padua, Italy; Cambridge, United Kingdom; Hamburg, Munich, Germany; Basel, Switzerland)
- * 227 **The test of time for new advances in BPH endoscopic treatment – prospective, randomized comparisons of bipolar plasma enucleation versus open prostatectomy and continuous versus standard plasma vaporization and monopolar TURP**
B. Geavlete, F. Stanescu, C. Moldoveanu, M. Jecu, L. Adou, C. Ene, C. Bulai, P. Geavlete (Bucharest, Romania)
- 228 **New alternative method of gross BPH treatment - endovascular superselective embolization of prostatic arteries**
D. Kurbatov, S. Dubsky, I. Sitkin, A. Lepetukhin (Moscow, Russia)
- 229 **Unilateral versus bilateral prostatic arterial embolization in patients with benign prostatic hyperplasia**
L.M. Campos Pinheiro, T. Bilhim, J. Pisco, H. Rio Tinto, L. Fernandes, J. Pereira, M. Duarte, A. Oliveira, J. O'Neill (Lisbon, Portugal)
- 230 **Characterizing Rezūm® system water vapor treatments for benign prostatic hyperplasia with serial magnetic resonance imaging and 3D rendering**
L. Mynderse, P. Hanson, A. Robb, R. Cedano, D. Pacik, V. Vit, G. Varga, T. Larson, C. Dixon (Rochester, Scottsdale, New York, United States of America; La Romana, Dominican Republic; Brno, Czech Republic)
- 231 **A long term solution in secondary bladder neck sclerosis cases – bipolar plasma vaporization overcoming standard TUR in a prospective, randomized comparison**
B. Geavlete, C. Moldoveanu, F. Stanescu, M. Jecu, L. Adou, C. Ene, C. Bulai, P. Geavlete (Bucharest, Romania)
- 232 **The temporary bilateral internal iliac arteries clamping during robot-assisted laparoscopic simple prostatectomy (RASP): Our experience**
C. Falavolti, F. Sergi, A.M. Bove, E. Altobelli, M. Buscarini (Rome, Italy)
- 233 **Transurethral resection of prostate (TURP) with rectal balloon: New technique to control postoperative blood loss (preliminary results)**
K. Mohy El Den, H. Ibrabem, O. Abdel-Kadder, H. Shaker, A. El Nashar (Fayoum, Ismailia, Egypt)
- 234 **Transurethral water vapor therapy for BPH: A single center's experience using the Rezūm® System**
L. Wagrell, M. Tornblom (Stockholm, Sweden)

- 235 Morbidity and mortality after benign prostatic hyperplasia surgery: Data from the national surgical quality improvement program**
 B. Varda, A. Sood, S. Marianne, K.R. Ghani, A. Rai, D. Pucheril, S.L. Chang, J.O. Peabody, M. Menon, K. Olugbade Jr., N. Ruhotina, J.D. Sammon, S. Sukumar, A.S. Kibel, K.C. Zorn, Q-D. Trinh (Boston, Detroit, Ann Arbor, Minneapolis, United States of America; Hamburg, Germany; Montreal, Canada)
- 236 The changing practice of TURP**
 M. Elmussareh, T. Morrison, J.R. Wilson (York, United Kingdom)
- 237 Dutasteride can reduce intraoperative bleeding during transurethral resection of the prostate: Evaluation of vascular endothelial growth factor (VEGF) and CD34**
 G.M. Busetto, R. Giovannone, V. Gentile, G. Antonini, E. De Berardinis (Rome, Italy)
- 238 Patients with metabolic syndrome and prostatic inflammatory infiltrates presented higher post-operative storage symptoms when treated with transurethral prostatic resection (TURP): A single centre cohort analysis**
 C. De Nunzio, M. Gacci, C. Leonardo, F. Presicce, A. Brasseti, F. Cancrini, M. Leo, M. Carini, G. Vittori, A. Tubaro (Rome, Florence, Italy)

Abstract Session

16.00 - 17.30 **Bladder cancer cell biology**

Room A10

Poster Session 20

Chairs: F. Liedberg, Malmö (SE)

C. Schwentner, Tübingen (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Bladder cancer stem cells

J. Southgate, York (GB)

- * 239 **P21-activated kinase 5 (PAK5) and epithelial mesenchymal transition in bladder cancer**
A.F. Ismail, P. Dasgupta, M.S. Khan, W. Jiang, T. Martin, C.M Wells (London, Cardiff, United Kingdom)
- 240 **Expression profile of epithelial-mesenchymal transition markers in non-muscle invasive urothelial carcinoma of the bladder: Correlation with intravesical recurrence following transurethral resection**
H. Miyake, L. Bing, M. Fujisawa (Kobe, Japan)
- 241 **Withdrawn**
- 242 **Phosphorylated P70S6K in noninvasive low grade urothelial carcinoma of the bladder: Correlation with tumor recurrence**
J.W. Choi, S.H. Park, J.H. Ryu, K.D. Kim, Y.T. Moon, J.K. Kwon, I.H. Chang, J.H. Kim, J.D. Choi, S.H. Ahn, M.S. Kim, S.Y. Lee (Seoul, Goyang-Si, Gyeonggi-Do, South Korea)
- 243 **Glycan modification of podoplanin enhances growth factor production through stabilization of platelet aggregation in bladder cancer cell**
Y. Tobisawa, T. Okamoto, S. Hatakeyama, T. Yoneyama, T. Koie, C. Ohya (Hirosaki, Japan)
- 244 **Hexokinase 2 promoting epithelial-mesenchymal transition and metastases via Twist1 activation**
G-S. Shieh, W-H. Yang, C-L. Wu, A-L. Shiau (Tainan, Taiwan)
- * 245 **Plectin-1 depletion in muscle invasive bladder cancer cell lines promotes phosphorylation of Fer tyrosine kinase and enhances invasion potential**
H. Iwamura, T. Yoneyama, Y. Tobisawa, S. Hatakeyama, T. Koie, C. Ohya (Hirosaki, Japan)
- 246 **Cortactin-mediated invadopodia formation is essential for transurothelial invasion and extravasation during bladder cancer metastasis**
N. Tokui, K. Imanishi, S. Tsuboi, M. Yoneyama, S. Hatakeyama, K. Yamaya, T. Funyu, C. Ohya (Hirosaki, Japan)
- 247 **Neuregulin 1 HRG-beta1 plays a critical role in cell survival of urothelial carcinoma cancer stem-like cells**
R. Inoue, Y. Hirohashi, T. Torigoe, H. Kitamura, S. Nishida, A. Takahashi, N. Masumori, N. Sato (Sapporo, Japan)
- * 248 **Downregulation of CHEK2 protein kinase in the urothelium of healthy male tobacco smokers: One further step of urothelial carcinogenesis?**
W. Otto, S. Denzinger, S. Bertz, M. Burger, A. Hartmann (Erlangen, Regensburg, Germany)
- 249 **Cellular interaction of tumour associated fibroblasts and tumour cells in urinary bladder cancer**
A. Enkelmann, M. Horstmann, K. Junker, M-O. Grimm (Jena, Homburg/Saar, Germany)

Abstract Session

16.00 - 17.30

Male infertility: Clinical

Room A11

Poster Session 21

Chairs: A. Kadioglu, Istanbul (TR)

Z. Kopa, Budapest (HU)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Introduction on the session topic

Z. Kopa, Budapest (HU)

- * 250** **Semen quality in middle-aged males: Associations with prostate-specific antigen and age-related prostate conditions**
K. Ausmees, G. Timberg, M. Punab, R. Mändar (Tartu, Estonia)
- * 251** **Does antioxidant therapy add any benefit in improvement of DNA damage to standard inguinal varicocele? A randomized case-control study**
G. Pourmand, M. Movahedin, M. Noori, S. Dehghani, M. Hosseini, M. Ziloochi, V. Arabgari, F. Heidari, M. Pourhosein (Tehran, Iran)
- 252** **Telomerase assay in percutaneously recovered testicular cells predicts the outcome of a subsequent therapeutic testicular biopsy**
E. Vlachopoulou, Y. Mio, S. Skouros, G. Semini, D. Baltogiannis, I. Giannakis, P. Georgopoulos, P. Habilomatis, P. Tsoumanis, A. Takenaka, N. Sofikitis (Ioannina, Greece; Yonago, Japan)
- * 253** **Prevalence and characteristics of metabolic syndrome in Caucasian-European men presenting for primary couple's infertility: Results of a cross-sectional survey**
E. Ventimiglia, M. Colicchia, L. Boeri, A. Serino, C. Regina, P. Capogrosso, G. Castagna, L. Villa, F. Castiglione, R. Matloob, M. Brown, R. Damiano, A. Salonia (Milan, Catanzaro, Italy; London, United Kingdom)
- 254** **Impact of metabolic syndrome on seminal inflammation and sperm parameters: A case-control study**
A. Pilatz, I. Halefeld, C. Hudemann, D. Schultheiss, H. Renz, H-C. Schuppe, T. Linn, W. Weidner, F. Wagenlehner (Gießen, Marburg, Germany)
- 255** **Impact of age, days of abstinence, and BMI on results of semen analysis from men of sub-fertile couples**
J. Flanagan, M. Lehtihet, L. Björndahl, S. Arver, U. Kvist (Huddinge, Sweden)
- * 256** **Microsurgical refertilisation following vasectomy: Results and predictors for a successful clinical outcome**
G. Spiliopoulos, S. Kliesch (Münster, Germany)
- 257** **Management of asthenozoospermia associated with elevated MAR-test by desloratadine (eslotin)**
A. Khelaia, N. Shervashidze, L. Managadze (Tbilisi, Georgia)
- 258** **Changes in semen quality among fertile men from Spain over a 30-year period**
J. Medina-Polo, J. Romero-Otero, B. García-Gómez, D. Lora-Pablos, L. García-González, E. Jiménez-Alcaide, A. Gómez De La Cámara, A. Rodríguez-Antolín (Madrid, Spain)
- 259** **Non-obstructive azoospermia: Is there evidence for an infectious origin?**
A. Pilatz, H. Hossain, H-C. Schuppe, T. Haggene, C. Schüttler, T. Diemer, M. Bergmann, T. Chakraborty, E. Domann, W. Weidner (Gießen, Germany)

260 The abdominal CT radiation does not modify seminal parameters

A. Ciudin, M.G. Diaconu, J.M. Corral, V. Constantin, A. Carap, R. Alvarez-Vijande, J.L. Ballesca, A. Alcaraz (Barcelona, Spain; Bucharest, Romania)

261 The incidence of chronic post-vasectomy scrotal pain – a prospective cohort study with a mean follow-up of five years

T.A. Leslie, R.O Illing, R. McCormick, J. Guillebaud, D.W. Cranston (Oxford, London, United Kingdom)

Abstract Session

16.00 - 17.30 **Management of lymph node disease in prostate cancer**

Room K1

Poster Session 22

Chairs: *F. Calais Da Silva Junior, Lisbon (PT)*

H.A. Özen, Ankara (TR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Standardizing report and outcome of surgery in prostate cancer

S. Loeb, New York (US)

- 262 **Assessing the optimal postoperative management of node positive prostate cancer patients: Results from a large, multi-institutional series**
K. Touijer, [N.M. Passoni](#), A. Briganti, N. Suardi, C. Cozzarini, P. Scardino, J.A. Eastham, R.J. Karnes (New York, Rochester, United States of America; Milan, Italy)
- 263 **Selecting the optimal candidate for adjuvant radiotherapy after radical prostatectomy among patients with lymph node metastases from prostate cancer**
F.F.H. Abdollah, A. Gallina, N. Suardi, M. Bianchi, D. Di Trapani, P. Dell'Oglio, A. Nini, D. Vizziello, C. Cozzarini, N. Di Muzio, V. Mirone, [A. Briganti](#) (Milan, Naples, Italy)
- * 264 **Removal of limited nodal disease in patients undergoing radical prostatectomy: Long term results confirm a chance for cure**
[R. Seiler](#), U.E. Studer, K. Tschan, P. Bader, F.C. Burkhard (Berne, Switzerland)
- 265 **Assessing the optimal extent of salvage lymph node dissection in patients with single pelvic nodal uptake at [11c]-choline PET/CT scan from recurring prostate cancer**
[N.M. Passoni](#), G. Gandaglia, A. Gallina, E. Di Trapani, M. Moschini, A. Nini, A. Larcher, N. Di Muzio, C. Cozzarini, M. Picchio, V. Cucchiara, R. Damiano, F. Cantiello, A. Briganti (Milan, Catanzaro, Italy)
- 266 **Pelvic lymph node dissection can be safely omitted in men with a risk of nodal metastases $\leq 5\%$ based on the Briganti nomogram: Validation of the EAU guidelines recommendations for nodal dissection based on patient outcome**
[F.F.H. Abdollah](#), A. Gallina, N. Suardi, U. Capitanio, M. Bianchi, E. Di Trapani, A. Nini, A. Abrate, P. Dell'Oglio, N. Buffi, G. Guazzoni, A. Briganti (Milan, Italy)
- 267 **Long term outcomes of salvage lymph node dissection for clinically recurrent prostate cancer: Results of a single institution series with a minimum follow-up of 5 years**
[E. Di Trapani](#), N. Suardi, M. Tutolo, D. Di Trapani, F. Castiglione, A. Salonia, M. Freschi, R. Lucianò, C. Cozzarini, N. Di Muzio, M. Picchio, A. Briganti (Milan, Italy)
- 268 **Patients with lymph-node metastasis after radical prostatectomy and pelvic lymph-node dissection are not all subject to the same risk of cancer death: Identifying different risk-category according to the number of positive nodes and Gleason score**
[R. Schiavina](#), M. Borghesi, E. Brunocilla, V. Vagnoni, L. Della Mora, C. Pultrone, C. Del Prete, M. Cevenini, H. Dababneh, G. Martorana (Bologna, Italy)
- 269 **Overall and cancer-specific survival in patients undergoing salvage extended pelvic lymph node dissection in recurrent prostate cancer**
D.K. Osmonov, [A.V. Aksenov](#), C.M. Naumann, M.F. Hamann, K-P. Jünemann (Kiel, Germany)

- 270** **Prospective randomized multicenter study comparing limited vs extended pelvic lymphadenectomy in intermediate and high risk prostate cancer – comparison of complications (SEAL, AUO AP 55/09)**
[J. Schwerfeld-Bohr](#), M. Kaemper, S. Krege, A. Heidenreich (Krefeld, Aachen, Germany)
- * 271** **Lymph nodes in prostate cancer patients treated with radical prostatectomy: Oncological outcomes of patients with positive nodes and complications of an extended pelvic lymphadenectomy with robotic assisted approach: Results from a single tertiary care center**
[M. Bianchi](#), F. Abdollah, A. Gallina, N. Suardi, M. Tutolo, M. Moschini, V. Mirone, A. Nini, R. Damiano, E. Zaffuto, F. Cantiello, S. Shariat, G. Guazzoni, F. Montorsi, A. Briganti (Milan, Naples, Catanzaro, Italy; Vienna, Austria)

Abstract Session

16.00 - 17.30 Upper tract surgery for benign disease

Room K2

Poster Session 23

Chairs: T.A. Drewa, Bydgoszcz (PL)

L-P. Xie, Hangzhou (CN)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- 272 **The simple nephrectomy: A misnomer?**
L. Clarke, B. Zelhoof, S.M. Fowler, R.D. Napier-Hemy, D.M. Burke, I.G. McIntyre, B.R. Grey (Manchester, London, United Kingdom)
- 273 **Renal trauma: Is routine follow-up imaging warranted?**
K.J. Breen, N. Khan, E. Rogers, P. Sweeney, E.A. Kiely, M.F. O'Brien (Cork, Ireland)
- 274 **Laparoscopic pyeloplasty improved clinical symptoms and renal function in patients with less than 20% split renal function**
M. Nishi, K. Matsumoto, K. Tabata, D. Ishii, H. Tsumura, T. Hirayama, T. Fujita, I. Masatsugu (Sagamihara, Japan)
- 275 **Intraoperative and postoperative complications of laparoscopic pyeloplasty: A single surgical team experience with 236 cases**
P. Verze, P. Fedelini, C. Meccariello, D. Arcaniolo, D. Taglialatela, R. La Rocca, V. Mirone (Naples, Italy)
- 276 **Evaluation of barbed sutures for laparoscopic pyeloplasty**
C.J. Dowson, H. Sur, A.J. Blacker (Coventry, United Kingdom)
- 277 **A 2 weeks DJ stent indwelling time is safe and sufficient for patients undergoing dismembered pyeloplasty - long term data from a prospective randomized comparison**
T. Von Ruetten, F.D. Birkhauser, G.N. Thalmann, P. Zehnder (Berne, Switzerland)
- 278 **Presence of transient hydronephrosis at 1 month after surgery has no significant impact on renal function at 1 year after ileal neobladder construction**
T. Narita, S. Hatakeyama, H. Yamamoto, A. Okamoto, A. Imai, T. Yoneyama, Y. Hashimoto, T. Koie, C. Ohya (Hiroshima, Japan)
- 279 **Withdrawn**
- 280 **Transvesical laparoscopic surgery for double pelvis and ureter**
Y. Naito, A. Kawauchi, Y. Yamada, A. Hujihara, F. Hongo, K. Kamoi, K. Okihara, T. Miki (Kyoto, Shiga, Japan)
- * 281 **Ureteral reconstruction in patients with long strictures of pelvic ureter**
B. Komyakov, V.A. Ochelenko (St-Petersburg, Russia)
- 282 **Complications of intestinal ureteral replacement**
B. Komyakov, V.A. Ochelenko (St-Petersburg, Russia)
- 283 **Reconstruction of long ureteral defects using reinforced tubular collagen scaffolds in a preclinical animal model**
P.K.J.D. De Jonge, V. Simaioforidis, P.J. Geutjes, W.F. Daamen, T.H. Van Kuppevelt, E. Oosterwijk, W.F.J. Feitz (Nijmegen, The Netherlands)

284 **When is a conservative management recommended for ureterointestinal strictures following radical cystectomy with ileal conduit?**

[E. Baten](#), S. Joniau, H. Van Poppel, F. Van Der Aa (Leuven, Belgium)

*** 285** **Robot-assisted reconstructive surgery of the lower ureteric segment and urinary bladder in adults – experience in 40 patients at a single institution**

M. Musch, L. Hohenhorst, A. Paillart, Y. Davoudi, H. Loewen, [D. Kroepfl](#) (Essen, Wuppertal, Germany)

Abstract Session

16.00 - 17.30

RCC: Molecular characterisation and prognosis markers

Room C6

Poster Session 24

Chairs: H. Axelson, Malmö (SE)

K. Junker, Homburg (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- 286 **Collecting duct carcinomas have a different genetic signature compared to upper urinary tract urothelial carcinomas**
V. Jung, F. Becker, M. Parr, A. Hartmann, S. Füssel, M. Thoma, R. Grobholz, B. Wullich, A. Strauss, C-L. Behnes, W. Otto, M. Stöckle, K. Junker (Homburg/Saar, Erlangen, Dresden, Göttingen, Regensburg, Germany; Aarau, Switzerland)
- * 287 **Development of a “bar code” method for the detection of quantitative genomic alterations in metastatic renal cell carcinoma**
F-X. Nouhaud, F. Blanchard, R. Sesbouë, J-C. Sabourin, C. Pfister, F. Di Fiore (Rouen, France)
- 288 **Whole genome deep sequencing decomposes the genome evolution of renal cell carcinomas**
S. Wu, H. Mei (Shenzhen, China)
- 289 **Post-GWAS functional characterization of the 12p11.23 renal cancer susceptibility locus**
P. Bigot, L. Jessop, M. Machiela, T. Myers, N. Sikdar, S. Chanock (Bethesda, United States of America)
- 290 **Paraneoplastic symptoms: Cachexia, polycythemia, and hypercalcemia are, respectively, related to vascular endothelial growth factor (VEGF) expression in renal clear cell carcinoma**
S. Ninghong, S. Huang, D. Guanxiong (Nanjing, Shanghai, China)
- * 291 **Verification of a functionalized structured medical wire for the isolation of circulating tumor cells (CTC) in patients with renal cell carcinoma**
G. Theil, K. Fischer, A. Wencker, N. Mohammed, K. Luecke, P. Fornara (Halle/Saale, Germany)
- 292 **Analysis of renal tissue environment using quantitative proteomics techniques: Healthy tissue from donors vs healthy tissue from renal cell carcinoma kidneys**
C. Gómez Del Cañizo, V. Díez Nicolás, I. Ruppen-Cañas, V. Gómez Dos Santos, P. Ximénez-Embún, J.L. Martínez Torrecuadrada, C. Varona Crespo, E. Cristóbal Lana, S. Álvarez Rodríguez, V. Hevia Palacios, F.J. Burgos Revilla (Madrid, Spain)
- 293 **DNA methylation of NEFM is a potential prognostic marker in clear cell renal cell carcinoma**
A. Laird, D. Sproul, G.D. Stewart, D.J. Harrison, R.R. Meehan (Edinburgh, St. Andrews, United Kingdom)
- 294 **Prognostic impact of urokinase-type plasminogen activator system components in patients with clear cell renal cell carcinoma**
S. Füssel, M. Kotzsch, K. Erdmann, H. Taubert, A. Lohse-Fischer, S. Zastrow, M. Meinhardt, K. Bluemke, P. Fornara, V. Magdolen, M.P. Wirth (Dresden, Erlangen, Halle, Munich, Germany)
- 295 **Expression profile of e-cadherin, n-cadherin and p-cadherin in renal cell carcinoma as prognostic indicators**
M. Muramaki, M. Hideaki, H. Ken-Ichi, J. Furukawa, N. Hinata, M. Fujisawa (Kobe, Japan)

296 MicroRNA501 may affect the aggressiveness of clear cell renal carcinoma

A. Bonon, A. Mangolini, L. Dell'Atti, G. Lanza, [G.R. Russo](#), G. Aguiari (Ferrara, Italy)

297 MicroRNA-210 is up-regulated in the human peripheral blood in the early stage of clear cell renal cell carcinoma

[H. Iwamoto](#), M. Osaki, T. Masago, S. Morizane, A. Yao, M. Honda, T. Sejima, F. Okada, A. Takenaka (Yonago, Japan)

298 Utility of quantitative proteomics techniques to identify renal cell carcinoma biomarkers

[C. Gómez Del Cañizo](#), V. Díez Nicolás, I. Ruppén-Cañas, V. Gómez Dos Santos, P. Ximénez-Embún, S. Álvarez Rodríguez, V. Hevia Palacios, J.L. Martínez Torrecuadrada, C. Varona Crespo, E. Cristóbal Lana, F.J. Burgos Revilla (Madrid, Spain)

Summary

K. Junker, Homburg (DE)

Plenary Session 2

07.30 - 11.00 **Bladder cancer, testis cancer**

eURO Auditorium

Chairs: J. Palou, Barcelona (ES)
M. Wirth, Dresden (DE)

07.30 - 08.00 **Highlight Session 1**

Benign and malignant prostate disease
S. Tyritzis, Athens (GR)

Lower urinary tract dysfunction
F. Van Der Aa, Leuven (BE)

Reconstruction
R. Yiou, Créteil (FR)

08.00 - 08.15 **State-of-the-art lecture Personalised urinary diagnostics**

B.W.G. Van Rhijn, Amsterdam (NL)

Aims and objectives

The current standard of care for the primary detection and follow-up of non-muscle invasive (NMI) bladder cancer (BC) consists of urethro-cystoscopy (UCS), the gold standard, and urine cytology as an adjunct. A reliable urine marker has the potential to replace and/or complement UCS. In general, these tests have a higher sensitivity but a lower specificity than cytology. One of the first steps towards personalised urinary diagnostics is to assess the value of urine diagnostics in well-defined clinical situations. We discern 4 clinical entities as there are: screening, primary detection of BC and follow-up of (low/intermediate risk and high risk) NMI-BC. The main objective of this lecture is to clarify the needs for urine markers in terms of sensitivity and specificity in relation to these 4 clinical scenarios.

08.15 - 08.45 **Case discussion Diagnosis and treatment of non-muscle-invasive bladder cancer**

Moderator: M. Babjuk, Prague (CZ)

How should a specimen from transurethral bladder resection look for the pathologist?
E. Compérat, Paris (FR)

How to improve the outcome of transurethral resection of bladder tumours
S.F. Shariat, Vienna (AT)

Adjuvant treatment of non-muscle-invasive bladder cancer: When and how
J.A. Witjes, Nijmegen (NL)

Aims and objectives

The aim of the session is to discuss the algorithm and details in performance of initial steps in the treatment of non-muscle invasive bladder cancer. The lectures and interactive debate between the faculty will be introduced by case presentations which will provide real clinical situations and scenarios. We will concentrate on the initial endoscopic procedure including selection of equipment for resection and tumor visualisation, technique of resection and referral of the specimen to the pathologist. It will be followed by the presentation on the adjuvant intravesical treatment options and their selection in individual cases.

08.45 – 09.00 State-of-the-art lecture **How to avoid cystectomy being too late in non-muscle-invasive bladder cancer**

P. Gontero, Turin (IT)

Aims and objectives

In NMIBC the progression rate depends upon the risk stratification. While a widespread use of cystectomy would result in overtreatment in a significant proportion of cases even in the high risk group, a cystectomy performed once progression has occurred is often too late. Optimal timing of cystectomy in NMIBC implies the identification of those cases destined to progress. Currently there is no method (neither risk table or nomogram) able to predict with a sufficient level of clinical meaningfulness progression at an individual level. Combinations of one or more adverse prognostic risk factors in high risk diseases have recently been identified as strong predictors of progression and thus indications for early cystectomy.

09.00 – 09.30 Debate **Bladder preservation in muscle invasive bladder cancer**

Moderator: G.N. Thalmann, Berne (CH)

Pro: N. James, Birmingham (GB)

Con: J.E. Gschwend, Munich (DE)

Aims and objectives

Bladder preservation is a controversial topic. There are many different therapeutical options and combinations in use. The debate should highlight the rationale for a bladder preservation strategy, its risk, strengths and limitations as well as its consequences with regards to urinary diversion. A consensus on how bladder preservation should be performed and in whom should be reached. Another major objective is to delineate who needs radical surgery and why.

09.30 – 09.40 State-of-the-art lecture **Diagnostic dilemmas and risks in testicular cancer**

M. Fode, Herlev (DK)

Aims and objectives

The aim of the talk “Diagnostic dilemmas and risks in testicular cancer” is to provide the audience with an overview of risk factors for testicular cancer, which may warrant an aggressive diagnostic approach in selected patients. The talk will also discuss the risk/benefit profile of such diagnostic measures. Concretely, the talk will touch on the testicular dysgenesis syndrome, cryptorchidism and microlithiasis and the subject of carcinoma In Situ detection by testicular biopsy will be explored.

09.40 – 10.10 Debate **Surveillance for everyone in stage 1 germ cell tumours**

Moderator: M.P. Laguna, Amsterdam (NL)

The oncologist's perspective

R.A. Huddart, Sutton (GB)

The urologist's perspective

S. Krege, Krefeld (DE)

Aims and objectives

Stage I testicular cancer is the paradigm of curable cancer irrespective of the primary treatment policy after orchiectomy. For both seminoma and non-seminoma relapse risk after orchiectomy alone differs depending on the presence or absence of pathological risk factors.

Differences in policy recommendation exist among major guidelines (EAU, NCCN and ESMO). The different policies result in different short and long-term toxicity, follow-up schedules and ultimately costs. While non-risk adapted surveillance emerges as a viable alternative to other alternatives (chemotherapy, NS-RPLND or radiation) mainly because the lesser toxicity, it requires patient's compliance and it is the most costly.

A urologist and an oncologist will expose and debate on the opportunity of treating all Stage I testicular cancer by surveillance.

10.10 - 10.20 **State-of-the-art lecture** **Late morbidity in testicular cancer**

G. Daugaard, Copenhagen (DK)

Aims and objectives

Testicular cancer (TC) represents the most curable solid tumor. The high cure rate is associated with a significant long-term morbidity. Long-term effects after TC treatment can be divided into life-threatening (e.g. like secondary tumours and cardiovascular disease) or effects on single organs like (e.g. nephro-, neuro- and pulmonary toxicity, hypogonadism or decreased fertility). Psychosocial effects are also a major issue, with fatigue, and influence on sexuality, work, cognitive function, quality of life, lifestyle factors, etc. Some of these side-effects will be discussed, with focus on future studies.

10.20 - 11.00 **Case discussion** **Post-chemotherapy surgery**

Moderator: N.W. Clarke, Manchester (GB)

Laparoscopic: How far can you go?

G. Janetschek, Salzburg (AT)

Open: How extensive should it be?

P. Albers, Düsseldorf (DE)

Aims and objectives

To facilitate discussion and understanding of the multi-disciplinary management of bladder cancer in 2013 and beyond.

Abstract Session

09.15 - 10.45 **Partial nephrectomy: Pedicle management**

Room A2

Video session 3

Chairs: M. Musquera Felip, Barcelona (ES)
X. Cathelineau, Paris (FR)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

- V17 Laparoscopic right partial nephrectomy**
M.J. Ribal, L. Peri, T. Vilaseca, M. Musquera (Barcelona, Spain)
- V18 Retroperitoneal approach for arterial micro-dissection in partial nephrectomy without ischemia**
J.A. Peña, J.M. López, P. Gavrilov, E. Emiliani, A. Breda, J. Palou, H. Villavicencio (Barcelona, Spain)
- V19 Nephron-sparing retroperitoneoscopic nephrectomy with “on-demand” selective clamping and early unclamping: The elective technique for posterior tumours**
J.A. Peña, A. De Gracia, A. Wong, P. Gavrilov, A. Breda, J. Palou, H. Villavicencio (Barcelona, Spain)
- V20 Alternative techniques to perform superselective microdissection during unclamped laparoscopic partial nephrectomy**
G. Simone, R. Papalia, M. Ferriero, S. Guaglianone, M. Gallucci (Rome, Italy)
- V21 “Zero ischemia” robot assisted partial nephrectomy for tumors with high nephrometry score**
G. Simone, R. Papalia, M. Ferriero, S. Guaglianone, M. Gallucci (Rome, Italy)
- V22 Clampless laparoscopic partial nephrectomy: Our technique**
I. Kyriazis, P. Kallidonis, V. Panagopoulos, I. Georgiopoulos, J-U. Stolzenburg, E. Liatsikos (Patras, Greece; Leipzig, Germany)
- V23 Zero ischaemia 3D partial nephrectomy**
A. Alcaraz, L. Peri, A. Vilaseca, M. Diaconu, M. Ribal (Barcelona, Spain)
- V24 Laparoscopic partial nephrectomy with “kidney inversion”**
R. Sanseverino, O. Intilla, U. Di Mauro, C. Cicalese, G. Molisso, G. Napodano (Nocera Inferiore, Italy)
- V25 Off-clamp minimally invasive partial nephrectomy: 10-year experience**
G. Simone, R. Papalia, M. Ferriero, S. Guaglianone, M. Gallucci (Rome, Italy)

Abstract Session

09.15 - 10.45

miRNA and novel regulatory molecules in prostate cancer

Room A4

Poster Session 25

Chairs: H.Y. Leung, Glasgow (GB)

S. Perner, Bonn (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: miRNA in prostate cancer

H.Y. Leung, Glasgow (GB)

- * 299 Novel prostate cancer specific transcripts identified using RNA-seq**
A. Ylipää, K.K. Kivinummi, M.J. Annala, K. Kartasalo, L. Latonen, S-P. Leppänen, M. Scaravilli, W. Zhang, T.L.J. Tammela, T. Visakorpi, M. Nykter (Tampere, Finland; Houston, United States of America)
- 300 MicroRNAs regulate functional osteomimicry, promoting prostate cancer-induced bone disease**
S.R. Rao, S.T. Lwin, P. Kratschmer, C. Yapp, J.R. Edwards, F.C. Hamdy, C.M. Edwards (Oxford, United Kingdom)
- * 301 Tumour suppressive microRNA-143/145 cluster inhibits cell migration and invasion by targeting GOLM1 in prostate cancer**
S. Kojima, H. Enokida, H. Yoshino, T. Itesako, T. Chiyomaru, T. Kinoshita, M. Fuse, Y. Goto, R. Nishikawa, Y. Naya, M. Nakagawa, N. Seki (Ichihara, Kagoshima, Chiba, Japan)
- 302 MicroRNA-26a targets the prostate cancer-associated genes AMACR and TRPM8**
K. Kaulke, K. Erdmann, S. Füssel, M.P. Wirth (Dresden, Germany)
- 303 The expression and function of FAM110A in human prostate cancer**
H. Tsuruta, G.W. Verhaegh, J.A. Schalken (Akita, Japan; Nijmegen, The Netherlands)
- 304 Benzyl isothiocyanate induces reactive oxygen species-mediated autophagy and apoptosis in human prostate cancer cells**
T-F. Tsai, J-F. Lin, P-C. Liao, H-E. Chen, Y-C. Lin, K-Y. Chou, T. Hwang (Taipei, Taiwan)
- 305 Differential metabolic effects of medium-chain triglycerides and omega-3 fatty acids in benign and malignant prostate cells – evidence for a ketogenic diet as adjuvant therapy for prostate cancer**
A.D. Düggeger, R. Ramoner, J. Pante, M. Steinmair, H. Klocker (Innsbruck, Austria; Burgstall, Italy)
- 306 Down-regulation and aberrant cytoplasmic expression of GLTSCR2 in prostatic adenocarcinomas**
H-L. Lee, T.S. Choi, K.H. Yoo, G.E. Min, S.H. Lee, S.H. Paick, D-G. Lee (Seoul, South Korea)
- 307 Orthotopic tumorgrafts in nude mice: A new method to study human prostate cancer**
M. Saar, C. Körbel, J. Linxweiler, V. Jung, A. Hasenfus, G. Unteregger, M. Stöckle, M.D. Menger (Homburg, Germany)
- * 308 The role of FSH in castration-induced weight gain and cardiovascular disease: Differences between orchiectomy, GnRH agonists and antagonists**
W.C.M. Duivenvoorden, S. Hopmans, G. Werstuck, J.H. Pinthus (Hamilton, Canada)

- 309 NMR based metabolic analysis of prostate cancer and non-cancerous prostate epithelial cells: The impact of IGF1R and INSR signaling**
[P. Ofer](#), I. Heidegger, S. Hahn, D. Baumstark, H. Klocker, P. Massoner (Innsbruck, Austria; Regensburg, Germany)
- 310 Glycan modification of surface glycoproteins on prostate cancer induces secretion of growth factors via enhanced interaction with prostate stromal cells**
[Y. Tobisawa](#), S. Hatakeyama, T. Okamoto, T. Yoneyama, K. Mori, H. Yamamoto, A. Imai, A. Okamoto, T. Yoneyama, Y. Hashimoto, T. Koie, C. Ohyama (Hirosaki, Japan)

Abstract Session

09.15 - 10.45

Renal tumors: From biopsy to prognosis

Room A8

Poster Session 26

Chairs: U. Capitanio, Milan (IT)

S. Zastrow, Dresden (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

- 311 Multicentre experience of uptake of renal tumour biopsies for small renal masses**
J.R. Bhatt, S. Tanguay, Z. Liu, A. Kapoor, R. Rendon, L. Lacombe, P. Black, S. Pautler, R. Breau, R. Moore, P.O. Richard, M.A.S Jewett, A. Finelli (Toronto, Montreal, Hamilton, Halifax, Quebec City, Vancouver, London, Ottawa, Edmonton, Canada)
- 312 The role of image-guided renal biopsy in managing small renal masses (SMR) across the SWSH cancer network**
R. Zakri, A. Emara, M. Hussain, N. Barber (Surrey, United Kingdom)
- 313 T1a patients with metastatic RCC at diagnosis markedly differ from patients who present with localized malignant SRMs**
J.J. Tomaszewski, R.G. Uzzo, B. Egleston, R. Mehrazin, M.C. Smaldone, D.Y.T. Chen, R. Viterbo, R.E. Greenberg, A. Kutikov (Philadelphia, United States of America)
- 314 Full-core biopsies are superior to standard biopsies for the histological characterization of renal tumors**
A. Volpe, F. Varvello, C. Bozzola, E. Bollito, L. Zegna, P. De Angelis, M. Fusano, G. Martignoni, C. Terrone (Novara, Orbassano, Turin, Verona, Italy)
- 315 Is current staging system accurately predicts survival of stage I and II renal cell carcinoma?**
I. Zelenkevich, O. Sukonko, L. Mirylenka, A. Rolevich, A. Minich (Minsk, Belarus)
- 316 Decision curve analysis and external validation of the postoperative Karakiewicz nomogram for the current TNM classification based on a large single-centre study cohort**
S. Zastrow, S. Brookman-May, I. Von Bar, S. Jurk, V. Novotny, M. Wirth (Dresden, Munich, Germany)
- 317 Prognostic influence of chromophobe subtype and sarcomatoid dedifferentiation in patients with renal cell carcinoma and impact of clinical and histopathological parameters on disease-specific survival in patients with collecting duct renal cell carcinoma (CDRCC): Results of comprehensive analyses of the CORONA and SATURN databases and development of a disease-specific risk-model for CDRCC patients**
S.D. Brookman-May, V. Ficarra, S. Shariat, R. Zigeuner, T. Chromecki, L. Cindolo, S. Gunia, A. Aziz, W. Otto, S. Pahernik, F. Chun, A. Becker, C. Simeone, N. Longo, A. Zucchi, S. Stabiano, C. D'Alterio, C. Gilfrich, L. Schips, O. De Cobelli, S. Joniau, R. Waidelich, M. Pichler, B. Rocco, A. Tubaro, B. Feciche, M. Truss, O. Dalpiaz, S. Zastrow, M. Wirth, M. Santiago Martin, B. Hoshcke, C. Stief, M. May (Munich, Stendal, Regensburg, Heidelberg, Hamburg, Straubing, Dortmund, Dresden, Cottbus, Germany; Padua, Vasto, Brescia, Naples, Perugia, Milan, Rome, Italy; Vienna, Graz, Austria; Leuven, Belgium; Cluj-Napoca, Romania; Madrid, Spain)
- 318 Real-world assessment of renal involvement in tuberous sclerosis complex (TSC) patients in the United Kingdom (UK)**
J.C. Kingswood, D. Demuth, P. Nasuti, L. Lucchese, E. Gray, M. Magestro (Brighton, London, Frimley, United Kingdom; East Hanover, United States of America)

- 319 Renal angiomyolipomas – a study of their natural history**
N.S Kim, [J.R. Bhatt](#), A. Finelli, K. Jhaveri, A. Evans, Y. Pei, P.O. Richard, L. Legere, M.A.S. Jewett (Toronto, Canada)
- 320 High pre-operative monocyte-lymphocyte ratio (MLR) represents a poor prognostic factor in non-metastatic clear cell renal cell carcinoma**
[G.C. Hutterer](#), C. Stoeckigt, T. Stojakovic, J.M. Martín Hernández, K. Eberhard, S. Mannweiler, A. Gerger, K. Pummer, R. Zigeuner, M. Pichler (Graz, Austria)
- 321 Hedgehog pathway biomarkers predict oncologic outcome in clear cell renal cell carcinoma**
[W. Jäger](#), C. Thomas, C. Janßen, M. Hainz, I. Schmidmann, F.C. Roos, J.W. Thüroff, W. Brenner, P.C. Black (Mainz, Germany; Vancouver, Canada)
- 322 U.N.C.I. nephrometry and remaining functional parenchyma as a new tool indicator for partial nephrectomy in RCC**
I. Vitruk, [O. Stakhovskyi](#), O. Voylenko, V. Kotov, O. Gavrylyuk, E. Stakhovsky (Kyiv, Ukraine)
- 323 Serum and urine biomarker profile of kidney injury after (partial) tumor nephrectomy**
[J. Langetepe](#), M. Schmid, B. Schwaiger, R. Tahbaz, S.A. Ahyai, C. Eichelberg, M. Fisch, F.K.H. Chun (Hamburg, Germany)
- 324 Postoperative volume change of contralateral kidney six month after radical nephrectomy as a predictor of renal insufficiency**
[S.R. Lee](#), D.S. Park, Y.K. Hong (Seongnam-si, Gyeonggi-do, South Korea)

Abstract Session

09.15 - 10.45

History of urology

Room A10

Poster Session 27

Chairs: D. Schultheiss, Giessen (DE)

P.M. Thompson, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

- 325 **Abulcasis (936-1013), the great surgeon of Cordova (Al-Andalus), one thousand years after**
L.A. Fariña-Pérez, M. Pérez-Albacete, I. Otero-Tejero (Vigo, Murcia, Guadalajara, Spain)
- 326 **It's a cover-up: The history of foreskin restoration**
K. Pang, J.W.J. Nicholas, S. Miah, R. Wickramarachchi, S. Venugopal, J.W. Catto (Sheffield, Rotherham, United Kingdom)
- 327 **Philipp Bozzini (1773-1809) and his instrument: The Lichtleiter**
G. Bozzini, C. Marengi, S. Maruccia, S. Casellato, E. Finkelberg, M. Picozzi, L. Carmignani (Milan, Italy)
- 328 **The Ellik Evacuator: Evolution in emptying**
A.M. Tasleem, F. Khan, W. Mahmalji, S. Madaan, I. Dickinson, S. Sriprasad (Dartford, United Kingdom)
- 329 **The origin of urodynamics**
A. Alleemudder, Y. Peysakhova, L. Mambu, S. Kulkarni (London, United Kingdom)
- 330 **Joseph-Frédéric-Benoît Charrière - qui est-ce?**
J.K. Badawi (Mannheim/Coburg, Germany)
- 331 **The art of circumcision: From cave paintings to the Guggenheim**
J. Whitburn (Oxford, United Kingdom)
- 332 **The introduction of the cystoscope into the British isles**
J.P. Noel, J.C. Goddard (Leicester, United Kingdom)
- 333 **Professor Stefan Wesołowski (1908-2009): Physician and artist, co-initiator of European and Polish Association of Urology**
S. Poletajew, B. Kuzaka, P. Radziszewski (Warsaw, Poland)
- 334 **BCG in bladder cancer: The morales of the story**
T. Drake, J. Hicks (Chichester, United Kingdom)
- 335 **The regulation of urologists through time: A work in progress**
A.M. Tasleem, M. Hadjipavlou, W. Mahmalji, F. Khan, S. Sriprasad (Dartford, United Kingdom)
- 336 **How British urology got organised - The Royal Society of Medicine and BAUS**
D. Hodgson, J. Coode-Bate, P. Thompson (Portsmouth, London, United Kingdom)
- 337 **Dimitrij Oscarovic Ott (1855-1929): A Russian pioneer of laparoscopy and NOTES**
M. Hatzinger, A. Fesenko, M. Sohn (Frankfurt, Germany)
- 338 **Percutaneous nephrostomy: From inadvertent renal puncture to PCNL**
F. Al Jaafari, A. Christofides, P. Kumar, M.A.W. Miller, J.D. Beatty (Northampton, Preston, United Kingdom)

Abstract Session

09.15 - 10.45 **Prognostic biomarkers in prostate cancer**

Room A11

Poster Session 28

*Chairs: F.K-H. Chun, Hamburg (DE)
N. Suardi, Milan (IT)*

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

- 339 A head to head comparison between a 4-kallikrein panel and a [-2]proPSA derivative model**
T. Nordström, A.J. Vickers, H.G. Lilja, H. Grönberg, M. Eklund (Stockholm, Sweden; New York, San Francisco, United States of America)
- 340 Variability of prostate cancer gene 3 (PCA3) score on repeated measures over time: A first report**
S. De Luca, C. Fiori, R. Passera, S. Cappia, E. Bollito, M. Papotti, D.F. Randone, F. Porpiglia (Orbassano, Turin, Italy)
- 341 Accuracy of p2PSA and derivatives (%p2PSA and PHI) in predicting prostate cancer in obese men from a multicenter European study**
A. Abrate, M. Lazzeri, N. Buffi, A. Haese, A. De La Taille, T. McNicholas, J. Palou Redorta, G. Lughezzani, G.M. Gadda, G. Lista, E. Kinzikeeva, N. Fossati, A. Larcher, P. Dell'Oglio, F. Mistretta, V. Bini, M. Freschi, M. Graefen, G. Guazzoni (Milan, Perugia, Italy; Hamburg, Germany; Creteil, France; Stevenage, United Kingdom; Cartagena, Spain)
- 342 Serum fucosylated haptoglobin as a novel prognostic biomarker predicting prostate cancer with Gleason score 7 or more**
K. Fujita, M. Shimomura, M. Uemura, Y. Nakai, A. Nagahara, W. Nakata, M. Sato, E. Miyoshi, N. Nonomura (Suita, Osaka, Japan)
- 343 Optimizing use of PCA3 in initial prostate biopsy: External validation of a proposed nomogram and proposal for a new system to choose cut-off points in nomograms**
J. Rubio Briones, A. Borque, L. Esteban, J. Casanova, A. Fernández-Serra, I. Casanova-Salas, J. Dominguez-Escrig, M. Ramírez-Backhaus, A. Collado, A. Gómez-Ferrer, I. Iborra, J.A. López-Guerrero, G. Sanz, E. Solsona (Valencia, Zaragoza, Spain)
- 344 Prognostic utility of the cell cycle progression (CCP) score generated from needle biopsy in men treated with prostatectomy**
J.T. Bishoff, S.J. Freedland, L. Gerber, P. Tennstedt, W. Welbourn, J.E. Reid, M. Graefen, Z. Sangale, E. Tikishvili, J. Park, A. Younus, A. Gutin, J. Lanchbury, G. Sauter, M.K. Brawer, S. Stone, T. Schlomm (Murray, Durham, Salt Lake City, United States of America; Hamburg, Germany)
- 345 ERG-expression is an independent predictor of disease progression during active surveillance**
K.D. Berg, B. Vainer, F.B. Thomsen, M.A. Røder, B.G. Toft, K. Brasso, P. Iversen (Copenhagen, Denmark)
- 346 KLK3, PCA3 and TMPRSS2-ERG expression in peripheral blood mononuclear cells from castration-resistant prostate cancer patients and response to docetaxel treatment**
S. Dijkstra, G.H.J.M. Leyten, S.A. Jannink, H. De Jong, P.F.A. Mulders, I.M. Van Oort, J.A. Schalken (Nijmegen, The Netherlands)
- 347 Urinary PCA3 urine in patients with a first negative prostate biopsy: 5-year follow-up**
T. Charles, G. Fromont-Hankard, J. Irani (Poitiers, Tours, France)

- 348 Panel of molecular markers for prostate cancer diagnosis**
O.I. Apolikhin, A.V. Sivkov, S.E. Severin, N.G. Keshishev, [O.V. Shkabko](#), G.A. Kovchenko (Moscow, Russia)
- 349 MicroRNAs in urine microvesicles for non-invasive detection of prostate cancer**
I.V. Bijnsdorp, A.A. Geldof, L. Rozendaal, O. Krijnsing, D. Koppers-Lalic, T. Würdinger, M. Pegtel, [R.J.A. Van Moorselaar](#) (Amsterdam, The Netherlands)
- 350 Urinary detection of a five-gene expression signature for the non-invasive diagnosis of prostate cancer**
[L. Mengual](#), J.J. Lozano, M. Ingelmo-Torres, L. Izquierdo, M. Ribal, A. Alcaraz (Barcelona, Spain)
- 351 QUATTRO, a four gene prognostic biomarker panel for prostate cancer**
[G.H.J.M. Leyten](#), D. Hessels, S.A. Jannink, F.P. Smit, H. De Jong, W.J.G. Melchers, E.B. Cornel, T.M. De Reijke, H. Vergunst, P. Kil, B.C. Knipscheer, C.A. Hulsbergen-Van De Kaa, P.F.A. Mulders, I.M. Van Oort, J.A. Schalken (Nijmegen, Hengelo, Amsterdam, Tilburg, Emmen, The Netherlands)
- 352 Prostate health index predicts biochemical recurrence in patients with organ-confined prostate cancer treated with radical prostatectomy**
[G. Lughezzani](#), M. Lazzeri, A. Abrate, E. Kinzikeeva, A. Mistretta, N. Buffi, G. Lista, A. Larcher, N. Fossati, G.M. Gadda, P. Dell'Oglio, G. Guazzoni (Milan, Italy)

Abstract Session

09.15 - 10.45 **Focal therapy for prostate cancer: New insights**

Room K1

Poster Session 29

Chairs: A. Bossi, Villejuif (FR)

L. Klotz, Toronto (CA)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Focal therapy: Ready for prime time?

L. Klotz, Toronto (CA)

- * 353 **Report from an international consensus meeting on focal therapy**
I.A. Donaldson, C.M. Moore, S. Willis, J. Van Der Meulen, M. Emberton, H.U. Ahmed (London, United Kingdom)
- 354 **Focal therapy in prostate cancer - international multidisciplinary consensus on trial design**
W. Van Den Bos, B.G. Muller, H. Ahmed, C.H. Bangma, E. Barret, S. Crouzet, S.E. Eggener, I.S. Gill, S. Joniau, G. Kovacs, S. Pahernik, J. De La Rosette, O. Rouvière, G. Salomon, J.F. Ward, P.T. Scardino (Amsterdam, Rotterdam, The Netherlands; London, United Kingdom; Paris, Lyon, France; Chicago, Los Angeles, Houston, New York, United States of America; Leuven, Belgium; Lübeck, Heidelberg, Hamburg, Germany)
- 355 **Topographical risk stratification of undertreatment in focal therapy for prostate cancer: Mid-apical biopsy compensates for MRI underdiagnosis**
Y. Matsuoka, N. Numao, K. Saito, H. Tanaka, T. Kijima, Y. Nakanishi, S. Yoshida, J. Ishioka, Y. Fujii, K. Kihara (Tokyo, Japan)
- 356 **Pathological findings in single core low risk prostate cancer with stringent criteria: Implications for focal therapy**
L.I. Fumadó, A. Ubré, S. Henao, J.A. Lorente, N. Juanpere, O. Arango (Barcelona, Spain)
- 357 **Can MRI improve selection of patients eligible for focal therapy in localized prostate cancer ?**
R-E. Berg, E. Rud, D. Klotz, E. Lundebj, K. Rennesund, L.M. Diep, E. Baco, L.M. Eri, H. Eggesbø, V. Berge (Oslo, Norway)
- 358 **Focal therapy with HIFU for localized prostate cancer: A prospective multicentric study**
P. Rischmann, L. Hoquetis, S. Crouzet, G. Pasticier, A. Villers, A. Gelet (Toulouse, Lyon, Bordeaux, Lille, France)
- 359 **Clinically significant prostate cancer in contralateral lobe of patients with unilateral tumour in extended biopsy: Implications for focal therapy**
L.I. Fumadó, A. Ubré, J.A. Lorente, N. Juanpere, A. Francés, O. Arango (Barcelona, Spain)
- 360 **A prospective analysis of the effects of focal therapy for prostate cancer on erectile function**
T.L. Yap, H. Ahmed, R. Hindley, N. McCartan, C. Handalage, L. Dickinson, S. Charman, M. Emberton, S. Minhas (London, Winchester, United Kingdom)
- 361 **A pilot study assessing the toxicity profile of irreversible electroporation in the focal treatment of prostate cancer**
M. Valerio, P.D. Stricker, H.U. Ahmed, L. Ponsky, C. Allen, L. Dickinson, M. Emberton (London, United Kingdom; Sydney, Australia)

- * 362 **Irreversible electroporation for prostate cancer: In vivo effect characterization and numerical simulation**
R.E. Neal 2nd, P. Royce, J.L. Millar, H. Kavnoudias, F. Rosenfeldt, A. Pham, R. Smith, R.V. Davalos, K.R. Thomson (Melbourne, Australia)
- 363 **Oncologic outcomes and morbidity in patients with prostate cancer underwent cryotherapy**
G. Mucciardi, S. Butticè, A. Inferrera, A. Di Benedetto, C.E. D'Amico, G. Muscarà, C. Lucan, M. Lucan, A. Barbos, I. Gheorghita, C. Magno (Messina, Italy; Cluj-Napoca, Romania)

Abstract Session

09.15 - 10.45

Shooting at new targets in bladder overactivity and underactivity

Room K2

Poster Session 30

Chairs: S. Egawa, Tokyo (JP)

G. Van Koeveringe, Maastricht (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Introduction on the session topic

G. Van Koeveringe, Maastricht (NL)

- * 364** **URB937, a peripherally-restricted inhibitor of fatty acid amide hydrolase, reduces prostaglandin E2-induced hyperactivity of bladder mechanosensitive nerve fibers in rats**
N. Aizawa, P. Hedlund, Y. Homma, Y. Igawa (Tokyo, Japan; Milan, Italy)
- * 365** **Purinergic transmission via P2Y6 receptors plays an essential role in bladder storage function in mice**
S. Kira, M. Yoshiyama, T. Miyamoto, H. Nakagomi, T. Mochizuki, E. Shigetomi, S. Koizumi, M. Takeda (Chuo, Japan)
- 366** **F16357 regulates in vitro bladder contractility mediated by Protease Activated Receptors**
N. Monjotin, C. Gourdon, J. Passet, B. Le Grand, D. Junquero (Castres, France)
- 367** **Inhibition of Piezo1 in bladder urothelium: A potential therapy for overactive bladder**
T. Miyamoto, H. Nakagomi, T. Ihara, S. Kira, T. Mochizuki, S. Koizumi, M. Tominaga, M. Takeda (Chuo, Yamanashi, Okazaki, Japan)
- 368** **Impaired cholinergic excitatory neurotransmission of bladder in a model of insulin-resistant obese rat**
A.S. Ribeiro, I.B. Blaha, V.S. Fernandes, D. Serrano-Margüello, A. Martínez-Sáenz, P. Recio, D. Vázquez-Alba, S. Bustamante, J. Carballido, A. García-Sacristán, D. Prieto, M. Hernández (Madrid, Majadahonda, Madrid, Spain)
- * 369** **Expression of monoacylglycerase (MAGL) in the human lower urinary tract: A new target for intervention into the endocannabinoid system?**
A. Schreiber, F. Strittmatter, B. Rutz, M. Hennenberg, C. Stief, C. Gratzke (Munich, Germany)
- 370** **The role of the prostaglandin E type 3 (EP3) receptor in modulating muscarinic induced contractions**
R. Hohnen, C. Meriaux, F. Raven, G.A. Van Koeveringe (Maastricht, The Netherlands)
- 371** **Selective inhibitory effect of 5-hydroxymethyl tolterodine (5-HMT), an active metabolite of fesoterodine, on capsaicin-sensitive C-fibers among the primary bladder mechanosensitive afferent nerves in the rat**
N. Aizawa, Y. Homma, Y. Igawa (Tokyo, Japan)
- 372** **FAAH inhibition reverses bladder hyperactivity and pain induced by cystitis through a CB1 dependent mechanism**
A. Charrua, I. Nagy, F. Cruz (Porto, Portugal; London, United Kingdom)
- 373** **Identification of 2 distinct populations of interstitial cells in the lamina propria of the human bladder**
T. Gevaert, F. Van Der Aa, J. Franken, T. Roskams, D. Daelemans, E. Vanstreels, D. De Ridder (Leuven, Belgium)

- 374 DFL23448, a novel TRPM8-selective ion channel antagonist, modifies bladder function and reduces bladder overactivity in awake rats**
F.A. Mistretta, A. Russo, F. Castiglione, L. Brandolini, A. Aramini, G. Bianchini, F. Benigni, P. Hedlund (Milan, L'Aquila, Italy; Linköping, Sweden)
- 375 Clock gene Rev-erb β competes with Rev-erb α for transactivation of the connexin43 gene expression, coding a gap-junction protein in urinary bladder**
H. Negoro, A. Kanematsu, T. Okinami, M. Imamura, Y. Tabata, O. Ogawa (Kyoto, Hyogo, Japan)

Abstract Session

09.15 - 10.45

All about SUI and POP

Room T1

Poster Session 31

Chairs: B. Cetinel, Istanbul (TR)

D.A.O. Waltregny, Liège (BE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

Introduction on the session topic

D.A.O. Waltregny, Liège (BE)

- 376 The prognostic value of the cough test in patients suffering from pelvic organ prolapse**
G.R. Kasyan, N.V. Tupikina, M.Y. Gvozdev, A.V. Glotov, D.Y. Pushkar (Moscow, Russia)
- 377 Follow up for urinary continence after pelvic organ prolapse repair**
G.R. Kasyan, N.V. Tupikina, M.Y. Gvozdev, A.V. Glotov, D.Y. Pushkar (Moscow, Russia)
- 378 High bilateral cervicosacropepy in "W-Technique" with an MRI visible textile implant for the correction of pelvic organ prolapse in single incision technique**
J. Neymeyer, A. Patrick, J. Noether, S. Weinberger, K. Miller (Berlin, Germany)
- 379 Long-term efficacy and safety of pelvic organ prolapse (POP) treatment with tension-free vaginal mesh**
M.A. Rodriguez Cabello, I. Laso García, A. Orosa Andrada, D. Carracedo Calvo, J.M. Gómez De Vicente, L. López-Fando Lavalle, M.A. Jiménez Cidre, F.J. Burgos Revilla (Madrid, Spain)
- 380 Nationwide trends in mesh-based repair for elderly patients with pelvic organ prolapse**
T. Schubert, M.A. Laudano, F. Zhao, B. Chughtai, R.K. Lee (New York, United States of America)
- 381 Are older women more likely to receive less invasive surgical options for stress urinary incontinence since the introduction of the mid urethral sling?**
W.R. Gibson, A.S. Wagg (Edmonton, Canada)
- 382 Are the outcomes of transobturator tape procedure for female stress urinary incontinence durable in long term follow up?**
T. Yonguc, B. Gunlusoy, T. Degirmenci, Z. Kozacioglu, I.H. Bozkurt, B. Arslan, S. Minareci, Y. Yilmaz (Izmir, Turkey)
- 383 Sonography tape characteristic and incontinence outcome after trans-obturator tape (TOT) surgery**
E. Costantini, E. Salvini, A. Pietropaolo, F. Quadri, M. Di Biase, V. Bini, M. Del Zingaro (Perugia, Italy)
- 384 How strong an anchoring system to the sacrospinous ligament should be for apical correction?**
P. Palma, C. Riccetto, S. Altuna, C. Sarsotti (Campinas, Brazil)
- 385 Stress urinary incontinence: Monarc™ versus miniarc®**
F. Castroviejo Royo, L.A. Rodríguez Toves, J.M. Martínez-Sagarra Ocea, C. Conde Redondo, C. Marina García-Tuñón, B. De La Cruz Martín, A. Tapia (Valladolid, Spain)
- 386 Urodynamics useless before surgery for female stress urinary incontinence: Are you sure? Results from a multicenter single nation database**
E. Finazzi Agrò, E. Costantini, A. Pietropaolo, G. Palleschi, A. Carbone, L. Topazio, M. Soligo, G. Del Popolo, V. Li Marzi, S. Salvatore, M. Serati (Rome, Perugia, Latina, Milan, Florence, Varese, Italy)

387 Ambulatory urodynamics in clinical practice: A single centre experience

[J.P. Williams](#), W. Bevan, J. Ellis-Jones, H. Hashim (Bristol, United Kingdom)

388 Can we predict urgency after anti-incontinence surgery? A potential role for neurotrophins and Qmax variation

[T. Antunes-Lopes](#), D. Costa, R. Pinto, S. Carvalho-Barros, C. Martins-Silva, C. Duarte-Cruz, F. Cruz (Porto, Portugal)

Abstract Session

09.15 - 10.45 **Imaging and minimally invasive surgery in retroperitoneal tumours**

Room C6

Poster Session 32

*Chairs: J.M. De La Morena Gallego, Madrid (ES)
D. Yates, Sheffield (GB)*

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- 389 **Dual modality imaging of clear cell renal cell carcinoma using dual-label anti-Carbonic Anhydrase IX antibody ¹¹¹Indium-G250-IRDye800CW**
C.H.J. Muselaers, M.J.P. Rijpkema, D.L. Bos, E. Oosterwijk, J.F. Langenhuijsen, W.J.G. Oyen, O.C. Boerman, P.F.A. Mulders (Nijmegen, The Netherlands)
- 390 **CAD software BONENAVI for bone scintigraphy is a useful tool in renal cell carcinoma patients**
M. Uemura, A. Nagahara, K. Fujita, Y. Nakai, N. Nonomura (Suita, Japan)
- 391 **Diagnosis of renal tumours by in vivo proton magnetic resonance spectroscopy**
S. Sevcenco, M. Krssak, D. Javor, L. Ponhold, G. Heinz-Peer, F. Kuehhas, H. Fajkovic, F. Shariat, P. Baltzer (Vienna, Austria)
- 392 **Role of MRI in indeterminate renal mass: Diagnostic accuracy and impact on clinical decision making**
T. Kwon, I.G. Jeong, D. You, B. Lim, K-S. Han, D. Lee, C. Lee, S. Hong, J.H. Hong, M-S. Choo, H. Ahn, C-S. Kim (Seoul, Cheonan, South Korea)
- * 393 **Effectiveness of contrast enhanced ultrasonography in the assesment of renal masses**
S. Alvarez Rodríguez, E. Sanz Mayayo, L. López- Fando Lavalle, R. Rodríguez-Patrón Rodríguez, F. Arias Fúnez, V. Hevia Palacios, F.J. Burgos Revilla (Madrid, Spain)
- 394 **Role of Positron Emission Tomography/Computed Tomography (PET/CT) in the evaluation of the metastatic adrenal masses**
O. Kaygisiz, G. Ozmerdiven, Y. Kordan, B. Coskun, H. Vuruskan, I. Yavascaoglu (Bursa, Turkey)
- * 395 **Laparoscopic partial adrenalectomy for aldosterone producing adenoma diagnosed by super-selective ACTH-stimulated adrenal venous sampling**
A. Okato, S. Kamada, K. Nozumi, K. Miyazaki, A. Inoue, H. Kitoh, M. Nagata, J. Saito, M. Omura, T. Nishikawa, S. Matsui, K. Makita (Yokohama, Tokyo, Japan)
- 396 **Laparoendoscopic single-site adrenalectomy by using internal organ retractor system: Initial comparative study**
K.J. Ko, S.H. Choo, T.S. Kim, H.S. Ryoo, S.J. Shin, U. Jeong, B.C. Jeong, D.H. Han (Seoul, South Korea)
- 397 **Mini-retroperitoneoscopic adrenalectomy: Experience after 50 procedures**
C. Fiori, G. Cattaneo, R. Bertolo, M. Manfredi, F. Mele, D. Garrou, D. Amparore, A. Di Stasio, S. De Luca, F. Porpiglia (Orbassano (Turin), Italy)
- * 398 **Evaluation of severe complications of laparoscopic adrenalectomy in a series of 332 procedures**
G. Crenn, J.B. Beauval, P. Caron, A. Bennet, B. Chamontin, J. Amar, B. Duly Bouhanick, P. Rischmann, M. Soulie, E. Huyghe (Toulouse, France)

- 399 Comparison of 2 laparoscopic approaches of adrenalectomy**
G. Crenn, J.B. Beauval, P. Caron, A. Bennet, B. Chamontin, J. Amar, B. Duly Bouhanick, P. Rischmann, M. Soulie, [E. Huyghe](#) (Toulouse, France)
- 400 Aortic calcification index (ACI) of the patients with primary aldosteronism (PA) is an independent predictor of hypertensive status at 1 year after laparoscopic adrenalectomy (LA)**
[H. Yamamoto](#), H. Murasawa, N. Tokui, T. Okamoto, K. Imanishi, Y. Tobisawa, T. Yoneyama, A. Imai, S. Hatakeyama, T. Yoneyama, K. Mori, Y. Hashimoto, T. Koie, Y. Terayama, T. Nigawara, C. Ohyama (Hiroshima, Japan)
- 401 Single-institutional operative data from 40 robot-assisted adrenalectomies**
[K.A. Probst](#), M. Janssen, J. Kamradt, C-H. Ohlmann, S. Siemer, M. Stöckle (Homburg/Saar, Germany; Berne, Switzerland)

Thematic Session 1

11.00 - 12.00 Prostate biopsy and imaging

eURO Auditorium

Chair: X. Cathelineau, Paris (FR)

11.00 - 11.15

Histoscanning

P. Macek, Prague (CZ)

Aims and objectives

Imaging of prostate has changed during the past few years from simple discrimination of anatomical details into attempts for better understanding of tissue quality in order to detect prostate cancer. This can be accomplished by various methods and histoscanning is one of them. The presentation is aimed at summarising of current knowledge this tissue characterisation technique, its potentials, current limitations and future prospects. Following this activity, the audience should be able to understand its role for the diagnosis of prostate cancer.

11.15 - 11.30

Saturation biopsies

V. Scattoni, Milan (IT)

Aims and objectives

The concept of increasing the number of cores has led to the idea of 'saturation' biopsy (SPBx), in which 20 or more cores are taken in a systematic fashion. Despite the fact that the mean cancer detection rate considerably increases with an increasing number of cores, the cancer DR varies considerably according to the different combination of sites considered at a given number of cores.

There is sufficient evidence in the literature that SPBx is not necessary in the initial setting, while patients with a prior negative PBx and/or with a persistent suspicion of PCa should be considered for a repeated SPBx, with a DR being approximately 30%, regardless of the type of previous biopsy scheme.

Furthermore, SPBx might be performed in patients who are candidates for an active surveillance protocol, in order to verify the extent and grade of the Pca.

11.30 - 11.45

Targeted biopsies

P.C. Mozer, Paris (FR)

Aims and objectives

TRoutine trans-rectal ultrasound(TRUS)-guided biopsies have low accuracy in the diagnosis of significant localised prostate cancer (PCa). MRI Targeted biopsies with image fusion can improve this accuracy.

The aim of this presentation is to understand how image fusion works and to know what is the results of First round of trans-rectal targeted biopsies with magnetic resonance versus conventional ultrasound-guided biopsies for the diagnosis of localised prostate cancer.

11.45 - 12.00

Associated abstract presentations

947

A prospective comparison of transrectal ultrasound biopsy with an MRI based diagnostic strategy in men with suspicion of prostate cancer

M.R. Pokorny, L. Thompson, R. Parkinson, J. Barentsz, M. De Rooij, E. Duncan, F. Schroder (Brisbane, Australia; Nijmegen, Rotterdam, The Netherlands)

957

Role of repeat 3T multiparametric MR imaging and MR-guided biopsy versus repeat TRUS-guided biopsies after 1 year follow-up in low-risk prostate cancer patients in an active surveillance protocol

E.H.J. Hamoen, C. Hoeks, D.M. Somford, I.M. Van Oort, C.A. Hulsbergen-Van De Kaa, H. Vergunst, J.R. Oddens, G.A. Smits, C.H. Bangma, J.O. Barentsz, J.A. Witjes (Nijmegen, Den Bosch, Arnhem, Rotterdam, The Netherlands)

Thematic Session 2

11.00 - 12.00 **New technologies: Star Trek in urology**

Room A2

Chair: A. Mottrie, Aalst (BE)

11.00 - 11.15 **Surgical robots and simulator training**
P. Dasgupta, London (GB)

Aims and objectives

This lecture will focus on the evolving role of simulation in the training of robotic surgeons. It will highlight not just the tools available but also the underpinning scientific evidence. The new concept of igloo based distributed simulation combining both technical and non-technical skills training will be presented. Finally the ERUS and international curricula in robotic training will be of considerable benefit for aspiring robotic surgeons.

11.15 - 11.30 **Surgical navigation for diagnosis and treatment**
J. Stallkamp, Mannheim (DE)

Aims and objectives

There is much more urological intervention technology available today. The use of this technology enables new medical methods as well as increased efficiency. These technologies could cause deep changes for the interventional process, e.g. using automation solutions, and sometimes higher costs. This lecture tries to give an overview from the view of an engineer about future technical scopes and risks.

11.30 - 11.45 **From molecular medicine to molecular surgery**
R. Satava, Seattle (US)

Aims and objectives

Since antiquity, "Man is the Measure of All Things". That is changed, and we now are exploring cells, genes and molecules. My internist asks questions about P53, TOL receptor, IL8 and I respond kidney, bladder and prostate. However the tools to move surgery from the macro to the molecular scale are now available, and one new opportunity is to move surgery to the cellular and molecular level. The aim is to explore the technologies that will make this possible and the objectives are to look at the new concepts of cellular and molecular surgery, examine the technologies that will enable this capability, explore possible clinical applications and place this innovation in the context of a much larger surgical revolution - Directed Energy Surgery.

11.45 - 12.00 **Associated abstract presentations**

1075 **IPad guided puncture of the kidney - evaluation with an ex vivo modell**

M-C. Rassweiler, J. Klein, M. Müller, H-P. Meinzer, J. Rassweiler (Mannheim, Heilbronn, Heidelberg, Germany)

1133 **MRI-guided transurethral ultrasound ablation of prostate cancer: Preliminary outcomes of a phase I clinical trial**

M. Billia, M. Burtnyk, T. Kuru, S. Pahernik, M. Roethke, H.P. Schlemmer, C. Romagnoli, J. Chin (London, Toronto, Canada; Heidelberg, Germany)

Thematic Session 3

11.00 - 12.00 EAU Guidelines Office: Challenge the EAU guidelines

Room A4

Chairs: J. N'Dow, Aberdeen (GB)
K.F. Parsons, Liverpool (GB)

11.00 - 11.04 **Introduction**
K.F. Parsons, Liverpool (GB)

11.04 - 11.22 **BCG management or not**

11.04 - 11.07 **Pro BCG**
R.J. Sylvester, Brussels (BE)

11.07 - 11.10 **Contra BCG**
G.N. Thalmann, Berne (CH)

11.10 - 11.16 **Voting**

11.16 - 11.22 **Discussion**

11.22 - 11.40 **Lower pole stones: ESWL or RIRS**

Moderator: C. Türk, Vienna (AT)

11.22 - 11.24 **Introduction**
C. Türk, Vienna (AT)

11.24 - 11.29 **pro RIRS**
T. Knoll, Sindelfingen (DE)

11.29 - 11.34 **pro ESWL**
A. Petřík, České Budějovice (CZ)

11.34 - 11.37 **Voting**

11.37 - 11.40 **Discussion**

11.40 - 11.55 **Lessons learnt from mass casualties**
D.M. Sharma, London (GB)

11.55 - 12.00 **Wrap up**
K.F. Parsons, Liverpool (GB)

Aims and objectives

The EAU Guidelines session this year covers a range of topics with the opportunity for the audience to challenge the guidelines. The session is structured as a point/counterpoint debate by 2 experts in the field of intra-vesical therapy for bladder cancer, and the management of lower pole stones. A keypad voting system will allow the audience to express their views.

The third presentation will be in an area of which few have experience, yet sadly we are all might encounter at any time wherever we practice urology. We hope therefore that it will be both informative and helpful for everyone.

Thematic Session 4

11.00 - 12.00 Management of surgical complications

Room A8

Chair: J. Rassweiler, Heilbronn (DE)

11.00 - 11.15 Iatrogenic urethral injuries
K-D. Sievert, Tübingen (DE)

11.15 - 11.30 Post-operative ileus
R.F. Van Velthoven, Brussels (BE)

Aims and objectives

This session will focus on four well-known complications following open, robotic, laparoscopic and endourologic surgery. The speaker will update on diagnosis and management of postoperative ileus and its prevention during procedures. Additionally, there will be enough time for interactive discussion of the presented concepts. Delegates are welcome to actively participate in this session.

11.30 - 11.45 Bleeding after nephron-sparing surgery
A. Breda, Barcelona (ES)

11.45 - 12.00 Bladder perforation during transurethral section (TUR)
M. Brausi, Modena (IT)

Aims and objectives

The aim and objective of the presentation are to illustrate the possible complications after TUR of bladder tumors. Possible solutions will be also proposed.

Thematic Session 5

11.00 - 12.00 **Paediatric urology**

Room A10

Chair: W.F.J. Feitz, Nijmegen (NL)

11.00 - 11.20 Genetic aspects of congenital urological anomalies
A. Nordenskjöld, Stockholm (SE)

11.20 - 11.35 Update on minimally-invasive treatments in children
R. Subramaniam, Leeds (GB)

Aims and objectives

The aim is to present an update on minimally invasive Paediatric Urology. I will discuss the status of robotic procedures within paediatric urology and look at the future. The objectives are to look at the indications, range of procedures carried out by the minimally invasive approach, outcomes and cost effectiveness of this treatment modality. We will also look at the training aspects of this approach.

11.35 - 11.50 Modern stone management in children
E.H. Landau, Jerusalem (IL)

Aims and objectives

Extracorporeal Shock Wave Lithotripsy (SWL) has been the standard treatment modality for upper tract pediatric calculus disease for more than three decades. Technological advances in pediatric endoscopes, including miniaturisation and increased sophistication, have made percutaneous nephrolithotomy (PCNL) and ureteroscopy (URS) viable alternatives. Currently, SWL is recommended for renal stones < 15 mm. However, for many pediatric urologists SWL and URS are equally effective and safe in the management of ureteral and renal stones. Stones with large burden, or staghorn calculi should be treated with PCNL, eliminating the necessity for open surgery. Each of the three modalities has its advantages and limitations. Hand- and robotic- laparoscopy are evolving as alternatives for large renal stones.

11.50 - 12.00 EAU Guidelines snapshot [Vesicoureteral reflux](#)
S. Tekgül, Ankara (TR)

Aims and objectives

The talk will aim to present the current understanding and approach of VUR patients as regards to risk analysis as outlined in EAU Guidelines.

Thematic Session 6

11.00 - 12.00 **Transplant surgery techniques applied to urology**

Room A11

Chair: M-O. Grimm, Jena (DE)

11.00 - 11.15 **Learning from multi-organ donor surgery**
A.J. Figueiredo, Coimbra (PT)

Aims and objectives

Multi-organ donor harvesting constitutes an unmatched setting for improving skills in abdominal and retroperitoneal surgery. With the support of videos from donor surgeries, this lecture will highlight in a detailed manner all the anatomical landmarks of the abdominal cavity, including accessing the retroperitoneum, controlling the major vessels and exposing all organs. Major steps needed to control the hepatic hilum, the supra celiac aorta or the suprahepatic cava, among others, will be demonstrated. Being familiar with these techniques is invaluable for performing major urological surgeries, like excision of retroperitoneal tumours and of renal cancers extending into the vena cava.

11.15 - 11.30 **Transplant techniques for urological tumours**
G. Ciancio, Miami (US)

Aims and objectives

Surgical resection provides the only reasonable chance for cure for large urological tumours with or without a tumour thrombus extending into the inferior vena cava and/or right atrium. Although, this is a relatively unusual circumstance it represents a challenge to the surgical team. The presentation describes techniques to safely resect these tumours through a transabdominal approach exposing the retrohepatic and intrapericardial inferior vena cava and atrium without recourse to cardiopulmonary bypass or entry into the thoracic cavity.

11.30 - 11.45 **Vascular surgery based on renal transplant experience**
M. Musquera Felip, Barcelona (ES)

11.45 - 12.00 **Associated abstract presentations**

1012 **Double kidney transplantation with organs from expanded criteria donors: Review of our series and an update of current indications**

J. Medina-Polo, M. Pamplona-Casamayor, N. Miranda-Utrera, E. González-Monte, I.A. Ospina-Galeano, F. Guerrero-Ramos, A. Andrés-Belmonte, R. Díaz-González (Madrid, Spain)

1017 **Minimally invasive living donor nephrectomy**

A. Vilaseca Cabo, M. Musquera, L. Peri Cusi, V. Tobar, L. Romeo, M.J. Ribal, J. Huguet, R. Alvarez-Vijande, A. Alcaraz (Barcelona, Spain)

Thematic Session 7

11.00 - 12.00 European Society of Surgical Oncology (ESSO) session: Recurrent pelvic cancer: What are urological challenges?

Room K1

Chair: T.M. De Reijke, Amsterdam (NL)



11.00 - 11.20 What are the urological options to preserve the best quality of life?
M. Kuczyk, Hanover (DE)

11.20 - 11.40 Recurrent gynaecological cancer: A gynaecological oncologists' approach to urological surgery
R. Naik, Newcastle (GB)

Aims and objectives

The aims of this presentation are to provide the delegates with an understanding of the surgical treatments available for recurrent gynaecological cancers and its impact on urological surgery.

11.40 - 12.00 Local recurrence of rectal cancer: Borders and limits
T. Wiggers, Groningen (NL)

Aims and objectives

The aim of this presentation is to give urologists a better understanding of the clinical behavior and treatment of locally advanced and recurrent rectal cancer. Imaging and knowledge of the surgical anatomy including the splanchnic nerves is mandatory. Pretreatment with chemoradiation has become standard in rectal cancer. The close relation of the urogenital organs to the rectum is the challenge between colorectal surgeons and urologists. Special attention will be paid to the biological behavior of rectal cancer (limits) and the technical possibilities (borders).

Thematic Session 8

11.00 - 12.00 A joint session with the European Society of Urogenital Radiology (ESUR) and the EAU

Room K2



*Chairs: B. Djavan, Vienna (AT)
G. Heinz-Peer, Saint Poelten (AT)*

11.00 - 11.20 Radiologic interventions in GU
J. Kettenbach, Saint Poelten (AT)

Aims and objectives

Interventional uro radiology (IUR) covers a wide variety of minimally invasive procedures to treat problems that affect the kidney, bladder, ureter and testes. Most commonly IUR is involved in trauma, since the kidney is the third most common abdominal organ to be injured.

Furthermore percutaneous ablation techniques can be applied to treat tumours non-surgically.

Finally, catheter directed embolisation can be applied for treatment of renal tumour as well as benign prostate hyperplasia or pelvic venous congestion.

In this presentation the following topics will be provided:

- * Systematic approach to the radiologic evaluation of the urologic tract and the treatments offered by IUR for trauma cases involving kidney, ureters, urinary bladder and urethra
- * Catheter directed embolisation and percutaneous ablation of renal tumour

11.20 - 11.40 PET-CT and DWI in GU oncology
G. Heinz-Peer, Saint Poelten (AT)

Aims and objectives

This lecture will give an overview of the new imaging techniques PET-CT and DWI – MR which are increasingly used in GU oncology. Some basic technical details as well as the strengths and limitations according evaluation of different GU tumours will be presented.

- To introduce knowledge on the new imaging techniques PET-CT and diffusion weighted MRI
- To enlighten the role of these techniques in various GU tumours
- To show how to differentiate between benign and malignant tumours
- To present various case examples

11.40 - 12.00 Multiparametric MRI in prostate cancer - An update
G. Villeirs, Ghent (BE)

Aims and objectives

During this lecture, both morphologic and functional MRI-techniques (diffusion-weighted imaging, perfusion imaging and spectroscopy) will be explained, with reference to their indications and diagnostic performance. Their combined use, denoted as multiparametric MRI, will be discussed in the setting of a patient with increased PSA with or without prior negative biopsy.

Thematic Session 9

11.00 - 12.00 **The brain is the future: Neurourology**

Room T1

Chair: D.J.M.K. De Ridder, Leuven (BE)

11.00 - 11.15 The brain and the bladder: Physiology
K-E. Andersson, Aarhus N (DK)

Aims and objectives

Normal urinary function is dependent on a complex hierarchy of central nervous system (CNS-) regulation, consisting of handling of peripherally generated afferent activity, suprapontine inhibition of the pontine micturition center (PMC), and control of efferent activity at spinal and pontine levels. Bladder filling leads to increased activation of tension receptors within the bladder wall, and to increased afferent activity in A-fibres. These fibres project on spinal tract neurones mediating increased sympathetic firing to maintain continence via storage reflexes. In addition, the spinal tract neurones convey the afferent activity to more rostral areas of the spinal cord and the brain. One important receiver of the afferent information from the bladder is the periaqueductal gray (PAG) in the rostral brainstem. The PAG receives information from both afferent neurones in the bladder and from more rostral areas in the brain, i.e. cerebral cortex and hypothalamus. This information is integrated in the PAG and the medial part of the PMC (the M-region), which also control the descending pathways in the micturition reflex. Thus, PMC can be seen as a switch in the micturition reflex, inhibiting parasympathetic activity in the descending pathways when there is low activity in the afferent fibres, and activating the parasympathetic pathways when the afferent activity reaches a certain threshold.

11.15 - 11.30 Alzheimer and the bladder
G. Kiss, Innsbruck (AT)

Aims and objectives

To ensure a proper storage function of the urinary bladder, there are different suprapontine mechanisms to suppress the micturition reflex in the brainstem. Some neurodegenerative diseases impair this inhibition in various ways. In both dementia and alzheimer neurotransmitter based disturbances in the brain exist as well as secondary control failures in regard to the perception of urge and release the micturition reflex. The treatment of urinary incontinence in alzheimer disease has to take these facts into account

11.30 - 11.45 Parkinson, multiple system atrophy and the bladder
T.M. Kessler, Zürich (CH)

Aims and objectives

Lower Urinary Tract Symptoms (LUTS) are very common in patients with Parkinson's Disease (PD) and Multiple System Atrophy (MSA). Many patients with MSA are initially misdiagnosed as having PD what is highly relevant in regard to urological treatment. Thus, the aim of this lecture is to explain the underlying pathomechanisms involved, to show typical differences in lower urinary tract dysfunction patterns and to provide a guide for the neuro-urological management of patients with PD and MSA in daily clinical practice.

11.45 - 12.00 The bladder is a victim of centrally acting drugs
M.W. Wojnar, Warsaw (PL)

Aims and objectives

The urinary bladder function is directly linked to the nervous system activity, thus medicines acting on CNS through modulation of different neurotransmitters and receptors may influence the bladder. Both urinary retention and urinary incontinence may result from effects of many drugs used for treatment of neurological and mental disorders. These include psychotropic medication such as antipsychotics, antidepressants and benzodiazepines. On the other side, some of these medication are used for treatment of selected dysfunctions of the bladder.

European Urology Session

12.30 - 14.30 **Surgery in motion**

Room A6

Chairs: J.W.F. Catto, Sheffield (GB)
A. Mottrie, Aalst (BE)

12.30 - 12.35 **Introduction**

J.W.F. Catto, Sheffield (GB)
A. Mottrie, Aalst (BE)

12.35 - 12.55 **Near-infrared fluorescence imaging: Emerging applications in robotic upper urinary tract surgery**
M. Gan, Aalst (BE)

12.55 - 13.15 **Minimally invasive prostatic urethral lift**
T.A. McNicholas, Stevenage (GB)

13.15 - 13.35 **Beyond the learning curve of the retzius-sparing approach for robot-assisted laparoscopic radical prostatectomy: Oncologic and functional results of the first 200 patients with ≥ 1 year of follow-up**
A. Galfano, Milan (IT)

13.35 - 13.55 **Robotic kidney transplantation with regional hypothermia: A step-by-step description of the Vattikuti Urology Institute**
W. Jeong, Detroit (US)

13.55 - 14.15 **Robot-assisted radical cystectomy: Description of an evolved approach to radical cystectomy**
J. Collins, Stockholm (SE)

14.15 - 14.30 **Discussion**

Abstract Session

12.15 - 13.45 **Highlights and awards**

eURO Auditorium

Video session 4

Chairs: A. Messas, Nanterre (FR)
R.J.A. Van Moorselaar, Amsterdam (NL)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

- V26 First robotic partial nephrectomy with the DaVinci single-site system**
S. Crouzet, V. Meyer, X. Matillon, S. Forest, M. Colombel, L. Badet, X. Martin (Lyon, France)
- V27 Three-dimension pure LESS partial nephrectomy**
A. Alcaraz, L. Peri, A. Vilaseca, M. Diaconu, M. Musquera (Barcelona, Spain)
- V28 New 3-dimensional head-mounted display system (RoboSurgeon System) applied to gasless, two-port access total nephroureterectomy**
K. Kihara, Y. Fujii, K. Saito, H. Masuda, F. Koga, N. Numao, J. Ishioka, Y. Matsuoka (Tokyo, Japan)
- V29 Laparoscopy at home**
M. Carballo Quintá, M. Rodríguez-Socarrás, L. Tortolero-Blanco, J. Freire-Calvo, S. López-García, J.M. Barros-Rodríguez, A. Ojea-Calvo (Vigo, Spain)
- V30 Application of near-infrared fluorescence imaging in robot-assisted surgery**
M. Gan, M.A. Bjurlin, T.R. Mc Clintock, A. Volpe, M.S. Borofsky, A. Mottrie, M.D. Stifelman (Aalst, Belgium; New York, United States of America; Novara, Italy)

Prize winning videos

- Third Video Prize**
- V31 Robotic flexible ureterorenoscopy: The new concept for the treatment of kidney stones**
R. Saglam, J. Rassweiler, A.I. Tasci, K. Sarica, M. Binbay, A. Armagan, Y. Ozgok (Ankara, Istanbul, Turkey; Heillbronn, Germany)
- Second Video Prize**
- V32 Novel percutaneous navigation system integrating GPS-technology with tablet display for targeted focal therapy of prostate and kidney: Initial experience in human body**
A.L. Abreu, A. Marien, S. Shoji, T. Matsugasumi, S. Chopra, R. Azhar, Y. Sun, M. Desai, I. Gill, O. Ukimura (Los Angeles, United States of America)
- First Video Prize**
- V33 CORPUS - novel Complete Reconstruction of the Posterior Urethral Support after robotic radical prostatectomy: Preliminary data of very early continence recovery**
F. Dal Moro, A. Crestani, C. Valotto, F. Zattoni (Padua, Italy)

Abstract Session

12.15 - 13.45 **Experimental therapies for bladder cancer**

Room A2

Poster Session 33

Chairs: P-U. Malmström, Uppsala (SE)

J.A. Schalken, Nijmegen (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Experimental topical therapies of bladder cancer

P-U. Malmström, Uppsala (SE)

- * 402 Characterization of Natural Killer cell response to BCG in non-muscle invasive bladder cancer**
E. García-Cuesta, G. Esteso, [M. Alvarez-Maestro](#), S. Lopez-Cobo, A. Linares, H. Reyburn, L. Martinez-Piñeiro, M. Valés-Gómez (Madrid, Spain)
- * 403 Patient-derived primary xenografts in the preclinical development of novel targeted therapies for bladder cancer**
[W. Jäger](#), H. Xue, C. Janßen, H. Tetsutaro, S. Awrey, L. Fazli, E. Li, Y.Z. Wang, P.C. Black (Vancouver, Canada)
- 404 Preclinical studies on the influence of the natural compound, amygdalin, on human bladder carcinoma cell growth and invasion**
[J. Makarevic](#), I. Tsaur, E. Jüngel, M. Reiter, J. Mani, A. Haferkamp, R. Blaheta (Frankfurt, Germany)
- 405 Urothelial bladder cancer: Bcl-2 is upregulated in lymph node metastases and a marker of unfavourable response to neoadjuvant chemotherapy**
V. Skuginna, [B. Kiss](#), A. Fleischmann, G.N. Thalmann, R. Seiler (Berne, Switzerland)
- 406 Urothelial cancer cells are resistant to HDAC6 inhibition**
L. Rosik, M.J. Hoffmann, W.A. Schulz, [G. Niegisch](#) (Düsseldorf, Germany)
- 407 Development of preclinical experimental models for the research of neuroendocrine bladder cancer**
[T. Höfner](#), S. Macher-Goeppinger, C. Klein, T. Rigo-Watermeier, C. Eisen, S. Pahernik, M. Sprick, A. Trumpp (Heidelberg, Germany)
- * 408 MCJ predicts immunotherapy response in T1 high grade bladder cancer**
V. Murillo, N. Pompas-Veganzones, O. Rodríguez, J. Palou, F. Algaba, [M. Sanchez-Carbayo](#) (Derio, Barcelona, Spain)
- 409 Fibronectin (FN), epidermal growth factor-receptor (EGF-R) and heparin-binding epidermal growth factor-like (HB-EGF) urinary expressions and topical toxicity of adjuvant intravesical therapy for non muscle invasive bladder cancer (NMI-BC)**
[V. Serretta](#), V. Alonge, G. Carità, C. Scalici Gesolfo, S. Caruso, E. Fiorentino, A. Russo, F. Torretta (Palermo, Italy)
- 410 Antitumoral activity of tasquinimod is mediated through tumour immunomodulatory and antiangiogenic properties in bladder cancer**
[J. Nakhlé](#), A-L. Bauchet, V. Pierron, P. Plas, A. Thiongane, C. Renauleaud, P. Roubert, A.M. Navarrete Ruiz, F. Schmidlin (Les Ulis, France)

- 411 Development of cross-resistance in urothelial cancer cell lines with acquired resistance against gemcitabine and cisplatin. Is chemo- or radiation-therapy still working?**
 S. Vallo, M. Michaelis, G. Bartsch, F. Rödel, A. Haferkamp, J. Cinatl (Frankfurt am Main, Germany; Canterbury, United Kingdom)
- 412 Pathological validation of adjuvant anti-fibroblast growth factor receptor 3 (FGFR3) treatment for bladder cancer**
 Y. Neuzillet, L. Mertens, S. Shariat, P. Bostrom, T. Mirtti, A. Sagalowsky, R. Ashfaq, A. Broeks, S. Horenblas, C. Hurst, D. Tomlinson, M. Knowles, B. Bapat, M. Jewett, A. Zlotta, J. Sanders, Y. Lotan, T. Van Der Kwast, B. Van Rhijn (Amsterdam, The Netherlands; Dallas, United States of America; Toronto, Canada; Turku, Finland; Leeds, United Kingdom)
- 413 Knockdown of antiapoptotic Bcl-xL and survivin decreases bladder cancer cell growth and increases the efficacy of chemotherapeutics whereas antiapoptotic BCL2 and XIAP are of minor importance for bladder cancer proliferation**
 D. Hübner, K. Krämer, S. Füssel, M. Fröhner, M.P. Wirth (Dresden, Germany)

Abstract Session

12.15 - 13.45 **Oncological outcomes after radical prostatectomy**

Room A4

Poster Session 34

Chairs: R.J. Karnes, Rochester (US)

S.G. Joniau, Leuven (BE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Does age matter?

A.J. Vickers, New York (US)

414 **Withdrawn**

415 **Comparison of radical treatment and mortality in patients with non-metastatic prostate cancer in England and USA**

A. Sachdeva, J. Van Der Meulen, M. Emberton, P. Cathcart (London, United Kingdom)

416 **Does increasing life expectancy effect competing mortality after radical prostatectomy?**

M. Fröhner, M. Wirth, R. Koch, M. Adam, T. Schlomm, H. Huland, M. Graefen (Dresden, Hamburg, Germany)

417 **Biochemical disease-free and overall survival of treatments for localized prostate cancer: Cohort study with a 7 year follow-up**

X. Bonet, J.F. Suárez, M. Castells, A.J. Vicéns, E. Franco, F. Guedea, B. De Paula, A. Mariño, I. Herruzo, J. Ponce De León, J. Craven-Bratle, F. Aguiló (Hospitalet De Llobregat, San Sebastián, A Coruña, Malaga, Barcelona, Spain)

418 **Risk of metastatic progression depends on time to biochemical failure following radical and clinic-pathologic factors following radical prostatectomy**

M. Ramirez Backhaus, J. Rubio-Briones, J.L. Dominguez-Escrig, J. Casanova, A. Collado-Serra, R. Dumont, A. Gomez-Ferrer, I. Iborra, J.L. Monros, J.V. Ricos, E. Solsona (Valencia, Spain)

419 **Individual risk for biochemical recurrence in localized prostate cancer with positive surgical margins: A multicentre study**

A. Karl, A. Buchner, C. Stief, C. Tymphner, T. Kirchner, U. Ganswindt, C. Belka, R. Ganzer, W. Wieland, F. Eder, F. Hofstädter, D. Schilling, K. Sievert, A. Stenzl, M. Scharpf, F. Fend, F. Vom Dorp, H. Rübben, K. Schmid, D. Porres-Knoblach, A. Heidenreich, B. Hangarter, R. Knüchel-Clarke, M. Rogenhofer, B. Wullich, A. Hartmann, E. Compjog, A. Pycha, E. Hanspeter, D. Pehrke, G. Sauter, M. Graefen, A. Haese (Munich, Regensburg, Tübingen, Essen, Aachen, Erlangen, Hamburg-Eppendorf, Germany; Bozen, Italy)

420 **A positive surgical margin significantly increases overall mortality after radical prostatectomy**

C.J. Gethmann, B. Beyer, P. Tennstedt, K. Boehm, M. Graefen (Hamburg, Germany)

421 **Adjuvant radiotherapy improves cancer-specific survival only in patients with highly aggressive prostate cancer. Validation of recently released criteria**

F. Abdollah, G. Gandaglia, M. Sun, V. Trudeau, M. Meskawi, Z. Tian, J. Schiffmann, M. Azizi, P. Perrotte, P.I. Karakiewicz (Milan, Italy; Montreal, Canada)

422 Predictors of early failure after timely administered salvage radiotherapy for biochemical recurrence after radical prostatectomy

G. Gandaglia, T. Wiegel, S. Joniau, F. Abdollah, M. Tutolo, M. Bianchi, C. Cozzarini, B. Tombal, K. Haustermans, N. Di Muzio, H. Van Poppel, A. Briganti (Milan, Italy; Ulm, Germany; Leuven, Louvain, Belgium)

*** 423 Phase 3 study of adjuvant radiotherapy vs wait and see after radical prostatectomy in pT3 prostate cancer (ARO 96-02 trial) – persisting PSA is a prognostic factor and correlates with worse 10-year survival**

T. Wiegel, D. Bartkowiak, D. Bottke, A. Hinke, M. Stöckle, M. Wirth, A. Semjonow, K. Miller (Ulm, Langenfeld, Homburg-Saar, Dresden, Münster, Berlin, Germany)

Abstract Session

12.15 - 13.45 **How to perform partial nephrectomy?**

Room A8

Poster Session 35

Chairs: A. Minervini, Florence (IT)

B. Turna, Izmir (TR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

- 424 Controversies of partial nephrectomy for renal cell carcinoma - national and international survey**
S. Tietze, M. Herms, A. Hamza (Leipzig, Germany)
- 425 A matched pair analysis of laparoscopic and open partial nephrectomy for renal carcinoma**
A. Laird, G.D Stewart, S.A McNeill, T. O'Brien, F.X. Keeley, S. Fowler (Edinburgh, London, Bristol, United Kingdom)
- 426 Laparoscopic vs open partial nephrectomy for clinical T1 renal masses: No impact of surgical approach on perioperative complications and longterm post-operative quality of life**
A. Becker, L.A. Kluth, M. Schmid, C. Eichelberg, S. Ahyai, R. Dahlem, J. Hansen, M. Rink, C. Bergelt, A. Mehnert, M. Fisch, F. Chun (Hamburg, Germany)
- 427 A multicenter matched-pair analysis comparing robot-assisted versus open partial nephrectomy**
V. Ficarra, A. Minervini, A. Antonelli, S. Bhayani, A. Chindemi, G. Guazzoni, N. Longo, A. Mari, G. Martorana, V. Mirone, G. Morgia, A. Mottrie, J. Porter, S. Serni, C. Simeone, G. Vittori, F. Zattoni, M. Carini (Padua, Florence, Brescia, Milan, Naples, Bologna, Aalst, Italy; Saint Louis, United States of America)
- 428 Comparison of peri-operative outcomes of robotic partial nephrectomy and laparoscopic partial nephrectomy in surgical treatment of small renal masses**
H. Zargar, M.W. Ball, M.E. Allaf, J. Larson, S. Marshall, R. Kumar, M.D. Stifelman, S.B. Bhayani, C.G. Rogers, J.H.K. Kaouk (Cleveland, Baltimore, St. Louis, New York, Detroit, United States of America)
- 429 Robot-assisted partial nephrectomy for cT1b-T2 renal tumors: Perioperative outcomes from a large multicentre international dataset (Vattikuti Global Quality Initiative on Robotic Urologic Surgery)**
A. Volpe, C. Rogers, A. Mottrie, R. Ahlawat, N. Buffi, D. Moon, S. Rawal, F. Porpiglia, B. Challacombe, V. Ficarra, M. Bhandari, R. Abaza (Aalst, Belgium; Detroit, Dublin, Ohio, United States of America; Delhi, India; Milan, Turin, Udine, Italy; Melbourne, Australia; London, United Kingdom)
- 430 Perioperative and functional outcomes of robot-assisted partial nephrectomy for renal tumours with high surgical complexity: Experience at a large volume institution**
A. Volpe, D. Garrou, D. Amparore, A. Ploumidis, G. De Naeyer, V. Ficarra, A. Mottrie (Aalst, Belgium)
- 431 Laparoendoscopic single site partial nephrectomy: A multi-institutional cumulative analysis**
F. Greco, R. Autorino, C. Springer, K. Rha, I. Derweesh, L. Cindolo, L. Schips, V. Altieri, S. Rais-Bahrami, L. Richstone, T.R.W. Herrmann, E. Liatsikos, P. Kallidonis, Y. Sun, M. Liss, U. Nagele, J-U. Stolzenburg, P. Fornara, J. Kaouk (Halle Saale, Hanover, Leipzig, Germany; Cleveland, La Jolla, New York, United States of America; Seoul, South Korea; Vasto, Crotone, Italy; Patras, Greece; Shanghai, China; Hall in Tirol, Austria)

- 432 Simple tumor enucleation and standard partial nephrectomy have similar perioperative results and trifecta outcomes: Comparison based on a matched-pair analysis of 400 patients (RECORD1 project)**
[A. Minervini](#), A. Antonelli, R. Bertolo, G. Bianchi, F. Fusco, G. Siena, C. Fiori, S. Giancane, N. Longo, A. Mari, G. Martorana, V. Mirone, B. Rovereto, G. Morgia, G. Novara, F. Porpiglia, R. Schiavina, N. Arrighi, C. Terrone, V. Ficarra, M. Carini (Florence, Brescia, Orbassano - Turin, Modena, Naples, Bologna, Pavia, Padua, Novara, Udine, Italy)
- 433 Prognostic impact of tumor surrounding renal parenchyma in nephron sparing surgery – is simple enucleation really enough?**
[S. Aufderklamm](#), J. Hennenlotter, N. Senghaas, T. Todenhöfer, J. Mischinger, J. Böttge, G. Gakis, M. Scharpf, A. Stenzl, C. Schwentner (Tübingen, Germany)
- 434 The learning curve of minimally invasive partial nephrectomy: The experience of a single surgeon**
[H. Li](#), H-J. Chung, A. Lin, K-K. Chen (Taipei City, Taiwan)
- 435 The learning curve for robotic partial nephrectomy in a high volume robotic surgery centre**
[A. Kadirvelarasan](#), O.D. Nehikhare, P.D. Sturch, A. Patel, M. Brown, G. Kooiman, T. O'Brien, B. Challacombe (London, United Kingdom)
- 436 Cost-effectiveness analysis of the treatment of small renal masses in a French hospital**
[J. Piechaud](#), P. Benayoune, L. Bellec, M-C. Delchier-Bellec, M. Soulie, P. Rischmann, B. Malavaud (Toulouse, France)

Abstract Session

12.15 - 13.45 **Paediatric urology: Hypospadias and embriology**

Room A10

Poster Session 36

Chairs: A-F.M. Spinoit, Ghent (BE)

S. Tekgül, Ankara (TR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Introduction on the session topic

A-F.M. Spinoit, Ghent (BE)

- 437 Effect of maternal exposure to endocrine-disrupting chemicals on sex hormone levels in cord blood and ratio of the second and fourth digit length in school children**
T. Mitsui, A. Imai, S. Sato, A. Araki, C. Miyashita, T. Kitta, K. Moriya, K. Cho, K. Morioka, R. Kishi, K. Nonomura (Sapporo, Japan)
- 438 Quantitative scale in the preoperative assessment of the penile status in patients with hypospadias**
Y.E. Rudin, D.V. Marukhnenko, T.N. Garmanova, O.I. Apolikhin (Moscow, Russia)
- 439 Testosterone prior to hypospadias repair: Complication rates and long-term cosmetic results, penile length and body height**
S.P. Rynja, T.P.V.M. De Jong, J.L.H.R. Bosch, L.M.O. De Kort (Utrecht, The Netherlands)
- 440 The role of routine meatal dilatation after surgery for hypospadias**
A.A. Hussein, H.A Hussein (Cairo, Egypt)
- * 441 Lingual mucosa graft in complex hypospadias repair**
A.M.N. Sakr, E.H. Elkady, M. Omran, T. Dawod, E.R. Elsayed, A. Zayed, S.A.S Khalil, M. Eladl (Zagazig, Egypt)
- 442 Dressing hypospadias with polydimethylsiloxane: Our experience in pediatric age**
A. Mantovani, N. Zampieri, M. Peretti, G. Scirè, S. Zambaldo, M. Cecchetto, F.S. Camoglio (Verona, Italy)
- * 443 Urologic and cosmetic longterm follow-up in adult men with hypospadias**
L. Örtqvist, M. Fossum, M. Andersson, G. Holmdahl, N. Wåhlin, L. Frisén, A. Nordenskjöld (Stockholm, Gothenburg, Sweden)
- 444 Development of the main components of erectile tissue in the human penis during the fetal period (2nd and 3rd trimesters of gestation)**
C.B.M. Gallo, B.M. Gregorio, A. Furriel, W.S. Costa, F.J.B. Sampaio (Rio de Janeiro, Brazil)
- 445 Analysis of the bladder structure in human fetuses**
L. Favorito, F. Sampaio, W. Silva-Costa (Rio de Janeiro, Brazil)
- 446 Structural study of gubernaculum testis in fetuses with Prune Belly Syndrome**
S. Freitas Costa, W. Silva Costa, F.J. Sampaio, L.A. Favorito (Rio de Janeiro, Brazil)
- 447 Ultrastructural and immuno-histopathological evaluation of intravesical ureters via electron and light microscopy in children with vesicoureteral reflux**
V. İzol, A. Acikalin Avci, Y. Kuyucu, M. Deger, I.A. Aridogan, S. Polat, N. Satar (Adana, Turkey)

- * 448 **Effects of prepubertal, pubertal and adult orchiopexy in testicular morphology and spermatozooids in rats**
C.T. Ribeiro, M. Raquel, [D.B. De Souza](#), B.M. Gregório, C.B.M. Gallo, W.S. Costa, F.J.B. Sampaio,
M.A. Pereira-Sampaio (Rio de Janeiro, Brazil)

Abstract Session

12.15 - 13.45

Urological infection therapy

Room A11

Poster Session 37

Chairs: H.M. Çek, Istanbul (TR)
B. Köves, Budapest (HU)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

EAU Guidelines Office snapshot

M.J. Grabe, Malmö (SE)

- * 449 Clinical properties of multi & extensive drug resistance Enterobacteriaceae in urosepsis: Outcome of the global prevalence of infections in urology (GPIU) study: 9 Year results of a multinational, multicenter study**
Z. Tandoğdu, T. Bjerkklund Johansen, M. Çek, M. Grabe, B. Köves, K. Naber, R. Pickard, P. Tenke, F. Wagenlehner (Newcastle upon Tyne, United Kingdom; Oslo, Norway; Edirne, Turkey; Lund, Sweden; Budapest, Hungary; Munich, Giessen, Germany)
- 450 Comparison of doripenem and meropenem pharmacokinetics in prostate tissue, and their appropriate regimens for prostatitis based on site-specific pharmacodynamic target attainment**
G. Nishikawa, K. Ikawa, K. Nakamura, Y. Yamada, I. Kobayashi, K. Zennami, K. Kanao, N. Morikawa, M. Sumitomo (Nagakute, Hiroshima, Kani, Japan)
- 451 Comparative study of the activity of different antibiotics in the treatment of urinary tract infections**
A. Jimenez-Pacheco, A. Sorlozano-Puerto, C. Lahoz-Garcia, M. Nogueras-Ocaña, A. Lopez-Luque, J.M. Navarro-Mari, J. Gutierrez-Fernandez (Granada, Spain)
- * 452 The incidence of fluoroquinolone resistant or extended-spectrum β -lactamase-producing Escherichia coli infections after prostate biopsy under fluoroquinolone prophylaxis: A single centre experience with 2215 patients**
O. Kandemir, M. Bozlu, O. Efesoy, O. Gultekin, E. Akbay (Mersin, Turkey)
- 453 Diabetes mellitus as a risk factor for resistant strains on female patients with recurrent urinary tract infection: A study of 493 patients**
M. Hisano, H. Bruschini, A.C. Nicodemo, M. Lucon, C.M. Gomes, F. Baracat, J.A. Figueiredo, M. Srougi (Sao Paulo, Brazil)
- 454 Can we treat female recurrent urinary tract infection without urine culture? Comparative analysis of bacteriology and susceptibility profile**
M. Hisano, H. Bruschini, A.C. Nicodemo, M. Lucon, C.M. Gomes, F. Baracat, J.A. Figueiredo, M. Srougi (Sao Paulo, Brazil)
- 455 Prevalence of ciprofloxacin-resistant Enterobacteriaceae in the intestinal flora of patients undergoing trans-rectal prostate biopsy**
M. Yazbek Hanna, M. Robert, R. Mark, J. Gurvir, T. Catherine, L. David (Norwich, United Kingdom)
- 456 Combination of matrix-assisted laser desorption/ionization time of flight (MALDI-TOF) and UX-2000 urine flow-cytometry for rapid detection and identification of urinary tract pathogens**
G. Bonkat, G. Müller, A. Berini, R. Frei, D. Goldenberger, A. Regeniter, M. Rieken, O. Braissant, T.C. Gasser, A. Bachmann, A. Egli (Basel, Switzerland)

- 457 Does mutation in *gyrA* or *parC* or efflux pump expression play the main role in fluoroquinolone-resistant *Escherichia coli* urinary tract infections?**
[K. Shigemura](#), K. Tanaka, T. Shirakawa, S. Arakawa, H. Miyake, M. Fujisawa (Kobe, Japan)
- 458 A retrospective comparison of the microbiological profile of urinary tract infections in patients undergoing open and laparoscopic urological surgery**
P.S. Janardhanan, S. Mohamed, M. David, [K. Subramonian](#) (Birmingham, United Kingdom)
- 459 Appropriate prophylactic antibiotic use for patients to undergo urological surgery reduces direct and indirect costs**
[T. Cai](#), C. D'Elia, G. Malossini, N. Mondaini, F. Meacci, S. Mazzoli, R. Bartoletti (Trento, Florence, Italy)
- 460 Comparison of oral ciprofloxacin with parenteral ceftriaxone in treatment of acute uncomplicated pyelonephritis in women in Borujerd**
[S. Sameti](#) (Borujerd, Iran)

Abstract Session

12.15 - 13.45 **PBS, hemorrhagic and interstitial cystitis**

Room K1

Poster Session 38

Chairs: P. Dinis Oliveira, Porto (PT)

R. Peeker, Gothenburg (SE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 461 **The effect of intravesical instillation of platelet rich plasma (PRP) in interstitial cystitis model**
M.İ. Dönmez, K. Inci, N.D. Zeybek, H.S. Dogan, A. Ergen (Ankara, Turkey)
- * 462 **5-year follow-up of patients with refractory interstitial cystitis treated with cyclosporine A: A prospective single-institution study**
J. Chade, D. Chade, A.M. Lucon, H. Bruschini, M. Srougi (São Paulo, Brazil)
- * 463 **The efficacy and safety of repetitive intravesical onabotulinumtoxin-A in the treatment of interstitial cystitis/bladder pain syndrome: Long-term follow up**
C-L. Lee, Y-H. Jiang, J-F. Jhang, H-C. Kuo (Hualien, Taiwan)
- 464 **A randomized, open-label, multicentre study of efficacy and safety of intravesical hyaluronic acid and chondroitin sulfate (HA 1.6% and CS 2%) vs dimethyl sulfoxide (DMSO 50%) in women with Bladder Pain Syndrome/Interstitial Cystitis (BPS/IC)**
M. Cervigni, M. Sommariva, D. Porru, E. Ostardo, R. Tenaglia, A. Giammò, G. Pappagallo (Rome, Milan, Pavia, Pordenone, Chieti-Pescara, Turin, Venice, Italy)
- 465 **Acupuncture relieves symptoms in CP/CPPS: A randomized, sham-controlled trial**
V. Tugcu, S. Sahin, S. Tas, A.I. Tasci, M. Bicer, G. Eren, M. Cek (Istanbul, Edirne, Turkey)
- 466 **Intravesical instillation of sodium hyaluronate-chondroitin sulfate in patients with Bacillus Calmette-Guérin-induced chemical cystitis unresponsive to conventional therapies: Preliminary experience with 1 year follow-up**
V. Imperatore, M. Creta, S. Di Meo, R. Buonopane, F. Fusco, C. Imbimbo, N. Longo, V. Mirone (Naples, Italy)
- 467 **Sono-electro-magnetic therapy for treating chronic pelvic pain syndrome in men: A randomized, placebo-controlled, double-blind trial**
L. Mordasini, T.M. Kessler, C. Weisstanner, R. Wiest, P. Juni, B. Da Costa, G.N. Thalmann (Berne, Zürich, Switzerland)
- 468 **Elimination of Hunner's ulcers by fulguration in patients with interstitial cystitis: Is it effective and long lasting?**
S.M. Song, J-Y. Chun, J. Park, H. Ji-Yeon, K.S. Lee, S. Myung-Soo (Seoul, South Korea)
- 469 **The effect of chondroitin sulphate on the barrier of urothelium**
B.B. Rozenberg, D.A.W. Janssen, C.F.J. Jansen, J.A. Schalken, J.P.F.A. Heesakkers (Nijmegen, The Netherlands)
- 470 **Long-term management of radiation induced hemorrhagic cystitis with hyperbaric oxygen**
C. Ferreira, T. Correia, A. Cardoso, M. Cerqueira, F. Reis, M. Almeida, R. Prisco, O. Camacho (Matosinhos, Portugal)

- 471 Hyperbaric oxygen as primary treatment for Grade IV radiation-induced haemorrhagic cystitis:
A prospective study**
[A. Dellis](#), C. Deliveliotis, V. Kalentzos, P. Vavasis, A. Panagopoulos, A. Skolarikos (Maroussi, Athens, Greece)
- 472 Results at 1 year of hyperbaric oxygen therapy for radiation cystitis**
M. Bouaziz, M. Genestal, J.M. Bachaud, J.B. Beauval, G. Rollin, P. Rouvellat, B. Delaunay, M. Soulie,
P. Rischmann, [E. Huyghe](#) (Toulouse, France)
- 473 Hyperbaric oxygen therapy for radiation-induced hemorrhagic cystitis**
[T. Oliveira](#), A. Romão (Lisbon, Portugal)

Abstract Session

12.15 - 13.45 **Cell based therapies for bladder and urethral dysfunction**

Room K2

Poster Session 39

Chairs: M. Albersen, Leuven (BE)
K. Monastyrskaya, Berne (CH)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 474** **The paracrine effects of mesenchymal stem cells stimulate the regeneration capacity of endogenous stem cells in the repair of a bladder outlet obstruction-induced overactive bladder**
M. Song, J-Y. Chun, J. Park, J-Y. Han, K.S. Lee, M-S. Choo (Seoul, South Korea)
- * 475** **Differentiating mesenchymal stem cells into smooth muscle cells for treatment of urinary incontinence**
K. Lutz, K. Neumayer, J. Brun, J. Maerz, W. Aicher, M. Hart (Tübingen, Germany)
- 476** **Tissue engineered oestradiol releasing slings for the treatment of stress urinary incontinence**
C.J. Hillary, N. Osman, A.J. Bullock, S. MacNeil, C.R. Chapple (Sheffield, United Kingdom)
- * 477** **Cell to cell communications through tunneling nanotubes improve the striated muscle regenerative capacities of human multipotent adipose derived stem cells**
R. Yiou, M. Khoddari, C. Thebault, C. Justine, A.M. Rodriguez (Creteil, France)
- 478** **MicroRNA miR-199a-5p is an important regulator of the bladder smooth muscle cell morphology and function**
A. Hashemi Gheinani, K. Monastyrskaya, H. Rehrauer, C. Aquino Fournier, F.C. Burkhard (Berne, Zurich, Switzerland)
- 479** **Withdrawn**
- 480** **The effect of herpes simplex virus vector-mediated gene therapy of protein phosphatase on bladder overactivity and nociception**
T. Majima, N. Kawamori, H. Okada, Y. Funahashi, W.F. Goins, M. Gotoh, J.C. Glorioso, N. Yoshimura (Pittsburgh, United States of America; Nagoya, Japan)
- 481** **Concomittant transurethral and transvaginal-periurethral injection of autologous adipose stem cells for treatment of female stress urinary incontinence**
B. Arjmand, M. Safavi, R. Heydari, H. Aghayan, S.T. Bazargani, S. Dehghani, P. Goodarzi, F. Mohammadi-Jahani, G. Pourmand (Tehran, Iran)
- 482** **High-frequency micro-ultrasound: A novel method to assess external urethral sphincter function in rats following simulated birth injury**
L. Hakim, M. Endo, A. Feola, D. Soebadi, J. Deprest, D. De Ridder, M. Albersen, F. Van Der Aa (Leuven, Belgium; Surabaya, Indonesia)
- 483** **Increasing elastin fibre production in a tissue engineered mesh for pelvic floor surgery**
N. Osman, S. Roman, F. Sefat, A. Bullock, C.R. Chapple (Sheffield, United Kingdom)
- 484** **Urinary rhabdosphincter bioengineering: A decellularized urethra matrix for modelling SUI in vitro and tissue engineering applications**
C. Marialva, P. Vale, N. Figueira, I. Simoes, J.M.S. Cabral, C.L. Silva, S. Soker, A. Atala (Almada, Lisbon, Portugal; Winston-Salem, United States of America)

- 485 Improvement of bladder fibrosis using direct transplantation of mesenchymal stem cells into bladder wall in rats with spinal cord injury**
Y.S. Song, H.J. Lee, J. An, S.W. Doo, J.H. Kim, W.J. Yang, J.H. Yun, H.J. Kim, S.U. Kim (Seoul, Gumi, Cheonan, South Korea)
- 486 Biomimetic design of an autologous cell seeded scaffold for pelvic floor repair**
S.R. Regureos, N. Mangir, J. Bissoli, N.I. Osman, A.J. Bullock, C.R. Chapple, S. MacNeil (Sheffield, United Kingdom)

Abstract Session

12.15 - 13.45 Preclinical innovation - the future of erectile dysfunction treatment?

Room T1

Poster Session 40

Chairs: M. Fode, Herlev (DK)
A. Muneer, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Is the science generating abstracts or answers?

A. Muneer, London (GB)

- 487 Intratunical injection of human adipose tissue-derived stem cells partially reverts fibrosis and restores collagen III/I ratio in a rat model of chronic Peyronie's disease**
F. Castiglione, M. Albersen, E. Di Trapani, A. Nini, T.J. Bivalacqua, G. Colciago, J. Hannan, A. Salonia, F. Benigni, P. Hedlund (Milan, Italy; Leuven, Belgium; Baltimore, United States of America; Lund, Sweden)
- 488 Intratunical injection of autologous adipose stromal vascular fraction (SVF) prevents fibrosis in a rat model of Peyronie's disease**
F. Castiglione, M. Albersen, E. Di Trapani, L. Villa, A. Bettiga, T. Bivalacqua, A. Salonia, F. Benigni, P. Hedlund (Milan, Italy; Leuven, Belgium; Baltimore, United States of America; Linköping, Sweden)
- * 489 Blocking antibody to nerve injury-induced protein 1 rescues erectile function by enhancing penile angiogenesis and neural regeneration in diabetic mice**
G.N. Yin, M.J. Choi, K-M. Song, M-H. Kwon, K-D. Kwon, D. Batbold, J-M. Park, N.D. Das, W.J. Kim, G.T. Oh, K-W. Kim, J-K. Ryu, J-K. Suh (Incheon, Seoul, South Korea)
- 490 Withdrawn**
- 491 HKLK1 improves the erectile function in aged rats by enhancing eNOS and iNOS expression and anti-tissue fibrosis effect**
Y. Luan, T. Wang, L. Zhuan, Y. Zhang, Y-J. Ruan, S-G. Wang, J-H. Liu, Z-Q. Ye (Wu Han, China)
- 492 Linking endothelial progenitor cells and diabetic erectile dysfunction**
A. Castela, R. Silvestre, L. Guardão, L. Leite, P. Vendeira, C.S.R. Costa (Porto, Portugal)
- * 493 Inhibition of phosphodiesterase-5 improves therapeutic efficacy of adipose-derived stem cells for erectile dysfunction in diabetic rats**
J. Yang, T. Wang, Y. Zhang, L. Zhuan, H. Xu, S-G. Wang, J-H. Liu, Z-Q. Ye (Wu Han, China)
- * 494 Restoration of erectile function by suppression of corporal apoptosis, fibrosis and corporal veno-occlusive dysfunction with Rho-kinase inhibitor in a rat model of cavernous nerve injury**
M.C. Cho, J.H. Park, S.Y. Cho, K. Park, S.W. Kim, J-S. Paick (Goyang, Seoul, South Korea)
- 495 The neuroregenerative peptide Galanin is located in human nNOS-positive pelvic ganglia and cavernous nerves: A novel target for post-prostatectomy nerve regeneration?**
E. Weyne, T. Gevaert, D. De Ridder, T.J. Bivalacqua, F. Van Der Aa, M. Albersen (Leuven, Belgium; Baltimore, United States of America)
- 496 Intracavernous injections of endothelial progenitor cells to restore erectile function in bilateral cavernous nerve injury rats**
C.H. Liao, Y-N. Wu, H-S. Chiang (New Taipei City, Taiwan)

- 497 Dapoxetine inhibits erectile responses to stimulation of cavernous nerve in rats: A new hypothesis for its effects on ejaculation**
S. Palea, C. Rouget, P. Lluel, [J. Allard](#) (Toulouse, Clermont-Ferrand, France)
- 498 Inhibition of peripheral fatty acid amide hydrolase (FAAH) increases latency to apomorphine-induced ejaculation in rats**
[L. Boeri](#), G. La Croce, F. Castiglione, F. Benigni, F.A. Mistretta, M. Albersen, F. Giuliano, P. Hedlund (Milan, Italy; Leuven, Belgium; Paris, France; Linköping, Sweden)

Abstract Session

12.15 - 13.45 **PCNL: Outcomes, safety and complexity**

Room C6

Poster Session 41

Chairs: V. Bucuras, Timisoara (RO)
S. McClinton, Aberdeen (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: What should we be measuring in PCNL

S. McClinton, Aberdeen (GB)

- 499 Clavien-Dindo classification. Analysis of our complications in 255 percutaneous nephrolithotomy procedures**
A.J. Vicéns Morton, C. Torrecilla Ortiz, I.A. Meza Martínez, S. Colom Feixas, H. Vila Reyes, B. Etcheverry Giadrosich, L. Riera Canals, E. Franco Miranda (Barcelona, Spain)
- 500 The relationship between the colon and the kidney in flank free modified supine position versus prone position on computed tomography**
E.A. Desoky, A.M. Eliwa, K.M. Abdelwahab, A. Alayman, A.M.S. Shahin, H.M. Kamel, H.M. Abdel-Rahman (Zagazig, Egypt)
- 501 Obesity in percutaneous nephrolithotomy. Does body mass index really matters?**
A.I. Meza Martinez, C. Torrecilla Ortiz, A.J. Vicens Morton, H. Vila Reyes, S. Colom Feixas, J.F. Suarez Novo, E.G. Rodriguez Ramirez, A. Narvaes Barros, J.M. Cuadrado Campaña, E. Franco Miranda (Hospitalet de Llobregat, Spain)
- 502 Utility of the Guy's stone score based on computed tomography scan findings for predicting percutaneous nephrolithotomy outcomes**
C. Vicentini, S. Marchini, E. Mazzucchi, F.A. Claro, M. Srougi (Sao Paulo, Brazil)
- 503 Developing a co-morbidity index for percutaneous nephrolithotomy – a UK perspective**
W.J.G. Finch, B. Hughes, J. Withington, J. Armitage, O. Wiseman, S. Irving, J. Glass, N. Burgess (Norwich, London, Cambridge, United Kingdom)
- 504 Pioneering ambulatory PCNL: The Canadian experience**
D. Beiko, A. Kokorovic, G. Roberts, M. Elkoushy, S. Andonian (Kingston, Montreal, Canada)
- 505 Percutaneous nephrolithotomy: Critical analysis of unfavorable results**
A.D. Alobaidy, A. Alnaimi, K. Alsadiq, A. Alansari, H. Alkhafaji, A. Shokeir (Doha, Qatar)
- 506 Outcomes of percutaneous nephrolithotomy under combined spinal-epidural anesthesia: A single centre experience**
V. Imperatore, M. Creta, S. Di Meo, R. Buonopane, L. Maio, G. Scibelli, C. Imbimbo, N. Longo, F. Fusco, V. Mirone (Naples, Italy)
- 507 Safety of supracostal access during percutaneous nephrolithotomy**
H. Vila Reyes, C. Torrecilla Ortiz, A.I. Meza Martinez, A. Vicens Morton, S. Colom Feixas, L. Riera Canals, E. Franco Miranda (Barcelona, Spain)

508 Factors predicting septic shock after percutaneous nephrostomy tube placement for emergency drainage of upper urinary tract obstruction

K. Nazmi, A.M. Harraz, M.H. Zahran, H. Nabeeh, H. Orban, A.A. Shokeir (Mansoura, Egypt)

*** 509 Culture of stones retrieved during percutaneous nephrolithotomy: Prospective assessment of its role in management of postoperative septic events**

A. Elshal, H. Omar, E. Elsayy, Y. Osman (Mansoura, Egypt)

Abstract Session

14.00 - 15.30 Prostate surgery: Present and future

eURO Auditorium

Video session 5

Chairs: A. Celia, Bassano Del Grappa (IT)
R. Medina López, Seville (ES)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

- V34 The procedure of HistoScanning®-guided template biopsy**
C.H. Hamann, M.F.H. Hamann, C-M.N. Naumann, K-P.J. Jünemann (Kiel, Germany)
- V35 10 years of Karolinska robotic prostatectomy**
G. Pini, A. Nilsson, S. Carlsson, A. Hosseini, P. Wiklund (Stockholm, Sweden)
- V36 Head-mounted display-based personal integrated-image monitoring system for TURP**
S. Yoshida, K. Kihara, H. Takeshita, M. Inoue, Y. Nakanishi, T. Kijima, J. Ishioka, Y. Matsuoka, N. Numao, K. Saito, Y. Fujii (Tokyo, Japan)
- V37 A feasible and time-efficient adaption of the NeuroSAFE intraoperative frozen section technique to DaVinci-robot-assisted radical prostatectomy**
A. Haese, T. Schlomm, K. Boehm, J. Schiffmann, P. Tennstedt, M. Graefen, H. Huland, T. Steuber, G. Sauter, C. Wittmer, B. Beyer (Hamburg, Germany)
- V38 Retzius-sparing approach for robot-assisted radical prostatectomy**
S. Secco, A. Galfano, E. Strada, G. Petralia, D. Di Trapani, A.M. Bocciardi (Milan, Italy)
- V39 Bladder neck and urethral sphincter sparing salvage robot assisted radical prostatectomy with intraoperative frozen section after radiotherapy and androgen deprivation therapy**
G. La Croce, C. Germann, H. Danuser, A. Mattei (Lucerne, Switzerland)
- V40 Robot-assisted total anatomical reconstruction for urethro-vesical anastomosis during radical prostatectomy**
F. Porpiglia, C. Fiori, S. De Luca, M. Poggio, R. Bertolo, D. Amparore, E. Checcucci, A. Mottrie (Orbassano, Turin, Italy; Aalst, Belgium)

Abstract Session

14.00 - 15.30 **Novel experimental therapies and resistance in urothelial cancer**

Room A2

Poster Session 42

Chairs: G.N. Thalmann, Berne (CH)

L.N. Türkeri, Istanbul (TR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 510 **AXL in bladder cancer: A marker of invasion, metastasis and promising therapeutic target**
J.E. Dyer, S. Ghouri, J. Dormer, C.N. Robson, R. Heer, E. Tulchinsky, J.K. Mellon (Leicester, Newcastle, United Kingdom)
- * 511 **Explorative study of urinary cytokine/chemokine response in the bladder after combined chemohyperthermia for non-muscle invasive bladder cancer**
T.J.H. Arends, E. Oosterwijk, A.G. Van Der Heijden, J.A. Witjes (Nijmegen, The Netherlands)
- 512 **INPP4B knockdown confers cisplatin sensitivity in bladder cancer**
W.S. Tan, P. De Winter, P. Gurung, L. Ip, K. King, C. Gewinner, A. Freeman, R. Bryan, N. James, S. Beck, J.D. Kelly, A. Feber (London, Birmingham, United Kingdom)
- 513 **HDAC-inhibition – a new approach to prevent metastasis of bladder cancers?**
E. Juengel, S. Santos, T. Schneider, J. Makarevic, L. Hudak, G. Bartsch, A. Haferkamp, R. Blaheta (Frankfurt / Main, Germany)
- 514 **Role of macroautophagy in the response of bladder cancer cells to the pan Bcl-2 inhibitor AT-101 (Gossypol)**
J. Mani, S. Vallo, S. Rakel, P. Antonietti, G. Bartsch, R. Blaheta, J. Cinatl, A. Haferkamp, D. Kögel (Frankfurt, Germany)
- 515 **Inhibition of basal autophagy with antimalarial drugs chloroquine or hydroxychloroquine induces apoptosis in human bladder cancer cells**
Y.C. Lin, J-F. Lin, T-F. Tsai, K-Y. Chou, H-E. Chen, T. Hwang (Taipei, Taiwan)
- 516 **Targeting IGF-BP2 and 5 with the bispecific antisense oligodeoxynucleotide OGX-225 in chemoresistant bladder cancer**
W. Jäger, T. Hayashi, J. Ischia, C. Janßen, S. Awrey, L. Fazli, M.E. Gleave, P.C. Black (Vancouver, Canada)
- 517 **ErbB2 overexpression predicts chemoradiotherapy resistance and worse prognosis in muscle-invasive bladder cancer patients treated with induction chemoradiotherapy followed by partial or radical cystectomy**
M. Inoue, F. Koga, S. Yoshida, T. Kijima, Y. Nakanishi, J. Ishioka, Y. Matsuoka, N. Numao, K. Saito, Y. Fujii, K. Kihara (Tokyo, Japan)
- 518 **Patient-derived sialyl-Tn positive invasive bladder cancer xenografts in nude mice: An exploratory model study**
J.A. Ferreira, C. Bernardo, T. Amaro, C. Costa, P. Lopes, V.M. Silva, R. Cruz, F. Gartner, F. Amado, P. Videira, L. Santos (Porto, Matosinhos, Aveiro, Lisbon, Portugal)
- 519 **How to shuttle chemotherapeutic drugs into urothelial tumors? A synergistic prodrug/delivery approach, inspired by uropathogenic bacteria**
L. Neusch, C.M. Pichl, E.M. Wirth, L. Müller, F. Gabor, C. Herwig, M. Wirth (Vienna, Austria)

- 520 MLN4924, a neddylation inhibitor, synergistically enhances cisplatin-induced cytotoxicity in human urothelial carcinoma**
K-H. Huang, K-L. Kuo, I-L. Ho, C-H. Hsu, C-T. Chou, Y-S. Pu, J-T. Hsieh (Taipei, Taiwan)
- 521 VPM1002 – a recombinant BCG with favourable preclinical toxicity and immunogenicity for potential improvement of BCG immunotherapy for non-muscle invasive bladder cancer**
C.A. Rentsch, C. Wetterauer, J.R. Gsponer, H. Püschel, A. Bachmann, W. De Blok, N. Van Der Wel, D. Behrens, A. Minhas, L. Grode, B. Eisele, B.W.G. Van Rhijn (Basel, Switzerland; Amsterdam, The Netherlands; Hanover, Germany)
- 522 Targeting HER2 with trastuzumab-DM1 (T-DM1) is highly effective in preclinical models of HER2-overexpressing bladder cancer**
T. Hayashi, W. Jäger, I. Moskalev, S. Awrey, N. Li, L. Fazli, W. Yasui, A. Matsubara, P.C. Black (Vancouver, Canada; Hiroshima, Japan)
- 523 CYR61/CCN1 mediates HGF linked migration/invasion and promotes phenotypic aggression and poor prognosis in MIBC**
R. Robinson, M.B. Brown, C.A. Hart, V.A.C. Ramani, M.W. Lau, V.K. Sangar, N.W. Clarke (Manchester, United Kingdom)

Abstract Session

14.00 - 15.30 **Morbidity and functional outcomes of treatments for prostate cancer**

Room A4

Poster Session 43

Chairs: M. Graefen, Hamburg (DE)

B. Rocco, Milan (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- 524 Assessment of predictive factors of perioperative complications after minimally invasive radical prostatectomy: A multicentre study**
A.A.C. Grasso, E. De Lorenzis, G. Randi, M. Rosso, G. Cozzi, S. Zaramella, M. Zacchero, A. Antonelli, P. Parma, A. Celia, S. Ricciardulli, S. Crivellaro, M. Falsaperla, P. Bove, V. Iacovelli, L. Cindolo, D. Dente, E. Cappa, A. Minervini, L. Masieri, S. Serni, M. Carini, C. Simeone, A. Porreca, B. Rocco (Milan, Novara, Brescia, Mantova, Bassano del Grappa, Udine, Catania, Rome, Vasto, Abano Terme, Florence, Italy)
- 525 Impact of minimally invasive approach on the probability of early complete functional recovery after bilateral nerve sparing radical prostatectomy**
L. Villa, P. Dell'Oglio, A. Gallina, A. Nini, A. Russo, N. Buffi, A. Larcher, G. Lughezzani, M. Lazzeri, G. Guazzoni, N. Suardi (Milan, Italy)
- 526 Comparative study between laparoendoscopic single site through the umbilicus, multiport laparoscopy and open retropubic approaches for radical prostatectomy**
P.M. Cabrera, F. Cáceres, A. García-Tello, G. Andrés, C. Redondo, F. Lista, H. Gimbernat, J.C. Angulo (Getafe, Spain)
- 527 Clavien IIIb complications after open retropubic and robotic-assisted laparoscopic radical prostatectomy in a single high-volume centre**
B. Beyer, P. Tennstedt, K. Boehm, J. Schiffmann, A. Haese, M. Graefen (Hamburg, Germany)
- 528 Quality of life (QOL) effects of salvage radiotherapy in men after robot assisted radical prostatectomy (RARP)**
C. Acar, C. Tillier, W. De Blok, H.A.M. Van Muilekom, H.G. Van Der Poel (Istanbul, Turkey; Amsterdam, The Netherlands)
- 529 Time from surgery to urinary continence significantly influences the subsequent recovery of erectile function in patients treated with bilateral nerve-sparing radical prostatectomy**
G. Gandaglia, F. Abdollah, P. Dell'Oglio, A. Salonia, M. Bianchi, N.M. Passoni, N. Fossati, A. Nini, D. Vizzello, V. Scattoni, A. Gallina (Milan, Italy)
- 530 Early start of oral sildenafil 100mg for erectile dysfunction after robotic assisted laparoscopic radical prostatectomy: Preliminary results from randomized prospective trial**
B.K. Lee, K.M. Kim, J.W. Jung, Y.H. Park, J.H. Kim, S-C. Lee, S.J. Jeong, S.K. Hong, S-S. Byun, S.E. Lee (Seongnam, Chuncheon, South Korea)
- 531 Long term improvement and stability of peak flow rates across ages or in men with baseline PFR < 10 following robotic assisted radical prostatectomy (RARP)**
H. Dhaliwal, A. Gordon, D. Skarecky, K. Osann, B. Morales, T. Ahlering (Orange, United States of America)
- 532 Continence outcomes robotic assisted radical prostatectomy in suboptimal patients**
S. Samavedi, H. Abdul Muhsin, S. Pigilam, K. Palmer, G. Ebra, B. Rocco, V. Patel (Celebration, Florida, United States of America; Milan, Italy)

- * 533 **Is the striated urethral sphincter at risk by standard suture ligation of the dorsal vein complex in radical prostatectomy? An anatomical study in adult human male cadavers**
R. Ganzer, J-U. Stolzenburg, F. Weber, M. Burger, J. Bründl (Leipzig, Regensburg, Germany)

- 534 **Mental health issues in elderly men diagnosed with prostate cancer**
F. Roghmann, B. Varda, A. Sood, N. Ruhotina, J.D. Sammon, S. Sukumar, J.J. Leow, M. Menon, A.S. Kibel, J. Noldus, Q-D. Trinh (Herne, Germany; Boston, Detroit, Minneapolis, United States of America)

- 535 **Validation of EORTC QLQ-C30 and QLQ-PR25 questionnaires for quality of life assessment among Polish prostate cancer patients**
M. Sosnowski, Z. Wolski, Z. Jablonowski (Łódź, Bydgoszcz, Poland)

Abstract Session

14.00 - 15.30

Planning and techniques of partial nephrectomy

Room A8

Poster Session 44

Chairs: V. Matveev, Moscow (RU)

K. Touijer, New York (US)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Introduction on planning and techniques

K. Touijer, New York (US)

- 536 The R.E.N.A.L. nephrometric nomogram cannot accurately predict malignancy or aggressiveness of small renal masses amenable to partial nephrectomy**
A. Antonelli, M. Furlan, M. Sodano, A. Minervini, L. Cindolo, P. Parma, S. Zaramella, A. Porreca, G. Vittorini, A. Samuelli, D. Dente, F. Berardinelli, M.R. Raspollini, S. Serni, M. Carini, C. Terrone, L. Schips, C. Simeone (Brescia, Florence, Vasto, Mantova, Novara, Abano Terme, Padua, Italy)
- 537 Withdrawn**
- 538 Predictive factors of positive surgical margins in nephron sparing surgery: A prospective multicenter comparative study (RECORD1 project)**
A. Minervini, A. Antonelli, R. Bertolo, G. Bianchi, F. Fusco, G. Siena, C. Fiori, A. Tuccio, A. Mari, G. Martorana, V. Mirone, G. Morgia, G. Novara, F. Porpiglia, R. Schiavina, N. Arrighi, G. Vittori, C. Terrone, V. Ficarra, M. Carini (Florence, Brescia, Orbassano - Turin, Modena, Naples, Bologna, Padua, Novara, Udine, Italy)
- 539 The prediction of the trifecta outcome from clinical variables in patients candidates to partial nephrectomy for T1 renal tumors**
A. Minervini, G. Vittori, A. Antonelli, A. Celia, D. Dente, A. Gritti, A. Porreca, L. Cindolo, B. Rocco, P. Parma, C. Simeone, S. Zaramella, R. Nucciotti, M. Gacci, S. Serni, M. Carini (Florence, Brescia, Bassano del Grappa, Padua, Vasto, Milan, Mantova, Novara, Grosseto, Italy)
- 540 Predictive factors of surgical complication, ischemia time and trifecta outcome in cT1b renal masses. Report of a multicentric international prospective study**
F. Porpiglia, A. Minervini, R. Bertolo, S. Bhayani, A. Mari, C. Fiori, G. Guazzoni, N. Longo, V. Mirone, G. Morgia, A. Mottrie, J. Porter, S. Serni, V. Ficarra, M. Carini (Orbassano), Florence, Milan, Naples, Udine, Italy; Saint Louis, United States of America; Aalst, Belgium)
- 541 Combined computer tomography angiography and urography improve efficiency for targeting feeding branch during laparoscopic partial nephrectomy**
P. Shao (Nanjing, China)
- 542 Use of navigational polymeric templates in organ-preserving operations for renal tumours**
Y. Alyaev, V. Glybochko, N. Petrovskiy, N. Fiev (Moscow, Russia)
- 543 Console-integrated real-time three-dimensional image overlay navigation for robot-assisted partial nephrectomy with selective arterial clamping: Early single-center experience with 17 cases**
H. Miyake, J. Furukawa, K. Tanaka, M. Fujisawa (Kobe, Japan)

- * 544 **Achieving better functional outcomes after open, laparoscopic and robotic partial nephrectomy with “zero” ischemia using novel parenchyma clamps**
M. Mosoyan, S. Al-Shukri, A. Essaïan, [D. Ilin](#) (Saint-Petersburg, Russia)
- * 545 **«Early unclamping» during robot-assisted partial nephrectomy: A reproducible technique reducing warm ischemia time without increasing morbidity**
[B. Peyronnet](#), H. Baumert, A. Masson-Lecomte, R. Mathieu, Y. Grassano, M. Roumiguié, W. Massoud, V. Abd El Fattah, F. Bruyere, S. Droupy, A. De La Taille, N. Doumerc, J-C. Bernhard, C. Vaessen, M. Rouprêt, K. Bensalah (Rennes, Paris, Creteil, Bordeaux, Toulouse, Nîmes, Tours, France)
- 546 **Phase II study on clampless laparoscopic thulium-laser partial nephrectomy - protection of kidney function**
[C. Heszler](#), E. Dlouhy, R. Karpf, W. Albrecht (Mistelbach, Austria)
- 547 **Hydro-jet-assisted laparoscopic partial nephrectomy without renal arterial clamping: A preliminary study**
Y. Gao, L. Chen, Y. Ning, X.G. Cui, L. Yin, J. Chen, J.K. Wang, C.S. Bai, [D.F. Xu](#) (Shanghai, China)

Abstract Session

14.00 - 15.30 Paediatric urology: Upper urinary tract

Room A10

Poster Session 45

Chairs: G. Lackgren, Uppsala (SE)
J. Seibold, Tübingen (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Introduction on the session topic

J. Seibold, Tübingen (DE)

- 548 **Safe and optimal pneumoperitoneal pressure for transperitoneal laparoscopic renal surgery in infant less than 10 kg, looked beyond intra-operative period: A prospective and randomized study**
S. Sureka, A. Sachin, S. Agarwal, S. Singh, A. Srivastava, A. Mandhani, [R. Kapoor](#), M. Ansari (Lucknow, India)
- * 549 **Laparoendoscopic single-site surgery for pediatric urologic disease**
[Y. Yamada](#), Y. Naitoh, K. Kobayashi, A. Fujihara, K. Johnin, A. Kawauchi, T. Miki (Kyoto, Otsu, Japan)
- 550 **Laparoscopic pyeloplasty in pre-school children (age 3-60 months)**
D. Rajyaguru, [K. Patel](#) (Ahmedabad, India)
- * 551 **Minimally invasive versus open pyeloplasty in children: The differential effect of procedure volume on operative outcomes**
[B. Varda](#), J.D. Sammon, S. Sukumar, A. Sood, M. Schmid, O. Djahangirian, K.R. Ghani, N. Ruhotina, W. Jeong, K. Janosek-Albright, Q-D. Trinh (Boston, Detroit, Minneapolis, Ann Arbor, United States of America; Hamburg, Germany; Montreal, Canada)
- 552 **Is pyelo-pyelostomy sufficient and effective for ureteropelvic junction obstruction with vascular compression?**
A. Demirta, N. Baydilli, E.C. Akinsal, [D. Demirci](#) (Kayseri, Turkey)
- 553 **Complete ureterectomy - necessary or optional?**
[H.B. Nemade](#), P. Cuckow, I. Mushtaq, N. Smeulders, A. Cherian (London, United Kingdom)
- 554 **Predictors of reoperation after endoscopic puncture of ureterocele**
[K.A. Soliman](#), T.E. Helmy, A. Abdelhalim, A.T. Hafez, M. Dawaba (Mansoura, Egypt)
- * 555 **Withdrawn**
- 556 **Selection criteria for initial urinary drainage in relation to definitive stone management in obstructive calculi anuria with acute renal failure in children less than 4 years in age**
[M.S. El-Sheemy](#), A.M. Shouman, A.I. Shoukry, W. Aboulela, K. Daw, A.A. Hussein, H.A. Morsi (Cairo, Egypt)
- 557 **Against the old odds: Smaller is the better**
Y.B. Bostanci, F.A. Atac, [E. Ozden](#), Y.I. Issi, Y.K.Y. Yakupoglu, S.S. Sarikaya (Samsun, Turkey)
- 558 **Pediatric supine PCNL**
[W. Gamal Saad](#), A. Hammady, M. Hussein, A. Mmdouh, M. Aldahshoury (Sohag, Egypt)

- 559** **Semi-rigid ureteroscopy for management of ureteric calculi in children: Experience in 117 cases**
[A.M.N. Sakr](#), T. Dawod, M. Teleb, A.A. Ragab, E.R. Elsayed, A.M. Maarouf, S.A.S. Khalil, A.M.S. Shahin,
H. Kamel (Zagazig, Egypt)

Abstract Session

14.00 - 15.30 Infectious prostate disease

Room A11

Poster Session 46

Chairs: F.M.E. Wagenlehner, Gießen (DE)

B. Wullt, Lund (SE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Changing landscape on urinary tract infection resistance

F.M.E. Wagenlehner, Gießen (DE)

- * 560 **Screening for ciprofloxacin resistant bowel flora prior to TRUS prostate biopsy; a simple method to reduce TRUS induced septicaemia**
M.A. Holmes, J. Stewart, A. Watson-Holmes, M. Lyons, G. Devcich, J. Leyland, P. Bary (Hamilton, Auckland, New Zealand)
- 561 **Prostate calcifications and LUTS: The potential role of bacterial biofilm and prostate inflammation**
T. Cai, D. Tiscione, I. Caola, F. Piccoli, F. Tessarolo, G. Nollo, S. Mazzoli, P. Lanzafame, G. Malossini, P. Caciagli, R. Bartoletti (Trento, Florence, Italy)
- 562 **Specific pharmacokinetic aspects in levofloxacin therapy of chronic bacterial prostatitis related to prostate hemodynamics**
M.I. Kogan, H. Ibishev, I. Servilina, A. Cherny, R. Soslaev (Rostov-on-Don, Russia)
- 563 **Resveratrol suppresses innate immune responses following Trans-Rectal UltraSound guided (TRUS) biopsy of the prostate**
T.W. Chong, Y.Q. Goh, J.Y. Tai, S.C. Wong (Singapore, Singapore)
- * 564 **Withdrawn**
- 565 **Relationship between testosterone and prostatitis-like symptoms assessed by the National Institutes of Health Chronic Prostatitis Symptom Index**
J-H. Lee, D-G. Lee (Seoul, South Korea)
- 566 **Microbiological effectiveness of two different approaches to antibiotic therapy for chronic bacterial prostatitis**
Y. Naboka, M. Kogan, H. Ibishev, I. Gudima, A. Ferzauli (Rostov-on-Don, Russia)
- 567 **Eviprost has an identical effect compared to pollen extract (Cernilton) in patients with chronic prostatitis/chronic pelvic pain syndrome: A randomized, prospective study**
A. Imai, S. Hatakeyama, T. Yoneyama, Y. Hashimoto, T. Koie, A. Kyan, K. Miki, T. Kawaguchi, S. Takahashi, N. Takahashi, Y. Yagihashi, C. Ohyama (Hirosaki-Shi, Japan)
- 568 **Epigenetical analyses on inflammatory factors in patients with prostatitis, BPH and prostate cancer: Discovering the link between inflammation and carcinogenesis**
S.R. Velagala, P. Seifer, T. Dansranjavin, G.V. Sarode, W. Weidner, F. Wagenlehner, U. Schagdarsurengin (Giessen, Germany)
- 569 **Immunostimulation in Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS). A one-year prospective, double-blind, placebo-controlled study**
F.M.E. Wagenlehner, S. Ballarini, K.G. Naber (Gießen, Munich, Germany; Geneva, Switzerland)

- 570 A single centre study of acute prostatitis after prostate biopsy and quinolone resistance**
[J.W. Choe](#), K.D. Kim, Y.T. Moon, J.K. Kwon, I.H. Chang, J.H. Ryu, S.H. Park, J.H. Kim, J.D. Choi, S.H. Ahn, M.S. Kim, S.Y. Lee (Seoul, Goyang-Si, Gyeonggi-Do, South Korea)
- 571 Primary assessment of electrode pharmaphoresis efficacy in treatment of chronic bacterial prostatitis**
P.V. Glybochko, Yu.G. Alyaev, M.E. Chalyj, [G.A. Voskanyan](#) (Moscow, Russia)

Abstract Session

14.00 - 15.30 Refractory OAB

Room K1

Poster Session 47

Chairs: T.J. Greenwell, London (GB)

A.R. Onur, Elazig (TR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- 572 Long-term adherence to antimuscarinic therapy in everyday practice: A systematic review**
P.W. Veenboer, J.L.H.R. Bosch (Utrecht, The Netherlands)
- 573 Rates of urinary retention in mirabegron-treated patients**
C.R. Chapple, V.W. Nitti, S. Herschorn, M.B. Blauwet, K. Traudtner, C. Walters, E. Siddiqui (Sheffield, Chertsey, United Kingdom; New York, Northbrook, United States of America; Toronto, Canada; Leiderdorp, The Netherlands)
- 574 Cardiovascular safety of combination treatment with mirabegron and solifenacin in patients with overactive bladder in a randomised, double-blind, dose-ranging, Phase II study (Symphony)**
P. Abrams, C. Kelleher, D. Staskin, R. Kay, R. Martina, D. Newgreen, A. Pairedy, R. Van Maanen, A. Ridder (Bristol, London, Bakewell, United Kingdom; Boston, United States of America; Leiden, The Netherlands)
- 575 Adherence to oral anticholinergics: A long-term, population-based analysis within an equal access health care system of 24.319 patients**
C. Wehrberger, M. Rauchenwald, S. Madersbacher (Vienna, Austria)
- 576 Mirabegron in clinical practice: An initial real-life experience from a tertiary referral centre**
M. Yassin, H. Burden, H. Hashim (Bristol, United Kingdom)
- 577 Consistent improvements in urinary urgency following repeat onabotulinumtoxinA treatments in patients with overactive bladder syndrome and urinary incontinence**
K-D. Sievert, C.R. Chapple, D.O. Sussman, S. Radomski, P.K. Sand, S. Guard, C. Nardo, J. Zhou, V. Nitti (Tübingen, Germany; Sheffield, Marlow, United Kingdom; Stratford, Chicago, Irvine, Bridgewater, New York, United States of America; Toronto, Canada)
- * 578 The efficacy of intravesical onabotulinumtoxin-A injection in the treatment of interstitial cystitis/bladder pain syndrome: A randomized, double-blind, placebo controlled study**
C-L. Lee, Y-H. Jiang, J-F. Jhang, H-C. Kuo (Hualien, Taiwan)
- 579 Pilot study of liposome encapsulated onabotulinumtoxinA for patients with overactive bladder – clinical results and changes of urothelial sensory proteins in a single centre**
Y-H. Jiang, H-C. Kuo, H-T. Liu, Y-C. Chuang, L-A. Birder, M. Chancellor (Hualien, Kaohsiung, Taiwan; Pennsylvania, Michigan, United States of America)
- 580 Overactive bladder is a dynamic syndrome – a five-year longitudinal follow-up of the changes of overactive bladder symptoms, urodynamic studies, and urinary nerve growth factor levels**
J-F. Jhang, Y-H. Jiang, C-L. Lee, F-C. Chuang, H-T. Liu, H-C. Kuo (Hualien, Kaohsiung, Taiwan)
- 581 Withdrawn**

- 582 An economic model to investigate differences in resource utilisation associated with the use of BOTOX® to manage urinary incontinence in patients with idiopathic overactive bladder in the United Kingdom**
C. Loveman, J. Millen, R. Zeidman, [L. Ruff](#) (Marlow, London, United Kingdom)
- 583 OnabotulinumtoxinA reduces urinary incontinence and improves quality of life in overactive bladder patients regardless of use of clean intermittent catheterisation or the presence of urinary tract infection**
[K. Everaert](#), J. Gruenenfelder, H. Schulte-Baukloh, S. Guard, Y. Zheng, D. Sussman (Ghent, Belgium; Laguna Hills, Bridgewater, Stratford, United States of America; Berlin, Germany; Marlow, United Kingdom)
- 584 Clinical implications of ambulatory urodynamics in patients treated with sacral neuromodulation: Lessons learned**
[J.M.A.F.L. Drossaerts](#), K.L.J. Rademakers, G.A. Van Koeveeringe, P.E.V.A. Van Kerrebroeck (Maastricht, The Netherlands)
- 585 Responders and partial responders to tolterodine extended release: Effect of fesoterodine in tolterodine partial responders**
[F. Ntanios](#), M. Carlsson, D. Arumi, L. Whelan, D. Scholfield (New York, United States of America; Madrid, Spain; Walton Oaks, United Kingdom)

Abstract Session

14.00 - 15.30 **Nocturia and nocturnal polyuria**

Room K2

Poster Session 48

Chairs: S.G.G. De Wachter, Edegem (BE)
P.E. Van Kerrebroeck, Maastricht (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

State-of-the-art: Nocturia

P.E. Van Kerrebroeck, Maastricht (NL)

- 586 Impairment of diuretic adaptation mechanism of the bladder with aging and utility of fluid restriction**
K. Aikawa, K. Ishibashi, N. Kushida, N. Haga, S. Ogawa, H. Akaihata, Y. Sato, M. Yabe, J. Hata, T. Koguchi, Y. Kojima (Fukushima, Japan)
- 587 An evaluation of the relationship between daily steps and nocturia: Results of 4 year longitudinal study**
M. Yoshida, Y. Osuga, R. Otsuka, F. Ando, H. Shimokata (Obu, Japan)
- 588 Negative impact of nocturia on utility, productivity and health-related quality of life: Results of a real world survey of patients in Europe and USA**
F. Andersson, M. Bing, T. Holm-Larsen, P. Anderson, J.P. Norgaard (Copenhagen, Herlev, Denmark; Macclesfield, United Kingdom)
- 589 Nocturia is a chaotic condition caused by nocturnal polyuria, age, comorbidity, insomnia, urgency, and bladder capacity**
T. Fujimura, H. Kume, T. Sugihara, Y. Yamada, M. Suzuki, H. Nishimatsu, H. Fukuhara, T. Nakagawa, Y. Igawa, Y. Homma (Tokyo, Japan)
- 590 The correlation between snoring of sleep disturbance and nocturia**
H.J. Jung, H.J. Kong, K.H. Bae, D.Y. Kim (Daegu, South Korea)
- 591 Negative impact of reduced first undisturbed sleep period on utility, productivity and health-related quality of life: Results of a real world survey of patients in Europe and USA**
D.L. Bliwise, P. Anderson, R. Wood, T. Holm-Larsen (Atlanta, United States of America; Macclesfield, United Kingdom; Copenhagen, Denmark)
- 592 Nocturia related to post radiation bladder pain can be improved by hyaluronic acid chondroitin sulfate (ialuril®)**
C. Giannessi, D. Villari, O. Saleh, J. Frizzi, A. Raugei, V. Li Marzi, B. Detti, E. Finazzi Agrò, A. Minervini, M. Carini, S. Serni, M. Gacci (Florence, Rome, Italy)
- 593 Change of nocturnal polyuria index by age**
J.W. Kim, H.S. Park, M.M. Oh, C.Y. Yoon, H.J. Park, D.G. Moon (Seoul, South Korea)
- 594 Incidence and remission of nocturia: A systematic review of longitudinal population-based studies with meta-analysis and meta-regression**
J.S. Pesonen, R. Cartwright, A. Mangera, H. Santti, T.L. Griebing, A.E. Pryalukhin, J. Riikonen, R.M. Tähtinen, A. Agarwal, J.F. Tsui, C.P. Vaughan, A.D. Markland, T.M. Johnson 2nd, R. Fonsell-Annala, C. Khoo, T.L.J. Tammela, Y. Aoki, A. Auvinen, D. Heels-Ansdell, G.H. Guyatt, K.A.O. Tikkinen (Tampere, Helsinki, Kuopio, Finland; London, Sheffield, United Kingdom; Kansas City, New York, Atlanta, United States of America; Saint Petersburg, Russia; Hamilton, Canada; Fukui, Japan)

- 595 Extent to which a voiding diary is used to reach diagnosis in nocturia patients: Results of a real world survey of physicians and patients in Europe and the USA**
[A-S. Goessaert](#), P. Anderson, T. Holm-Larsen, F. Andersson, K. Everaert (Ghent, Belgium; Macclesfield, United Kingdom; Copenhagen, Denmark)
- 596 The effect of obstructive sleep apnea correction on nocturia**
[D. Kim](#), H. Park, S. Paick, J. Seo, H. Kim, J. Kim, W. Park, Y. Lho, H. Kim (Seoul, Bucheon, Incheon, South Korea)
- 597 Characteristics of nocturia in shift workers**
J.W. Kim, M.M. Oh, C.Y. Yoon, J.Y. Chae, J.W. Kim, H.S. Park, H.J. Park, [D.G. Moon](#) (Seoul, South Korea)

Abstract Session

14.00 - 15.30 **Men's sexual health: Treatment of erectile dysfunction**

Room T1

Poster Session 49

Chairs: K. Hatzimouratidis, Thessaloniki (GR)
D.J. Ralph, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: PD5 inhibitors post radical surgery: How should it be used?

D.J. Ralph, London (GB)

- * 598** **Effects of tadalafil once daily (OaD) or on-demand (PRN) versus placebo on time to recovery of erectile function (EF) in patients post bilateral nerve-sparing radical prostatectomy (nsRP)**
I. Moncada, F.R. De Bethencourt, C. Turbi, H. Büttner, C. Henneges, J.I. Martinez Salamanca (Madrid, Spain; Bad Homburg, Germany)
- * 599** **Intra-cavernous injection of bone marrow stem cells is well tolerated and improve erectile function in patients with post-prostatectomy erectile dysfunction: Preliminary results of a phase I-II clinical trial**
R. Yiou, A. De La Taille, C. Abbou, D. Augustin, E. Audureau, H. Rouard (Creteil, France)
- 600** **Use of avanafil and successful intercourse within approximately 15 minutes of dosing in men with mild to severe erectile dysfunction**
H. Porst, I. Eardley, D. Hatzichristou, C. Peterson, W. Shih (Hamburg, Germany; Leeds, United Kingdom; Thessaloniki, Greece; Mountain View, United States of America)
- 601** **Tadalafil once daily under routine conditions (EDATE): Treatment continuation during a 6-month observational study**
J. Buvat, F. Boess, N. Gehchan, C. Henneges, *D. Hatzichristou*, H. Porst (Lille, Neuilly Sur Seine, France; Bad Homburg, Hamburg, Germany; Thessaloniki, Greece)
- 602** **A comparison of baseline erectile function after on-demand 20 mg tadalafil vs daily 5 mg tadalafil in men with erectile dysfunction and diabetes: A prospective, observational 2-year study**
H.J. Park, J.S. Hyun, N.C. Park (Busan, Jinju, South Korea)
- 603** **Low-intensity shockwave treatment for ED - long term follow up of 2 years**
Y. Vardi, B. Appel, N.D. Kitrey, O. Massarwa, I. Gruenwald (Haifa, Israel)
- 604** **Additional shockwave treatment improves erectile function in patients with poor response to the standard shockwave protocol**
Y. Vardi, B. Appel, N.D. Kitrey, O. Massarwa, I. Gruenwald (Haifa, Israel)
- 605** **Virtual cavernoscopic study of cavernosal arterial anatomy to refine penile revascularization surgery**
K. Izumi, Y. Kawanishi, H. Muguruma, M. Yamanaka, T. Fukawa, T. Kishimoto, H. Kanayama (Takamatsu, Tokushima, Japan)
- 606** **Are the outcome and satisfaction rates of erectile dysfunction patients operated on penile prosthesis implantation secondary to radical prostatectomy different from those having vasculogenic etiology?**
I.H. Bozkurt, B. Arslan, Z. Kozacioglu, *T. Yonguc*, T. Degirmenci, B. Gunlusoy, S. Minareci (Izmir, Turkey)
- 607** **Simultaneous implantation of hydraulic penile prosthesis and artificial urinary sphincter - useful or not?**
N. Papageorgiou, S.O. Schattka, I. Kausch (Westerstede, Germany)

- 608 Prospective comparison of erectile function after radical prostatectomy and low dose brachytherapy for low-risk prostate cancer**
F. Delage, E. Le Fur, M.A. Perrouin Verbe, G. Papin, A. Loïselle, M. Thoulouzan, J.B. Coquet, J.P. Malhaire, O. Pradier, G. Fournier, [A. Valeri](#) (Brest, France)
- 609 Longitudinal changes in erectile function after Thulium:YAG (RevoLix®) prostatectomy for the treatment of benign prostatic obstruction: 1 Year follow up study**
J.I. Chung, J.S. Chung Jae Seung, P.M. Kang, W.I. Seo, [C.K. Oh](#), S.C. Kim, S.H. Park, S.S. Park, W.S. Kim, J.H. Yoon, D.I. Kang, K.S. Min (Busan, South Korea)

Abstract Session

14.00 - 15.30

Technical innovation in PCNL

Room C6

Poster Session 50

Chairs: P. Chlostá, Cracow (PL)

L. Cindolo, Vasto (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: How small can a percutaneous access be?

P. Chlostá, Cracow (PL)

- * 610 **Static versus dynamic anatomy of the collecting system during ECIRS (Endoscopic Combined IntraRenal Surgery): Contribution of a fusion imaging technique and of the preliminary retrograde flexible ureteroscopy**
C.M. Cracco, C.M. Scoffone (Turin, Italy)
- * 611 **The state of upper urinary tract urodynamics in patients before and after percutaneous nephrolitholapaxy**
O.I. Apolikhin, I.S. Mudraya, S.S. Gurbanov, D.S. Merinov, N.G. Keshishev, G.A. Kovchenko (Moscow, Russia)
- 612 **The "Vacuum cleaner effect" in minimal invasive nephrolitholapaxy (MIP) – illustration of the effect by computational fluid dynamics**
A.P. Nicklas, U. Nagele (Hall in Tirol, Austria)
- 613 **Ultra-mini PCNL (UMP) vs retrograde intrarenal surgery (RIRS)**
J. Desai, R. Solanki (Ahmedabad, India)
- 614 **The treatment of moderate size renal calculi with micro-percutaneous nephrolithotomy technique: Our clinical experiences**
T. Karatag, I. Buldu, R. Inan, M.O. Istanbuluoglu (Konya, Turkey)
- 615 **Micro-ECIRS (Endoscopic Combined IntraRenal Surgery) for kidney stones: Our initial experience**
M. Cossu, C. Fiori, M. Poggio, M. Manfredi, N. Serra, D. Garrou, G. Cattaneo, F. Porpiglia (Orbassano, Turin, Italy)
- 616 **Tubeless percutaneous nephrolithotomy: Yes but when? A multicentre retrospective cohort study**
M.M. Rifaioğlu, K. Onem, I. Buldu, T. Karatag, M.O. Istanbuluoglu (Hatay, Samsun, Konya, Turkey)
- 617 **Tubeless PCNL is not an hazard**
G. Giusti, S. Proietti, R. Pescechera, G. Taverna, P. Graziotti (Rozzano, Italy)
- * 618 **Intraoperative and postoperative effectiveness and safety of total tubeless, tubeless, small-bore and standard percutaneous nephrolithotomy: A systematic review and network meta-analysis of 16 randomized controlled trials**
J.Y. Lee, J.H. Choi, I.K. Kim, D.H. Kang, S. Jeh, J.K. Kwon, H. Lee, Y.D. Choi, S.J. Hong, K.S. Cho (Seoul, Gongju, Osong, South Korea)
- 619 **Percutaneous nephrolithotomy: Comparative study between standard (with nephrostomy), tubeless & tubeless stentless**
T.H.M. Al-Ba'adani, K. Al-Badway, A. Al-Wishali, S. Ahmed, I. El-Nono (Sana'a, Yemen)

620 Comparative study between standard, tubeless and modified totally tubeless percutaneous nephrolithotomy

H.S. Yu, H.S. Chung, J.S. Kim, I.S. Hwang, E.C. Hwang, K.J. Oh, S.O. Kim, [S.I. Jung](#), T.W. Kang, C.S. Kim, D.D. Kwon, K.S. Park (Gwangju, South Korea)

Abstract Session

15.45 - 17.15 **Complex stones and transplantation**

eURO Auditorium

Video session 6

Chairs: F. Gómez Veiga, A Coruna (ES)

L. Peri Cusi, Barcelona (ES)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

- V41 Single-stage laparoscopic management of impacted large proximal ureteric stone with concomitant multiple renal stones**
T.W. Tan, B.W. Tan, S.J. Chia, K.S. Png (Singapore, Singapore)
- V42 Complex staghorn calculi: Efficacy of single-tract approach for complete stone clearance in a single session**
J.A. Agudelo, E. Arias, N. Ktech, J. Chirinos, M. Riveros, L. Sanchez, R. Montiel, E. Pena (Maracaibo, Venezuela)
- V43 Laparoscopic treatment of urinary stones after failure of previous mini-invasive approaches**
A.L. Pastore, G. Palleschi, L. Silvestri, A. Leto, Y. Al Salhi, D. Autieri, A. Ripoli, A. Fuschi, D. Moschese, C. Maggioni, A. Carbone (Latina, Italy)
- V44 Endourological treatment of calyceal diverticulum disease**
M.A. Acosta, V. Diego, G. Celada, R.J. Otta, R. Brime, I. Fernández, C. Olivier (Madrid, Spain)
- V45 Modern approach for caliceal infundibular stenosis: Flexible retrograde ureteroscopy**
V. Mirciulescu, R. Multescu, D. Georgescu, G. Nita, C. Moldoveanu, C. Persu, M. Dragutescu, C. Ene, P. Geavlete (Bucharest, Romania)
- V46 Robotic kidney transplantation with regional hypothermia: A step-by-step description of the VUI-Medanta technique (IDEAL Phase 2a)**
W. Jeong, R. Ahlawat, K.R. Ghani, A. Sood, R.K. Kumar, R. Abaza, M. Bhandari, V. Kher, M. Menon (Detroit, Columbus, United States of America; New Delhi, India)
- V47 An experimental model for training in renal transplantation surgery with human cadavers preserved with W.Thiel embalming technique**
R. Cabello, C. González, C. Quicios, G. Bueno, J.V. García, P. Charry, X. Jacome, P.M. Rodríguez, M.P. Alcoba, A.B. Arribas, F. Clascá (Madrid, Spain)
- V48 Partial laparoscopic nephrectomy in a renal autotransplant**
A. Zarraonandia Andraca, M. Ruibal, J. Gonzalez-Dacal, H. Rodriguez, J. Diaz, V. Garcia-Riestra (Pontevedra, Spain)
- V49 Reimplant laparoscopic ureteral renal transplant patient**
A. Perez-Lanzac, J. Soto Villalba, J. Rosety Rodriguez, R. Garcia-Baquero, A. Conde Giles, C. Leon Delgado, J. Amores Bermudez, J. Cañete Bermudez, P. Parra, M.J. Ledo Cepero, B. Madurga Patuel, J.L. Alvarez-Ossorio Fernandez (Cadiz, Spain)

Abstract Session

15.45 - 17.15 **Beyond conventional endoscopy**

Room A2

Poster Session 51

Chairs: B. Ali-El-Dein, Mansoura (EG)
P. Black, Vancouver (CA)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 621 Diffusion weighted MRI of the bladder: A biomarker for prediction of bladder cancer aggressiveness**
S. Sevcenco, L. Ponhold, G. Heinz-Peer, F.E. Kühhas, A. Haitel, M. Susani, A. Miernik, S.F. Shariat, P. Baltzer (Vienna, Austria; Freiburg, Germany)
- 622 Endoscopic molecular imaging of human bladder cancer with anti-CD47**
Y. Pan, J-P. Volkmer, K.E. Mach, R.V. Rouse, J-J. Liu, D. Sahoo, T.C. Chang, M. Van De Rijn, F. Freiha, E.C. Skinner, S. Gambhir, I.L. Weissman, J.C. Liao (Stanford, United States of America)
- 623 Laser-induced autofluorescence spectroscopy: Can it be of importance in detection of bladder lesions?**
O.M. Aboumarzouk, A. Zreik, R. Valentine, R. Buist, S. Ahmad, G. Nabi, S. Eljamel, H. Moseley, S.G. Kata (Gaza, Palestina; Cardiff, Dundee, United Kingdom)
- 624 The combination of urine Pap cytology with immunocytochemical detection of minichromosome maintenance protein 2 (MCM-2) in patients with visible haematuria identifies most bladder cancers**
K. Saeb-Parsy, B.M.V. Thottakam, S. Dhanvijay, N. Narine, D. Rana, A. Wilson, S. Chilcott, W. Burrill, B. Turner, G.D. Stewart, S. Swami, D.J. Harrison, D.E. Neal (Cambridge, Aberdeen, Manchester, Bradford, London, Glasgow, Fife, United Kingdom)
- 625 A non-invasive urine-based epigenetic urinary biomarker panel for the detection of bladder cancer and the discrimination of high-grade and low-grade disease**
T. Hermanns, E. Olkhov-Mitsel, A. Savio, B. Bhindi, D. Zdravic, C. Kuk, A. Noon, R. Rendon, D. Waltregny, K. Lo, T. Van Der Kwast, A. Finelli, N.E. Fleshner, A.R. Zlotta, B. Bapat (Toronto, Halifax, Canada; Liege, Belgium)
- 626 A urinary microRNA signature validates to identify the presence of bladder urothelial carcinoma in patients undergoing surveillance**
N. Sapre, P.D. Anderson, G. Macintyre, A. Kowalczyk, A.J. Costello, N.M. Corcoran, C.M. Hovens (Parkville, Australia)
- 627 Metabolic profiling of serum: Potential in the diagnosis of upper tract urothelial carcinomas**
Q. Lv, C. Yin, P. Li, J. Tao (Nanjing, China)
- 628 Development of a urine-based multiplex molecular assay for bladder cancer diagnosis**
E. Wallace, E.W. Lai, K.E. Mach, N. Haque, L. McCann, S. Hsiao, D. Bui, R. Mohan, M. Satya, E. Wong, J.A. Bridge, D. Persing, R. Higuchi, J.C. Liao (Sunnyvale, Palo Alto, Omaha, United States of America)
- 629 Photodynamic diagnostic ureterorenoscopy: A must use tool for upper urinary tract tumour diagnosis and treatment**
S. Kata, A. Zreik, S. Ahmad, G. Nabi, S. Eljamel, H. Moseley, R. Buist, P. Chlosta, O.M. Aboumarzouk (Dundee, Cardiff, United Kingdom; Krakow, Poland; Gaza, Palestina)

- * 630 **Optical biopsy of upper tract urothelial carcinoma with confocal laser endomicroscopy**
D. Bui, [K.E. Mach](#), A. Lopez, J.-J. Liu, T. Chang, J. Lavelle, J.T. Leppert, J.C. Liao (Stanford, United States of America)

- 631 **An evaluation of the predictive value of serum CA19-9 in patients with upper urinary tract urothelial carcinoma**
[T. Suyama](#), M. Maekawa, H. Shimizu, J. Yonese, I. Fukui, N. Tanaka, Y. Takeuchi (Saitama, Tokyo, Japan)

- 632 **Haematuria in patients under 40 years: Long prospective large cohort study**
S.F. Mishriki, [O.M. Aboumarzouk](#), B.K. Somani (Aberdeen, Cardiff, United Kingdom)

- 633 **Optical biopsy with confocal laser endomicroscopy (CLE): A new technology for diagnosis of bladder cancer. Preliminary results of a phase II pilot study**
[M. Brausi](#), M. Gavioli, G. De Luca, M. Viola, G. Peracchia, F. Swartz (Modena, Italy; Paris, France)

Abstract Session

15.45 - 17.15 Treatment of high risk prostate cancer

Room A4

Poster Session 52

*Chairs: N.W. Clarke, Manchester (GB)
T.B.C.*

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

State-of-the-art: The value of large databases (include competing risk analysis)

N.W. Clarke, Manchester (GB)

- 634 In high-risk prostate cancer, prognostic factors predict cancer related death in a time-dependent fashion following surgery: A multi-institutional competing risk analysis**
L. Tosco, A. Laenen, P. Bastian, A. Briganti, F.K. Chun, P. Gontero, C.Y. Hsu, J. Karnes, G. Marchioro, R. Sanchez-Salas, M. Spahn, B. Tombal, T. Van Den Broeck, H. Van Der Poel, H. Van Poppel, S. Joniau (Leuven, Brussels, Belgium; Munich, Hamburg, Germany; Milan, Turin, Novara, Italy; Puli, Taiwan; Rochester, United States of America; Paris, France; Berne, Switzerland; Amsterdam, The Netherlands)
- 635 The impact of time to biochemical recurrence on cancer-specific mortality in patients with high-risk prostate cancer treated with radical prostatectomy: A competing-risks regression analysis**
G. Gandaglia, M. Spahn, S. Joniau, P. Gontero, M. Bianchi, B. Kneitz, F.K.H. Chun, M. Sun, M. Graefen, F. Abdollah, G. Marchioro, D. Frohenberg, S. Giona, B. Freja, P.I. Karakiewicz, H. Van Poppel, J. Karnes, A. Briganti (Milan, Turin, Novara, Udine, Italy; Berne, Switzerland; Leuven, Belgium; Wurzburg, Hamburg, Karlsruhe, Germany; Montreal, Canada; Rochester, United States of America)
- 636 A competing risk analysis of cancer-specific mortality of initial treatment with radical prostatectomy versus radiation therapy in high-risk prostate cancer**
J.Y. Lee, J.H. Choi, I.K. Kim, S. Jeh, J.K. Kwon, K.S. Cho, W.S. Ham, I.R. Cho, J.S. Lee, Y.D. Choi (Seoul, Gimhae, South Korea)
- 637 Survival benefit of radical prostatectomy in patients with clinically advanced prostate cancer: Estimations of the number needed to treat based on competing-risks analysis**
G. Gandaglia, M. Sun, V. Trudeau, F. Roghmann, M. Meskawi, A. Becker, P. Perrotte, Z. Tian, J. Schiffmann, M. Azizi, P.I. Karakiewicz, F. Abdollah (Milan, Italy; Montreal, Canada)
- 638 Combination of postoperative prognostic features to predict cancer specific survival in high-risk prostate cancer: A multi institutional competing risk analysis**
L. Tosco, A. Laenen, P. Bastian, A. Briganti, F.K. Chun, P. Gontero, Y.H. Hsu, J. Karnes, G. Marchioro, R. Sanchez-Salas, M. Spahn, B. Tombal, T. Van Den Broeck, H. Van Der Poel, H. Van Poppel, S. Joniau (Leuven, Brussels, Belgium; Munich, Hamburg, Germany; Milan, Turin, Novara, Italy; Puli, Taiwan; Rochester, United States of America; Paris, France; Berne, Switzerland; Amsterdam, The Netherlands)
- 639 In high-risk prostate cancer, more than 3 positive nodes at radical prostatectomy represent an independent predictor of worse CSS, while 1 to 3 positive nodes do not influence CSS**
L. Tosco, P. Bastian, F. Chun, P. Gontero, C.Y. Hsu, J. Karnes, G. Marchioro, R. Sanchez-Salas, M. Spahn, B. Tombal, T. Van Den Broeck, H. Van Der Poel, H. Van Poppel, S. Joniau (Leuven, Brussels, Belgium; Munich, Hamburg, Germany; Turin, Novara, Italy; Puli, Taiwan; Rochester, United States of America; Paris, France; Berne, Switzerland; Amsterdam, The Netherlands)

- 640 Current trends in management of high-risk prostate cancer in Europe: Results of a web-based survey by the Prostate Cancer Working Group of the Young Academic Urologists Working Party of the European Association of Urology**
C.I. Surcel, A. Briganti, H. Isbarn, P. Ost, G. Ploussard, P. Sooriakumaran, R.C.N. Van Den Bergh, I.M. Van Oort, O. Yossepowitch, M. Sedelaar, G. Giannarini (Bucharest, Romania; Milan, Italy; Hamburg, Germany; Ghent, Belgium; Paris, France; Oxford, United Kingdom; Utrecht, Nijmegen, The Netherlands; Petach-Tikva, Israel; Berne, Switzerland)
- 641 Oncological results and biochemical recurrence-free survival after radical prostatectomy for high-risk prostate cancer**
J-B. Beauval, M. Roumiguié, M. Thoulouzan, A. De La Taille, E. Huyghe, N. Doumerc, P. Rischmann, L. Salomon, M. Soulié (Toulouse, Creteil, France)
- 642 Risk of death after radical prostatectomy by pathological stage and grade for men with locally advanced prostate cancer**
D. Milonas, G. Peculyte, T. Simaska, M. Kincius, G. Smailyte, I. Gudiniaviciene, M. Jievaltas (Kaunas, Vilnius, Lithuania)
- 643 Risk factors of biochemical recurrence in high risk prostate cancer treated surgically**
A. Aguilera, **B. Bañuelos**, J.M. Alonso-Dorrego, D. López, J. Díez, J. Cisneros, J.J. Peña (Madrid, Spain)
- 644 Perioperative and oncological outcomes in high risk elderly patients**
S. Samavedi, H. Abdul Muhsin, S. Pigilam, K. Palmer, G. Ebra, **B. Rocco**, R. Coelho, V. Patel (Celebration, Florida, United States of America; Sao Paulo, Brazil)
- 645 Radical prostatectomy vs radiotherapy among older patients with clinically advanced prostate cancer**
F. Roghmann, M. Schmid, A. Sood, J.D. Sammon, S. Sukumar, K.R. Ghani, N. Ruhotina, W. Jeong, P.L. Nguyen, B. Varda, A.S. Kibel, Q-D. Trinh (Herne, Hamburg, Germany; Detroit, Minneapolis, Ann Arbor, Boston, United States of America)

Abstract Session

15.45 - 17.15 **Renal function and survival after partial nephrectomy**

Room A8

Poster Session 53

Chairs: A. Bex, Amsterdam (NL)

M. Oya, Tokyo (JP)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Renal function and patient survival

F. Porpiglia, Turin (IT)

- * 646 Nephron sparing surgery does not decrease other-causes mortality relative to radical nephrectomy in patients with clinical T1a-T1b renal mass: Results from a large multi-institutional study**
U. Capitanio, C. Terrone, A. Antonelli, A. Minervini, A. Volpe, M. Furlan, R. Matloob, F. Regis, E. Di Trapani, P. De Angeli, S. Serni, R. Colombo, M. Carini, C. Simeone, R. Bertini (Milan, Novara, Brescia, Italy)
- 647 Overall survival benefit of partial over radical nephrectomy in patients presenting with renal cell carcinoma**
F.C. Roos, S. Steffens, K. Junker, K. Junker, M. Janssen, F. Becker, W. Brenner, M. Schrader, R. Hofmann, J.W. Thüroff, M.A. Kuczyk, H. Wunderlich, S. Siemer, M. Stöckle, A.J. Schrader (Mainz, Hanover, Homburg/Saar, Jena, Ulm, Marburg, Eisenach, Germany)
- * 648 Oncological outcomes and non-cancer specific survival of partial nephrectomy for renal cell carcinoma: A single center matched-pair comparison with radical nephrectomy**
A. Antonelli, M. Sodano, G. Galvagni, S. Legramanti, M. Furlan, A. Cozzoli, T. Zanotelli, C. Simeone (Brescia, Italy)
- 649 Partial nephrectomy functional results for tumors larger than 7cm in patients with RCC**
I. Vitruk, O. Stakhovskyi, O. Voylenko, V. Kotov, E. Stakhovsky (Kyiv, Ukraine)
- 650 Does metabolic syndrome affect renal function or survival of patients underwent partial or radical nephrectomy for renal cell carcinoma?**
S.M. Choi, H.G. Jeon, T.S. Kim, K.J. Ko, H.S. Ryoo, S.J. Shin, S.W. Lee, D.K. Choi, Y.T. Lee, H.H. Sung, B.C. Jeong, S.I. Seo, S.S. Jeon, H-Y. Choi, H.M. Lee (Seoul, South Korea)
- 651 Renal function impairment after nephron sparing surgery or radical nephrectomy in patients with clinical T1a-T1b renal mass and normal preoperative glomerular filtration rates: Results from a large multi-institutional study**
U. Capitanio, C. Terrone, A. Antonelli, A. Minervini, A. Volpe, F. Castiglione, M. Furlan, R. Matloob, F. Regis, L. Zegna, G. Vittori, E. Di Trapani, M. Carini, C. Simeone, R. Bertini (Milan, Novara, Brescia, Florence, Italy)
- 652 The presence of risk factors for chronic kidney disease may diminish the benefit of partial nephrectomy for renal cell carcinoma**
P. Satasivam, K. Rao, F. Reeves, M. Basto, Z. Ivey, M. Yip, H. Roth, J. Grummet, J. Goad, S. Appu, J. Kearsley, D. Moon, D. Murphy, N. Lawrentschuk, A. Costello, D. Bolton, M. Frydenberg (Clayton, Heidelberg, Parkville, East Melbourne, Fitzroy, Melbourne, Australia)
- 653 Comparison of RENAL, PADUA and central index score in prediction of GFR change after partial nephrectomy: A study using DTPA renal scan**
B. Lim, T. Kwon, J. Ryu, I.G. Jeong, D. You, K-S. Han, D. Lee, C. Lee, S. Hong, J.H. Hong, M-S. Choo, C-S. Kim (Seoul, Cheonan, South Korea)

- 654 Predictors of 30-day acute renal failure following radical and partial nephrectomy**
M. Schmid, A. Sood, J. Meyers, F. Roghmann, B. Varda, N. Ruhotina, K. Olugbade Jr., J.D. Sammon, S. Sukumar, F.K-H. Chun, M. Fisch, Q-D. Trinh (Hamburg, Herne, Germany; Detroit, Boston, Minneapolis, United States of America)
- 655 Poorly functioning kidneys recover from ischemia during partial nephrectomy as well as strongly functioning kidneys**
M.C. Mir Maresma, T.T. Takagi, R.A. Campbell, N. Sharma, E. Remer, J. Li, D. Sevag, J. Kaouk, S.C. Campbell (Cleveland, United States of America)
- 656 Role of nephrometric scores (P.A.D.U.A and R.E.N.A.L score) in the prediction of warm ischemia time and postoperative complications in patients who underwent elective open or minimally invasive nephron sparing surgery for renal cell carcinoma**
M. Borghesi, R. Schiavina, E. Brunocilla, F. Manferrari, L. Della Mora, M. Cevenini, S. Mahmoud Ghanem, C. Del Prete, C. Pultrone, F. Chessa, G. Martorana (Bologna, Italy)
- 657 Controlled hypotension during robot-assisted renal tumoral enucleation: Intra and postoperative implications**
F. Lanzi, N. Tosi, F. Gentile, G. Pizzirusso, F. Cecconi, G. De Rubertis, G. Barbanti (Siena, Italy)

Abstract Session

15.45 - 17.15 Paediatric urology: Bladder and external genitalia

Room A10

Poster Session 54

Chairs: E.H. Landau, Jerusalem (IL)
J.M. Nijman, Groningen (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Introduction on the session topic

J.M. Nijman, Groningen (NL)

- * 658 To evaluate the functional and cosmetic outcome of partial penile disassembly repair in isolated epispadias patients**
A.L. Bhat, M. Bhat, R. Upadhyay, K.V. Sabharwal, M. Singla, V. Kumar (Bikaner, India)
- * 659 The Wurzburg experience: 15 years of continent urinary diversion and enterocystoplasty in children and adolescents**
A.J. Loeser, P. Rubenwolf, H. Riedmiller (Wurzburg, Germany)
- 660 Can only the day-time voiding pattern predict the maximal voided volume?**
S.C. Kim, S.O. Kim, K.D. Kim, Y.S. Kim, J.M. Kim, D.G. Moon, S. Park, S.D. Lee, J.M. Chung, W.Y. Cho (Busan, Gwangju, Seoul, Goyang, Bucheon, Ulsan, Yangsan, South Korea)
- 661 "Our child is a deep sleeper" and other parents' beliefs on enuresis aetiology and management**
B. Molinuevo, J.E. Batista-Miranda, E. Gómez, A. Bassas, I. Díaz, J.M. Garat (Barcelona, Spain)
- 662 Stool problems during potty training: Contributing factors**
T. Van Aggelpoel, S. De Wachter, J.J. Wyndaele, A. Verman del (Wilrijk, Belgium)
- 663 The voiding pattern of preterm infants with serious periventricular white matter injury**
Y.L. Wang, J.G. Wen, Y.B. Wen, L. Xing, Y.S. Zhang, Y.M. Xu (Zhengzhou, China; Aarhus, Denmark)
- 664 Predicting factors of breakthrough infection in children with primary vesicoureteral reflux**
J-S. Park, H.J. Jung, H.C. Chang (Daegu, South Korea)
- 665 A new bulking agent to treat vesicoureteral reflux: An experimental study with early and long term results**
S.V.C. Lima, A.E.O. Rangel, J.L.A. Andrade, F.C.M. Pinto, O. Campos Jr., F.J.B. Sampaio, H.L. Gomes (Recife, Rio de Janeiro, Brazil)
- 666 Clinicopathologic characteristics of urinary bladder tumours in patients 20 years or younger**
S. Park, S.C. Kim, S.H. Song, K.S. Kim, S. Park (Ulsan, Busan, Seoul, South Korea)
- 667 Urogenital tuberculosis in children and teenagers in epidemic region**
E. Kulchavenya, K. Mukanbaev (Novosibirsk, Russia; Bishkek, Kyrgyzstan)
- 668 Retractable testis presents anatomical anomalies? Study in 152 patients**
L.A. Favorito, K. Moreira Anderson, F.J. Sampaio (Rio de Janeiro, Brazil)
- * 669 Reproductive outcomes in azoospermic men with a history of genital interventions during childhood undergoing assisted reproduction**
A. Lunacek, C. Radmayr, A. Obruca, E. Plas (Vienna, Innsbruck, Austria)

Abstract Session

15.45 - 17.15 **Kidney and bladder infections**

Room A11

Poster Session 55

Chairs: R.S. Pickard, Newcastle upon Tyne (GB)

P. Tenke, Budapest (HU)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Post factors for urinary tract infections

R.S. Pickard, Newcastle upon Tyne (GB)

- * 670 **Emphysematous pyelonephritis: Time for a management plan with an evidence based approach**
O.M. Aboumarzouk, A. Zreik, O. Hughes, K. Narahari, R. Coulthard, H. Kynaston, P. Chlosta, B.K. Somani (Gaza, Palestina; Cardiff, Southampton, United Kingdom; Cracow, Poland)
- 671 **Risk factors for failure of conservative therapy in patients with emphysematous pyelonephritis**
Y-C. Lu, Y-S. Pu, C-Y. Huang (Taipei, Taiwan)
- 672 **Screening for asymptomatic bacteriuria at one month after adult kidney transplantation: Clinical factors and implications**
Y.S.B. Goh, Z.L. Deng, L. Raman, B.C. Tai, H.T.A. Goh, V. Anantharaman, H.Y. Tiong (Singapore, Singapore)
- 673 **Urinary nerve growth factor levels in women with acute cystitis – can it predict recurrence of cystitis?**
C-H. Liao, H-C. Kuo (New Taipei City, Hualien, Taiwan)
- 674 **Uropathogen profiles and antimicrobial resistance in North West England**
M. Iskander, J.E. McCabe (Prescot, United Kingdom)
- * 675 **Identification of trends in the involvement and resistances of extended-spectrum beta-lactamase *Escherichia coli* in urinary tract infections: A 10-year follow-up study**
A. Lunacek, U. Koenig, C. Mrstik, C. Radmayr, W. Horninger, E. Plas (Vienna, Innsbruck, Austria)
- 676 **Urinary volatile organic compounds: Novel approach to rapid UTI diagnosis**
E.U. Johnson, C.S.J. Probert, R. Persad, T. Khalid, N. Ratcliffe (Liverpool, Bristol, United Kingdom)
- 677 **Endoscopy, bacteriology or histology – how to confirm bladder tuberculosis?**
E. Kulchavenya, D. Kholobin (Novosibirsk, Russia)
- 678 **Urinary tract infections requiring hospitalization: Risk factors, microbiological characteristics and patterns of antibiotic resistance**
J. Medina-Polo, S. Pérez-Cadavid, A. Arrébola-Pajares, R. Sopena-Sutil, R. Benítez-Salas, L. García-González, E. Jiménez-Alcaide, F. Guerrero-Ramos, M. Alonso-Isa, A. Lara-Isla, R. Díaz-González, A. Tejido-Sánchez (Madrid, Spain)
- 679 **Seven hours - rapid antimicrobial susceptibility testing in the setting of urinary tract infection by using isothermal microcalorimetry**
G. Bonkat, G. Müller, A. Egli, A. Widmer, R. Frei, M. Rieken, A. Halla, S. Wyler, T.C. Gasser, A. Bachmann, O. Braissant (Basel, Switzerland)

- 680 Antibiotic prophylaxis for flexible cystoscopy: A systematic review and meta-analysis**
M. Carey, [A. Zreik](#), N. Fenn, O. Aboumarzouk (Cheltenham, Cardiff, Swansea, United Kingdom; Gaza, Palestina)
- 681 Effectiveness of short-term antiseptic and antimicrobial-coated urethral catheters in reducing catheter-associated urinary tract infections: Cochrane systematic review and meta-analysis**
[M.I. Omar](#), T. Lam, E. Fisher, J. N'Dow (Aberdeen, United Kingdom)

Abstract Session

15.45 - 17.15 **New ideas in LUTD: Obstruction or underactivity**

Room K1

Poster Session 56

Chairs: J.E. Batista, Barcelona (ES)

E. Finazzi Agrò, Rome (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- 682 **Age-related functional changes in the mouse bladder and their gender differences**
H. Ito, N. Aizawa, R. Sugiyama, H. Hotta, Y. Homma, Y. Kubota, Y. Igawa (Tokyo, Japan)
- 683 **Overexpression of aquaporin 2 and caveolin 1-3 in detrusor muscle of rat urinary bladder following bladder outlet obstruction**
S.O. Kim, J.S. Kim, I. Hwang, H.S. Yu, E.C. Hwang, K.J. Oh, S.I. Jung, T.W. Kang, D.D. Kwon, K. Park (Gwangju, South Korea)
- 684 **Changes in function and expression of transient receptor potential ankyrin 1 (TRPA1) channel in male rats with sub-acute bladder outlet obstruction**
R. Sugiyama, N. Aizawa, H. Ito, Y. Homma, Y. Igawa (Tokyo, Japan)
- 685 **MicroRNA profiling of outlet obstruction-induced bladder dysfunction**
A. Hashemi Gheinani, F.C. Burkhard, H. Rehrauer, C. Aquino Fournier, K. Monastyrskaya (Berne, Zurich, Switzerland)
- 686 **Reductive cystoplasty and simultaneous prostatic adenectomy improve symptoms score in patients with chronic obstructive urine retention and detrusor impaired contractility**
E. Di Trapani, F. Pellucchi, U. Capitanio, F. Castiglione, R. Matloob, A. Russo, E. Zaffuto, V. Cucchiara, D. Di Trapani, G. Zanni, R. Bertini (Milan, Italy)
- * 687 **The development and validation a new nomogram for diagnosing bladder outlet obstruction in women**
E. Solomon, T.G. Rashid, J.C. Jenks, M. Pakzad, R. Hamid, P.J.R. Shah, J.L. Ockrim, T.J. Greenwell (London, United Kingdom)
- * 688 **Defining voiding problems in women: Bladder outlet obstruction versus detrusor underactivity**
K.V. Mytilekas, A. Oeconomou, I. Sokolakis, E. Ioannidou, M. Kalaitzi, A. Apostolidis (Thessaloniki, Greece)
- * 689 **Diagnosis of underactive detrusor: Urodynamic criteria**
P.F.W.M. Rosier (Utrecht, The Netherlands)
- * 690 **The use of clinical tests for diagnosing detrusor underactivity in adult men – results of a pilot study**
M. Oelke, K.L.J. Rademakers, G.A. Van Koeveringe (Hanover, Germany; Maastricht, The Netherlands)
- 691 **Transurethral incision of the bladder neck improves voiding efficiency in female patients with detrusor underactivity**
J-F. Jhang, Y-H. Jiang, C-L. Lee, H-C. Kuo (Hualien, Taiwan)
- 692 **Which women with idiopathic urinary urge-incontinence develop urinary retention after detrusorial injections of botulinum toxin?**
E. Andretta, C. Milani, L. Pola, G. Artuso (Dolo - Venice, Venice, Italy)

Abstract Session

15.45 - 17.15 **Botulinum toxin: From bench to bedside**

Room K2

Poster Session 57

Chairs: F.R. Cruz, Porto (PT)

L. Malmberg, Lund (SE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 693** **Consistent long-term efficacy and safety of onabotulinumtoxinA in patients with neurogenic detrusor overactivity: Final results of repeated treatments up to 4 years**
G. Karsenty, H. Schulte-Baukloh, R. Dmochowski, K. Ethans, B. Jenkins, S. Guard, H-J. Lee, M. Kennelly (Marseille, France; Berlin, Germany; Nashville, Irvine, Bridgewater, Charlotte, United States of America; Winnipeg, Canada; Marlow, United Kingdom)
- * 694** **Efficacy and safety of 2 administration modes of a single intra-detrusor injection of 750 units Dysport® (abobotulinum toxin-A) in patients suffering from neurogenic detrusor overactivity (NDO): A Phase IIa study**
P. Denys, G. Del Polpo, G. Amarenco, G. Karsenty, P. Radziszewski, B. Perrouin-Verbe, P. Grise, P. Picaut, P. Le Berre, B. Padrazzi, J-L. Beffy (Garches, Paris, Marseille, Nantes, Rouen, Les Ullis, France; Florence, Italy; Warsaw, Poland)
- * 695** **Botulinum toxin A enters normal human urothelial cells and modulates the sensory activity of bladder urothelium**
C. Amantini, V. Farfariello, S. Proietti, A. Vianello, M. Gubbiotti, J. Rossi De Vermandois, G. Santoni, A. Giannantoni (Camerino, Rozzano, Perugia, Italy)
- * 696** **Can intrathecal botulinum toxin delivery be used to relieve severe bladder pain?**
A. Coelho, R. Oliveira, O. Rossetto, C.D. Cruz, F. Cruz, A. Avelino (Porto, Portugal; Padua, Italy)
- 697** **Botulinum toxin A attenuates the hyper dynamic, but not inflammatory effects of nerve growth factor on the bladder**
C.J. Dowson, A. Sahai, M.S. Khan, P. Dasgupta, S.B. McMahon (London, United Kingdom)
- 698** **Decreasing the dose of onabotulinum toxin A from 300 units to 200 units in multiple sclerosis patients – does it matter?**
S.A. Chowdhury, J. Ochulor, M. Pakzad, J. Ockrim, T. Greenwell, J. Shah, R. Hamid (London, United Kingdom)
- 699** **Effect of detrusor Botox injection on the urothelial dysfunction in chronic spinal cord injury bladders – comparison among baseline, 3 months and 6 months**
S-F. Chen, H-C. Kuo (Hualien, Taiwan)
- 700** **Botulinum A toxin intravesical injections improves sexual function in female patients affected by neurogenic detrusor overactivity**
A. Giannantoni, M. Gubbiotti, J.A. Rossi De Vermandois, R. Bruno, H. Nikaj, S. Proietti (Perugia, Rozzano, Italy)
- 701** **Cost-utility analysis of onabotulinumtoxinA versus best supportive care in the treatment of idiopathic overactive bladder with urinary incontinence among patients not adequately managed with anticholinergic therapy**
N. Freemantle, K. Khalaf, C. Loveman, S. Staniscic, D. Gulyaev, J. Lister, D. Ng-Mak, M. Drake (London, Marlow, Bristol, United Kingdom; Irvine, United States of America; Verona, Italy; Lörrach, Germany)

- 702** **Open label pilot study of urethral injections of botulinum toxin to treat women in urinary retention due to a primary disorder of urethral sphincter relaxation (Fowler's syndrome)**
[J.H. Seth](#), J.N. Panicker, G. Gonzales, J. Ochulor, C. Haslam, T. Kessler, C.J. Fowler (London, United Kingdom)
- 703** **Can mirabegron reduce the waiting list for repeat bladder botulinum injections?**
[S. Eckhardt](#), H.J. Bekarma, S. McPhee, H. Begg, L. Cameron, B. Little, R.N. Meddings (Ayr, United Kingdom)
- 704** **Role for mirabegron in limiting the snowball effect of botulinum toxin-A in patients with refractory detrusor overactivity**
[T. Watcyn-Jones](#), J. Place, B. Lupton, J. Darrad, V. Kumar (Doncaster, United Kingdom)

Abstract Session

15.45 - 17.15

Men's sexual health: Testosterone, premature ejaculation and Peyronies disease

Room T1

Poster Session 58

Chairs: C. Carson, Chapel Hill (US)

J.I. Martínez Salamanca, Madrid (ES)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 705** **Long-term testosterone treatment over 5 years leads to progressive weight loss and waist size reduction as well as improvement of metabolic syndrome parameters in elderly men with hypogonadism**
D-J. Yassin, A. Yassin, P.G. Hammerer, A. Traish, G. Doros (Braunschweig, Norderstedt, Germany; Boston, United States of America)
- 706** **Withdrawn**
- 707** **Influence of testosterone deficiency on the blood-pressure increase, in aortic stiffness, of the erectile dysfunction patients**
K. Makarounis, A. Angelis, A. Katevatis, N. Ioakimidis, P. Papikinos, C. Vlachopoulos, C. Fasoulakis (Athens, Greece)
- 708** **TDS symptoms in men with low T: A higher risk for metabolic syndrome?**
R. Castañeda, E. García-Cruz, A. Carrión, L. Mateu, I. Asíaín, M.P. Luque, O. Cardeñosa, A. Alcaraz (Barcelona, Spain)
- 709** **The effects of hormonal factors on premature ejaculation**
C. Dogan, E. Akkus, H. Ozkara, B. Alici, C. Demirdag, F.A. Turegün (Istanbul, Turkey)
- 710** **Results from a prospective observational study of men with premature ejaculation treated with dapoxetine or alternative care: The PAUSE Study**
P. Verze, D. Arcaniolo, M. Franco, R. La Rocca, V. Mirone (Naples, Italy)
- * 711** **Combined dapoxetine and behavioural treatment provides better results than dapoxetine alone in the management of patients with longlife premature ejaculation**
L. Cormio, P. Massenio, F.P. Turri, V. Mancini, G. Di Fino, G. Liuzzi, G. Carrieri (Foggia, Italy)
- 712** **A prospective study comparing paroxetine alone versus paroxetine plus tamsulosin hydrochloride in patients with premature ejaculation**
Y.F. Li, C. Zhang, B-J. Li, K-Q. Zhang, F-S. Jin (Chongqing, China)
- 713** **Pelvic floor muscle rehabilitation for patients with lifelong premature ejaculation: A novel therapeutic approach**
A.L. Pastore, G. Palleschi, A. Leto, D. Autieri, L. Silvestri, A. Ripoli, A. Fuschi, Y. Al Salhi, C. Maggioni, A. Carbone (Latina, Italy)
- 714** **Tadalafil OaD improves symptoms associated with Peyronie's disease throughout the acute inflammatory phase: Results of a proof of concept psychometric study**
L. Boeri, L. Rocchini, P. Capogrosso, M. Colicchia, A. Serino, E. Ventimiglia, G. Castagna, C. Regina, F. Castiglione, L. Villa, A. Russo, M. Brown, F. Cantiello, R. Damiano, A. Salonia (Milan, Catanzaro, Italy; London, United Kingdom)

- 715 Clinical outcomes of collagenase clostridium histolyticum in the treatment of subjects with Peyronie's disease by subgroups: Two large double-blind, randomized, placebo-controlled phase 3 studies**
[A.L. Burnett](#), J.P. Tursi, N.A. Jones, K. Gilbert, P. Lyngdorf, B. Cuzin (Baltimore, Chesterbrook, United States of America; Windsor, United Kingdom; Gentofte, Denmark; Lyon, France)
- * 716 Integrated safety profile of collagenase clostridium histolyticum in clinical studies evaluating the treatment of Peyronie's disease**
[C.C. Carson](#), J.P. Tursi, N.A. Jones, K. Gilbert, D.J. Ralph (Chapel Hill, Chesterbrook, United States of America; Windsor, London, United Kingdom)

Abstract Session

15.45 - 17.15 Prostate cancer clinical staging - the limits of imaging?

Room C6

Poster Session 59

Chairs: T. Loch, Flensburg (DE)

G. Ploussard, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

- 717 A proposed new risk classification for intermediate risk patients with prostate cancer (PCa) treated with radical prostatectomy (RP)**
M. Brausi, N.P. Papa, A. Ta, N.L. Lawrentschuk, G. Severi, R. Syme, G. Giles, J. Millar, D. Bolton (Modena, Italy; Melbourne, Australia)
- 718 Proposal of novel risk groups for outcome prediction following radical prostatectomy in contemporary prostate cancer patients**
M. Bianchi, F. Abdollah, N.M. Passoni, C. Cozzarini, N. Di Muzio, V. Cucchiara, V. Mirone, R. Damiano, F. Cantiello, A. Gallina, A. Briganti (Milan, Naples, Catanzaro, Italy)
- 719 Oncological outcomes according to different high-risk prostate cancer definitions**
N.M. Passoni, S. Kimm, M. Bernstein, J.A. Coleman, V.P. Laudone, R.O. Parra, J.A. Eastham, P.T. Scardino, K. Touijer (New York, United States of America)
- 720 Head to head comparison between nomograms and multiparametric MRI to predict side specific extra capsular extension to indicate nerve sparing during radical prostatectomy**
J. Walz, C. Clement, C. Bastide, S. Brunelle, M. Andre, J. Thomassin Piana, D. Rossi (Marseille, France)
- 721 Radical prostatectomy: D'Amico risk groups optimization adding MRI information**
R. Algarra, M. Hevia, A. Tienza, J. Zudaire, J.E. Robles, J.M. Velis, I. Merino, D. Rosell, F. Diez-Caballero, I. Pascual (Pamplona, Spain)
- 722 Size and extension of lymph node metastases in prostate cancer patients: Implications for radiological imaging based on 6804 lymph nodes**
C. Meyer, T. Eichenauer, T. Steuber, G. Salomon, U. Michl, H. Huland, S. Steurer, G. Sauter, H. Heinzer, M. Graefen, L. Budäus (Hamburg, Germany)
- 723 Clinical nodal staging scores for prostate cancer: A proposal for preoperative risk assessment**
L.A. Kluth, F. Abdollah, E. Xylinas, M. Rieken, H. Fajkovic, C. Seitz, M. Sun, P. Karakiewicz, P. Schramek, M.P. Herman, A. Becker, J. Hansen, B. Ehdaie, W. Loidl, K. Pummer, R.K. Lee, Y. Lotan, D.S. Scherr, D. Seiler, S.A. Ahyai, M. Graefen, A. Tewari, A. Nonis, A. Bachmann, F. Montorsi, M. Gönen, A. Briganti, S.F. Shariat (New York, Dallas, United States of America; Milan, Italy; Vienna, Linz, Graz, Austria; Montreal, Canada; Hamburg, Germany; Aarau, Basel, Switzerland)
- 724 Association between tumour volume and unfavourable prostate cancer characteristics: Implications for patient stratification**
G. Gandaglia, A. Gallina, F. Abdollah, M. Bianchi, N. Fossati, A. Nini, V. Cucchiara, D. Vizziello, F. Castiglione, P. Dell'Oglio, N.M. Passoni, A. Briganti (Milan, Italy)
- 725 Intratumoral distribution and pharmacokinetics of the radiolabeled ICAM-1 targeting monoclonal antibody, R6.5 in a prostate cancer mouse model**
S. Evans Axelsson, A. Örbom, B. Jansson, O. Vilhelmsson Timmermand, T.A. Tran, A. Bjartell, S-E. Strand (Malmö, Lund, Sweden)

- 726 68Gallium-labelled ligand of prostate-specific membrane antigen (PSMA) for the evaluation of recurrent prostate cancer using PET/CT and PET/MR imaging**
T. Maurer, A.J. Beer, M. Souvatzoglou, K. Holzapfel, H. Kübler, J.E. Gschwend, E.J. Rummeny, H-J. Wester, M. Schwaiger, M. Eiber (Munich, Germany)
- 727 18F-FACBC PET/CT in comparison to 11c-choline for the detection of prostate cancer relapse after radical prostatectomy: A perspective study in 50 patients**
R. Schiavina, E. Brunocilla, C. Nanni, M. Borghesi, F. Ceci, L. Zanoni, V. Vagnoni, L. Della Mora, M. Cevenini, C. Del Prete, S. Fanti, G. Martorana (Bologna, Italy)
- 728 A phase 2 study of 99m TC-trofolostat chloride (MIP-1404) SPECT/CT to identify and localize prostate cancer in high-risk patients undergoing radical prostatectomy (RP) and extended pelvic lymph node dissection (ePLND) compared to histopathology: An interim analysis**
P. Tenke, S. Joniau, K. Slawin, W. Ellis, B. Alekseev, I. Buzogany, S. Mishugin, E. Klein, J. Stolz, V. Student, V. Matveev, B. Koves, J.W. Babich, H. Youssoufian, N. Stamber, T. Armor, R.J. Israel (Budapest, Hungary; Leuven, Belgium; Houston, Seattle, Cleveland, New York, Tarrytown, United States of America; Moscow, Russia; Prague, Olomouc, Czech Republic)
- 729 11C-acetate PET/CT imaging for detection of recurrent disease following radical prostatectomy or radiotherapy in patients with prostate carcinoma**
V. Müller-Mattheis, H. Hautzel, M. Fahlbusch, P. Albers (Düsseldorf, Germany)
- 730 PSA kinetics parameters are predictive of PET features worsening in patients with biochemical relapse after prostate cancer treatment with radical intent: Results from a longitudinal cohort study**
G. Siena, M. Gacci, T. Cai, A. Tuccio, G. Vittori, A. Mari, O. Saleh, M. Salvi, P. Spatafora, D. Vitelli, A. Cocci, C. Giannessi, A. Raugei, A. Lapini, A. Pupi, A. Minervini, S. Serni, M. Carini (Florence, Trento, Italy)
- 731 Bone scan in patients with newly diagnosed prostate cancer: Does the variation in recommendations have impact on the clinical outcome after radical prostatectomy?**
D. Zacho, T. Barsi, J.C. Mortensen, M.K. Mogensen, H. Bertelsen, N. Josephsen, L.J. Petersen (Aalborg, Viborg, Herning, Holstebro, Randers, Denmark)

Plenary Session 3

07.30 - 11.00 **Refractory problems in functional urology**

eURO Auditorium

Chairs: W. Artibani, Verona (IT)
F.C. Burkhard, Berne (CH)

07.30 - 08.00 **Highlight Session 2**

Oncology

A. Volpe, Novara (IT)

Stone disease

E.K. Bres-Niewada, Warsaw (PL)

Andrology

Z. Kopa, Budapest (HU)

08.00 - 08.15 **Société Internationale d'Urologie (SIU) Lecture Urodynamics in refractory lower urinary tract symptoms (LUTS)**

P. Abrams, Bristol (GB)

08.15 - 08.30 **Confederación Americana de Urología (CAU) Lecture Optimising the management of bladder emptying problems**

M. Plata, Bogota (CO)

08.30 - 08.45 **State-of-the-art lecture Overactive Bladders (OABs) pharmacological therapy: Have we reached the end of our possibilities?**

M.J. Drake, Bristol (GB)

Aims and objectives

The aim of this lecture is to describe how improved understanding of the physiological processes underlying Overactive Bladder (OAB) may yield new therapeutic targets. Current thinking focusses on attempting to control the sensory nerves as well as bladder contractions, and it is clear that some established treatments may actually influence both the sensory and the motor aspects. Key developments in knowledge include the contribution of the urothelium to bladder sensory activity. Since urothelium expresses transient receptor potential channels, its function can be moderated. Nerve growth factors may also be relevant to bladder sensory nerves, and new technology is being developed to modulate NGF in the bladder. The generation of bladder movements by interstitial cells is another growing area of knowledge which could yield a target. However, the fundamental challenge is to identify a target which can reduce unwanted bladder sensation or motility during the storage phase, without detrimental effects on voiding or in other organs.

08.45 - 08.55 **EAU Guidelines snapshot Optimising clinical assessments for Lower Urinary Tract Symptoms (LUTS)**

S. Gravas, Larissa (GR)

Aims and objectives

The objective of the lecture is to present the recently developed Guidelines on the Assessment of non-Neurogenic male LUTS and explain the methodology which was used. The multifactorial view of the aetiology of LUTS has been adopted and a broader approach to the assessment of men suffering from LUTS has been introduced. In addition, for the first time the panel used the Delphi consensus method to strengthen the value of the recommendation. These EAU Guidelines aim to provide a more realistic and practical approach

to the management of men who complain about a variety of bladder storage, voiding and/or post-micturition symptoms based on the available evidence.

08.55 – 09.15 **State-of-the-art-lecture *Aetiology and management of residual LUTS after prostatic surgery***

M. Oelke, Hanover (DE)

Aims and objectives

Persistent LUTS after surgery for benign prostatic obstruction may include bladder storage symptoms, with or without urinary (urgency) incontinence, voiding symptoms or isolated nocturia. Assessment and treatment of residual LUTS should be done after complete wound healing and recovery of the prostatic urethra at least 6-8 weeks after surgery. Standard assessment of LUTS, and pressure-flow analysis in men of suspected bladder outlet obstruction, is necessary to define the underlying pathophysiology of persistent LUTS. The choice of treatment depends on the assessed findings and includes (1) antimuscarinics or beta-adrenoceptor agonists in case of residual storage symptoms/detrusor overactivity, (2) another attempt of surgery (e.g. transurethral resection of the prostate, TURP) in case of residual voiding symptoms due to bladder outlet obstruction, (4) biofeedback, clean intermittent catheterisation or sacral neuromodulation in case of high post void residuals due to detrusor underactivity or (4) antidiuretic treatment (e.g. desmopressin) in men with nocturia due to nocturnal polyuria.

09.15 – 09.45 **Debate *Botulinum toxin or sacral neuromodulation for treating refractory lower urinary tract dysfunction?***

Moderator: J.P.F.A. Heesakkers, Nijmegen (NL)

Is botulinum toxin the first choice now?

F.R. Cruz, Porto (PT)

Is sacral neuromodulation the choice

K. Everaert, Ghent (BE)

Aims and objectives

This debate is intended to clarify nowadays clinical practice with treatment of either botulinum toxin A or neuromodulation for refractory overactive bladder. At the moment the guidelines do not guide urologists what to use first. This implies that both treatment options are valid as the first treatment of refractory OAB. This implies that apart from scientific truth, aspects like personal experience, logistics and financial constraints will determine the preference. Both debaters are experienced researchers as well as practitioners who will try to convince us which option should prevail.

09.45 – 10.00 **State-of-the-art lecture *How to treat sphincteric incontinence after radiation***

K-D. Sievert, Tübingen (DE)

10.00 – 10.30 **Clinical discussion *Refractory cases of stress urinary incontinence (SUI)***

Moderator: C. Hampel, Mainz (DE)

TVT is the golden standard for recurrent SUI

C.G. Nilsson, Helsinki (FI)

TOT is a good option for recurrent SUI

D.A.O. Waltregny, Liège (BE)

Aims and objectives

There is intense discussion concerning the treatment of refractory SUI. Quite a bit of focus has been on slings with a trend towards placing a retropubic tape with “increased” tension. On the other hand the transobturator route may have less voiding complications and is considered a viable alternative by many. Here the work up of these patients and the pros and cons of each approach will be discussed.

10.30 - 10.45 **Update Painful Bladder Syndrome: What's new?**

R. Peeker, Västra Frölunda (SE)

10.45 - 11.00 **State-of-the-art lecture The end of the line: Urinary diversion**

E. Chartier-Kastler, Paris (FR)

Aims and objectives

Urinary Diversion (UD) has suffered a bad image because of its association with surgery of bladder cancer (oncological field) or end staged chronic renal deficiency management in the neuropathic patient.

From this starting point, urinary diversion is now clearly a surgery which may give some patients the choice for a better management of their voiding disorders, whatever the indication.

After a quick overview of urinary diversion types and indication in the oncological field, the presentation will focus on different types of urinary diversion that may be used in the field of functional urology, including neuro-urology.

The use of such surgical therapy (UD) is always the last step after any conservative management and must be perceived by the patient as a no return choice. In this perspective, the patient may be able to choose (if feasible) between continent and non continent diversion. Some specific neurological diseases don't give them such a choice (e.g. multiple sclerosis) and have to be specifically discussed.

Finally UD may be in most cases the start of a new life, reaching the objectives of continence, autonomy, quality of life and a solution after failure of all other therapies to answer the request of the patient and preservation of the kidney function.

Abstract Session

09.15 - 10.45

Retroperitoneal surgery

Room A2

Video session 7

Chairs: P. Albers, Düsseldorf (DE)

T. Frede, Müllheim (DE)

- V50 Robot-assisted radical adrenalectomy (RARA) with excision of adrenal vein thrombus**
A. Ploumidis, A-F. Spinoit, G. De Naeyer, A. Volpe, A. Motttrie (Aalst, Belgium)
- V51 Laparoscopic excision of a retroperitoneal schwannoma in a neurofibromatosis type II patient: Surgery and complications**
R. Cabello, C. Quicios, P. Charry, X. Jacome, M. Rodríguez, C. González (Madrid, Spain)
- V52 Laparoscopic resection of a right retroperitoneal tumour**
A. Alcaraz, L. Peri, M. Musquera, T. Vilaseca, M.J. Ribal (Barcelona, Spain)
- V53 3D retroperitoneal tumour resection**
A. Alcaraz, L. Peri, I. Asiain, A. Vilaseca, M. Musquera (Barcelona, Spain)
- V54 Laparoendoscopic single-site (LESS) adrenalectomy for morbidly obese patient with Cushing syndrome**
A. Abdel-Karim, E. Yehia, S. Elsalmy (Alexandria, Egypt)
- V55 Nephron-sparing surgery for T1 renal tumours: Laparoscopic retroperitoneal approach**
R. Cabello, C. Quicios, J. Tabares, G. Bueno, J.J. Vázquez, C. Simón, P. Charry, C. González (Madrid, Spain)
- V56 Laparoscopic nephroureterectomy of a functional atrophic kidney in a patient with ectopic ureter with complete ureteric duplicity**
A. Alcaraz, L. Peri, E. García-Cruz, M. Piqueras, M. Musquera, M.J. Ribal (Barcelona, Spain)
- V57 Retroperitoneoscopy as the technique of election for renal surgery in patients with multiple major abdominal surgeries**
J.A. Peña, C. Ochoa, P. Gavrilov, E. Emiliani, N. Nervo, J. Palou, H. Villavicencio (Barcelona, Spain)

Abstract Session

09.15 - 10.45 **Diagnostic prostate biopsies**

Room A4

Poster Session 60

Chairs: M. Droller, New York (US)

A. Haese, Hamburg (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- 732 Pathological T2b and T2c subgrouping may not be needed for predicting biochemical relapse in patients treated by radical prostatectomy**
K. Mitsuzuka, S. Narita, T. Koie, S. Kawamura, T. Tochigi, T. Habuchi, C. Ohyama, Y. Arai (Sendai, Akita, Hirosaki, Natori, Japan)
- 733 A tertiary Gleason pattern exerts a different prognostic effect after radical prostatectomy in patients with different Gleason scores**
M. Adam, H. Amir, U. Michl, M. Fisch, C. Wittmer, S. Steurer, S. Minner, H. Heinzer, H. Huland, G. Sauter, T. Schlömm, H. Isbarn (Hamburg, Germany)
- 734 The concordance of histological examination of prostate biopsies between referring pathologists and a specialized uro-pathologist using reference recommendations on grading and terminology (ISUP 2005)**
H.H.M. Al-Itejjawi, L. Rozendaal, R.J.A. Van Moorselaar, J.A. Nieuwenhuijzen, A.N. Vis (Amsterdam, The Netherlands)
- 735 Nomogram for prostate cancer risk in men with a previous diagnosis of prostatic intraepithelial neoplasia (PIN)**
L. Benecchi, F. Evaristi, M. Potenzoni, C. Destro Pastizzaro, A. Prati, C. Grassani, D. Martens, A. Antonelli, F. Russo, G. Enrico, L. Viviano, M. Melissari, C. Del Boca (Cremona, Parma, Italy)
- 736 Dutasteride for the prevention of prostate cancer in men with high grade prostatic intraepithelial neoplasia: Results of phase III randomized open label trial**
D. Milonas, G. Skulcius, S. Auskalnis, M. Kincius, I. Gudiniaviciene, M. Jievaltas (Kaunas, Lithuania)
- 737 Perianal-intrarectal anesthesia combined with periprostatic nerve block during transrectal ultrasound guided prostate biopsy: Results from a prospective randomized study comparing lidocaine-nifedipine cream and lidocaine-prilocaine cream**
V. Imperatore, M. Creta, S. Di Meo, R. Buonopane, N. Longo, F. Fusco, C. Imbimbo, V. Mirone (Naples, Italy)
- 738 The concordance between volume hotspot and grade hotspot: A 3D reconstructive model using pathology outputs from the PROMIS multicenter trial**
A.M. El Shater Bosaily, Y. Hu, M. Valerio, A. Freeman, C. Jameson, L. Brown, R. Kaplan, M. Emberton, R.J. Hindley, C. Parker, H.U. Ahmed (London, Hampshire, United Kingdom)
- 739 Role of secondary tumour focus at radical prostatectomy specimens in patients with pT1c, PSA<10 ng/ml, single positive core, and Gleason score 3+3**
A. Ubré, L.I. Fumadó, J.A. Lorente, O. Bielsa, N. Juanpere, O. Arango (Barcelona, Spain)
- 740 Reactive stromal grading predicts prostate cancer-specific death in a conservatively managed needle biopsy cohort**
T. Sæter, U. Axcróna, L. Vlatkovic, G. Waaler, E. Servoll, J.M. Nesland, K. Axcróna (Arendal, Oslo, Norway)

- 741 Complexity measures and classifiers in objective prostate cancer grading**
[P. Waliszewski](#), A. Dominik, F. Wagenlehner, S. Gattenloehner, W. Weidner (Giessen, Germany)
- * 742 Only NeuroSAFE biopsy technique is suitable to assess positive surgical margins during nerve sparing radical prostatectomy compared to small biopsies taken from different locations of the neurovascular bundle**
[U. Michl](#), L. Budäus, I. Thederan, A. Haese, G. Salomon, H. Heinzer, T. Schlomm, T. Steuber, P. Tennstedt, H. Huland (Hamburg, Germany)
- 743 Predictive factors associated with Gleason score underestimation on prostate biopsy in a monocentric cohort of 3,062 patients treated by minimally invasive radical prostatectomy**
[F. Audenet](#), F. Rozet, M. Resche-Rigon, R. Bernard, A. Ingels, D. Lizée, E. Lacarrière, D. Prapotnich, R. Sanchez-Salas, M. Galiano, E. Barret, X. Cathelineau (Paris, France)
- 744 The number of cores taken at first negative biopsy does not affect the cancer detection rate at saturation repeat biopsy in patients with persistent suspicion of prostate cancer**
[L. Villa](#), E. Di Trapani, U. Capitanio, G. Castagna, D. Di Trapani, M. Tutolo, L. Rocchini, M. Freschi, R. Matloob, V. Scattoni (Milan, Italy)
- 745 The use of multiplex biopsies as a cost-effective method in the diagnostic of prostate cancer**
[G.D. Radavoi](#), A. Petrescu, M.G. Berdan, N.F. Manea, F. Tanase, V. Jinga (Bucharest, Romania)

Abstract Session

09.15 - 10.45 **Radical prostatectomy for clinically localized prostate cancer**

Room A8

Poster Session 61

Chairs: M. Burchardt, Greifswald (DE)

H.G. Van Der Poel, Amsterdam (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 746** **Prospective comparison of functional and oncological results of robot-assisted radical prostatectomy in patients with BMI > 30 kg/m² and BMI < 30 kg/m²**
K. Kolontarev, D. Pushkar, A. Govorov, P. Rasner, V. Dyakov, A. Bernikov (Moscow, Russia)
- * 747** **Prospective randomized multicenter study comparing limited vs extended pelvic lymphadenectomy in intermediate and high risk prostate cancer – first descriptive results (SEAL, AUO AP 55/09)**
J. Schwerfeld-Bohr, M. Kaemper, S. Krege, A. Heidenreich (Krefeld, Aachen, Germany)
- 748** **Robot assisted radical prostatectomy and pelvic lymph node dissection in a centre with small case load: Functional results at follow-up of 5 years**
G. La Croce, C. Germann, G. Di Pierro, P. Stucky, H. Danuser, A. Mattei (Lucerne, Switzerland)
- 749** **Pathological and oncological outcomes of elderly men with clinically localized prostate cancer**
K. Mitsuzuka, T. Koie, S. Narita, Y. Kaiho, T. Yoneyama, N. Tsuchiya, S. Kawamura, T. Tochigi, C. Ohyama, T. Habuchi, Y. Arai (Sendai, Hirotsaki, Akita, Natori, Japan)
- 750** **Is nerve-sparing radical prostatectomy justified in patients with intermediate and high-risk prostate cancer: Evaluation of intraoperative prostatic frozen sections and biochemical recurrence rates**
G. Hatzichristodoulou, S. Wagenpfeil, G. Weirich, M. Autenrieth, T. Maurer, K. Herkommer, J.E. Gschwend, H. Kübler (Munich, Homburg, Germany)
- 751** **Multi-institutional validation of the ERUS robotic surgery training curriculum**
A. Volpe, K. Ahmed, P. Dasgupta, V. Ficarra, H. Van Der Poel, A. Mottrie (Aalst, Belgium; London, United Kingdom; Udine, Italy; Amsterdam, The Netherlands)
- 752** **Process of Prostate Cancer: Protocol's referral to primary care**
C. Blanco Chamorro, P. Gil Martinez, Á. Borque Fernando, J. Gil Fabra, J. Aranda Lozano, J. Rioja Zuazu, A. Tejero Bajador, R. Garcia Ruiz, M.J. Gil Sanz (Zaragoza, Spain)
- 753** **Patient decision prior to radical prostatectomy: What is and is not involved?**
C. Öbek, C. Dogan, M.H. Gultekin, Z. Talat, H. Ozkara, S. Ataus, V. Yalcin (Istanbul, Turkey)
- 754** **Influence of pre, intra and post-operative factors in the recovery of continence rate after Robotic Assisted Laparoscopic Prostatectomy**
S. Ricciardulli, Q. Ding, D. Del Biondo, B.J. Wang, H.Z. Li, A. Breda, A. Celia, X. Zhang (Beijing, China; Bassano Del Grappa, Italy; Barcelona, Spain)
- 755** **Comparison of radical prostatectomy vs intensity modulated radiation therapy (IMRT) for clinically localized prostate cancer ~Propensity Score Matching Analysis~**
N. Hayashi, H. Uemura, K. Izumi, Y. Yokomizo, K. Makiyama, N. Nakaigawa, M. Yao, Y. Kubota (Yokohama, Japan)

- 756 Treatment of rectourethral fistula after radical prostatectomy: Results of a standardised treatment algorithm**
P. Lunardi, M. Roumiguié, X. Game, E. Huyghe, S. Kirzin, P. Rischmann, M. Soulie, [J-B. Beauval](#) (Toulouse, France)
- 757 The meaning of PSA persistence after radical prostatectomy in low risk prostate cancer**
[M. Ramirez Backhaus](#), J. Rubio-Briones, A. Gomez-Ferrer, J. Casanova, A. Collado-Serra, J. Dominguez-Escrig, R. Dumont, I. Iborra, J.L. Monros, J.V. Ricos, E. Solsona (Valencia, Spain)
- 758 Intraoperative confocal laser endomicroscopy during robotic-assisted radical prostatectomy: Initial feasibility study**
A. Lopez, D. Bui, J.J. Liu, T. Harris, J.T. Leppert, [K.E. Mach](#), J.C. Liao (Stanford, United States of America)
- 759 Blood type O is significantly associated with a decreased risk of biochemical recurrence after radical prostatectomy**
[Y. Ohno](#), M. Otori, J. Nakashima, H. Okubo, I. Takizawa, Y. Nakagami, N. Satake, K. Yoshioka, M. Tachibana (Tokyo, Japan)

Abstract Session

09.15 - 10.45

Neurogenic bladder: Diagnosis and treatment

Room A10

Poster Session 62

Chairs: C. De Nunzio, Rome (IT)
T.M. Kessler, Zürich (CH)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 760 Pay attention to autonomic dysreflexia in patients with spinal cord injury during urodynamic investigation!**
M. Walter, U. Sammer, S. Guggenbühl-Roy, D. Birnböck, S. Knüpfer, U. Mehnert, M. Schubert, T.M. Kessler (Zürich, Switzerland)
- * 761 Outcomes of transobturator tape procedure for the treatment of stress incontinence in females with neuropathic bladders**
J.R. Burki, I. Omar, J. Shah, R. Hamid (Stanmore, London, United Kingdom)
- * 762 Catheter designs, techniques and strategies for intermittent catheterisation: What is the evidence for preventing symptomatic UTI and other complications? A Cochrane systematic review**
J. Prieto, C. Murphy, K.N. Moore, M. Fader (Southampton, United Kingdom; Edmonton, Canada)
- * 763 Stopping urodynamic investigation at a bladder volume of 500 mL: Is it valid?**
P. Baumeister, L. Chen, U. Sammer, M. Kozomara, D. Birnböck, U. Mehnert, T.M. Kessler (Zürich, Germany)
- 764 Ice water test in patients with neurogenic lower urinary tract dysfunction: Before or after urodynamics?**
M. Kozomara-Hocke, C. Suzuki Bellucci, U. Sammer, T. Kessler, U. Mehnert (Zürich, Switzerland)
- 765 Radiation exposure in videourodynamics: Are we too afraid?**
S.H. Alloussi, S. Naique, T. Bleser, Y. Al-Bulushi, S. Alloussi (Neunkirchen, Germany)
- 766 Depression and high expanded disability status scale (EDSS) are independent predictors of sexual dysfunction in multiple sclerosis patients: Analysis from a cross-sectional study**
E. Fragalà, A. Di Rosa, R. Giardina, S. Cimino, G.I. Russo, T. Castelli, V. Favilla, A. Caramma, F. Patti, G. Morgia (Catania, Italy)
- 767 Withdrawn**
- 768 Neurogenic bladder: Trends in emergency department visits, associated cost and predictors of admission**
M. Schmid, J. Meyers, A. Sood, F. Roghmann, J.D. Sammon, S. Sukumar, K.R. Ghani, N. Ruhotina, A.S. Kibel, B. Varda, W. Jeong, J.O. Peabody, M. Menon, A. Humphrey, M. Fisch, Q-D. Trinh (Hamburg, Herne, Germany; Detroit, Minneapolis, Ann Arbor, Boston, United States of America)
- 769 Sacral neuromodulation in patients with neurogenic lower urinary tract dysfunction**
J. Wöllner, J. Krebs, P. Bartel, J. Pannek (Nottwil, Switzerland)
- 770 Nocturnal polyuria in patients with a spinal cord lesion - is it different or not?**
M.A. Denys, A. Viaene, A.S. Goessaert, K. Everaert (Ghent, Belgium)
- 771 Desmopressin in the treatment of nocturia in patients affected by neurogenic bladder**
A. Giannantoni, M. Gubbiotti, J.A. Rossi De Vermandois, R. Bruno, S. Proietti (Perugia, Rozzano, Italy)

Abstract Session

09.15 - 10.45

Towards optimization of LUTS medical treatment

Room A11

Poster Session 63

Chairs: S. Madersbacher, Vienna (AT)

M. Oelke, Hanover (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Patient reported outcomes in lower urinary treatment

M. Oelke, Hanover (DE)

- * 772 Patient satisfaction with the safety and efficacy of fixed-dose combinations of solifenacin and tamsulosin OCASTM: Results from the NEPTUNE II study**
M.J. Drake, C. Chapple, M. Oelke, T. Drogendijk, M. Klaver, P.E.V. Van Kerrebroeck (Bristol, Sheffield, United Kingdom; Hanover, Germany; Leiden, Maastricht, The Netherlands)
- 773 The adherence to the BPH/LUTS medical therapy is low and influences the major clinical outcomes: Results from an Italian observational study**
L. Cindolo, L. Pirozzi, C. Fanizza, M. Romero, R. Autorino, F. Berardinelli, F. Neri, C. De Nunzio, A. Tubaro, L. Schips (Vasto, Santa Maria Imbaro, Rome, Italy; Cleveland, United States of America)
- * 774 Serenoa repens, lycopene and selenium vs tamsulosin in the treatment of LUTS/BPH: An Italian multicenter randomized comparative study between single or combination therapies (Procomb Study)**
G. Morgia, G.I. Russo, S. Voce, M. Gentile, A. Giannantoni, F. Blefari, M. Carini, A. Minervini, A. Ginepri, G. Salvia, G. Vespasiani, R. Allegro, Z. Collura, S. Arnone, R.M. Pareo (Catania, Ravenna, Avellino, Perugia, Prato, Florence, Rome, Acireale, Italy)
- * 775 The "Silodosin in Real-life Evaluation (SiRE)" study: A European phase IV clinical study with silodosin in the treatment of LUTS/BPH**
C.R. Chapple (Sheffield, United Kingdom)
- 776 Underdiagnosis and sub-optimal treatment of LUTS/BPH: Results of a real world survey of patients in Europe**
L. MacMillan, J. Jackson, P. Anderson, G. Compion (Chertsey, Macclesfield, United Kingdom)
- 777 Alfuzosin and flurbiprofen combination therapy for the management of lower urinary tract symptoms**
C.S. Gökkaya, B.K. Aktaş, C. Ozden, S. Bulut, M. Karabakan, A.E. Erkmen, A. Memis (Ankara, Turkey)
- 778 Satisfaction with tadalafil or tamsulosin once daily for the treatment of LUTS/BPH: Treatment satisfaction scale questionnaire results from a randomized double-blind, placebo-controlled trial**
M. Oelke, F. Giuliano, S. Baygani, D. Cox, A. Sontag (Hanover, Germany; Garches, France; Indianapolis, United States of America)
- 779 Efficacy and safety of tamsulosin with and without flavoxate in the treatment of symptomatic benign prostatic hyperplasia**
A. Dash (Mumbai, India)
- 780 Long-term testosterone treatment has favourable effects in obese hypogonadal men on body weight and prostate health parameters**
A. Yassin, D-J. Yassin, P.G. Hammerer, G. Doros, F. Saad (Norderstedt, Braunschweig, Berlin, Germany; Boston, United States of America)

- 781 The significance of testosterone levels and the efficacy of tadalafil 5 mg once daily for lower urinary tract symptoms**
[H.J. Park](#), N.C. Park (Busan, South Korea)
- 782 Comparison of the short-term changes of prostate volume in men with benign prostatic hyperplasia after discontinuation of dutasteride and finasteride**
[S.J. Park](#), J. Seo, S-H. Ha, G-W. Jung (Busan, South Korea)
- 783 Should patients with low IPSS scores be offered pharmacological treatment?**
[J. Cabral](#), I. Braga, A. Fraga, M. Silva-Ramos (Porto, Portugal)

Abstract Session

09.15 - 10.45 **Novel approaches to treatment, prognosis and prediction of response**

Room K1

Poster Session 64

Chairs: J. Irani, Poitiers (FR)

T. Powles, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

State-of-the-art: Prognostic and predictive biomarkers in bladder cancer

T. Powles, London (GB)

- 784 Quantification and molecular profiling of circulating tumour cells (CTCs) in urothelial cancer (UC) before and during systemic treatment: Implications across the clinical stages**
A. Necchi, E. Fina, P. Giannatempo, M. Colecchia, C. Iacona, E. Farè, N. Nicolai, R. Salvioni, A.M. Gianni, L. Mariani, M.G. Daidone, V. Cappelletti (Milan, Italy)
- 785 Neupilin-2 and VEGF-C are independent prognostic factors for bladder cancer patients treated with transurethral resection and radiochemotherapy**
B. Keck, S. Wach, H. Taubert, O.J. Ott, F. Kunath, A. Hartmann, S. Bertz, S. Zeiler, C. Weiss, P. Hönscheid, C. Rödel, G.B. Baretton, R. Sauer, R. Fietkau, B. Wullich, F.S. Krause, D. Kausthubh, M.H. Muders (Erlangen, Dresden, Frankfurt, Germany; Linz, Austria; Omaha, United States of America)
- 786 A randomized, double blind, placebo controlled phase II trial to evaluate the safety and efficacy of recMAGE-A3 + AS15 antigen specific cancer immunotherapy in patients with MAGE-A3 positive muscle invasive bladder cancer after cystectomy: An initial report of the EAU Research Foundation randomized phase II clinical trial 'Magnolia'**
P.F.A. Mulders, M. Colombel, A. Heidenreich, L. Martínez-Piñero, M. Babjuk, I. Korneyev, C. Surcel, P. Yakovlev, R. Colombo, P. Radziszewski, J.A. Witjes, R. Schipper, W.P.J. Witjes (Nijmegen, Arnhem, The Netherlands; Lyon, France; Aachen, Germany; Madrid, Spain; Prague, Czech Republic; St. Petersburg, Russia; Bucharest, Romania; Kiev, Ukraine; Milan, Italy; Warsaw, Poland)
- 787 Occult lymph node metastases in patients with muscle invasive bladder cancer: Incidence after neoadjuvant chemotherapy and cystectomy versus cystectomy alone**
L.S. Mertens, R.P. Meijer, W. Meinhardt, H.G. Van Der Poel, A. Bex, J.M. Kerst, M.S. Van Der Heijden, A.M. Bergman, S. Horenblas, B.W.G. Van Rhijn (Amsterdam, The Netherlands)
- 788 Pre-therapeutic risk stratification of muscle-invasive bladder cancer patients treated with chemoradiation-based selective bladder-sparing approach**
F. Koga, M. Inoue, T. Kijima, S. Yoshida, J. Ishioka, Y. Matsuoka, N. Numao, K. Saito, H. Masuda, Y. Fujii, K. Kihara (Tokyo, Japan)
- 789 Adjuvant chemotherapy after radical cystectomy for muscle-invasive bladder cancer: A comparative study using inverse-probability-of-treatment weighting (IPTW)**
T. Kwon, I.G. Jeong, D. You, B. Lim, K-S. Han, D. Lee, C. Lee, S. Hong, B. Hong, J.H. Hong, M-S. Choo, H. Ahn, C-S. Kim (Seoul, Cheonan, South Korea)
- 790 Infiltration of CD3+ and CD68+ cells in bladder cancer is subtype specific and affects outcome of patients with muscle-invasive tumors**
G. Sjö Dahl, K. Lövgren, M. Lauss, G. Chebil, O. Patschan, S. Gudjonsson, W. Månsson, M. Fernö, K. Leandersson, D. Lindgren, F. Liedberg, M. Höglund (Lund, Malmö, Sweden)

- 791 Phase 2 study of neoadjuvant sorafenib plus cisplatin and gemcitabine (S-CG) for patients with muscle-invasive transitional cell carcinoma of the bladder (MIBC): Results at the end of first stage (NCT01222676)**
A. Necchi, L. Mariani, P. Giannatempo, E. Fina, N. Nicolai, M. Pennati, N. Zaffaroni, E. Farè, L. Piva, D. BIASONI, M. Catanzaro, T. Torelli, S. Stagni, M. Maffezzini, M. Colecchia, B. Paolini, V. Cappelletti, M.G. Daidone, A.M. Gianni, R. Salvioni (Milan, Italy)
- 792 Radical cystectomy with or without shortened course of adjuvant chemotherapy in high risk muscle-invasive bladder cancer: Results of a single centre prospective randomized trial**
A. Zhegalik, S. Krasny, O. Sukonko, A. Rolevich, A. Minich, V. Vasilevich (Minsk, Belarus)
- 793 A multidisciplinary bladder cancer clinic delivers personalized care for complex bladder cancer patients**
T. Hermanns, Y. Wei, B. Bindi, R. Satkunasivam, P. Athanasopoulos, P.J. Bostrom, C. Kuk, A.J. Templeton, S. Sridhar, T. Van Der Kwast, P. Chung, R.G. Bristow, M. Milosevic, N.E. Fleshner, M.A.S. Jewett, A.R. Zlotta, G.S. Kulkarni (Toronto, Canada)
- 794 Bladder preservation strategy -CDDP radiation and GC (gemcitabine, CDDP) radiation- against muscle invasive bladder cancer**
K. Nagao, T. Hara, J. Nishijima, K. Kobayashi, Y. Kawai, H. Matsumoto, H. Matsuyama (Ube, Japan)
- 795 Neoadjuvant chemotherapy is better than upfront surgery in muscle-invasive bladder tumour with uretero-hydronephrosis**
M.G. Diaconu, A. Ciudin, J. Huguet, M. Musquera, L. Izquierdo, L. Peri, B. Mellado, M.J. Ribal, A. Alcaraz (Barcelona, Spain)
- 796 CYR61/CCN1 and CTGF/CCN2 confer resistance to cisplatin chemotherapy in muscle invasive bladder cancer**
R. Robinson, M.D. Brown, C.A. Hart, V.A.C. Ramani, M.W. Lau, V.K. Sangar, N.W. Clarke (Manchester, United Kingdom)

Abstract Session

09.15 - 10.45 Basic research related to stone treatment

Room K2

Poster Session 65

Chairs: R. Miano, Rome (IT)

T. Sulser, Zürich (CH)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Metafylaxe online

D.J. Kok, Rotterdam (NL)

- 797 Alfuzosin, tamsulosin and company: A prospective randomized control study for the role of α -blockers in the treatment of stent-related symptoms**
A. Dellis, F.X. Keeley, V. Manolas, A. Panagopoulos, P. Mourmouris, A. Skolarikos (Maroussi, Athens, Greece; Bristol, United Kingdom)
- 798 Efficacy and safety of tamsulosin as medical expulsive therapy in paediatric patients**
H. Aldaqadossi, H. Shaker, M. Saifelnasr, M. Gaber (Fayoum, Egypt)
- 799 Stone volume is better than stone diameter or stone surface for predicting medical expulsion therapy success**
A. Ciudin, P. Luque, R. Salvador, M.G. Diaconu, C. Nicolau, A. Alcaraz (Barcelona, Spain)
- 800 Diagnostic performance of low-dose non enhance CT with iterative reconstruction in diagnosis of urolithiasis**
J.K. Kwon, J.W. Choe, K.D. Kim, Y.T. Moon, I.H. Chang, J.H. Ryu, S.H. Park, J.H. Kim, J.D. Choi, S.H. Ahn, M.S. Kim, S.Y. Lee (Seoul, Gyeonggi-Si, Gyeonggi-Do, South Korea)
- 801 Apa1 urokinase and Taq1 vitamin D receptor gene polymorphisms are associated with recurrent stone disease in a Caucasian population**
S. Aykan, D. Nguyen, P. Singhal, Y. Akin, M. Ozturk, S. Seyhan, S. Gunes, M. Tuken, E. Yakut, S. Sulejman, A. Colakerol, A. Semercioz (Istanbul, Erzincan, Samsun, Turkey; Berne, Switzerland; New York, United States of America)
- 802 A role for the hedgehog effector Gli1 in mediating stent-induced ureteral aperistalsis and smooth muscle dysfunction**
C. Janssen, W. Jäger, R. Buttyan, C.Y. Seow, L. Fazli, B.H. Chew, D. Lange (Vancouver, Canada)
- 803 M2 macrophages eliminate renal crystals by phagocytosis**
K. Taguchi, A. Okada, T. Yasui, S. Iwatsuki, T. Hamakawa, Y. Hirose, S. Hamamoto, R. Ando, Y. Itoh, K. Tozawa, K. Kohri (Nagoya, Japan)
- 804 PPAR- α/γ agonists have different effects on renal crystal formation in hyperoxaluric animal models**
K. Taguchi, A. Okada, T. Yasui, S. Iwatsuki, T. Hamakawa, Y. Hirose, T. Kobayashi, S. Hamamoto, R. Ando, Y. Itoh, K. Tozawa, K. Kohri (Nagoya, Japan)
- 805 Three novel susceptibility loci identified from a genome-wide association study (GWAS) are associated with urolithiasis risk**
T. Yasui, A. Okada, M. Usami, S. Hamamoto, R. Ando, Y. Itoh, S. Sasaki, Y. Hayashi, Y. Higashi, Y. Sato, K. Kohri (Nagoya, Kyoto, Sapporo, Japan)

- 806 Genomic characteristics of Asian cystinuria patients**
[S. Sakamoto](#), H.I. Cheong, Y. Naya, Y. Shigeta, M. Fujimura, T. Ueda, K. Mikami, K. Akakura, M. Masai, T. Ichikawa (Chiba, Tokyo, Japan; Seoul, South Korea)
- 807 Hypertriglyceridemia is not only a lithogenic risk factor, but also positively related to stone recurrence**
[W.T. Kim](#), H.W. Kang, I-C. Cho, H. Jang, Y-J. Kim, S-J. Yun, S-C. Lee, W-J. Kim (Chungbuk, Seoul, Daejeon, South Korea)
- * 808 The efficacy and safety of nanosecond electropulse lithotripsy**
[A. Martov](#), A. Gudkov, V. Diamant, G. Chepovetsky, M. Lozovsky, M. Lerner (Moscow, Tomsk, Russia; Katsrin, Israel)
- * 809 Intelligent lasers in urology - an experimental lithotripsy laser system with automated spectral real-time target identification**
[A.J. Miernik](#), C. Nuese, B. Knabe, Y. Eilers, C. Bolwien, A. Lambrecht, U. Wetterauer, M. Schoenthaler (Freiburg, Germany)

Abstract Session

09.15 - 10.45 Exploring the limits of ESWL

Room T1

Poster Session 66

Chairs: J.M. Reis Santos, Lisbon (PT)

R.D. Smith, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- 810 **Outcome comparison of Percutaneous Nephrolithotomy (PNL) versus Extracorporeal Shock Wave Lithotripsy (ESWL) for the treatment of solitary moderate size (1.5 to 2.0 cm) renal stone: A prospective randomized study**
U. Mete, A. Goswami, S. Singh, A. Mandal (Chandigarh, India)
- 811 **Slow delivery rate versus rapid delivery rate shockwave lithotripsy (SWL) for pediatric renal urolithiasis: A prospective randomized study**
H.K. Salem, H. Fathy, H. El Fayoumy, H. Ali, A. Ghoneim, M. A Mohsen, A.E.R. Hegazy (Giza Cairo, Egypt)
- 812 **Predictive value of stone density on Extracorporeal Shockwave Lithotripsy (ESWL) success rate**
T. Saussez, P. Rippinger, B. Lacoste, A. Stainier, S. Thiry, E. Danse, B. Tombal (Brussels, Belgium)
- 813 **Patient's preferences in treatment of ureteral calculi: SWL vs. URS**
V. Malkhasyan, I. Semenyakin, M. Vasilchenko (Moscow, Russia)
- 814 **Predictive role of renal resistive index in stone clearance in the extracorporeal shockwave lithotripsy of upper urinary tract stones**
H.M. Roshdy, A.H. Aly, A.I. Shoukry, H. Elghamrawy, H.A. Hussein, A.A. Hussein (Cairo, Egypt)
- * 815 **Does extracorporeal shock wave lithotripsy cause diabetes mellitus? A nation wide population based and with an 8 year follow-up study**
H.J. Chung, A.T-L. Lin, Y-H. Huang, C-C. Lin, T-J. Chen, K-K. Chen (Taipei, Taiwan)
- 816 **Are urological patients at increased risks of developing haemostatic complications following shock wave lithotripsy (SWL) for solitary unilateral kidney stones?**
S.F. Hughes, S.J. Thomas-Wright, J. Banwell, S. Mushtaq, R. Williams, M. Abdulmajed, I. Shergill (Chester, Wrexham, United Kingdom)
- * 817 **Urgent extracorporeal shockwave lithotripsy in patients with obstruction solitary or both kidneys**
G.L. Managadze, L.O. Varshanidze, K.G. Tevzadze, N. Gabunia (Tbilisi, Georgia)
- 818 **Emergency extracorporeal shockwave lithotripsy for preschool children**
Y. Nadjimitdinov (Tashkent, Uzbekistan)
- 819 **Variation of the microbial spectrum of the urine in cases of extracorporeal shock wave lithotripsy of renal pelvic stones: Preliminary results**
M.I. Kogan, A. Khasigov, M. Khajokov, Y. Naboka, I. Gudima (Rostov-on-Don, Russia)
- 820 **Supine transluteal position versus prone position in extracorporeal shock wave lithotripsy of distal ureteric stones**
M. Kamel, E.A. Salem, M. Abdalla, A.M. Maarouf, A.R. Ali, A.M.S. Shahin (Zagazig, Egypt)

821 Calculi localisation in extracorporeal shockwave lithotripsy. Reducing the radiation dose to the patient
[D.A. Bryant](#), H. Smith, G. Lewis (Sunderland, United Kingdom)

*** 822 Computer based fully automated renal stone detection to establish new imaging and treatment modalities for extracorporeal shockwave therapy**
[R.P. Zimmermann](#), W. Pomwenger, P. Ott, E.E. Foditsch, G. Janetschek, S. Wegenkittl (Salzburg, Austria)

Abstract Session

09.15 - 10.45 **Prostate cancer: Improving biopsies for screening**

Room C6

Poster Session 67

Chairs: A. Sciarra, Rome (IT)
R. Sosnowski, Warsaw (PL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 823 Infections after transrectal ultrasound guided prostate biopsy - a population based study**
K.-J. Lundström, L. Drevin, S. Carlson, H. Garmo, S. Loeb, P. Stattin, A. Bill Axelson (Östersund, Uppsala, Stockholm, Umeå, Sweden; New York, United States of America)
- 824 Unnecessary biopsies can be reduced by prostate cancer gene 3 together with multiparametric magnetic resonance: Decision curve analysis to evaluate predictive models**
G.M. Busetto, E. De Berardinis, A. Sciarra, V. Panebianco, R. Giovannone, V. Gentile, S. Salciccia (Rome, Italy)
- 825 Prostate health index (PHI) is more accurate than PCA3 assay in the prediction of aggressive characteristics at initial prostate biopsy (PBX)**
V. Scattoni, L. Villa, S. De Luca, U. Capitanio, F. Porpiglia, M. Lazzeri, M. Papotti, E. Bollito, G. Lughezzani, A. Larcher, G. Lista, G.M. Gadda, G. Guazzoni (Milan, Turin, Italy)
- 826 Obesity and hypogonadism are associated with an increased risk of predominant Gleason 4 pattern on radical prostatectomy specimen**
Y. Neuzillet, A. Pichon, V. Molinié, T. Le Bret, H. Botto, J.-P. Raynaud (Suresnes, Fort de France, Paris, France)
- 827 Association of male pattern baldness and risk of cancer and high grade disease among men presenting for prostate biopsy**
G.M.A. Al-Edwan, B. Bhindi, D. Margel, K. Chadwick, A. Finelli, A. Zlotta, J. Trachtenberg (Toronto, Canada)
- 828 Real-time 3-dimensional TRUS mapping biopsy in 417 men: Analysis of image-guided targeted versus random biopsies**
A. Marien, A.L. De Castro Abreu, S. Leslie, T. Matsugasumi, S. Shoji, Y. Sun, M. Aron, S. Palmer, I. Gill, O. Ukimura (Los Angeles, United States of America)
- 829 Multiparametric 3T-MRI for prostate cancer screening: A risk stratification for clinically significant disease based on 337 patient records**
K. Kamoi, K. Okihara, F. Hongo, Y. Naya, T. Nakamura, T. Ueda, Y. Yamada, T. Miki (Kyoto, Japan)
- 830 Potential of prebiopsy MRI to reduce biopsies in men with suspected clinically localized prostate cancers in the repeat biopsy setting**
Y. Ishikawa, N. Numao, S. Yoshida, C. Ishii, T. Kijima, Y. Nakanishi, J. Ishioka, Y. Matsuoaka, K. Saito, Y. Fujii, K. Kihara (Tokyo, Japan)
- 831 Accuracy of index tumour mapping by real-time 3D-TRUS-based tracking of prostate targeted biopsy trajectory using elastic MR-image-fusion: A two centre study**
E. Baco, E. Rud, H.B. Eggesbo, L. Vlatkovic, A. Svindland, S. Palmer, M. Aron, T. Matsugasumi, I.S. Gill, O. Ukimura (Oslo, Norway; Los Angeles, United States of America)
- 832 MRI invisible prostate cancer: The role of biopsy outside the MRI lesion**
D. Eldred-Evans, P. Sturch, I. Meiers, A. Polson, G. Rottenburg, R. Popert (London, United Kingdom)

- 833 Do additional cores from MRI-cancer suspicious lesion to systematic 12-core transrectal prostate biopsy give better cancer detection?**
[K. Shigemura](#), K. Tanaka, M. Yamashita, H. Miyake, M. Fujisawa (Kobe, Japan)
- 834 Characteristics of modern Gleason 9/10 prostate adenocarcinoma**
[F. O'Kelly](#), S.E. Elamin, A.C. Cahill, P.A. Aherne, J.W. White, J.B. Buckley, K. O'Regan, A.B. Brady, D.P. Power, F. O'Brien, P.S. Sweeney, N.M. Mayer, P.K. Kelly (Cork, Ireland)
- 835 Withdrawn**

Thematic Session 10

11.00 - 12.00 **Castration-resistant prostate cancer**

eURO Auditorium

Chair: M. De Santis, Vienna (AT)

11.00 - 11.15 Modern second line hormonal manipulation
K. Miller, Berlin (DE)

Aims and objectives

To understand

- the mechanism of action of new hormonal agents
- the phase III results
- when and how to use these agents in daily practice
- potential side-effects
- monitoring and handling of side-effects
- evaluation of response
- evaluation of progression
- sequences, combination and cross-resistances
- future developments

11.15 - 11.30 New ways to target bone metastases
S. Osanto, Leiden (NL)

Aims and objectives

Skeletal complications are a major cause of prostate cancer morbidity and metastasis prevention remains an unmet medical need.

The aim is to provide a concise and critical update on the progress in bone targeted therapy.

Efficacy of novel bone targeting therapies in prevention of "symptomatic" skeletal related events and increase of bone metastasis free and overall survival will be discussed.

Risks and benefits of novel agents versus conventional treatment options in terms of frequency and severity of adverse events, benefits in pain reduction, quality of life, and overall survival will be weighed. Introduction of an alpha-emitting agent in daily practice will be reviewed.

Objectives are to facilitate clinical decision making with regard to optimal sequencing and combination of available therapies to prevent skeletal morbidity in CRPC patients.

11.30 - 11.45 New ways to target the immune system in prostate cancer
P.F.A. Mulders, Nijmegen (NL)

11.45 - 12.00 Associated abstract presentations

869 Prevention of symptomatic skeletal events in patients with genitourinary (GU) tumours and bone metastases treated with denosumab or zoledronic acid

K. Fizazi, R. Coleman, L. Klotz, K. Pittman, P. Milecki, L. Costa, R. Von Moos, V. Ganju, R. Wei, G. Demonty, A. Braun, M. Smith (Villejuif, France; Sheffield, United Kingdom; Toronto, Canada; Woodville, Melbourne, Australia; Poznan, Poland; Lisbon, Portugal; Chur, Zug, Switzerland; Thousand Oaks, Boston, United States of America)

861 Impact of prior endocrine therapy on radiographic progression-free survival (rPFS) in patients with chemotherapy-naïve metastatic castration-resistant prostate cancer: Results from COU-AA-302

D. Schrijvers, T. Kheoh, M.K. Yu, M.R. Smith, E.J. Small, P.F. Mulders, K. Fizazi, D. Rathkopf, F. Saad, H.I. Scher, S. Oudard, J. Bellmunt, M-E. Taplin, I.D. Davis, A. Protheroe, A. Molina, T.W. Griffin, J.S. De Bono, C.J. Ryan (Antwerp, Belgium; Los Angeles, Boston, San Francisco, New York, Menlo Park, United States of America; Nijmegen, The Netherlands; Villejuif, Paris, France; Montreal, Canada; Victoria, Australia; Oxford, Sutton, United Kingdom)

Thematic Session 11

11.00 - 12.00 Will transurethral resection of the prostate (TURP) remain state of the art?

Room A2

Chair: L. Martínez-Piñero, Madrid (ES)

11.00 - 11.15 Innovations of standard TURP
B. Geavlete, Bucharest (RO)

Aims and objectives

The gold standard status of monopolar TURP has been often questioned but not yet reliably ruled out. Its' long term efficacy supported by extensive literature data continues to remain unsurpassed. Bipolar resection is currently becoming increasingly popular due to its' lower bleeding risks, reduced perioperative morbidity, shorter convalescence period and similar long term safety as well as symptomatic and functional outcomes. Additionally, the use of bipolar current provides a superior cutting effect and finally eliminates the surgical time and prostate volume limitations. Cost savings are expected due to decreased hospital stay, while the evolution to an enucleation-resection approach showed promising results expecting further confirmation. In conclusion, there should be basically no reason whatsoever not to switch to bipolar TURP during the daily practice.

11.15 - 11.30 Developments of laser treatment
A. Descaseaud, Limoges (FR)

Aims and objectives

Lasers are more and more developing for the treatment of LUTS related to benign prostatic obstruction (BPO). Four lasers are used in BPO treatment: Greenlight, Holmium, Diode and Thulium. EC mark is the sole mandatory conformity marking for laser devices sold within the European Economic Area. Indeed, developments of surgical devices are not submitted to such complicated process as drug medications. Therefore, once a laser device is commercialised, efficacy and safety have to be assessed. In addition, any superiority of laser over trans Urethral Resection of the Prostate or open prostatectomy remains to be proven. Consequently, the evaluation of lasers is mandatory to pursue the development of laser treatment in BPO. The aim of the presentation will be to analyse the literature on the four lasers used in the treatment of BPH, and to summarise the main assets and drawbacks for each of them. A special focus will be performed on the levels of evidence of the literature and on the available cost analyses.

11.30 - 11.45 Evolution of new minimally-invasive methods
M.S. Michel, Mannheim (DE)

Aims and objectives

In the past decades several attempts have been made to optimise TURP. The harvest of this is a significant reduction in morbidity and side effects associated with TURP. In addition new minimal invasive techniques have been invented which act without the resection or acute ablation of tissue. One of the aim of these techniques is to enable interventional office based BPH therapy. However, using theses techniques new different side effects are detectable, long term re-treatment rates are unclear and special individual patient based indications have to be respected. This presentation will give a critical overview and outlook for minimal-invasive methods of BPH treatment.

- 128 Prospective randomized controlled trial comparing GreenLight (GL) 180-W XPS PVP and transurethral resection of the prostate (the Goliath Study): Patient questionnaires and one year follow-up**
A. Bachmann, A. Tubaro, N. Barber, F. D'Ancona, M. Gordon, U. Witzsch, M-O. Grimm, J. Benejam, J-U. Stolzenburg, A. Riddick, S. Pahernik, J. Roelink, F. Ameye, C. Saussine, F. Bruyere, W. Loidl, T. Larner, N. Gogoi, R. Hindley, R. Muschter, A. Thorpe, N. Shrotri, S. Graham, M. Hamann, K. Miller, M. Schostak, C. Capitan, H. Knispel, A. Thomas (Basel, Switzerland; Rome, Italy; Frimley, Camberley Surrey, London, Edinburgh, Brighton, Wakefield, Hampshire, Newcastle upon Tyne, Kent, Wales, United Kingdom; Nijmegen, Almelo/Hengelo, The Netherlands; Frankfurt, Jena, Leipzig, Heidelberg, Rotenburg, Kiel, Berlin, Magdeburg, Germany; Manacor, Madrid, Spain; Ghent, Belgium; Strasbourg, Tours, France; Linz, Austria)
- 226 Surgical management of benign prostatic obstruction: Current practice patterns and attitudes in Europe**
R. Sosnowski, C. De Nunzio, N. Thiruchelvam, S. Ahyai, R. Autorino, A. Bachmann, A. Briganti, G. Novara, C. Füllhase (Warsaw, Poland; Rome, Naples, Milan, Padua, Italy; Cambridge, United Kingdom; Hamburg, Munich, Germany; Basel, Switzerland)

Thematic Session 12

11.00 - 12.00 Targetable and targeted molecules in prostate cancer

Room A4

Chair: Z. Culig, Innsbruck (AT)

11.00 - 11.15 Targetable interleukin-8 D. Waugh, Belfast (GB)

Aims and objectives

IL-8 is a signalling chemokine that has widespread effects upon the tumour microenvironment. The lecture will provide evidence of how tumour-derived expression of IL-8 is regulated, specifically in relationship to how PTEN status affects the transcription and signalling potential of this chemokine in tumour cells. The lecture will develop the theme of how treatment-induced stress can augment the expression of IL-8 and how IL-8 signalling can modulate the response of prostate tumours to relevant clinical interventions. Moreover, the lecture will describe how tumour-derived IL-8 can drive a monocyte-dependent induction of tumour cell migration and invasion. The lecture will seek to build multiple levels of evidence to promote the use of anti-IL-8 treatment strategies as a combination approach to improve response to existing therapeutic interventions in prostate cancer.

11.15 - 11.30 Novel anti-androgenic compounds F. Claessens, Leuven (BE)

Aims and objectives

- Give an overview of the mode of action of androgens and the androgen receptor in prostate cells.
- Describe the action mechanism of old and new androgen antagonists.
- Discuss possible mechanisms of resistance against androgen deprivation and resistance against enzalutamide.

11.30 - 11.45 Present and absent targets during ADT F.R. Santer, Innsbruck (AT)

Aims and objectives

It is well-known that androgen deprivation therapy changes the gene expression profile of prostate cancer cells. Proteins upregulated through androgen receptor inactivation represent potential targets for novel therapeutics. Thus, first-line androgen deprivation therapy could be improved by combinatorial approaches. On the other hand, specific targets can also be downregulated through androgen ablation. In consequence, therapeutic approaches may fail because their target is absent. This presentation will show preclinical development of combinatorial approaches for androgen deprivation therapy on the example of one present and one absent target.

11.45 - 12.00 Associated abstract presentations

2 Polyamide targeting transcription of long chain acyl-CoA synthetase 3: A novel therapeutic approach for prostate cancer

D. Obinata, K.-I. Takayama, K. Fujiwara, N. Fukuda, T. Urano, A. Ito, D. Ashikari, T. Murata, T. Fujimura, K. Ikeda, K. Horie-Inoue, S. Inoue, S. Takahashi (Tokyo, Saitama, Japan)

8 A novel approach to identifying optimal treatment strategies in docetaxel-resistant prostate cancer

D.J. Landon, M. Prencipe, A. O'Neill, S. Ahearne, P. Doolan, J.M. Fitzpatrick, R.W.G. Watson (Dublin, Ireland)

Thematic Session 13

11.00 - 12.00 **Expert challenges the expert**

Room A8

Chair: A. De La Taille, Creteil (FR)

11.00 - 11.30 **Video debate** [How I do nerve-sparing cystectomy and orthotopic neobladder](#)

P. Wiklund, Stockholm (SE)

Challenger:

U.E. Studer, Berne (CH)

Aims and objectives

The aim of this presentation is to discuss the surgical technique during Robot Assisted Radical Cystectomy (RARC).

The focus will be on the different surgical steps in RARC, cystectomy, lymph node dissection and urinary diversion. Detailed video clips will be used to show the various steps of the procedure. Oncological and functional outcomes as well as complications after RARC will be discussed. Results from the International Robotic Cystectomy Consortium (IRCC) will also be presented.

11.30 - 12.00 **Video debate** [How I do laparoscopic pyeloplasty](#)

F. Porpiglia, Turin (IT)

Challenger:

C. Vaessen, Paris (FR)

Aims and objectives

The aim of the video presentation is to show different minimal invasive approaches available to perform pyeloplasty (pure laparoscopic, mini-laparoscopic, standard robot-assisted and LESS robot-assisted) with an insight about tricks and hot points of every approach in order to achieve the best result with the most appropriate technique on the basis of the clinical case.

Thematic Session 14

11.00 - 12.00 Challenges in non-surgical stone management

Room K1

Chair: P.J. Osther, Fredericia (DK)

11.00 - 11.15 EAU Guidelines snapshot **Evaluation and follow-up of recurrent stone formers**

C. Türk, Vienna (AT)

11.15 - 11.35 **Challenges in cystinuria**

K. Thomas, London (GB)

Aims and objectives

Cystinuria represents only 1% of stone disease but due to frequent stone formation can pose a management challenge to the endourologist. The complexities of cystinuria require multidisciplinary management with individualised follow-up to prevent stone episodes and capture stone events before they present with symptoms or complications. In this talk I will address three main themes based on our experience from a large UK multi-disciplinary cystinuria clinic namely; monitoring, genetics and prevention.

11.35 - 11.55 **Diet in stones**

O. Traxer, Paris (FR)

Aims and objectives

Diet is a major risk factor for stone formation. The goal of this talk is to present these risk factors according to the stone analysis and the 24 hour urine collection.

11.55 - 12.00 **Associated abstract presentation**

815 Does extracorporeal shock wave lithotripsy cause diabetes mellitus? A nation wide population based and with an 8 year follow-up study

H.J. Chung, A.T-L. Lin, Y-H. Huang, C-C. Lin, T-J. Chen, K-K. Chen (Taipei, Taiwan)

Thematic Session 15

11.00 - 12.00 **Update on renal cell cancer**

Room K2

Chair: A. Alcaraz, Barcelona (ES)

11.00 - 11.15 **Partial nephrectomy, ischaemia and chronic kidney disease**
S. Campbell, Cleveland (US)

Aims and objectives

To review recent information about renal function after partial nephrectomy and its implications

11.15 - 11.30 **Is 3D laparoscopic surgery a substitute for the robot?**
J-U. Stolzenburg, Leipzig (DE)

Aims and objectives

Robotic assisted surgery has two major advantages, the excellent degree of surgical instrument movement and the more comfortable intraoperative conditions for the surgeon. Laparoscopic instruments are evolving, especially with the advent of Laparoendoscopic single-site surgery. Advanced articulating instruments are available and the clinical evaluation would demonstrate their efficacy in laparoscopic surgery. Thus, the combined use of 3D imaging and advanced articulating instruments would probably make conventional laparoscopy closer to the robotic-assisted approach. Even then, the comfort of the surgeon who is not required to be standing over the patient in order to perform the procedure, is a unique feeling and probably a radical concept in the history of surgery. Laparoscopy will probably remain the most affordable solution for many institutions around the world. The future will show if laparoscopy would evolve to the standards of robotics or eventually laparoscopy would evolve to robotics in all institutions.

11.30 - 11.45 **Predicting response to target therapies in metastatic renal cell cancer**
B. Mellado, Barcelona (ES)

Aims and objectives

In the last decade, the introduction of new targeted therapies has improved in an unprecedented manner the treatment landscape of metastatic Renal Cell Carcinoma (mRCC) patients. Despite the outcome improvement with anti-VEGF therapies, not all the patients have the same range of benefit. About 25% of patients are primary-refractory and they usually do not respond to second-line therapies with other anti-VEGF or mTOR inhibitors. On the other hand, a similar percentage of patients may present a long-lasting clinical benefit to the therapy. At this moment, predictive markers of response that can be clinically used to select patients for specific therapies are lacking. The presentation will review data related to different types of potential predictive markers that include clinical, toxicity-based, serum, tissue, and radiologic biomarkers.

11.45 - 12.00 **Associated abstract presentations**

187 **Predicting targeted therapy tumor resistance in renal cell carcinoma patient-derived xenografts implanted into chicken embryos**

[C.R. Mazzola](#), C. Willie, S. Pardhan, C. MacMillan, K.M. Siddiqui, M. Billia, J. Izawa, J. Chin, A.F. Chambers, J. Brugarolas, N. Power, H.S. Leong (London, Ontario, Canada; Dallas, Texas, United States of America)

647 **Overall survival benefit of partial over radical nephrectomy in patients presenting with renal cell carcinoma**

[F.C. Roos](#), S. Steffens, K. Junker, K. Junker, M. Janssen, F. Becker, W. Brenner, M. Schrader, R. Hofmann, J.W. Thüroff, M.A. Kuczyk, H. Wunderlich, S. Siemer, M. Stöckle, A.J. Schrader (Mainz, Hanover, Homburg/Saar, Jena, Ulm, Marburg, Eisenach, Germany)

Thematic Session 16

11.00 - 12.00 **Reconstructive urology: Now and the future**

Room T1

Chair: R. Yiou, Créteil (FR)

11.00 - 11.15 Are there really less complications with native tissue repair for vaginal prolapse?

F. Haab, Paris (FR)

Aims and objectives

To give an update on surgical treatment of pelvic organ prolapse with a special emphasis on specific indications for native tissue or synthetic meshes.

11.15 - 11.30 Back to Bricker: A good idea?

F. Liedberg, Malmö (SE)

Aims and objectives

In this presentation the query "Back to Bricker: A good idea?" will be further explored from the following perspectives: The changing surgical scenario, how functional outcome measures are reported, patient counselling, surgical volume, and data from population-based reports on complications and long-term outcomes after urinary diversion.

11.35 - 11.45 Urethroplasty, more than repair of micturition alone

W. Oosterlinck, Ghent (BE)

Aims and objectives

The main aim of urethroplasty is to restore micturition. Nowadays, more attention is given to quality of life, sexual function and cosmesis. Minimizing morbidity at the graft donor site has become an area of research and the first randomized controlled trials have been published, discussing a number of different approaches. The objective of this presentation is to provide an overview of the current knowledge in this area with a focus on limiting complications.

11.45 - 12.00 Stem cells and scaffolds: The future

D. Eberli, Zurich (CH)

Aims and objectives

Stem cells and biomaterials are envisioned as novel therapeutic options for many urologic disorders. Although the approaches are straight forward and often mimic the developmental processes, the application of these strategies remains highly challenging. In this presentation I will provide an up-to-date overview of the topic and highlight the current obstacles for clinical translation.

Thematic Session 17

11.00 - 12.00 1st ESO Prostate Cancer Observatory: Innovation and care in the next 12 months

Room C6

ESO prostate cancer programme coordinator: R. Valdagni, Milan (IT)
Chair: H. Van Poppel, Leuven (BE)
Moderator: A. Costa, Milan (IT)



- 11.00 - 11.05 Introduction**
A. Costa, Milan (IT)
- 11.05 - 11.10 The researcher's perspective**
A. Bjartell, Malmö (SE)
- 11.10 - 11.15 The urologist's perspective**
N. Mottet, Saint Etienne (FR)
- 11.15 - 11.20 The medical oncologist's perspective**
M. Mason, Cardiff (GB)
- 11.20 - 11.25 The radiation oncologist's perspective**
A. Bossi, Villejuif (FR)
- 11.25 - 11.30 A patient advocate's perspective**
H. Randsdorp, Lissersbroek (NL)
- 11.30 - 11.50 Discussion**
- 11.50 - 12.00 Take home messages**

Aims and objectives

ESO Observatories are high level sessions organised during major international congresses with the aim of providing the audience with updated and unbiased information on a given topic. An ESO Observatory lasts about one hour and concentrates on a forecast given by panel of experts of what it is expected to happen in their own field in the coming 12 months. The panel includes distinguished clinicians and/or scientists and a patient advocate.

The forecast by each panel member is given in the form of take-home concise messages with 5-minute presentation of 2-3 slides. The forecast will be discussed by the panel.

Thematic Session 18

11.00 - 12.00 **Joint session European Society for Radiotherapy & Oncology (ESTRO) and EAU**

Room A11



Chairs: G. De Meerleer, Ghent (BE)
C. Stief, Munich (DE)

11.00 - 11.30 **The points of view in the treatment of high risk prostate cancer**

The urologist
F. Montorsi, Milan (IT)

The radiation oncologist
G. De Meerleer, Ghent (BE)

11.30 - 12.00 **The points of view in the treatment of oligometastatic disease**

The urologist
C. Stief, Munich (DE)

Aims and objectives

Systematic treatment alone proved to be of limited success in patients with metastatic prostate cancer. We have therefore put up a clinical protocol for both patients with oligo- and polimetastatic prostate cancer that offers patients in otherwise very good general conditions a multimodal approach. It comprises extended radical prostatectomy and extended lymphadenectomy, depending on the results of Cholin- or PSMA-PET, often to the diaphragm. Surgery is usually followed by hormonal treatment and, depending on the metastatic site(s) by radiotherapy and/or nuclear medicine treatment.

The radiation oncologist
P. Ost, Ghent (BE)

Aims and objectives

Aim:

Metastatic prostate cancer is a heterogeneous disease with the number of metastases at presentation as an important prognostic factor. A recent controversial option for patients with a limited number of metastases (or oligometastases) is local Metastasis-Directed Therapy (MDT) with surgery or Stereotactic Body Radiotherapy (SBRT) to postpone the need for systemic treatment. This lecture will discuss SBRT as a valid option.

Objectives:

- An overview of the potential benefits of SBRT (non-invasive approach, a short treatment course, acceptable toxicity, excellent local control,...)
- A critical appraisal of the published SBRT literature.
- Patient selection for SBRT
- An overview of the running prospective (randomised trials).

Thematic Session 19

11.00 - 12.00 Joint session with the European Society of Nuclear Medicine (EANM) and EAU

Room A10



Chairs: A. Briganti, Milan (IT)
K. Herrmann, Munich (DE)

11.00 - 11.20 Unmet need in prostate cancer recurrence imaging: Urological perspective
A. Briganti, Milan (IT)

11.20 - 11.40 Nuclear medicine imaging in prostate cancer recurrence
A. Beer, Munich (DE)

Aims and objectives

Imaging in prostate cancer recurrence is still a very controversial topic due to the fact that reliable data from high quality multicentre studies on the benefit of the different imaging modalities in specific clinical scenarios are largely missing. Moreover, another limiting factor up to now was a moderate accuracy of most nuclear medicine imaging techniques in cases of biochemical recurrence with low PSA values. However, recent progress in scanner technology and tracer development might change the situation profoundly. In this talk first a short summary on the status quo of nuclear medicine imaging in prostate cancer recurrence is presented. This includes conventional bone scintigraphy including SPECT/CT as well as PET with various radiotracers, focussing on choline based tracers. In the second part of the talk, recent developments with a potentially substantial impact on the future of imaging of prostate cancer recurrence will be presented. Concerning scanner technology especially hybrid PET/MR can improve diagnostic accuracy by combining the excellent soft tissue contrast and functional imaging capabilities of state-of-the-art MRI with the biological information of PET. On the tracer development side, new compounds like radiolabelled ligands for PSMA will be discussed, as these compounds show very promising results and according to the first data are superior to choline based radiotracers.

11.40 - 12.00 Alpha-emitter therapy in metastatic prostate cancer
V. Lewington, London (GB)

Aims and objectives

1. Summarise the physical characteristics of alpha emitting radionuclides with respect to potential clinical applications
2. Review clinical trial evidence supporting the introduction of Ra-223 as a bone seeking radiopharmaceutical in metastatic castrate resistant prostate cancer
3. Outline requirements for the safe delivery of Ra-223 in routine clinical practice – patient selection, treatment administration, environmental impact mitigation
4. Briefly consider opportunities for further research using Ra-223

EUSP Session

14.00 - 17.00 **European Urological Scholarship Programme (EUSP) Session**

Room A10

- 14.00 - 14.10** **Introduction**
V.G. Mirone, Naples (IT)
- 14.10 - 14.40** **Presentation: One year as a scholar**
C.G.H. Ronnau, Greifswald (DE)
- 14.40 - 15.10** **The host's perspective**
J.A. Schalken, Nijmegen (NL)
- 15.10 - 15.40** **Reviewing the EUSP applications**
M.J. Ribal, Barcelona (ES)
- 15.40 - 16.00** **National Societies presenting their scholars:**
British Association of Urology
Deutsche Gesellschaft für Urologie
Association Française d'Urologie
Asociación Española de Urología
Società Italiana di Urologia
Society for Urological Surgery Turkey
Turkish Urological Association
- 16.00 - 16.10** **Award presentation: Best scholar**

Moderator: V.G. Mirone, Naples (IT)

Award winner: Y. Neuzillet, Suresnes (FR)
Predictive markers of response to neoadjuvant chemotherapy before cystectomy for bladder cancer, and the molecular characterization of nonresponder tumours
- 16.10 - 17.00** **EUSP happy hour and simultaneous scholarship poster exhibition**

Abstract Session

12.15 - 13.45 **Reconstructive surgery**

eURO Auditorium

Video session 8

Chairs: E. Chartier-Kastler, Paris (FR)

F. Van der Aa, Leuven (BE)

- V58 Robot-assisted ureteral reimplantation with the psoas hitch technique: Important surgical steps**
J.L.H. Hohenhorst, M. Janowski, A. Paillart, M. Vanberg, M. Musch, K. Darko (Essen, Germany)
- V59 The use of barbed suture in reconstructive urological laparoscopy**
A.J. Garcia Segui, J.A. Galán, A. Verges, J.P. Caballero, A. Amoros (Elche, Spain)
- V60 Reconstruction of extended urethral stricture with tissue engineered autologous buccal mucosal graft (Mukocell®)**
J. Beier, G. Rahm-Liebig, A. Pandey, H. Keller (Hof, Dresden, Germany)
- V61 Laparoscopic correction of ureteral stenosis after open cystectomy**
I. Gonzalez Rodriguez, G. Cruceyra Betriu, R. Gil Ugarteburu, P. Benito, S. Fernández-Pello Montes, J. Mosquera Madera, F.J. Cuervo Calvo (Gijón, Spain)
- V62 Robot-assisted laparoscopic artificial urinary sphincter implantation in women with stress urinary incontinence: A single center prospective study**
M.A. Perrouin Verbe, P. Callerot, A. Valeri, G. Fournier (Brest, France)
- V63 Apical sling for site specific pelvic organ prolapse repair**
C. Riccetto, T. Aguiar, W. Azal Jr, P. Palma (Campinas, Brazil)
- V64 The Phorbas system – a new single incision adjustable male sling: Implantation technique and first results**
R.M. Bauer, S. Herschorn, T.B. Olmedo, O.D. Reyes, W. Huebner (Munich, Germany; Toronto, Canada; Santiago de Chile, Chile; Korneuburg, Austria)

Abstract Session

12.15 - 13.45 **Signaling pathways in prostate tumor and stem cells**

Room A2

Poster Session 68

Chairs: N.J. Maitland, York (GB)

M. Puhr, Innsbruck (AT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Prostate cancer stem cells and their clinical relevance

N.J. Maitland, York (GB)

- * 836** **Hes6 drives a critical androgen receptor (AR) transcriptional program to induce castration resistant prostate cancer (CRPC) through activation of an E2F1-mediated cell cycle network**
A.D. Lamb, A. Ramos-Montoya, R. Russell, T. Carroll, C.E. Massie, G. Shaw, N.L. Sharma, A.Y. Warren, R.F. Wooster, I.G. Mills, D.E. Neal (Cambridge, Oxford, United Kingdom; Collegeville, United States of America; Oslo, Norway)
- 837** **Liver X receptor- β modulates cell proliferation, invasion, tumourigenesis and epithelial to mesenchymal transition of human prostate carcinoma cells**
H-H. Juang, K-H. Tsui (Kwei-Shan, Tao-Yuan, Taiwan)
- * 838** **Non-canonical Wnt signaling promotes prostate cancer growth by increasing growth factors from stromal cells and plays a key role on stromal-epithelial cell communication**
S. Takahashi, N. Terada, Y. Zeng, T. Shiraishi, Y. Homma, R.H. Getzenberg (Tokyo, Kyoto, Japan; Maryland, United States of America)
- 839** **The role of YBX1 in prostate cancer - results from a 180K custom agilent microarray position YBX1 as a possible master regulator in prostate cancer**
M.R. Pokorny (Brisbane, New Zealand)
- 840** **Laminin binding glycan depletion on α -dystroglycan in prostate cancer cells promotes epithelial-mesenchymal transition and enhances tumour formation**
T. Yoneyama, S. Hatakeyama, Y. Tobisawa, T. Koie, C. Ohyama, M. Fukuda (Hirosaki, Japan; La Jolla, United States of America)
- 841** **Haematopoietic stem cell niche genes are upregulated in the molecular signature of the stroma response in osteoblastic bone metastasis**
J. Hensel, B. Özdemir, C. Secondini, A. Wetterwald, R. Schwaninger, A. Fleischmann, W. Raffelsberger, O. Poch, M. Delorenzi, R. Temanni, G. Van Der Pluijm, M.G. Cecchini, G.N. Thalmann (Berne, Lausanne, Switzerland; Strasbourg, France; Leiden, The Netherlands)
- 842** **NEDD9 crucially regulates TGF- β -triggered epithelial-mesenchymal transition and cell invasion in prostate cancer cells: Involvement in cancer progressiveness**
K. Morimoto, T. Tanaka, T. Otoshi, K. Kuratsukuri, H. Kawashima, T. Nakatani (Osaka, Japan)
- 843** **Mutual regulation between Raf/MEK/ERK signalling and Y-box-binding protein-1 promotes prostate cancer progression**
K. Imada, M. Shiota, K. Kenichi, K. Kuroiwa, Y. Song, M. Sugimoto, Y. Oda, S. Naito (Fukuoka, Miyazaki, Japan)

- 844** **Blocking expression of the tumour suppressor gene, p63 inhibits in-vivo carcinogenesis in prostate cancer**
[R. Beekharry](#), W. Bansema, P. Berry, H. Walker, A. Nicholl, M. Simms, A. Collins, N. Maitland (York, Cottingham, United Kingdom)
- 845** **Glycosylation of MUC1 expressing on prostate cancer cell has crucial impact on susceptibility to natural killer cell immunity in TRAIL dependent manner**
[T. Okamoto](#), Y. Tobisawa, T. Yoneyama, H. Yamamoto, S. Hatakeyama, A. Imai, T. Yoneyama, A. Okamoto, Y. Hashimoto, T. Koie, C. Ohyama, S. Tsuboi (Hirosaki, Japan)
- 846** **Hif-1 α induced gene activation in course of H3k9me3-depletion is significantly modulated by CpG-promoter methylation**
[U. Brandt](#), F. Wagenlehner, P. Waliszewski, K. Steger, W. Weidner, S. Gattenlöhner, U. Schagdarsurengin, T. Dansranjav (Giessen, Germany)
- * 847** **HES6 promotes prostate cancer aggressiveness and is independent of Notch signalling**
[F.L. Carvalho](#), L. Marchionni, A. Gupta, A.E. Ross, B. Ahamad, E.M. Schaeffer, D.M. Berman (Baltimore, United States of America; Kingston, Canada)

Abstract Session

12.15 - 13.45 **Prostate cancer: Population-based screening**

Room A4

Poster Session 69

Chairs: S.V. Carlsson, New York (US)

M.J. Roobol, Rotterdam (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- 848 18-year follow-up from the Gothenburg randomised prostate cancer screening trial**
J.E. Hugosson, G. Aus, S. Carlsson, E. Holmberg, C.G. Pihl, J. Stranne, H. Lilja (Gothenburg, Sweden; New York, United States of America)
- 849 Prostate cancer incidence and mortality in the Spanish section of the European Randomized Study of Screening for Prostate Cancer (ERSPC)**
A. Pérez, M. Luján, J.C. Angulo, R. Granados, M. Nevado, G.M. Torres, A. Berenguer (Fuenlabrada, Parla, Getafe, Torrejón de Ardoz, Madrid, Spain)
- 850 A comparison of the effectiveness of organised versus opportunistic screening measured as number need to invite (NNI) and number needed to diagnose (NND). Results from the Gothenburg randomised population-based prostate cancer screening trial**
R. Godtman, E. Holmberg, J. Stranne, J. Hugosson (Gothenburg, Sweden)
- 851 Will men with very low PSA values accept a long screening interval?**
L.P. Bokhorst, J.W. Salman, L.D. Venderbos, J.J. Lous, F.H. Schröder, C.H. Bangma, M.J. Roobol (Rotterdam, The Netherlands)
- 852 Prostate biopsy trends in relation to U.S. Preventative Task for recommendations against routine PSA-based screening: A time-series analysis**
B. Bhindi, M. Mamdani, G.S. Kulkarni, A. Finelli, R.J. Hamiton, J. Trachtenberg, A.R. Zlotta, A. Toi, A. Evans, T.H. Van Der Kwast, N.E. Fleshner (Toronto, Canada)
- 853 Should PSA mass screening be done in local area of Japan? 9 years consecutive survey for prostatic cancer screening and detection in Yamanashi, Japan**
M. Kamiyama, T. Yamagishi, H. Maezawa, N. Imamura, M. Takeda (Yamanashi, Japan)
- 854 Diagnose and treatment for clinically localized prostate cancer. Adherence to EAU guidelines on prostate cancer in a nationwide population-based study**
F. Gómez Veiga, B. Miñana, A. Rodríguez Antolín, J.M. Cózar, E. Pedrosa, Grupo Español de Cáncer de Próstata (A Coruña, Murcia, Madrid, Granada, Spain)
- 855 Future risk for intermediate and high risk prostate cancer in men with baseline PSA of 1-2.99ng/ml and low free-to-total PSA-ratio in a prospective population-based screening trial**
M. Randazzo, J. Beatrice, A. Huber, R. Grobholz, L. Manka, F. Recker, M. Kwiatkowski (Aarau, Switzerland; Braunschweig, Germany)
- 856 Anti-diabetic drugs and prostate cancer incidence in the Finnish Prostate Cancer Screening Trial**
A. Haring, T.J. Murtola, L. Määttänen, K. Taari, T.L.J. Tammela, A. Auvinen (Tampere, Helsinki, Finland)
- 857 The Rotterdam prostate cancer risk calculator: Improved prediction with more relevant pre-biopsy information, now in the palm of your hand**
M.J. Roobol, J. Salman, N. Azevedo (Rotterdam, The Netherlands; Évora, Portugal)

- 858 The influence of physical activity on prostate cancer diagnosis: A biopsy cohort analysis**
[C. De Nunzio](#), L. Cindolo, M. Gacci, C. Leonardo, F. Cancrini, M. Bonetto Gambrosier, F. Presicce, M. Carini, M. Lanciotti, F. Pellegrini, L. Schips, A. Tubaro (Rome, Vasto, Florence, Italy)
- 859 Evaluating the impact of adulthood metabolic disorders on prostatic cancer etiology with early-in-life risk factors**
[A. Gerdtsson](#), M.J. Evans, B.Y. Poon, P. Scardino, P-A. Abrahamsson, P.M. Nilsson, J. Manjer, A. Bjartell, J. Malm, A. Vickers, H. Lilja, D. Ulmert (Malmö, Sweden; San Francisco, New York, United States of America)
- * 860 STHLM3 - a prospective diagnostic study of prostate cancer**
[H. Gronberg](#), M. Eklund, M. Clements, T. Nordström, M. Aly, L. Egevad, F. Wiklund, Y. Brandeberg, P. Wiklund, J. Adolfsson (Stockholm, Sweden)

Abstract Session

12.15 - 13.45 **Modern management of castration-resistant prostate cancer**

Room A8

Poster Session 70

Chairs: D. Berthold, Lausanne (CH)

T.A. Borkowski, Warsaw (PL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 861 **Impact of prior endocrine therapy on radiographic progression-free survival (rPFS) in patients with chemotherapy-naïve metastatic castration-resistant prostate cancer: Results from COU-AA-302**
D. Schrijvers, T. Kheoh, M.K. Yu, M.R. Smith, E.J. Small, P.F. Mulders, K. Fizazi, D. Rathkopf, F. Saad, H.I. Scher, S. Oudard, J. Bellmunt, M-E. Taplin, I.D. Davis, A. Protheroe, A. Molina, T.W. Griffin, J.S. De Bono, C.J. Ryan (Antwerp, Belgium; Los Angeles, Boston, San Francisco, New York, Menlo Park, United States of America; Nijmegen, The Netherlands; Villejuif, Paris, France; Montreal, Canada; Victoria, Australia; Oxford, Sutton, United Kingdom)
- 862 **Safety and efficacy of ODM-201 in chemotherapy and CYP17-inhibitor naïve patients: Analysis of data from the ARADES and the ARAF0R trials**
L. Tammela, C. Massard, P. Bono, P. Langmuir, J. Aspegren, A. Vuorela, M.V.J. Mustonen, K. Fizazi (Tampere, Helsinki, Espoo, Finland; Villejuif, France; Malvern, United States of America)
- 863 **Low dose GtX-758 decreases free testosterone to levels similar to orchiectomy in men with metastatic castration resistant prostate cancer (mCRPC)**
R.H. Getzenberg, E.Y. Yu, J.A. Smith, M.L. Hancock, R. Tutrone, T.W. Flaig, K.R. Westenfelder, M. Szucs, J.T. Dalton, M.S. Steiner (Memphis, Seattle, Towson, Aurora, Missoula, United States of America; Budapest, Hungary)
- 864 **Does Gleason score at initial diagnosis predict efficacy of abiraterone acetate (AA) therapy in patients with metastatic castration-resistant prostate cancer (mCRPC)? An analysis of AA phase 3 trials**
M. Stöckle, T. Flaig, C.H. Ohlmann, H.I. Scher, J.S. De Bono, D. Rathkopf, C.J. Ryan, T. Kheoh, J. Li, M. Todd, T.W. Griffin, A. Molina, K. Fizazi (Homburg/Saar, Germany; Aurora, New York, San Francisco, Los Angeles, Raritan, Menlo Park, Villejuif, United States of America; Sutton, United Kingdom)
- 865 **Effects of radium-223 dichloride (Ra-223) on total alkaline phosphatase (ALP) and prostate-specific antigen (PSA) in patients with castration-resistant prostate cancer (CRPC) and symptomatic bone metastases from the phase 3 ALSYMPCA trial**
D. Heinrich, C. Parker, M. Shan, S. Wilhelm, J. Garcia-Vargas, C.G. O'Bryan-Tear, O. Sartor (Lørenskog, Oslo, Norway; Sutton, United Kingdom; Whippany, New Jersey, New Orleans, Louisiana, United States of America)
- * 866 **Management of bone metastases secondary to prostate cancer: A comprehensive survey of practice patterns in five European countries**
T. Lebre, A. Flinois, P. Schoen, S. Shepherd, G. Demonty (Suresnes, Montrouge, France; Zug, Switzerland; Uxbridge, United Kingdom)
- 867 **Frequency and prognostic significance of flare-up phenomenon in castration resistant prostate cancer (CRPC) treated with docetaxel**
C. Piper, J. Gleissner, J. Klier, A. Thissen, D. Porres, D. Pfister, A. Heidenreich (Aachen, Wuppertal, Cologne, Germany)

- 868 Incidence of urinary tract obstructions due to prostate cancer progression differs according to primary treatments**
[L. Tosco](#), E. Ammirati, V. Ficarra, B. Frea, P. Gontero, A. Gurioli, B. Tombal, H. Van Poppel, S. Joniau (Leuven, Brussels, Belgium; Turin, Udine, Italy)
- 869 Prevention of symptomatic skeletal events in patients with genitourinary (GU) tumours and bone metastases treated with denosumab or zoledronic acid**
[K. Fizazi](#), R. Coleman, L. Klotz, K. Pittman, P. Milecki, L. Costa, R. Von Moos, V. Ganju, R. Wei, G. Demonty, A. Braun, M. Smith (Villejuif, France; Sheffield, United Kingdom; Toronto, Canada; Woodville, Melbourne, Australia; Poznan, Poland; Lisbon, Portugal; Chur, Zug, Switzerland; Thousand Oaks, Boston, United States of America)
- 870 A phase 2 trial of prostate specific membrane antigen antibody drug conjugate (PSMA ADC) in taxane-treated metastatic castration-resistant prostate cancer (MCRPC)**
[D. Petrylak](#), D.C. Smith, L.J. Appleman, M. Fleming, A. Hussain, R. Dreicer, O. Sartor, N. Shore, N. Vogelzang, H. Youssoufian, N. Stambler, K. Huang, R.J. Israel (New Haven, Ann Arbor, Pittsburgh, Norfolk, Baltimore, Cleveland, New Orleans, Myrtle Beach, Las Vegas, Tarrytown, United States of America)
- 871 Withdrawn**
- 872 Long-term immunotherapy by dendritic-cells based vaccine in patients with PSA-recurrent prostate cancer**
[L.J. Jarolim](#), R. Spisek, M. Podrazil, M. Babjuk, J. Fucikova, A. Fialova, I. Minarik, H. Hromadkova (Prague, Czech Republic)

Abstract Session

12.15 - 13.45 Education and training

Room A10

Poster Session 71

*Chairs: J. Palou, Barcelona (ES)
J.P.M. Sedelaar, Nijmegen (NL)*

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

State-of-the-art: Education and training possibilities within the EAU

J. Palou, Barcelona (ES)

- 873 The role of simulators in surgical training: A bibliometric analysis from 1993–2012**
B.D. Kelly, D.J. Lundon, D. Mak, P. Felle (Dublin, Ireland; Birmingham, United Kingdom)
- 874 Validation of the GreenLight Simulator and development of a training curriculum for GreenLight Laser Prostatectomy**
A. Aydin, G.H. Muir, M.S. Khan, P. Dasgupta, K. Ahmed (London, United Kingdom)
- 875 Laparoscopic renal resection training in cadavers embalmed using Thiel's method: Development and evaluation of skills learning**
S.S. Ubee, B. Tang, R. Eisma, C. Biyani, G. Nabi (Wolverhampton, Dundee, Wakefield, United Kingdom)
- 876 The impact of resident involvement in minimally invasive urologic oncology procedures**
N. Ruhotina, B. Varda, A. Sood, J. Meyers, M. Schmid, A. Rai, J.J. Leow, K. Olugbade Jr., J.D. Sammon, S. Sukumar, S.L. Chang, J.O. Peabody, M. Menon, A.S. Kibel, Q-D. Trinh (Boston, Detroit, Minneapolis, United States of America; Hamburg, Germany)
- 877 Systematic review of effectiveness of mentorship programmes in urology**
D.R. Hay, M.S. Khan, H. Van Poppel, B. Van Cleynenbreugel, J. Peabody, K. Guru, P. Dasgupta, B. Challacombe, K. Ahmed (London, United Kingdom; Leuven, Belgium; Detroit, Buffalo, United States of America)
- 878 A multi-centre study evaluating performance of multidisciplinary teams: Urology vs the top cancer killers**
S. Sarkar, S. Arora, T. Soukup, B.W. Lamb, S. Shah, J.S.A. Green, N. Sevdalis, A. Darzi (London, United Kingdom)
- 879 Utilisation of information resources amongst urology outpatients**
H. Lendrum, I. Pearce (Manchester, United Kingdom)
- 880 What is the knowledge of young nulliparous women about pelvic floor muscles and pelvic floor (dys) functions?**
H. Neels, A. Vermandel, J.J. Wyndaele, W. Tjalma, S.G.G. De Wachter (Wilrijk, Belgium)
- 881 Evaluation of audiovisual educational material on urinary incontinence in incontinent and healthy subjects**
P. Georgopoulos, A. Passiou, P. Kapoteli, M. Tsiouprou, D. Hatzichristou, A. Apostolidis (Thessaloniki, Greece)
- 882 Evaluating the accuracy of computed tomography of the kidneys, ureters and bladder interpretation by urology residents for suspected acute nephrolithiasis**
I. Dukic, R. Robinson (Blackburn, United Kingdom)

883 International urology journal club via twitter - twelve month experience

[I.A. Thangasamy](#), M. Leveridge, B.J. Davies, A. Finelli, B. Stork, H.H. Woo (Queensland, New South Wales, Australia; Ontario, Canada; Philadelphia, Michigan, United States of America)

884 How can the quality of congresses be improved? Results from an analysis of the annual congress of the German Society of Urology

[J. Von Hardenberg](#), T.S. Worst, C. Weiß, M.S. Michel (Mannheim, Germany)

Abstract Session

12.15 - 13.45 **BPE: What's new in basic research?**

Room A11

Poster Session 72

Chairs: S. Poletajew, Warsaw (PL)

S. Propping, Dresden (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Micro-RNA and BPH

S. Propping, Dresden (DE)

- * 885 Targeting of smooth muscle force generation by inhibitors of focal adhesion kinase in the hyperplastic human prostate**
T. Kunit, C. Gratzke, A. Schreiber, F. Strittmatter, B. Rutz, W. Loidl, K.E. Andersson, C.G. Stief (Munich, Germany; Linz, Austria; Winston-Salem, United States of America)
- * 886 Induction of hypoxia and apoptosis genes expression in voiding dysfunction from long term bladder outlet obstruction**
Y.S. Song, H.J. Lee, S. Choi, J. An, S.W. Doo, J.H. Kim, W.J. Yang, J.H. Yun, H.J. Kim, S.U. Kim (Seoul, Gumi, Cheonan, South Korea)
- 887 Finasteride resistance in BPH: Implications of methylated CpG island in 5-AR2 promoter and reduced 5-AR2 levels in adult prostate tissue**
Y-N. Niu, D. Fan, S. Jin, K. Wang, N. Xing (Beijing, China)
- 888 Combined effect of polymorphisms in type III 5- α reductase and androgen receptor gene with the risk of benign prostatic hyperplasia in Korean men**
K.H. Song, J.S. Lim, Y.G. Na, H.S. Kim, C.K. Sul (Daejeon, South Korea)
- * 889 Responses to growth factor combinations in prostate stromal cells are qualitatively different from responses to stimulation with EGF, FGF or TGF alone**
A. Schreiber, A. Ciotkowska, C.G. Stief, C. Gratzke, M. Hennenberg (Munich, Germany)
- 890 Prevalence of inflammation and benign prostatic hyperplasia on autopsy in Asian and Caucasian men**
A.R. Zlotta, S. Egawa, D. Pushkar, A. Govorov, T. Kimura, M. Kido, H. Takahashi, C. Kuk, M. Kovylna, N. Aldaoud, N.E. Fleshner, A. Finelli, L. Klotz, G. Lockwood, J. Sykes, T.H. Van Der Kwast (Toronto, Canada; Tokyo, Japan; Moscow, Russia)
- 891 Heme oxygenase-1 prostatic levels are significantly lower in patients affected by moderate-severe LUTS secondary to benign prostatic hyperplasia: A pilot study**
G.I. Russo, L. Vanella, D. Campisi, E. Fragalà, S. Privitera, V. Favilla, T. Castelli, S. Cimino, V. Sorrenti, G. Morgia (Catania, Italy)
- 892 Quantitative and qualitative analyses of stromal and acinar components of prostate zones**
B. Marroig, C.B.M. Gallo, B.M. Gregorio, E.F. Alves, F.J.B. Sampaio, W.S. Costa (Rio de Janeiro, Brazil)
- 893 The Rho-kinase pathway is involved in fibrotic bladder hypertrophy and ureter dysfunction in a rat model of partial urethral obstruction**
R. Buono, F. Benigni, L. Villa, P. Hedlund (Milan, Italy; Linköping, Sweden)

- 894** **Heterosynapse formation between human prostate stromal and epithelial cells cultured in three-dimensional Matrigel®**
S-D. Yeh, C-Y. Tai, H-H. Lu, C-W. Wu (Taipei, Taiwan)
- 895** **Cyclic GMP-binding protein kinases are colocalised with isoforms of the cyclic AMP-specific phosphodiesterase type 4 (PDE4) in the human prostate: An immunohistochemical study**
S. Ückert, E.S. Waldkirch, F. Montorsi, M.A. Kuczyk, P. Hedlund (Hanover, Germany; Milan, Italy)
- 896** **Honokiol, a constituent of Magnolia spec., inhibition adrenergic contraction of human prostate strips and induces death of stromal cells**
M. Hennenberg, D. Herrmann, A. Schreiber, A. Ciotkowska, F. Strittmatter, C.G. Stief, C. Gratzke (Munich, Germany)

Abstract Session

12.15 - 13.45 **Modern staging of urothelial carcinomas of the bladder and the upper tract: A new era has started**

Room K1

Poster Session 73

Chairs: A. Noon, Sheffield (GB)

B.W.G. Van Rhijn, Amsterdam (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Pathologist armentarium in staging of upper urinary tract

E. Comp  rat, Paris (FR)

- 897 Gender-specific differences in clinicopathologic outcomes following radical cystectomy: An international multi-institutional study of over 8,000 patients**
L.A. Kluth, M. Rieken, E. Xylinas, M. Kent, M. Rink, M. Roupr  t, N. Sharifi, A. Amzadeh, W. Kassouf, D. Kaushik, S.A. Boorjian, F. Roghmann, J. Noldus, A. Masson-Lecomte, D. Vordos, M. Ikeda, K. Matsumoto, M. Hagiwara, E. Kikuchi, Y. Fradet, R. Rendon, A. Fairey, Y. Lotan, A. Bachmann, M. Zerbib, M. Fisch, D.S. Scherr, A. Vickers, S.F. Shariat (New York, Rochester, Dallas, United States of America; Hamburg, Herne, Germany; Paris, Creteil, France; Montreal, Quebec, Halifax, Edmonton, Alberta, Canada; Minami-Ku, Sagami-hara, Kanagawa, Tokyo, Japan; Basel, Switzerland; Vienna, Austria)
- * 898 Discovery and validation of a novel expression signature for predicting recurrence in high-risk bladder cancer post-cystectomy**
A.P. Mitra, L.L. Lam, M. Ghadessi, N. Erho, I.A. Vergara, M. Alshalalfa, Z. Haddad, T. Sierocinski, T.J. Triche, E.C. Skinner, E. Davicioni, S. Daneshmand, P.C. Black (Los Angeles, Palo Alto, United States of America; Vancouver, Canada)
- * 899 Microstaging HGT1 bladder cancer allows for a more tailored treatment: Results of an optimized strategy at 5y follow-up in 200 patients**
A. Orsola, L. Werner, I. De Torres, W. Martin-Doyle, C.X. Raventos, F. Lozano, S.A. Mullane, J.J. Leow, J. Bellmunt, J. Morote (Barcelona, Spain; Boston, Worcester, United States of America)
- 900 Sub-stage according to micro and extensive lamina propria invasion improves prognostics in T1 bladder cancer**
B. Van Rhijn, S. Bertz, T. Van Der Kwast, S. Denzinger, N. Fleshner, M. Van Der Aa, G. Pigot, J. Boormans, M. Jewett, W. Wieland, A. Van Leenders, R. Stoeher, F. Hofstaedter, A. Zlotta, W. Otto, M. Burger, A. Hartmann (Amsterdam, Rotterdam, The Netherlands; Erlangen, Regensburg, Germany; Toronto, Canada)
- 901 The impact of frozen biopsy of bladder tumor bed during transurethral resection: A randomized prospective trial**
J.A.Q.J. Queiroz Juveniz, A.C.S. Crippa Sant Anna, M.F.D. Francisco Dalloglio, A.J.N. Jo  o Nesrallah, D.C.C. Cezar Chade, A.C.M. Costa Matos, M.S. Srougi (S  o Paulo, Brazil)
- 902 Transurethral biopsy of the prostatic urethra frequently detects carcinoma in-situ and invasive urothelial carcinoma arising from the prostatic urethra and ducts/acini**
F.C. Von Rundstedt, S.P. Lerner, G. Amiel, T.M. Wheeler, L.D. Truong, S.S. Shen (Houston, United States of America)
- 903 Management of high risk superficial non-muscle invasive bladder cancer (NMIBC): Can imaging provide the missing link?**
S. Banerjee, K. Manley, M. Rafiq, R. Ball, V. Kumar (Norwich, United Kingdom)

- * 904 **Can we customize therapy for localized bladder cancer according to the baseline results of the 18f-fluorodeoxyglucose (FDG) positron emission tomography/computed tomography (PET/CT)?**
M. Rouanne, A. Girma, Y. Neuzillet, H. Botto, E. Le Stanc, T. Lebreton (Suresnes, France)

- 905 **Extended lymphadenectomy with radical cystectomy: Clinical and pathologic impact of separate lymph node packets versus en bloc submission - an update**
F.R. Moltzahn, P. Zehnder, R.P. Dorin, S. Daneshmand, J. Cai, G. Miranda, E.C. Skinner, I.S. Gill (Berne, Switzerland; Los Angeles, United States of America)

- 906 **A comparison between computerised tomography and magnetic response imaging in the primary staging of bladder cancer as compared to the final histology**
A. Farooq, S. Robinson, H. Motiwala (Slough, United Kingdom)

- 907 **Post-operative nomogram to predict cancer-specific survival after radical nephroureterectomy in patients with pT1-T3 N0/Nx upper tract urothelial carcinoma without metastasis**
T. Seisen, P. Colin, V. Hupertan, D.R. Yates, E. Xylinas, L. Nison, O. Cussenot, A. De La Taille, Y. Neuzillet, K. Bensalah, G. Novara, F. Montorsi, R. Zigeuner, M. Remzi, J.D. Raman, S. Shariat, M. Rouprêt (Paris, Seclin, Lille, Creteil, Suresnes, Rennes, France; Bergamo, Milan, Italy; Graz, Korneuburg, Austria; Hershey, New York, United States of America)

Abstract Session

12.15 - 13.45 **Kidney transplant: From lab to clinic**

Room K2

Poster Session 74

Chairs: P. Di Tonno, Bari (IT)

V. Gomez Dos Santos, Madrid (ES)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 908 Looking for solutions to the kidneys shortage: Xeno-transplantation of metanephroi**
C.D. Vera-Donoso, F. Marco-Jiménez, J.S. Vicente-Antón (Valencia, Spain)
- 909 The effect of glucocorticoid in vivo on apoptosis and stathmin in rat thymocytes**
K. Takai, M. Fujimoto, K. Nakamura (Shimonoseki, Yamaguchi, Ube, Yamaguchi, Japan)
- 910 Urine protein profiling identified alpha-1-microglobulin and haptoglobin as biomarkers for early diagnosis of acute allograft rejection following kidney transplantation**
B. Stubendorff, S. Finke, M. Walter, O. Knemeyer, F. Von Eggeling, T. Gruschwitz, T. Steiner, U. Ott, G. Wolf, H. Wunderlich, K. Junker (Homburg, Jena, Erfurt, Eisenach, Germany)
- 911 MiRNAs profile throughout the sequence of ischemic lesion from donor to recipient. Value in prediction of renal graft outcome**
V. Gomez Dos Santos, E. Muñoz, D. Carracedo, M.L. García Bermejo, A. Orosa, V. Diez-Nicolás, C. Gómez Del Cañizo, A. Martínez, A.M. Torres, F. Arias, M. Jiménez, R. Rodríguez-Patrón, F.J. Burgos (Madrid, Spain)
- 912 Can Ischaemia-Modified Albumin (IMA) be used as an objective**
H. Koçan, S. Çitgez, U. Yücetaş, Y. Şenbabaoglu, E. Yücetaş, E. Ünlüer, A.İ. Taşçı (Istanbul, Turkey)
- 913 Is there a role for preconditioning the kidney before warm ischemia with sildenafil?**
K. Mursi Hammoud, M. El-Ghoneimy, M. Badawy, O. Hammam, S. Mansy, T. El-Leithy, A. Morsy (Cairo, Egypt)
- 914 Zinc preconditioning protects the rat kidney against ischemic injury**
K. Rao, M. Yim, D. Bolton, L. Galea, G. Baldwin, A. Shulkes, O. Patel (Melbourne, Australia)
- 915 Kidney volume as a predictor of 1-year renal graft function in living donor transplantation**
J. Dias, M. Almeida, J. Malheiro, L. Dias, M. Silva-Ramos, L. Xambre, L.S. Martins, A. Castro-Henriques (Vila Nova de Gaia, Porto, Portugal)
- * 916 Pretransplant biopsy in expanded criteria donors. Do we really need it?**
E.M.C.L. Tavares Da Silva, R.P.C. Oliveira, D.J.S. Castelo, V.L.P. Marques, V. Sousa, P.N.S.B. Moreira, P.M.C. Simões, C.A.B. Ferreira, A.J.C. Figueiredo, A.J.F. Mota (Coimbra, Portugal)
- 917 Successful transplantation of kidneys from standard criteria donors with different severities of terminal acute kidney injury**
C-C. Yu, H-C. Ho, T-M. Yu, Y-C. Ou, K-H. Shu, C-L. Cheng, C-K. Su, W-M. Chen, S-S. Wang, C-S. Chen, J-R. Li, C-K. Yang (Taichung, Taiwan)
- 918 Kidney retransplantation: Removal or persistence of the previous failed allograft?**
P. Dinis, P. Nunes, L. Marconi, A. Figueiredo, F. Furriel, D. Castelo, B. Parada, P. Moreira, C. Bastos, A. Roseiro, V. Dias, F. Rolo, A. Mota (Coimbra, Portugal)
- 919 Cancer screening can improve overall and cancer-specific survival in kidney transplant recipients**
Y. Kakuta, T. Kato, K. Yamanaka, O. Masayoshi, N. Nonomura (Suita, Japan)

Abstract Session

12.15 - 13.45 **URS in renal stones, stents**

Room T1

Poster Session 75

Chairs: C.M. Scoffone, Turin (IT)

O. Traxer, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

Introduction on the session topic

O. Traxer, Paris (FR)

- 920 **Trends in utilization and outcomes for ureteroscopy in the United States: An analysis using the nationwide inpatient sample**
K.R. Ghani, M. Schmid, B. Varda, A. Sood, N. Ruhotina, J.J. Leow, K. Olugbade Jr., J.D. Sammon, S. Sukumar, M. Menon, A.S. Kibel, Q-D. Trinh (Ann Arbor, Boston, Detroit, Minneapolis, United States of America; Hamburg, Germany)
- 921 **Retrograde ureteroscopic management of caliceal stones: Outcome analysis of a high volume centre**
A.K. Orywal, S. Knipper, C. Tiburtius, A.J. Gross, C. Netsch (Hamburg, Germany)
- 922 **Temporal trends and treatment outcomes of flexible ureteroscopy (fURS) for lower pole stones in a tertiary referral stone centre**
C. Netsch, S. Knipper, A.K. Orywal, C. Tiburtius, A.J. Gross (Hamburg, Germany)
- 923 **Prospective study on outcomes of retrograde intrarenal surgery (RIRS) in the treatment of renal calculi between 2 & 3cm**
G. Giusti, S. Proietti, R. Pescechera, G. Taverna, P. Graziotti (Rozzano, Italy)
- 924 **Semirigid ureteroscopy via access sheath for large kidney stones – an international bicentric CT-controlled assessment**
A.J. Miernik, M. Schoenthaler, K. Wilhelm, U. Wetterauer, M. Zyczkowski, A. Parandysz, P. Bryniarski (Freiburg, Germany; Zabrze, Poland)
- 925 **Lower pole anatomy applied to flexible ureteroscopy: Experimental study using human tridimensional endocasts**
B. Marroig, L.A. Favorito, F.J. Sampaio (Rio de Janeiro, Brazil)
- 926 **Development and internal validation of a preoperative nomogram for predicting the outcome of flexible ureteroscopy for the treatment of renal stone**
H. Ito, K. Sakamaki, T. Kawahara, H. Terao, K. Yasuda, S. Kuroda, J. Matsuzaki, M. Yao, Y. Kubota (Yokohama, Japan)
- 927 **Withdrawn**
- 928 **Phytotherapy agent (plant extracts) versus alpha-blocker (tamsulosin) in treating double-J stent related morbidity: A prospective randomized comparative and controlled study**
M. Dridi, M. Ben Ali, O. El Mansouri, G. Sarhane, M. Zouari, J. Ghorbel, J. Maaroufi, R. Khiari, S. Ghazzi, H. Khouni, N. Ben Rais (Tunis, La Marsa Tunis, Tunisia)
- 929 **Is ureteral stenting systematic after uncomplicated ureteroscopic for distal ureteral stone?**
R. Benrabah (Kouba, Algeria)

- 930 The associated factors for ureteral-stent-related symptoms after ureteroscopic lithotripsy – a prospective study**
[W.M. Cheng](#), E.Y.H. Huang, C.C. Lin, H.J. Chung, J.Y. Kuo, W.J.S. Huang, A.W.H. Chiu, H.H.H. Wu, Y.H. Chang, A.T.L. Lin, K.K. Chen (Taipei, Taiwan)
- 931 The importance of the distal end of double J stents in determining urinary symptoms and pain: An observational study using a specific validated questionnaire**
[A. Bosio](#), P. Destefanis, E. Alessandria, E. Dalmaso, M. Preto, S. Santià, A. Bisconti, A. Buffardi, P. Gontero, D. Fontana, B. Frea (Turin, Italy)
- 932 Withdrawn**
- 933 Comparison of efficacy and bladder irritation symptoms among three different ureteral stents: A double-blind prospective randomized controlled trial**
J.N. Lee, S.Y. Kwon, J.Y. Choi, S.H. Choi, D-H. Cho, H.T. Kim, J.B. Kwon, T-H. Kim, E.S. Yoo, T.G. Kwon, S.K. Chung, B.W. Kim, Y.K. Park, [B.S. Kim](#) (Daegu, South Korea)

Abstract Session

12.15 - 13.45 **RCC: Non-organ sparing surgery**

Room C6

Poster Session 76

Chairs: H. Lang, Strasbourg (FR)

B. Ljungberg, Umeå (SE)

Update on IVC

B. Ljungberg, Umeå (SE)

- 934 Interobserver variability of R.E.N.A.L., PADUA, and centrality index nephrometry scores**
M. Spaliviero, B.Y. Poon, O. Aras, P.L. Di Paolo, G. Guglielmetti, C. Coleman, C. Karlo, M. Bernstein, D. Sjoberg, O. Akin, J. Coleman (New York, United States of America)
- 935 Reevaluation of prognostic value of Fuhrman nuclear grading system in renal cell carcinoma**
M.S. Shim, A. Kim, S-K. Choi, M-S. Choo, C-S. Kim, H. Ahn, C. Song (Seoul, South Korea)
- 936 Has the new edition of the TNM improved the lymph node staging for renal cell carcinoma?**
C. Terrone, U. Capitanio, A. Volpe, E. Di Trapani, R. Matloob, P. De Angelis, A. Russo, S. Tunesi, M. Zaccaro, M. Fusano, A. Briganti, R. Bertini (Novara, Milan, Italy)
- 937 Anatomical study of surgical approaches to supradiaphragmatic segment of IVC through abdominal cavity**
D.V. Shchukin, V.N. Lesovoy, I.A. Garagatiy, G.G. Khareba, R. Hsaine, V.I. Savenkov (Kharkiv, Ukraine)
- 938 Application of preoperative renal artery embolization in patients with renal cell carcinoma and venous tumor thrombus: An effective preoperative adjuvant therapy for patients with advanced tumor thrombus**
Q. Tang, X. Li, Y. Song, J. Wang, Z. He, L. Zhou (Beijing, China)
- 939 Matched pair analysis of laparoscopic and open radical nephrectomy for the management of cT3 renal cancer**
A. Laird, G.D. Stewart, S.A. McNeill, T. O'Brien, F.X. Keeley, S. Fowler, on Behalf of BAUS (Edinburgh, London, Bristol, United Kingdom)
- 940 Combined laparoscopic radical nephrectomy with thoracoscopic thrombectomy for renal cancer with level IV inferior vena caval thrombus**
C. Yin (Nanjing, China)
- 941 Management of intracaval recurrence of renal cell cancer with thrombus formation**
A. Heidenreich, C. Piper, A. Thissen, D. Porres, D. Pfister (Aachen, Germany)
- 942 Perioperative outcome and oncological follow up in a large series of patients with renal cell carcinoma invading supradiaphragmatic vena cava and treated with nephrectomy and caval thrombectomy with extracorporeal circulation and deep hypothermic circulatory arrest**
U. Capitanio, R. Colombo, M. Freschi, D. Di Trapani, G. La Croce, C. Carenzi, V. Di Girolamo, G. Zanni, P. Rigatti, R. Bertini (Milan, Italy)
- 943 Presence of distant metastases is associated with higher risk of complications and mortality after nephrectomy in patients with renal cell carcinoma (RCC)**
M.I. Volkova, A.V. Klimov, K.M. Figurin, V.B. Matveev (Moscow, Russia)
- 944 Impact of surgery on the prognosis of metastatic renal cell carcinoma with IVC thrombus**
T. Kwon, I.G. Jeong, D. You, H.J. Kim, S. Hong, H. Ahn, C-S. Kim, C. Song, B. Im, C. Lee, T.Y. Ahn, M-S. Choo, J.H. Hong (Seoul, Cheonan, South Korea)

- 945** **Karnofsky-index, cardiac insufficiency and suspicion of metastatic disease are predictors of early death within 2 month after surgery for advanced renal cell cancer with veneous involvement**
[M Akkoyun](#), C. Von Klot, I. Peters, H. Tezval, M.W. Kramer, M.C. Hupe, T.R. Herrmann, G. Wegener, M.A. Kuczyk, A.S. Merseburger (Hanover, Germany)
- 946** **Proposal of model based on CKD-EPI to predict post-nephrectomy glomerular filtration rate**
[P. Rouvellat](#), M. Roumiguie, J.B. Beauval, G. Rollin, O. Merigot De Treigny, J. Piechaud, B. Delaunay, L. Bellec, F. Sallusto, N. Doumerc, M. Thoulouzan, X. Game, E. Huyghe, M. Soulie, P. Rischmann, B. Malavaud (Toulouse, France)

Abstract Session

14.00 - 15.30 Techniques in motion

eURO Auditorium

Video session 9

Chairs: B. Akdoğan, Ankara (TR)

A. Apostolidis, Thessaloniki (GR)

- V65 XPS green light laser new approaches: Anatomic photo-vapo-enucleation**
J.P. Rioja Zuazu, F. Gómez-Sancha, C. Blanco Chamorro, J. Aranda Lozano, L. Rodríguez-Vela, C. Rioja Sanz, M.J. Gil Sanz (Zaragoza, Madrid, Spain)
- V66 Transurethral mechanical enucleation and bipolar resection of the prostate (TUER-P)**
J. Raßler, K.L. Berthold, J.U. Kempter (Leipzig, Germany)
- V67 1-Stage transvesical laparoendoscopic single-port diverticulectomy and cystolithotripsy: Presentation of the method**
M. Roslan, M. Markuszewski, J. Kłacz, M. Sieczkowski, W. Piaskowski, M. Matuszewski (Gdansk, Poland)
- V68 Adult male circumcision with a circular stapler**
X.D. Jin, J-J. Lu (Hangzhou, Ningbo, China)
- V69 Scrotoplasty after the division of the suspensory ligament of the penis and pubo-cavernous spacer insertion**
F. Colombo, A. Franceschelli, G. Gentile, R. Schiavina (Bologna, Italy)
- V70 A standardized suture technique using a barbed suture improves efficacy and safety in retroperitoneoscopic partial nephrectomy: A single surgeon experience**
C. Wülfing, N. Flechtenmacher, J. Göckschu, S. Filiz, K.T. Helbron, J. Bode, D. Marghawal (Hamburg, Germany)
- V71 Robotic bilateral inguinal lymphadenectomy in penile cancer, without robot repositioning**
R. Sotelo Noguera, M. Cabrera, R. De Andrade, O. Carmona, G. Fernández, E. Saenz, L. Nuñez, D. Canes (Caracas, Venezuela; Burlington, United States of America)
- V72 Robot-assisted pelvic lymph node dissection during radical cystectomy. The OLV Vattikuti Robotic Surgery Institute technique**
A. Volpe, A. Ploumidis, M. Gan, G. De Naeyer, V. Ficarra, A. Mottrie (Aalst, Belgium)

Abstract Session

14.00 - 15.30 **MRI staging of prostate cancer - is it already standard?**

Room A2

Poster Session 77

Chairs: *B.A. Hadaschik, Heidelberg (DE)*
T.B.C.

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 947 A prospective comparison of transrectal ultrasound biopsy with an MRI based diagnostic strategy in men with suspicion of prostate cancer**
M.R. Pokorny, L. Thompson, R. Parkinson, J. Barentsz, M. De Rooij, E. Duncan, F. Schroder (Brisbane, Australia; Nijmegen, Rotterdam, The Netherlands)
- * 948 Comparison of targeted in-bore MRI-guided biopsy and conventional transrectal ultrasound (TRUS) - guided biopsy in biopsy-naïve patients with elevated prostate specific antigen (PSA) level**
A. Hiester, C. Arsov, M. Quentin, L. Schimmöller, E. Godehardt, D. Blondin, G. Antoch, P. Albers, R. Rabenalt (Düsseldorf, Germany)
- 949 Direct comparison of the ability to detect significant prostate cancer and assess cancer characteristics between magnetic resonance imaging targeted biopsy and systematic 14-core biopsy, including anterior samplings**
N. Numao, Y. Matsuoka, M. Ito, S. Yoshida, Y. Ishikawa, Y. Uchida, M. Toide, S. Higuchi, T. Nakayama, M. Inoue, H. Takeshita, T. Kijima, Y. Nakanishi, J. Ishioka, K. Saito, F. Yasuhisa, K. Kazunori (Tokyo, Japan)
- 950 Trans-rectal ultrasound visibility of lesions increase accuracy of TRUS/MR image-fusion guided prostate biopsies**
A. Marien, S. Palmer, M. Aron, A.L. De Castro Abreu, S. Leslie, T. Matsugasumi, S. Shoji, I. Gill, O. Ukimura (Los Angeles, United States of America)
- 951 The PICTURE Study - prostate imaging (multi-parametric MRI and Prostate HistoScanning™) compared to transperineal ultrasound guided biopsy for significant prostate cancer risk evaluation**
L.A.M. Simmons, A. Kanthabalan, H.U. Ahmed, C.M. Moore, S. Punwani, A. Freeman, C. Jameson, Y. Hu, D. Barrett, S.C. Charman, J. Van Der Meulen, M. Emberton (London, United Kingdom)
- 952 The roles of multiparametric MRI, PCA3, and PHI in the prediction of prostate cancer after an initial negative biopsy: Results of a prospective study**
F. Porpiglia, F. Russo, M. Manfredi, F. Mele, M. Poggio, S. Grande, C. Fiori, E. Bollito, M. Papotti, I. Molineris, D. Regge (Orbassano, Candiolo, Turin, Italy)
- 953 Diffusion-weighted MRI allows for the detection of significant prostate cancer**
G. Giannarini, *U.E. Studer*, J.M. Froehlich, L.J. Bains, F. De Keyzer, M. Triantafyllou, A. Fleischmann, H.C. Thoeny (Berne, Switzerland; Leuven, Belgium)
- 954 Utility of preoperative 3 Tesla pelvic phased-array magnetic resonance imaging in prediction of extracapsular extension of prostate cancer and its impact on surgical margin status: Experience at a Canadian tertiary academic health science center**
I. Wright, *J. Hoogenes*, J. Lee, T. Juvet, C. Boylan, B. Shayegan (Hamilton, Canada)

- 955 Multiparametric MRI-TRUS fusion targeted prostate biopsies: Characteristics of MRI-undetected tumour foci**
 N. Barry Delongchamps, A. Lefevre, F. Beuvon, M. Peyromaure, M. Zerbib, P. Legman, F. Cornud (Paris, France)
- 956 Prostate tumor volumes: Agreement between MRI and histology using novel co-registration software**
 J. Le Nobin, C. Orczyk, F-M. Deng, J. Melamed, H. Rusinek, S.S. Taneja, A.B. Rosenkrantz (New York, United States of America)
- * 957 Role of repeat 3T multiparametric MR imaging and MR-guided biopsy versus repeat TRUS-guided biopsies after 1 year follow-up in low-risk prostate cancer patients in an active surveillance protocol**
 E.H.J. Hamoen, C. Hoeks, D.M. Somford, I.M. Van Oort, C.A. Hulsbergen-Van De Kaa, H. Vergunst, J.R. Oddens, G.A. Smits, C.H. Bangma, J.O. Barentsz, J.A. Witjes (Nijmegen, Den Bosch, Arnhem, Rotterdam, The Netherlands)
- 958 Pre-active surveillance multiparametric MRI predicts 2 year outcomes**
 F. Sanguedolce, G. Petralia, H. Sokhi, N. Anyamene, G. Hellawell, A.R. Padhani (London, United Kingdom; Milan, Italy)
- 959 The role of multi-parametric MRI in the management of patients on active surveillance for prostate cancer**
 H. Abdi, T. Walshe, F. Pourmalek, J.J. Aning, H. Zargar, A.C. Harris, S.D. Chang, A.I. So, M.E. Gleave, L. Machan, P.C. Black, S.L. Goldenberg (Vancouver, Canada)

Abstract Session

14.00 - 15.30

Technical aspects of robot-assisted prostatectomy

Room A4

Poster Session 78

Chairs: A. Bjartell, Malmö (SE)
B. Guillonneau, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Why do we need a robot?

B. Guillonneau, Paris (FR)

- * 960** **Do patients with running vesico-urethral anastomosis have better outcome than those with conventional interrupted suture?**
H. Matsuyama, H. Matsumoto, T. Hara, K. Nagao, Y. Kawai, K. Kobayashi (Ube, Japan)
- 961** **Relationship between anastomotic stricture and type of suture after radical prostatectomy**
M.M. Mari, S.G. Guercio, M.B. Bellina (Rivoli - Turin, Italy)
- 962** **The use of bidirectional barbed suture during robotic assisted radical prostatectomy: Impact on the perioperative and functional outcomes**
H. Abdul Muhsin, S. Samavedi, S. Pigilam, K. Palmer, G. Ebra, V. Patel (Celebration, United States of America)
- * 963** **Anastomotic strictures in 2800 patients after laparoscopic and robotic-assisted laparoscopic radical prostatectomy**
M. Hruza, A. Goezen, J. Lorenzo Bermejo, M. Schulze, J. Klein, J. Rassweiler (Heilbronn, Heidelberg, Germany)
- 964** **Impact of prior abdominal surgery on robotic assisted radical prostatectomy**
S. Samavedi, H. Abdul Muhsin, C. Pereira, S. Pigilam, I. Camacho, K. Palmer, B. Rocco, G. Ebra, V. Patel (Celebration, Florida, United States of America; Milan, Italy)
- 965** **The impact of posterior rhabdomyosphincter reconstruction on early urinary continence and cystographic leakage in robot assisted laparoscopic radical prostatectomy**
A.E. Isgoren, A.F. Atmaca, A.E. Canda, S. Altinova, A.T. Ozdemir, Z. Akbulut, H.I. Cimen, M.D. Balbay (Nevsehir, Ankara, Istanbul, Ardahan, Turkey)
- 966** **The surgical learning curve for an open versus laparoscopic surgeon performing robotic assisted laparoscopic prostatectomy (RALP): A single institution experience**
D.R. Wetherell, D.V. Gyomber, N. Papa, Y. Chan, P. Ruljancich, G. Jack, D.R. Webb, L. Harewood, D. King, N. Lawrentschuk, D.M. Bolton (Heidelberg, Box Hill, East Melbourne, Australia; Los Angeles, United States of America)
- * 967** **The impact of robotic-assisted radical prostatectomy on pelvic lymph node dissection and perioperative outcomes in patients with high-risk prostate cancer**
G. Gandaglia, M. Sun, V. Trudeau, A. Becker, F. Roghmann, Z. Tian, J. Schiffmann, M. Azizi, P. Perrotte, A. Briganti, P.I. Karakiewicz, F. Abdollah (Milan, Italy; Montreal, Canada)
- 968** **Outcomes of robotic radical prostatectomy in patients who are eligible for active surveillance for prostate cancer: Current situation in the robotic era**
E. Alkan, A.E. Canda, A.E. Isgoren, M.D. Balbay (Istanbul, Ankara, Nevsehir, Turkey)

- 969 How to optimize the use of robotic assisted radical prostatectomy: The role of preoperative patient characteristics to identify ideal candidates for minimally invasive approach**
G. Gandaglia, [A. Gallina](#), P. Dell'Oglio, A. Nini, N. Buffi, E. Zaffuto, G. Lista, A. Larcher, V. Mirone, N. Suardi, G. Guazzoni, A. Briganti (Milan, Naples, Italy)
- 970 Incidence and predictors of 30-day readmission in patients treated with robot-assisted radical prostatectomy**
[G. Gandaglia](#), F. Abdollah, A. Gallina, R. Colombo, M. Tutolo, M. Bianchi, N. Buffi, D. Vizziello, R. Damiano, F. Cantiello, G. Guazzoni, N. Suardi (Milan, Catanzaro, Italy)
- 971 Safety of selective nerve sparing in high risk prostate cancer during robotic prostatectomy**
S.S. Samavedi, H. Abdul-Muhsin, P.S.K. Pigilam, K. Palmer, G. Ebra, [B. Rocco](#), V. Patel (Celebration, United States of America; Milan, Italy)

Abstract Session

14.00 - 15.30

Androgen deprivation therapy, still work to be done

Room A8

Poster Session 79

Chairs: J-E. Damber, Gothenburg (SE)

J. Rubio Briones, Valencia (ES)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: What we still need to address

J-E. Damber, Gothenburg (SE)

- * 972** **Effects of prior use of statins in a phase 3 study of intermittent versus continuous combined androgen deprivation**
F. Calais Da Silva Junior, F. Calais Da Silva Senior, F. Gonçalves, J. Kliment, P. Whelan, N. Antoniou, S. Pastidis, Y. Beduk, C. Robertson (Lisbon, Portugal; Bratislava, Martin, Slovakia; Leeds, Glasgow, United Kingdom; Athens, Greece; Ankara, Turkey)
- * 973** **Nadir testosterone on ADT predicts for time to castrate resistant progression: A secondary analysis of the PR-7 intermittent vs continuous ADT trial**
L. Klotz, K. Ding, L. Goldenberg, T. Higano, J. Crook (Toronto, Kingston, Vancouver, Kelowna, Canada; Seattle, United States of America)
- * 974** **Mortality in men with advanced prostate cancer appears to be reduced with radical treatment compared to androgen deprivation alone**
P. Sooriakumaran, T. Nyberg, O. Akre, S. Carlsson, L. Haendler, G. Steineck, P. Wiklund (Oxford, United Kingdom; Stockholm, Sweden)
- 975** **Greater short-term relief of lower urinary tract symptoms in prostate cancer patients treated with degarelix compared to goserelin/bicalutamide: Results of a pooled analysis**
M. Mason, P. Richaud, Z. Bosnyak, A. Malmberg, A. Neijber (Cardiff, United Kingdom; Bordeaux, France; Copenhagen, Denmark)
- 976** **Risk of venous thromboembolism among prostate cancer patients treated with androgen deprivation therapy in Denmark: A population-based cohort study, 1997-2011**
M. Nguyen-Nielsen, M. Borre, E. Horváth-Puhó, V. Ehrenstein, H.T. Sørensen (Aarhus, Denmark)
- 977** **Influence of 1-year androgen deprivation therapy on lipid and glucose metabolism in patients with newly diagnosed prostate cancer**
K. Mitsuzuka, A. Kyan, K. Orikasa, Y. Fukushima, H. Aoki, M. Miyazato, T. Koie, S. Narita, T. Habuchi, C. Ohya, Y. Arai (Sendai, Shirakawa, Kesenuma, Okinawa, Hiroaki, Akita, Japan)
- 978** **Cognitive impairment and vascular changes in patients receiving antiandrogen therapy for locally advanced prostatic cancer**
A. Popovic, A. Reljic, I. Martinic-Popovic, A. Lovrencic-Huzjan, V. Basic-Kes, V. Seric (Zagreb, Croatia)
- 979** **Impact of androgen deprivation therapy on cardiovascular disease in patients with non-metastatic high-risk prostate cancer**
M. Inoue, N. Numao, M. Ito, H. Takeshita, T. Kijima, Y. Nakanishi, S. Yoshida, J. Ishioka, Y. Matsuoka, K. Saito, Y. Fujii, K. Kihara (Tokyo, Japan)

- 980 A randomized phase 2 study evaluating the optimal sequencing of sipuleucel-T and androgen deprivation therapy (ADT) in biochemically-recurrent prostate cancer (BRPC): Immune results with a focus on humoral responses**
E.S. Antonarakis, A.S. Kibel, G.W. Adams, L.I. Karsh, A. Elfiky, N.D. Shore, N.J. Vogelzang, J.M. Corman, R.C. Tyler, C. McCoy, T. DeVries, N. Sheikh, [C.G. Drake](#) (Baltimore, Boston, Homewood, Denver, Myrtle Beach, Las Vegas, Seattle, United States of America)
- 981 Should the primary site be treated in patients with de novo metastatic prostate cancer?**
[L. Brureau](#), A. Patrikidou, J. Casenave, L. Albiges, M. Di Palma, J.-J. Patard, H. Baumert, P. Blanchard, A. Bossi, C. Massard, K. Fizazi, P. Blanchet, Y. Loriot (Pointe-à-Pitre, Guadeloupe; Villejuif, Kremlin Bicêtre, Paris, France)
- 982 Local antiandrogen therapy, a novel treatment strategy for localized prostate cancer**
M. Häggman, S. Ladjevardi, H. Ahlström, C. Von Below, B. Lennernäs, A. Tolf, J. Weiss, C. Wassberg, N. Axén, H. Lennernäs, [T. Tammela](#) (Uppsala, Gothenburg, Sweden; Tampere, Finland)

Abstract Session

14.00 - 15.30 **How to diagnose male LUTS and BPE?**

Room A11

Poster Session 80

Chairs: A. Galfano, Milan (IT)

Y. Homma, Tokyo (JP)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Nomograms

Y. Homma, Tokyo (JP)

- * 983 Digital rectal examination – improving the quality of life**
A. Ciudin, M.G. Diaconu, A. Carrion, R. Castañeda, L. Izquierdo, A. Alcaraz (Barcelona, Spain)
- 984 Prostate volume is a sensitive indicator for bladder outlet obstruction**
P.F.W.M. Rosier (Utrecht, The Netherlands)
- * 985 Morphometric analysis of prostate zonal anatomy by MRI: Cooperative analysis of USA and Japan**
T. Matsugasumim, M. Nakamoto, S. Shoji, A.L.D.C. Abreu, Y. Yamada, A. Fujihara, T. Iwata, T. Miki, S. Palmer, I. Gill, O. Ukimura (Los Angeles, United States of America; Kyoto, Japan)
- 986 Bladder contractility rises with increasing bladder outlet obstruction (BOO) in men with lower urinary tract symptoms (LUTS) – results from a large urodynamic cross-sectional study**
K.L.J. Rademakers, G.A. Van Koeveeringe, M. Oelke (Maastricht, The Netherlands; Hanover, Germany)
- 987 Ultrasound residual urine volume: Is it valid and reliable?**
J. Ordaz Guzmán, S. Arlandis Guzmán, M.A. Bonillo García, J.D. López Acón, M.A. Conca Baenas, J.F. Jiménez Cruz (Valencia, Spain)
- 988 Diagnosis of bladder outlet obstruction using non-invasive bladder pressure flow recording with penile cuff: Preliminary study**
D.Y. Chung, S.H. Lee, K.C. Koo, D.H. Lee, H.Y. Choi, J.S. Cho, B.H. Chung (Seoul, South Korea)
- 989 Development of bladder outlet obstruction nomogram and split-sample validation among men with LUTS aged 50 or more**
J.K. Lee, J.H. Kim, K.M. Kim, H.R. Kook, J-W. Jeong, Y.H. Park, S. Lee, S.K. Hong, S-S. Byun, S.E. Lee, S.J. Jeong (Seoung Nam, Chuncheon, Seongnam, South Korea)
- 990 Could we detect bladder outlet obstruction with non-invasive evaluation in male patients with overactive bladder symptoms?**
C.M. Yang, Y.H. Fan, A.T. Lin (Taipei, Taiwan)
- 991 When to perform pressure flow study in patients with lower urinary tract symptoms and benign prostatic enlargement: External validation of a novel clinical nomogram**
C. De Nunzio, A. Trucchi, R. Lombardo, M. Gacci, M. Carini, M. Bonetto Gambrosier, A. Tubaro (Rome, Florence, Italy)

992 **Withdrawn**

993 **Detrusor wall thickness as a possible cause of persistent overactive bladder after transurethral resection of prostate**

S.R. Lee, D.S. Park, Y.K. Hong (Seongnam-si, Gyeonggi-do, South Korea)

994 **Effects of medical therapy and surgery on bladder resistive index in patients with benign prostate hyperplasia**

S. Bulut, C. Ozden, B.K. Aktas, T. Deren, S. Tagci, C.S. Gokkaya, M.M. Baykam, A. Memis (Ankara, Turkey)

Abstract Session

14.00 - 15.30 **Management strategies in non muscle invasive bladder cancer: From first diagnosis to recurrence**

Room K1

Poster Session 81

Chairs: P.J. Boström, Turku (FI)
S. Larré, Reims (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 995 Kohonen's self-organizing map for molecular subtyping in bladder cancer**
E.M. Borkowska, A. Kruk, A. Jedrzejczyk, M. Rozniecki, Z. Jablonowski, M. Traczyk, M. Constantinou, M. Banaszkiewicz, M. Pietrusinski, M. Sosnowski, F.C. Hamdy, S. Peter, J.W. Catto, B. Kaluzewski (Lodz, Belchatow, Lask, Poland; Oxford, Sheffield, United Kingdom)
- 996 Staging of bladder cancer (pta vs pt1) among 238 European pathologists**
E. Compérat, L. Egevad, A. Lopez-Beltran, P. Camparo, F. Algaba, M. Amin, J. Epstein, H. Hamberg, C. Hulsbergen-Van De Kaa, G. Kristiansen, R. Montironi, C-C. Pan, T. Van Der Kwast (Paris, Amiens, France; Stockholm, Västerås, Sweden; Cordoba, Barcelona, Spain; Los Angeles, Baltimore, United States of America; Nijmegen, Rotterdam, The Netherlands; Bonn, Germany; Ancona, Italy; Taiwan, Taiwan)
- 997 EORTC nomograms for predicting recurrence, progression, overall and disease specific survival in non-muscle invasive Ta T1 bladder cancer patients treated with maintenance Bacillus Calmette-Guerin**
S. Cambier, R. Sylvester, M. Brausi, T. De Reijke, W. Oosterlinck, W. Kirkels, C. Van De Beek, G. Van Andel, P. Gontero, S. Collette, J. Oddens (Brussels, Ghent, Belgium; Modena, Turin, Italy; Amsterdam, Rotterdam, Maastricht, 's-Hertogenbosch, The Netherlands)
- 998 Comparison of the EORTC tables and the newly introduced EAU categories for risk stratification of patients with non-muscle-invasive bladder cancer**
M. Rieken, S.F. Shariat, B. Al Hussein Al Awamlh, L. Kluth, J. Crivelli, J. Chrystal, T. Faison, Y. Lotan, P. Karakiewicz, M. Babjuk, H. Fajkovic, C. Seitz, T. Klatte, A. Pycha, A. Bachmann, M. Gönen, E. Xylinas (New York, Dallas, United States of America; Vienna, Austria; Montreal, Canada; Prague, Czech Republic; Bolzano, Italy; Basel, Switzerland)
- 999 Photodynamic diagnosis-guided TUR-BT is an independent predictor for improved recurrence-free survival after radical cystectomy for invasive bladder cancer**
G. Gakis, T. Ngamsri, M. Renninger, A. Stenzl (Tübingen, Germany)
- 1000 Long term follow up of a prospective randomised trial of Hexylaminolevulinat (HEXVIX ®) photodynamic diagnosis (PDD) assisted versus conventional white-light transurethral resection (TURBT) in newly presenting non-muscle invasive bladder cancer (NMIBC)**
C. Gan, K. Chatterton, S. Amery, E. Ray, M.S. Khan, K. Thomas, T. O'Brien (London, United Kingdom)
- 1001 The impact of re-TUR on clinical outcomes in a large cohort of t1g3 patients treated with BCG**
P. Gontero, R. Sylvester, F. Pisano, S. Joniau, K. Vander Eeckt, V. Serretta, S. Larré, S. Di Stasi, B. Van Rhijn, A. Witjes, A. Grotenhuis, B. Kiemeney, R. Colombo, A. Briganti, M. Babjuk, V. Soukup, P.U. Malmström, J. Irani, N. Malats, J. Baniel, R. Mano, T. Cai, E. Cha, P. Ardel, J. Varkarakis, R. Bartoletti, M. Sphan, G. Dalbagni, S. Shariat, E. Xylinas, J. Karnes, J. Palou (Turin, Palermo, Rome, Milan, Trento, Florence, Italy; Brussels, Leuven, Belgium; Oxford, United Kingdom; Amsterdam, Nijmegen, The Netherlands; Prague, Czech Republic; Uppsala, Sweden; Poitiers, France; Madrid, Barcelona, Spain; Tel Aviv, Israel; New York, Rochester, United States of America; Freiburg, Wurzburg, Germany; Athens, Greece)

- 1002 The role of functional polymorphism in immune response genes as biomarkers of BCG immunotherapy outcome in bladder cancer: Establishment of a predictive profile**
L. Lima, R. Dias Cruz, R. Freitas, D. Oliveira, A. Tavares, J.A. Ferreira, R. Medeiros, L. Santos (Porto, Portugal)
- 1003 Recurrence prevention by combination of photodynamic diagnosis-assisted transurethral resection of the bladder and single postoperative intravesical chemotherapy instillation in patients with nonmuscle-invasive bladder cancer**
A.I. Rolevich, O.G. Sukonko, S.A. Krasny, S.L. Polyakov, T.I. Nabebina, A.A. Minich (Minsk, Belarus)
- 1004 Impact of BCG therapy in high-grade T1 bladder cancer: A meta-analysis based on 2,687 patients**
J.J. Leow, W. Martin-Doyle, A. Orsola, S.L. Chang, J. Bellmunt (Boston, Worcester, United States of America; Barcelona, Spain)
- 1005 BCG treatment in T1 urinary bladder cancer: Long time observation of a population-based cohort**
O. Patschan, S. Holmäng, F. Liedberg, B. Ljungberg, P.-U. Malmström, A.H. Aliabad, J. Rosell, S. Jahnson (Malmö, Gothenburg, Umeå, Uppsala, Stockholm, Linköping, Sweden)
- 1006 17 year follow-up of the Nordic CIS study: Long-term results of 1 year BCG monotherapy versus alternating therapy with mitomycin C and BCG in patients with carcinoma in situ of the urinary bladder**
E. Kaasinen, H. Wijkström, P.-U. Malmström, E. Rintala, S. Jahnsson (Hyvinkää, Helsinki, Finland; Huddinge, Uppsala, Linköping, Sweden)
- 1007 Maintenance bacillus Calmette-Guerin immunotherapy for TaG3 or T1G3 and/or carcinoma in situ transitional cell carcinoma of the bladder: Final results of the randomized CUETO Group Study 98013**
L. Martínez-Piñeiro, R. Hernández, J.A. Portillo, J.M. Fernández, J.A. Zabala, I. Cadierno, J.L. Moyano, E. Solsona, M. Unda, J. Rodríguez-Molina, P. Beardo, J. Palou, P. Muntanola, F.J. Pérez-García, J.M. Silva, N. Chesa, M. Montesinos, A. Ojea (Madrid, Santander, Oviedo, Bilbao, Sevilla, Valencia, Cádiz, Barcelona, Mieres, Avilés, Salamanca, Las Palmas, Pamplona, Vigo, Spain)
- 1008 Long-term follow-up outcomes of conservative treatment of upper urinary tract carcinoma**
A. Orosa Andrada, I. Laso García, C. Gómez Del Cañizo, M.A. Rodríguez Cabello, L. Martínez Arcos, F. Arias Funez, V. Gómez Dos Santos, C. Gonzalez Gordaliza, J. Burgos Revilla (Madrid, Spain)

Abstract Session

14.00 - 15.30

Kidney transplant surgery

Room K2

Poster Session 82

Chairs: A.B. Chkhotua, Tbilisi (GE)
A.J. Figueiredo, Coimbra (PT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Possibilities of robotic surgery

A. Mottrie, Aalst (BE)

- 1009 Impact of renal graft nephrectomy on second kidney transplantation survival**
S.E. Fadli, G. Poinas, T. Murez, N. Korahnis, L. Cabaniols, G. Albadaai, A. Alessimi, F. Iborra, G. Mourad, R. Thuret (Montpellier, France)
- 1010 TUST (Transplant Ureteric Stent Trial): Early versus standard removal**
P. Patel, I. Rebollo-Mesa, N. Banga, I. MacDougall, M. Webb, N. Mamode, G. Koffman, J. Olsburgh (London, Canterbury, United Kingdom)
- 1011 Endoscopic polydimethylsiloxane injection in prevention of recurrent graft pyelonephritis for transplanted kidney with vesicoureteral reflux**
L. Nison, M. Hazzan, P. Puech, F.R. Pruvot, A. Villers, S. Bouyé (Lille, France)
- 1012 Double kidney transplantation with organs from expanded criteria donors: Review of our series and an update of current indications**
J. Medina-Polo, M. Pamplona-Casamayor, N. Miranda-Utrera, E. González-Monte, I.A. Ospina-Galeano, F. Guerrero-Ramos, A. Andrés-Belmonte, R. Díaz-González (Madrid, Spain)
- 1013 Uncontrolled donation after circulatory death with Maastricht type I donors. Our experience**
C. Corchuelo-Maíllo, C. García-Sánchez, E. León-Dueñas, J. Martínez-Rodríguez, R.A. Medina-López (Seville, Spain)
- 1014 Renal transplant lithiasis: A French multicenter retrospective study of 95 patients**
J. Branchereau, M.O. Timsit, Y. Neuzillet, T.B. Bessede, R. Thuret, M. Gigante, X. Tillou, R. Cudas, J.M. Boutin, A. Doerfler, F. Sallusto, T. Culty, V. Delaporte, N. Brichart, S. Van Agt, S. Michaud, S. Alric, J. Rode, C. Billault, B. Barrou, L. Salomon, G. Karam, L. Badet, F. Kleinclauss (Nantes, Paris, Lyon, Rouen, Creteil, France)
- 1015 Living donor nephrectomy: Experience of a medium size centre**
J.E. Renard, K. Hadaya, P-Y. Martin, C.E. Iselin (Geneva, Switzerland)
- 1016 Does a living donor program need to switch to the use of a vascular stapler? Experience at a tertiary European referral centre**
A. Breda, O. Rodriguez-Faba, L. Gausa, L. Guirado, H. Villavicencio (Barcelona, Spain)
- 1017 Minimally invasive living donor nephrectomy**
A. Vilaseca Cabo, M. Musquera, L. Peri, V. Tobar, L. Romeo, M.J. Ribal, J. Huguet, R. Alvarez-Vijande, A. Alcaraz (Barcelona, Spain)
- 1018 Mini-laparoscopy live donor nephrectomy. A new alternative for living donors**
A. Breda, I. Schwartzmann, O. Rodriguez-Faba, J.A. Peña, H. Villavicencio (Barcelona, Spain)

1019 Robotic kidney transplantation with regional hypothermia: Evolution of a novel procedure utilizing the IDEAL guidelines (IDEAL Phase 0 and 1)
[W. Jeong](#), R. Abaza, A. Sood, R. Ahlawat, M. Bhandari, K.R. Ghani, V. Kher, R.K. Kumar, M. Menon (Detroit, Columbus, United States of America; New Delhi, India)

*** 1020 Robotic kidney transplantation with regional hypothermia: Results from a prospective two-arm non-randomized controlled trial (IDEAL Phase 2b)**
A. Sood, R. Ahlawat, V. Kher, P. Ghosh, R. Abaza, [W. Jeong](#), P. Modi, M. Bhandari, M. Menon (Detroit, Columbus, United States of America; New Delhi, Ahmedabad, India)

Abstract Session

14.00 - 15.30 Ureteral stones, URS in children and UTI

Room T1

Poster Session 83

Chairs: T.Y. Lee, Seoul (KR)

E.A. Rodrigues De Lima, Porto (PT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

Introduction on the session topic

E.A. Rodrigues De Lima, Porto (PT)

- 1021 Factors determining the feasibility of day-case upper tract endoscopy: A prospective study**
M. Malki, C. McIlhenny (Larbert, United Kingdom)
- 1022 Ureteroscopy versus extracorporeal shock wave lithotripsy in the treatment of distal ureteral stones: A prospective and randomized study**
R. Benrabah, M.A. Boudjella, M. Azli, F. Nechiche, S. Boumelit, F. Benabdellah, M. Saidani, T. Lounici, B. Hamada, H. Gaachi, A. Moaki, B. Chaal, B. Soudid, M. Lounici (Kouba, Algeria)
- 1023 Differences in ureteroscopic stone treatment and outcomes for distal-, mid-, proximal- or multiple ureteral locations: The clinical research office of the Endourological Society Ureteroscopy Global Study**
E. Perez Castro, P.J.S. Osther, V. Jinga, H. Razvi, K.G. Stravodimos, K. Parikh, A.R. Kural, J.J. De La Rosette (Madrid, Spain; Frederica, Denmark; Bucharest, Romania; Ontario, Canada; Athens, Greece; Ahmedabad, India; Istanbul, Turkey; Amsterdam, The Netherlands)
- 1024 Impact of retrograde flexible ureteroscopy and intracorporeal lithotripsy on kidney functional outcomes**
N. Hoarau, F. Martin, M. Ammi, S. Lebdaï, D. Chautard, T. Culty, A-R. Azzouzi, P. Bigot (Angers, France)
- 1025 Comparative study on laparoscopic ureterolithotomy and ureteroscopic lithotripsy combined with retrograde intrarenal surgery for treatment of large upper ureteral stones**
B.S. Kim, S.Y. Kwon, J.N. Lee, J.Y. Choi, S.H. Choi, H.T. Kim, T-H. Kim, E.S. Yoo, T.G. Kwon, S.K. Chung, B.W. Kim, Y.K. Park, J.B. Kwon, D-H. Cho (Daegu, Gumi, South Korea)
- 1026 Impact of surgical experience on stone-free rates of ureteroscopy for single urinary calculi: A matched-paired analysis of 600 patients**
C. Netsch, S. Knipper, A.K. Orywal, C. Tiburtius, A.J. Gross (Hamburg, Germany)
- 1027 Radiation exposure of the patient submitted to ureteroscopy for ureteral calculi: The impact of the different factors**
F. Nigro, P. Ferrarese, G. Benedetto, E. Scremin, E. Bratti, C. Ammendola, A. Tasca (Vicenza, Italy)
- 1028 Complications of Holmium:YAG laser lithotripsy for upper tract calculi in 1000 consecutive procedures**
F. Khan, A. Tasleem, F. Anjum, H. Marsh, I.K. Dickinson, S. Sriprasad (Kent, United Kingdom)
- 1029 Deflection and flow properties of four 200µm laser fibres during flexible ureterorenoscopy**
N.J. Rukin, K.G. Williams, A. Wright (Wolverhampton, United Kingdom)
- 1030 Holmium:YAG laser ureteroscopic lithotripsy for ureteric calculi in children: Predictive factors for complications and success**
M. Elsheemy, A. Maher, K. Mursi Hammoud, A. Shouman, A. Shoukry, H. Morsi, A. Meshref (Cairo, Egypt)

- 1031 Outcomes for ureteroscopy for paediatric stone disease: Evidence from a systematic review**
H. Ishii, S. Griffin, [B.K. Somani](#) (Southampton, United Kingdom)
- 1032 Impact of pre-operative pyuria on outcomes of ureteroscopy for urinary stones**
[K. Mitsuzuka](#), O. Nakano, G. Anan, M. Satoh (Sendai, Japan)
- 1033 Is preoperative UTI associated with increased risks of UTI after ureteroscopic lithotripsy? A nationwide population-based study**
[E.Y-H. Huang](#), H-J. Chung, C-C. Lin, R-S. Peng, A.W. Chiu, A.T. Lin, K-K. Chen (Taipei, Taiwan)
- 1034 The efficacy of prophylactic antibiotics in prevention of ureteroscopic lithotripsy related urinary tract infection: A systemic review and meta-analysis**
[C-W. Lo](#), C-H. Hsieh, S.S-D. Yang, S-J. Chang (New Taipei City, Taiwan)

Abstract Session

14.00 - 15.30 **RCC: Prognostic factors**

Room C6

Poster Session 84

Chairs: J.J. Patard, Le Kremlin Bicetre (FR)

A. Vuksanovic, Belgrade (RS)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

State-of-the-art: Prognostic factors in RCC

J.J. Patard, Le Kremlin Bicetre (FR)

- 1035 Which patient should we follow-up beyond 5 years after definitive therapy of localized renal cell carcinoma?**
S.H. Lee, D.S. Kim, S. Cho, S.J. Kim, D.S. Yoo, S.H. Kang, S.Y. Park, J. Park, D-G. Lee, H-L. Lee, S-J. Lee, C.H. Lee, S-G. Chang, S.H. Jeon (Seoul, South Korea)
- 1036 Perioperative outcomes of cytoreductive nephrectomy in the UK: Analysis of a contemporary, nationwide cohort**
B.L. Jackson, S. Fowler, S.T. Williams (London, United Kingdom)
- 1037 Hilar location is an independent prognostic factor of recurrence in T1 renal cell carcinoma after nephrectomy**
M.S. Shim, A. Kim, S-K. Choi, M-S. Choo, C-S. Kim, H. Ahn, C. Song (Seoul, South Korea)
- 1038 Predictors of survival after surgery for isolated local renal cell carcinoma recurrence**
R. Herout, J. Graff, R. Koch, M. Fröhner, M.P. Wirth (Dresden, Germany)
- 1039 Partial versus radical nephrectomy for T1 renal tumours: An analysis from the British Association of Urological Surgeons Nephrectomy Audit**
M. Hadjipavlou, F. Khan, S. Fowler, F.X. Keeley, S. Sriprasad (Dartford, Bristol, United Kingdom)
- 1040 Withdrawn**
- 1041 Value of lymph node dissection in patients with localized renal cell carcinoma**
I.A. Zelenkevich, O.G. Sukonko, L.V. Mirylenka, A.I. Rolevich (Minsk, Belarus)
- 1042 Predictors of occult lymph node metastases in patients with locally advanced renal cell carcinoma: Who should have a lymph node dissection?**
K.N. Babaian, P.A. Kenney, J.A. Karam, C.G. Wood (Houston, United States of America)
- 1043 Impact of synchronous metastasis distribution on survival in renal cell carcinoma after radical nephrectomy with tumor thrombectomy**
D. Tilki, B. Hu, H Nguyen, M. Dall'Era, W. Thieu, R. Bertini, J. Carballido, T. Chromecky, G. Ciancio, S. Daneshmand, P. Gontero, J. Gonzalez, A. Haferkamp, M. Hohenfellner, W. Huang, T. Koppie, A. Lorentz, P. Mandel, J. Martinez-Salamanca, V. Master, R. Matloob, J. McKiernan, C. Mlynarczyk, F. Montorsi, G. Novara, S. Pahernik, J. Palou, R. Pruthi, K. Ramaswamy, O. Rodriguez Faba, P. Russo, S. Shariat, M. Spahn, C. Terrone, D. Verghe, E. Wallen, E. Xylinas, R. Zigeuner, J. Libertino, C. Evans (Sacramento, Miami, Los Angeles, New York, Portland, Atlanta, Chapel Hill, Burlington, United States of America; Milan, Turin, Padua, Novara, Italy; Madrid, Barcelona, Spain; Graz, Vienna, Austria; Frankfurt, Heidelberg, Leipzig, Würzburg, Germany)

- 1044 Systematic review of local therapy for metastatic renal cell carcinoma**
[S. Dabestani](#), L. Marconi, F. Hoffmann, F. Stewart, T.B.L. Lam, S.E. Canfield, A. Bex (Malmö, Sunderby, Sweden; Coimbra, Portugal; Aberdeen, United Kingdom; Houston, United States of America; Amsterdam, The Netherlands)
- 1045 Papillary renal cell carcinoma (pRCC) subclassification as a prognostic factor: Comparison of type I and II pRCC with clear cell RCC and chromophobe RCC**
[M.S. Shim](#), A. Kim, S-K. Choi, M-S. Choo, C-S. Kim, H. Ahn, C. Song (Seoul, South Korea)
- 1046 Comparison of overall survival between the life expectancy and the estimated outcome in patients who underwent radical nephrectomy for renal cell carcinoma**
[N. Tanaka](#), M. Miyake, T. Inoue, S. Anai, Y. Chihara, Y. Hirao, K. Fujimoto (Kashihara, Japan)
- 1047 Visceral obesity is a useful predictor of better recurrence-free survival after curative surgeries for Japanese patients with localized clear cell renal cell carcinoma**
[G. Kaneko](#), A. Miyajima, M. Hasegawa, R. Mizuno, Y. Uchida, S. Hara, E. Kikuchi, K. Nakagawa, M. Jinzaki, M. Oya (Tokyo, Kawasaki, Japan)

Abstract Session

15.45 - 17.15 Renal and urothelial tumour surgery

eURO Auditorium

Video session 10

Chairs: C. Llorente, Madrid (ES)
R. Rabenalt, Düsseldorf (DE)

- V73 Radical nephrectomy in a horseshoe kidney with endo caval thrombosis: Infra hepatic caval vein control with Piggy back technique**
D. Veneziano, E. Sgrò, O. Sicuro, L. Carbone, P. Cozzupoli (Reggio Calabria, Italy)
- V74 Metachronous metastasis after laparoscopic left radical nephrectomy: Anatomy of an event**
F. Nigro, P. Ferrarese, E. Scremin, G. Benedetto, C. Ammendola, A. Tasca (Vicenza, Italy)
- V75 Should diaphragm be the landmark for classifying inferior vena cava (IVC) thrombi in renal cell carcinoma?**
A. Mandhani, P. Tewari, P. Aga, S. Pandey (Lucknow, India)
- V76 Umbilical laparoendoscopic single-site radical nephrectomy with vaginal extraction**
P.M. Cabrera, F. Caceres, A. García-Tello, F. Ramón De Fata, I. Romero, J.C. Angulo (Getafe, Spain)
- V77 Technique and outcome of laparoscopic extended regional lymph node dissection in patients with urothelial carcinoma of the upper urinary tract**
S. Narita, N. Tsuchiya, K. Numakura, H. Tsuruta, S. Akihama, M. Saito, T. Inoue, S. Satoh, T. Habuchi (Aktia, Japan)
- V78 New head-mounted display system applied to endoscopic management of urothelial cancers**
J. Ishioka, K. Kihara, Y. Fujii, K. Saito, H. Masuda, F. Koga, N. Numao, Y. Matsuoka, S. Yoshida, H. Takeshita, S. Higuchi, T. Nakayama (Tokyo, Japan)
- V79 Intramural tunnel ureterectomy for the treatment of upper tract urothelial tumour**
A. Tsivian, Y. Stanevsky, M. Tsivian, S. Benjamin, A.A. Sidi (Holon, Israel; Durham, United States of America)
- V80 Endoscopic robot assisted simple enucleation (ERASE) for clinical T1 renal masses: Description of the technique and early postoperative results**
A. Minervini, A. Tuccio, D. Veneziano, G. Siena, L. Masieri, G. Vittori, A. Mari, M. Gacci, G. Vignolini, A. Sebastianelli, M. Salvi, R. Campi, M. Luka, A. Lapini, S. Serni, M. Carini (Florence, Reggio Calabria, Italy)

Abstract Session

15.45 - 17.15 Initial prostate cancer staging - ultrasound versus MRI

Room A2

Poster Session 85

Chairs: P. Hammerer, Braunschweig (DE)
J. Walz, Marseille (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

- 1048 Prostate histoscanning™: Does it have any role in routine clinical practice?**
S. Javed, A. Edwards, E. Chadwick, S. Beveridge, R. Laing, S. Bott, C. Eden, S. Langley (Guildford, Frimley, United Kingdom)
- 1049 Does HistoScanning™ predict positive results in prostate biopsy? A retrospective analysis of 1,188 sextants of the prostate**
J. Schiffmann, J. Fischer, P. Tennstedt, B. Beyer, K. Böhm, U. Michl, M. Graefen, G. Salomon (Hamburg, Germany)
- 1050 External validation of the ANNA/C-TRUS system regarding the correct identification of prostate cancer lesions in the diagnosis of prostate cancer**
J. Walz, J. Thomassin-Piana, F. Poizat, C. Vallier, A. Van Hove, S. Brunelle, N. Salem, G. Gravis (Marseille, France)
- 1051 Detection rate of Real-Time-Elastography (RTE) guided biopsy of the prostate: Impact of Gleason score (GS) and comparison to multiple core biopsy**
O. Lenherr, A. Fayyazi, K. Tschan, P. Liske, S. Lahme (Pforzheim, Germany)
- 1052 From Gleason score to changes in scattering: Optical coherence tomography in prostate cancer – a prospective human ex-vivo study**
B.G. Muller, W. Van Den Bos, D.M. De Bruin, M.J. Brandt, D.J. Faber, M.P. Laguna-Pes, P.J. Zondervan, T.M. De Reijke, T.G. Van Leeuwen, J.J. De La Rosette (Amsterdam, The Netherlands)
- 1053 Shearwave elastography guided biopsy compared with systematic and grey scale targeted biopsies: Per core detection rate**
K. Boehm, L. Budaues, B. Beyer, G. Salomon (Hamburg, Germany)
- 1054 Prostate cancer localization by contrast-ultrasound-dispersion imaging: Results from a pilot study**
M. Mischi, M.P.J. Kuenen, H.P. Beerlage, J.J.M.C.H. De La Rosette, H. Wijkstra (Eindhoven, 's-Hertogenbosch, Amsterdam, The Netherlands)
- 1055 Visualization of periprostatic nerve fibres before and after radical prostatectomy using diffusion tensor magnetic resonance imaging with tractography**
H. Miyake, K. Kitajima, S. Takahashi, Y. Ueno, K. Sugimura, M. Fujisawa (Kobe, Japan)
- 1056 Correlation of diffusion-weighted imaging findings of prostate cancer with Gleason scores**
X.B. Ding, M.Z. Cui, J.P. Wang, D. Tong, L. Cheng, Y.B. Wang (Changchun, China)
- 1057 Correlation of the PI-RADS score and the Gleason grade in prostate cancer lesions after targeted in bore MR-biopsy**
A. Hiestler, C. Arsov, M. Quentin, L. Schimmöller, D. Blondin, G. Antoch, P. Albers, R. Rabenalt (Düsseldorf, Germany)

- 1058** **Prospective comparison of cognitive and elastic registration approaches for image-guided trans-rectal ultrasound biopsies of the prostate**
D. Portalez, F. Cornud, E. Bruguier, N. Barry De Longchamps, [B. Malavaud](#) (Paris, Toulouse, France)
- 1059** **MRI-TRUS fusion targeted prostate biopsies: The target Lickert scale seems to be the only independent factor associated with significant cancer detection**
[N. Barry Delongchamps](#), A. Lefevre, M. Peyromaure, M. Zerbib, P. Legman, F. Cornud (Paris, France)
- 1060** **True false negative MRI scans in prostate cancer screening: Experience from a tertiary referral unit**
E. Serrao, [K. Wadhwa](#), J. Frey, R. Lombardo, A. Cantiani, B. Koo, F. Gallagher, C.K.A. Kastner (Cambridge, United Kingdom)
- 1061** **Detection of the index tumor and tumor volume in prostate cancer using T2w and DW MRI alone**
[E. Rud](#), D. Klotz, K. Rennesund, E. Baco, V. Berge, D. Lien, R.E. Berg, A. Svindland, E. Lundeb, L.M. Eri, H.B. Eggesb (Oslo, Norway)
- 1062** **Characterization of prostate cancer by high resolution 7 Tesla MRI: Towards in vivo histology**
[M. Jain](#), B.D. Robinson, E. Aronowitz, P. Singhal, A. Ali, R. Leung, A.K. Tewari, D. Ballon (New York, United States of America)

Abstract Session

15.45 - 17.15

Surgical outcomes after open and minimally invasive radical prostatectomy

Room A4

Poster Session 86

Chairs: K. Axcrona, Oslo (NO)
P. Bastian, Düsseldorf (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

- 1063 Are oncological outcomes of elderly men treated by radical prostatectomy worse than younger men? Matched pair analysis between aged <70 and ≥70 years patients**
K. Mitsuzuka, S. Narita, T. Koie, Y. Kaiho, N. Tsuchiya, T. Yoneyama, S. Kawamura, T. Tochigi, T. Habuchi, C. Ohyama, Y. Arai (Sendai, Akita, Hirosaki, Natori, Japan)
- 1064 Effects of open and robotically assisted prostatectomy on renal function**
S.R. Leyh-Bannurah, H. Isbarn, B. Beyer, M. Schmid, T. Steuber, A. Haese, U. Michl, H. Heinzer, L. Budäus (Hamburg, Germany)
- 1065 Influence of the extent of lymph node dissection on erectile function recovery in patients undergoing bilateral nerve-sparing radical prostatectomy: Comparative analysis of extended and standard pelvic lymph node dissection**
G. Hatzichristodoulou, M. Heck, S. Wagenpfeil, K. Herkommer, J.E. Gschwend, H. Kübler (Munich, Homburg, Germany)
- 1066 Ambivalent role of spouses in counselling for radical prostatectomy: Useful insights for discussing a nerve-sparing approach**
J. Huber, J.C. Streuli, N. Lozankovski, R.J.F. Stredele, M. Hohenfellner, C.G. Huber, C. Bieber, A. Ihrig, T. Peters (Heidelberg, Bochum, Germany; Zürich, Basel, Switzerland)
- 1067 Withdrawn**
- 1068 Impact of surgical volume on the rates of pelvic lymph node dissection in patients with prostate cancer treated with robot-assisted radical prostatectomy: Results from a tertiary referral centre**
G. Gandaglia, A. Gallina, N. Suardi, M. Bianchi, F. Abdollah, N. Passoni, N. Fossati, V. Cucchiara, R. Bertini, V. Mirone, A. Briganti (Milan, Naples, Italy)
- 1069 Impact of Charlson Comorbidity Index varies by age in patients with prostate cancer treated by radical prostatectomy: A competing risk regression analysis**
D.H. Kang, J.Y. Lee, S. Jeh, J.K. Kwon, D.H. Lee, S.W. Lee, Y.D. Choi, S.J. Hong, K.S. Cho (Gongju, Seoul, Guri, South Korea)
- 1070 A cost effectiveness study comparing robot-assisted laparoscopic and laparoscopic radical prostatectomy**
C. Haomin, E. Ricci, X. Martin, S. Crouzet, F. Mege-Lechevallier, M.C. Colombel (Lyon, France)
- 1071 Diabetes and therapy of diabetes had no impact on BCR following radical prostatectomy (RP): Results from nearly 4200 contemporary patients**
U. Michl, A. Haese, L. Budäus, I. Thederan, G. Salomon, M. Graefen, H. Heinzer, T. Schlomm, T. Steuber, J. Schiffmann, H. Huland (Hamburg, Germany)
- 1072 Functional outcomes in contemporary high-risk prostate cancer treated by open or minimally invasive radical prostatectomy between 2003 and 2012**
N.M. Passoni, S. Kimm, M. Bernstein, J.A. Coleman, V.P. Laudone, R.O. Parra, J.S. Sandhu, J.A. Eastham, P.T. Scardino, K.A. Touijer (New York, United States of America)

- 1073 The pentafecta learning curve for laparoscopic radical prostatectomy**
[D.W. Good](#), G.D. Stewart, J-U. Stolzenburg, S.A. McNeill (Edinburgh, United Kingdom; Leipzig, Germany)
- 1074 Minimal invasive prostatectomy does not improve urinary continence compared to open surgery in a population based study**
[K. Lentaris](#) (Helsingborg, Sweden)

Abstract Session

15.45 - 17.15 **New technologies for urology surgery**

Room A8

Poster Session 87

Chairs: F. Greco, Halle Saale (DE)

J.H. Kaouk, Cleveland (US)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 1075 **IPad guided puncture of the kidney - evaluation with an ex vivo model**
M-C. Rassweiler, J. Klein, M. Müller, H-P. Meinzer, J. Rassweiler (Mannheim, Heilbronn, Heidelberg, Germany)
- 1076 **Imaging microstructural properties of the kidneys using diffusion tensor-MRI**
S.J. Van Baalen, P. Dik, A.L.G. Leemans, M. Froeling, B. Ten Haken (Utrecht, Enschede, The Netherlands)
- 1077 **Perioperative outcomes comparing three-dimensional and two-dimensional display systems for laparoscopic radical prostatectomy - a retrospective, single-surgeon study**
S. Aykan, D. Nguyen, P. Singhal, A. Yigit, M. Tuken, E. Yakut, A. Colakerol, S. Sulejman, A. Semercioz (Istanbul, Turkey; Berne, Switzerland; New York, United States of America)
- 1078 **Signal processing in urodynamics to detect defects in the urinary sphincter in situ**
M. Klünder, O. Sawodny, R. Feuer, A. Stenzl, K-D. Sievert, M. Ederer (Stuttgart, Tübingen, Germany)
- 1079 **Intraperitoneal prefabricated bladder acellular matrix grafts to improve bladder smooth muscle regeneration and neovascularization in a rat model**
Z. Zhou, Y. Zhao, M. Lu, M. Zhang, J. Zhou, Z. Wang (Shanghai, China)
- 1080 **Withdrawn**
- 1081 **Ultrasound-assisted prompted voiding care for institutionalized elderly with urinary incontinence**
M. Suzuki, Y. Igawa, Y. Homma, Y. Iguchi, T. Saito (Tokyo, Japan)
- 1082 **Macroscopic hematuria grading scale (MGS) - a tool for quantifying macroscopic hematuria**
L. Schneidewind, M. Schmid, H. Knaus, H. Voepel (Greifswald, Hamburg, Berlin, Cleve, Germany)
- 1083 **Optical coherence tomography as a tool for in vivo staging and grading of upper urinary tract urothelial cell carcinoma (UUT-UC)**
M.T.J. Bus, D.M. De Bruin, D.J. Faber, G.M. Kamphuis, P.J. Zondervan, M.P. Laguna-Pes, T.G. Van Leeuwen, Th.M. De Reijke, J.J.M.C.H. De La Rosette (Amsterdam, The Netherlands)
- 1084 **Self-expanding metallic ureteral stents and extra-anatomic bypasses. Are they really effective for resolution of complex ureteral obstruction in the long-term?**
C. Gomez Del Cañizo, I. Laso García, A. Orosa Andrada, V. Gómez Dos Santos, F. Arias Fúnez, S. Álvarez Rodríguez, V. Hevia Palacios, F.J. Burgos Revilla (Madrid, Spain)
- 1085 **The clinical results of phalloplasty using xenografts**
J.Y. Kim, P.B.M. Kim (Seoul, South Korea)

Abstract Session

15.45 - 17.15 **BPE: Aetiology, epidemiology and treatment outcomes**

Room A11

Poster Session 88

Chairs: F. Desgrandchamps, Paris (FR)

H. Hashim, Bristol (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Combination treatment in BPH

H. Hashim, Bristol (GB)

- * 1086 **A systematic review and meta-analysis on the ejaculatory dysfunction after medical treatment for BPH: Data from 30 thousand patients enrolled in 23 RCTs**
M. Gacci, V. Ficarra, A. Sebastianelli, G. Corona, S. Serni, S.F. Shariat, M. Maggi, F. Zattoni, M. Carini, G. Novara (Florence, Padua, Bologna, Italy; Vienna, Austria)
- 1087 **Appraisal of correlation among urodynamic variables, prostate volume and IPSS according to obstruction status in male patients with lower urinary tract symptoms**
M. Esteban, D. Castro-Díaz, S. Arlandis, A. Franco, M.A. Jimenez-Cidre, L. Prieto, J. Salinas, C. Gutierrez (Toledo, Santa Cruz de Tenerife, Valencia, Barcelona, Madrid, Alicante, Spain)
- 1088 **Long-term effects of pharmaceutical treatment for BPH/LUTS on surgery and prostate cancer: An observational study from a large health care database**
L. Cindolo, C. Fanizza, L. Pirozzi, M. Romero, R. Autorino, F. Berardinelli, F. Neri, C. De Nunzio, L. Schips (Vasto, Santa Maria Imbaro, Rome, Italy; Cleveland, United States of America)
- 1089 **Intravesical prostatic protrusion can be a predicting factor for the therapeutic effects of 5 α reductase inhibitor in patients with male LUTS**
Y. Matsukawa, S. Takai, Y. Funahashi, T. Fujita, T. Suzuki, A. Mori, T. Yamamoto, M. Gotoh (Nagoya, Japan)
- 1090 **Influence of diet quality on lower urinary tract symptoms**
D. Argirovic, A.A. Argirovic (Belgrade, Serbia)
- 1091 **Relationship between nocturnal bladder capacity and nocturia in BPH/OAB patients with alpha1-blocker and anticholinergic treatment: Post-hoc analysis of addition study**
M. Yoshida, M. Takeda, O. Nishizawa, M. Gotoh, S. Takahashi, N. Masumori (Obu, Kofu, Shinshu, Nagoya, Tokyo, Japan)
- 1092 **The distinctions of prostate volume by assessment method; Which is the best way?**
Y.H. Ko, M. Ki Hak, J. Hee Chang, S. Phil Hyun, J. Yoon Seob, O. Bong Gi (Daegu, South Korea)
- 1093 **Hyperglycemia is an independent risk factor for prostatic hyperplasia**
Y-C. Hsu, C-J. Hsieh, K-J. Lin, S-H. Chu, H-W. Chen, T-M. Wang, Y-J. Chiang, K-L. Liu, H-H. Wang (Taoyuan, Taipei, Taiwan)
- 1094 **Prevalence and bother of urgency and other lower urinary tract symptoms, in men aged ≥ 40 - a Belgian epidemiological survey**
D. De Ridder, T. Roumeguère, L. Kaufman, G. Flamée (Leuven, Brussels, Belgium)

- 1095** **Non alcoholic fatty liver disease is an independent predictor of moderate-severe lower urinary tract symptoms in metabolic syndrome patients: Results from a cross-sectional study**
 G.I. Russo, S. Cimino, V. Favilla, E. Fragalà, S. Privitera, T. Castelli, S. Trovato, S. La Vignera, A. Calogero, R. Condorelli, G. Morgia (Catania, Italy)
- 1096** **Quality of sleep or quality of voiding? Observational study of management of elderly nocturia patients**
 H. Yoon, K.H. Kim, H.S. Yoon, D.H. Lee, W.S. Chung, B.S. Shim, Y.Y. Park (Seoul, South Korea)
- 1097** **How much improvement is needed for a real difference of lower urinary tract symptoms after long-term combination therapy for benign prostatic hyperplasia**
 Y-C. Kuo, Y-H. Jiang, H-C. Kuo (Taipei, Hualien, Taiwan)
- 1098** **Efficacy and safety of silodosin and dutasteride combination therapy in acute urinary retention due to benign prostatic hyperplasia: A single-arm prospective study**
 A. Imai, S. Hatakeyama, T. Yoneyama, Y. Hashimoto, T. Koie, A. Kyan, K. Yoshikawa, N. Kamimura, T. Kawaguchi, Y. Kusumi, Y. Yagihashi, C. Ohyama (Hirosaki-Shi, Japan)

Abstract Session

15.45 - 17.15

Outcomes in non-muscle invasive bladder cancer

Room K1

Poster Session 89

Chairs: M. Babjuk, Prague (CZ)

D. Mazurenko, Moscow (RU)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

EAU Guidelines Office snapshot

M. Babjuk, Prague (CZ)

- 1099 Progression to muscle invasive disease of G1-2/low grade non-muscle invasive bladder cancer: Never at the first recurrence**
J. Palou, O. Rodríguez Faba, J.M. Gaya, S. Skrobot, F. Algaba, R. Novoa, S. Esquena, H. Villavicencio (Barcelona, Spain)
- 1100 Adjuvant treatment of G2/high grade non-muscle invasive bladder cancer: Mytomicin or Bacillus Calmette-Guérin?**
J. Palou, O. Rodríguez Faba, S. Skrobot, J.A. Peña, J.M. Gaya, A. Breda, L. Gausa, H. Villavicencio (Barcelona, Spain)
- 1101 Prognostic factors for high-grade T1 bladder cancer: A meta-analysis based on 7,486 patients**
W. Martin-Doyle, J.J. Leow, *A. Orsola*, S.L. Chang, J. Bellmunt (Worcester, Boston, United States of America; Barcelona, Spain)
- 1102 Guideline adherence of immediate post-TUR intravesical chemotherapy for patients with non-muscle invasive bladder cancer**
K. Matsumoto, K. Takashi, H. Negoro, N. Terada, Y. Sugino, T. Yamasaki, Y. Matsui, T. Inoue, T. Kanba, K. Yoshimura, O. Ogawa (Kyoto, Japan)
- 1103 Recurrence of non-muscle invasive bladder cancer: Substantial differences in results between different health care regions**
S. Jahnson, S. Holmäng, G. Jancke, F. Liedberg, B. Ljungberg, P-U. Malmström, A. Hosseini-Aliabad, O. Hagberg (Linköping, Gothenburg, Malmö, Umeå, Uppsala, Stockholm, Lund, Sweden)
- 1104 FGFR3 mutation analysis in voided urine samples to decrease cystoscopies and cost in nonmuscle invasive bladder cancer surveillance: A comparison of 3 strategies**
K.E.M. Van Kessel, L.C. Kompier, E.W. De Bekker-Grob, T.C.M. Zuiverloon, Y. Vergouwe, E.C. Zwarthoff, E.W. Steyerberg (Rotterdam, The Netherlands)
- 1105 The efficacy and safety of mitomycin-C hyperthermia in the treatment of high risk non-muscle invasive bladder cancer in a single regional centre**
A. Pai, B.E. Ayres, R. Nair, C. Corbishley, Z. Naji, M. Bailey, M.J.A. Perry, R. Issa (London, United Kingdom)
- 1106 Neoadjuvant intravesical chemotherapy for small non-muscle invasive bladder tumours**
K. Decaestecker, N. Lumen (Ghent, Belgium)

- * 1107 15-year outcome of patients with frequently recurrent non-muscle-invasive bladder carcinoma (NMIBC) treated with 5 weekly mitomycin C (MMC) instillations followed by monthly Bacillus-Calmette Guerin (BCG) or alternating BCG and interferon- α 2b (IFN) instillations**
 R. Järvinen, E. Kaasinen, E. Rintala, T. Liukkonen, V-M. Puolakka, J. Kallio, S. Aaltomaa, J. Viitanen, M. Vaarala, M. Seppänen, K. Tuhkanen, P. Boström (Helsinki, Hyvinkää, Mikkeli, Lappeenranta, Tampere, Kuopio, Joensuu, Oulu, Iisalmi, Turku, Finland)
- 1108 The new kid on the block: A randomized study comparing waterjet hydrodissection with TURB in the treatment of bladder tumors**
 M. Kufner, A. Decristoforo, A. Nicklas, U. Walcher, T.R.W. Herrmann, U. Nagele (Hall in Tirol, Austria; Hanover, Germany)
- 1109 Challenging the gold standard: A comparison of long-term disease specific outcomes for high-risk non-muscle invasive bladder cancer treated with mitomycin hyperthermia and radical cystectomy**
 R. Nair, A. Pai, A. Kaul, B. Ayres, M. Bailey, M. Perry, R. Issa (London, United Kingdom)
- 1110 Conservative management versus early cystectomy in treatment of T1G3 bladder cancer**
 T. Dawod, S. Elkady, H. Elgendy, O. Kamhawy, M. Teleb, A. Sakr, A. Shahin, M. Eladl, E. Elsayed (Zagazig, Egypt)

Abstract Session

15.45 - 17.15 Testicular tumors

Room K2

Poster Session 90

Chairs: M.P. Laguna, Amsterdam (NL)
N. Nicolai, Milan (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 1111 **Serum levels of microRNAs miR 371-3: A novel biomarker of germ cell tumours**
K.P. Dieckmann, M. Spiekermann, T. Balks, J. Bullerdiek, G. Belge (Hamburg, Bremen, Germany)
- 1112 **MiRNA-expression in primary tumours allows to discriminate metastasized from non-metastasized seminoma**
C.G.A. Ruf, H-U. Schmelz, M. Port, C. Matthies, V. Meineke, B. Mueller-Myhsok, W. Wagner, M. Abend (Hamburg, Koblenz, Hanover, Munich, Germany)
- 1113 **Characterising the rise of cisplatin resistance in testicular nonseminoma**
A. Nagahara, M.D. Brown, C.A. Hart, K. Fujita, M. Uemura, Y. Nakai, N. Nonomura, N.W. Clarke (Osaka, Japan; Manchester, United Kingdom)
- * 1114 **Influence of time to initiation of adjuvant chemotherapy after orchidectomy in patients with stage I germinal testicular tumour on survival**
G. Mouillet, T. Nguyen Tan Hon, E. Kalbacher, G. Guichard, V. Nerich, I. Bedgedjian, P. Montcuquet, F. Calcagno, F. Kleinclauss, A. Thiery-Vuillemin (Besançon, France)
- * 1115 **Outcome 15 years after treatment with one adjuvant cycle of etoposide, bleomycin and cisplatin chemotherapy in patients with high risk nonseminomatous germ cell tumors clinical stage I**
A. Vidal Faune, G.N. Thalmann, M. Fey, U.E. Studer (Berne, Switzerland)
- 1116 **Is template laparoscopic retroperitoneal lymph-node dissection (Lap-RPLND) an advisable option for adequately selected patients with a residual mass of non-seminomatous germ-cell testicular tumours (NSGCT)?**
N. Nicolai, S. Stagni, D. Biasoni, M. Catanzaro, A. Crestani, M. Colecchia, T. Torelli, L. Piva, M. Maffezzini, A. Necchi, P. Giannatempo, E. Faré, R. Salvioni (Milan, Italy)
- 1117 **Post-chemotherapy laparoscopic retroperitoneal lymph node dissection for non-seminomatous germ cell cancer residuals – on the way to a standard procedure?**
S. Aufderklamm, T. Todenhöfer, J. Hennenlotter, J. Böttge, G. Gakis, J. Mischinger, A. Stenzl, C. Schwentner (Tübingen, Germany)
- 1118 **Postchemotherapy retroperitoneal lymph node dissection (PC-RPLND) including partial or complete resection of vertebral bodies in patients with non-seminomatous germ cell tumors (NSGCT)**
M. Zaum, A. Lusch, A. Lorch, C. Winter, M. Konieczny, H. Senyurt, R. Krauspe, P. Albers (Düsseldorf, Krefeld, Koblenz, Germany)
- * 1119 **Total number of positive nodes and positive node ratio may predict recurrence in early stage non-seminomatous germ-cell tumours (NSGCT) undergoing primary retroperitoneal lymph-node dissection (RPLND)**
A. Crestani, G. Lughezzani, D. Biasoni, M. Catanzaro, S. Stagni, T. Torelli, L. Piva, M. Maffezzini, A. Necchi, P. Giannatempo, E. Faré, R. Salvioni, N. Nicolai (Milan, Italy)

- 1120 False-positive fluorodeoxyglucose positron emission tomography (FDG-PET) after chemotherapy of patients with metastatic seminoma**
J. Decoene, A. Lorch, M. Zaum, C. Winter, P. Albers (Düsseldorf, Krefeld, Germany)
- 1121 Contemporary retroperitoneal lymph node dissection (RPLND) for testis cancer in the UK – a national study**
M.C. Hayes, T.S. O'Brien, S. Fowler (London, United Kingdom)
- 1122 Treatment of Leydig cell tumours of the testis: Can testis-sparing surgery replace radical orchidectomy? Results of a systematic review**
L. Carmignani, S. Picozzi, N. Suardi, G. Bozzini, G. Giannarini (Milan, Italy; Berne, Switzerland)
- 1123 Activity of pazopanib in chemoresistant patients with germ cell tumours (GCT): Early findings of the open-label, single-group, phase 2 pazotest-01 trial**
A. Necchi, L. Mariani, P. Giannatempo, N. Nicolai, E. Farè, L. Piva, D. Biasoni, M. Catanzaro, T. Torelli, S. Stagni, M. Maffezzini, A. Crestani, E. Togliardi, R. Salvioni, A.M. Gianni (Milan, Italy)

Abstract Session

15.45 - 17.15 **New technologies and techniques**

Room T1

Poster Session 91

Chairs: T.B.C.

C. Vaessen, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

- * 1124** **Benefit of three-dimensional printing in robotic laparoscopic renal surgery: Tangible surgical navigation using a patient-based three-dimensional printed kidney**
Y. Shiga, M. Sugimoto, T. Iwabuchi, Y. Kawano, Y. Oiwa, H. Watanabe, K. Hariu, M. Shimbori, K. Umeda, T. Otsutomo, H. Morikawa, R. Yamamoto (Tokyo, Kobe, Japan)
- 1125** **The role of diagnostic laparoscopy in bladder injury: A 8 year review of multicenter trial**
A. Khadjibaev, M. Rashidov, R. Ahmedov, M. Halilov, M.M. Abdullajonov (Tashkent, Uzbekistan)
- 1126** **Robot-assisted surgery: Applications in urology**
C-Y. Lin, Y-C. Ou, C-K. Yang, K-Y. Chiu, S-S. Wang, C-K. Su, H-C. Ho, C-L. Cheng, C-S. Chen, J-R. Li, W-M. Chen (Taichung, Taiwan)
- 1127** **The utility of constitutional implementation of robotic surgery on the basis of a comprehensive department in academic institutional framework**
T. Sejima, H. Iwamoto, T. Masago, S. Morizane, A. Yao, K. Muraoka, M. Honda, H. Kitano, A. Takenaka (Yonago, Japan)
- 1128** **"Side docking" of the daVinci® robotic system for radical prostatectomy: Advantages over the traditional docking**
A. Cestari, M. Ferrari, M. Zanoni, F. Fabbri, M. Sangalli, M. Ghezzi, F. Sozzi, P. Rigatti (Milan, Italy)
- 1129** **Hybrid transvaginal nephrectomy: Development of our technique**
P. Kallidonis, I. Kyriazis, I. Georgiopoulos, J-U. Stolzenburg, C. Schwentner, V Panagopoulos, E. Liatsikos (Patras, Rio-Patras, Greece; Leipzig, Tübingen, Germany)
- 1130** **Laparoendoscopic single site surgery for the treatment of renal masses: Comparative study with multiport laparoscopy**
F.C. Cáceres, P.M. Cabrera, F. Lista, G. Andrés, A. García-Tello, J.M. García-Mediero, I. Arance, J.C. Angulo (Getafe, Spain)
- 1131** **Acceptance and indication for robot assisted laparoscopy limited to few indications - results of a 2012 survey among urologists in Germany, Austria and Switzerland**
F. Imkamp, T.R.W. Herrmann, J.U. Stolzenburg, J. Rassweiler, T. Sulser, M.A. Kuczyk, U. Zimmermann, M. Burchardt (Hanover, Leipzig, Heilbronn, Greifswald, Germany; Zurich, Switzerland)
- 1132** **Evaluation of a 5mm motorized articulated needle driver during laparoscopic radical prostatectomies and sacrocolpopexies**
Y. Ahalal, R. Stefanescu, A. Messas (Nanterre, France)

- 1133 MRI-guided transurethral ultrasound ablation of prostate cancer: Preliminary outcomes of a phase I clinical trial**
M. Billia, M. Burtnyk, T. Kuru, S. Pahernik, M. Roethke, H.P. Schlemmer, C. Romagnoli, J. Chin (London, Toronto, Canada; Heidelberg, Germany)
- 1134 Urological trauma in a level 1 trauma centre: An update**
J.K. Mekanjuola, D. Sharma, C. Taylor, G. Muir, J. Poulsen, P. Thompson, D. Huang, J. Wilkins, P. Grange (London, United Kingdom)
- 1135 Posterior urethral realignment in management of posterior urethral disruption: Feasibility and outcome**
A. El Kady, M. El Ghoneimy, M. Abd Hamid, M. Abd Rassoul, H. Badawy (Cairo, Egypt)

Abstract Session

15.45 - 17.15 **Novel views on the management of renal tumors**

Room C6

Poster Session 92

Chairs: G. Kramer, Vienna (AT)
M. Kuczyk, Hanover (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art: Systemic treatment of RCC - strategies at progression

G. Kramer, Vienna (AT)

- * 1136 **Pharmacokinetics in the early period after sunitinib treatment predict adverse events and clinical outcome of patients with advanced renal cell carcinoma**
K. Takayama, N. Tsuchiya, S. Narita, T. Inoue, M. Saito, K. Numakura, H. Tsuruta, M. Huang, S. Satoh, T. Habuchi (Akita, Japan)
- 1137 **Can Memorial Sloan Kettering Cancer Center (MSKCC) and Database Consortium (DCM) prognostic risk assessment be used to decide about cytoreductive nephrectomy in synchronous metastatic renal cell carcinoma?**
A. Noe, C. Blank, S. Horenblas, J. Haanen, A. Bex (Amsterdam, The Netherlands)
- 1138 **Expression of molecular markers associated with the mammalian target of rapamycin pathway in non-metastatic renal cell carcinoma: Impact on prognostic outcomes following radical nephrectomy**
M. Nishikawa, H. Miyake, M. Fujisawa (Kobe, Japan)
- 1139 **Everolimus for renal angiomyolipoma associated with tuberous sclerosis complex (TSC): EXIST-2 3-year follow-up**
J.J. Bissler, J.C. Kingswood, E. Radzikowska, B.A. Zonnenberg, M. Frost, E. Belousova, M. Sauter, N. Nonomura, S. Brakemeier, P.J. De Vries, N. Berkowitz, S. Segal, O. Anak, S. Peyard, K. Budde (Memphis, St Paul, East Hanover, United States of America; Brighton, United Kingdom; Warsaw, Poland; Utrecht, The Netherlands; Moscow, Russia; Munich, Berlin, Germany; Osaka, Japan; Cape Town, South Africa; Basel, Switzerland; Rueil-Malmaison, France)
- 1140 **Categories of response to first line VEGF receptor targeted therapy and overall survival in patients with metastatic renal cell carcinoma**
J.F. Busch, C. Seidel, I. Goranova, B. Erber, R. Peters, F. Friedersdorff, A. Magheli, K. Miller, V. Grünwald, S. Weikert (Berlin, Hamburg, Hanover, Germany)
- 1141 **Clinical outcome of the patients with pancreas metastasis from renal cell cancer**
T. Yuasa, N. Inoshita, A. Saiura, G. Sukegawa, S. Yamamoto, S. Urakami, H. Masuda, Y. Fujii, I. Fukui, Y. Ishikawa, J. Yonese (Tokyo, Japan)
- * 1142 **Comparative overall survival with treatment sequences for metastatic renal cell carcinoma: A systematic review and meta-analysis of real-world observational studies**
D.Y. Heng, J. Signorovitch, E. Swallow, N. Li, Y. Zhong, X. Wang, M. Moonis, A. Cattaneo, S. Stergiopoulos, C. Kollmannsberger (Calgary, Vancouver, Canada; Boston, East Hanover, United States of America; Origgio, Italy)
- 1143 **Treatment of patients with metastatic papillary-type II and clear-cell renal cell carcinoma - comparison of the survival with tyrosine kinase inhibitors**
J. Casuscelli, B. Szabados, A. Buchner, C.G. Stief, M. Staehler (Munich, Germany)

- 1144** **Real life practice patterns of oral TKI and mTOR-inhibitors in patients with metastasised renal cell carcinoma. An analysis of the Vienna public health insurance database**
[A. Henning](#), I. Berger, M. Rauchenwald, S. Madersbacher, M. Marszalek (Vienna, Wiener Neustadt, Austria)
- 1145** **Physical activity decreases and obesity increases kidney cancer mortality**
[J.K. Parsons](#), M. White, M. Liss, L. Natarajan (La Jolla, United States of America)

Plenary Session 4

08.00 - 13.50 **Update and controversies in prostate cancer**

eURO Auditorium

Chairs: P-A. Abrahamsson, Malmö (SE)
A. Stenzl, Tübingen (DE)

08.00 - 08.15 **State-of-the-art lecture** **Genomic alterations and early-onset prostate cancer**
T. Schlomm, Hamburg (DE)

08.15 - 08.25 **State-of-the-art lecture** **Chemoprevention and definition of significant prostate cancer: Working towards a multi-disciplinary consensus**
J. Cuzick, London (GB)

Aims and objectives

- Current state of risk prediction in prostate cancer including genetic and lifestyle factors
- Current state of prostate cancer prevention approaches including:
 - Status of 5- α reductase inhibitor trials
 - Aspirin
 - Vitamin D
 - Other agents
- Current view in value of PSA screening for prostate cancer
- New screening markers
- New marker for prediction of aggressive disease

08.25 - 08.40 **Update** **European Randomised Study of Screening for Prostate Cancer (ERSPC)**
J.E. Hugosson, Göteborg (SE)

Aims and objectives

The European Randomised Study of Screening for Prostate Cancer (ERSPC) has, since it started in 1993, randomised more than 180,000 men between invitation to repeated PSA testing and no invitation. Eight different centres across Europe have participated with some differences in protocols. This lecture will give an overview of the study with its latest results. It will also discuss how possible factors such as follow-up time, age at onset, test interval and PSA cut off influence the efficacy of screening for prostate cancer.

08.40 - 08.50 **Late breaking news** **Efficacy and safety of Duodart™ treatment versus watchful waiting (WW) with step-up therapy to tamsulosin in the management of men with treatment-naïve, prostate enlargement, increased prostate-specific antigen (PSA) and moderately symptomatic benign prostatic hyperplasia (BPH): 2 Year results from CONDUCT study**
C.G. Roehrborn, Dallas (US)

08.50 - 09.00 **Late breaking news** **Active surveillance in HAROW – the first comprehensive prospective non-interventional study comparing treatment options in localized prostate cancer**
L. Weißbach, Berlin (DE)

09.00 - 09.15 **EAU Guidelines snapshot** **PSA screening and risk stratification**
N. Mottet, Saint Etienne (FR)

09.15 - 09.55 **Case discussion** **What's new in active surveillance**

Moderator: N.W. Clarke, Manchester (GB)

Panel: B. Malavaud, Toulouse (FR)
P. Stattin, Umeå (SE)
R.C.N. Van den Bergh, Utrecht (NL)

Aims and objectives

To coordinate the session highlighting state of the art information relating to identification of high risk features and natural history, looking back on previous developments and looking forward to new data and therapies to guide prognostication and treatment in the future.

09.55 – 10.15 State-of-the-art lecture [The association of BRCA mutations with prostate cancer risk and implications for management](#)

R.A. Eeles, London (GB)

Aims and objectives

The aim of this lecture is to outline the prostate cancer risks associated with germline mutations in BRCA1 and BRCA2, present the latest results from the baseline data from an international targeted screening study in BRCA1/2 mutation carriers and to present the latest data on treatment outcomes.

10.15 – 10.30 State-of-the-art lecture [Prediction of long-term adverse consequences of local treatment](#)

E.M. Johansson, Göteborg (SE)

10.30 – 10.40 Late breaking news [Enzalutamide in men with chemotherapy-naïve metastatic castration resistant prostate cancer \(MCRPC\): Primary and European regional results of the phase 3 prevail study](#)

B. Tombal, Brussels (BE)

10.40 – 10.55 State-of-the-art lecture [EUROCARE: Regional differences in Europe regarding survival of prostate cancer](#)

R. DeAngelis, Rome (IT)

10.55 – 11.35 Case discussion [Early identification and management of oligometastatic disease](#)

Moderator: C.P. Evans, Sacramento (US)

How to reliably detect metastases

C. La Fougère, Tübingen (DE)

Possible systemic targets for treatment

C.P. Evans, Sacramento (US)

Radiate as much as you can

D. Dearnaley, Sutton (GB)

The case for metastasectomy

S.G. Joniau, Leuven (BE)

Aims and objectives

Many new diagnostic and treatment approaches to oligometastatic prostate cancer are evolving. However, the first question facing the clinician in the face of oligometastatic disease is to reliably detect the tumor location. This will dictate whether focal, regional or systemic therapy is the best approach. For systemic treatments, immunotherapies and targeting the androgen axis are now preceding the use of chemotherapy in the minimally symptomatic patient. Despite these new therapies, resistance develops and a new approach to targeting androgen signaling will be presented. Other opportunities for therapy include salvage radiation approaches and the resection of limited metastatic sites. A case presentation format will highlight these treatment options.

11.35 – 11.45 Late breaking news [The International Consortium for Health Outcomes Measurement \(ICHOM\) activities on prostate cancer](#)

H. Huland, Hamburg (DE)

11.45 – 13.45

Souvenir session by the EAU Scientific Congress Office

Benign prostate disease

P. Radziszewski, Warsaw (PL)

Prostate cancer: Screening, diagnostics and staging

C.H. Bangma, Rotterdam (NL)

Prostate cancer: Localised disease

A. Briganti, Milan (IT)

Prostate cancer: Systemic disease

B. Tombal, Brussels (BE)

Urothelial cancer of the urinary tract

M. Roupret, Paris (FR)

Renal cancer and transplantation

A. Alcaraz, Barcelona (ES)

Functional urology

D.J.M.K. De Ridder, Leuven (BE)

Endourology and technology

A. De La Taille, Creteil (FR)

Paediatric urology

W.F.J. Feitz, Nijmegen (NL)

Andrology

J.O.R. Sonksen, Herlev (DK)

Invasive and systemic urothelial cancer

T.S. O'Brien, London (GB)

Imaging in urology

P. Albers, Düsseldorf (DE)

13.45 – 13.50

Closing remarks

P-A. Abrahamsson, Malmö (SE)

ANDREAS VESALIUS

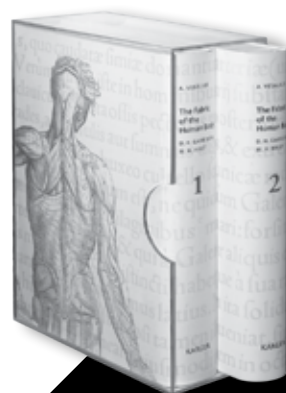
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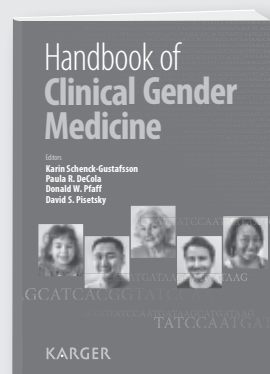


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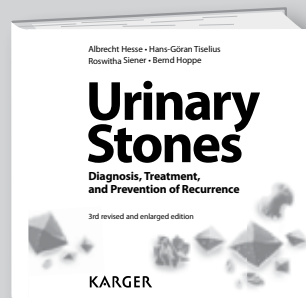


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Adrenals

14.30 - 17.30	Saturday, 12 April Advanced course on upper tract laparoscopy (UTL), adrenal and stones)	ESU Course 19 <i>Page 347</i>

Female urology

14.30 - 17.30	Saturday, 12 April Prolapse management and female pelvic floor problems	ESU Course 6 <i>Page 332</i>

Kidney transplantation

08.30 - 10.30	Sunday, 13 April Renal transplantation: Technical aspects, diagnosis and management of early and late urological complications	ESU Course 8 <i>Page 334</i>

Infertility

08.30 - 11.30	Monday, 14 April The infertile couple - Urological aspects	ESU Course 25 <i>Page 357</i>

Male LUTS

14.30 - 17.30	Saturday, 12 April Modern management of BPO	ESU Course 3 <i>Page 329</i>
15.30 - 17.30	Monday, 14 April Post-surgical urinary incontinence in males	ESU Course 39 <i>Page 376</i>

Neurogenic and non-neurogenic voiding dysfunction

08.30 - 11.30	Sunday, 13 April Lower urinary tract dysfunction and urodynamics	ESU Course 12 <i>Page 339</i>
08.30 - 11.30	Monday, 14 April Chronic pelvic pain in men and women	ESU Course 29 <i>Page 363</i>
14.30 - 16.30	Monday, 14 April General neuro-urology	ESU Course 38 <i>Page 375</i>

Paediatric urology

12.00 - 15.00	Monday, 14 April Paediatric urology for the adult urologist: A practical update	ESU Course 33 Page 369

Penis/testis

12.00 - 14.00	Sunday, 13 April Testicular cancer	ESU Course 16 Page 344

Prostate cancer

14.30 - 17.30	Saturday, 12 April Prostate cancer – Screening, diagnosis and staging	ESU Course 1 Page 327
14.30 - 17.30	Saturday, 12 April Retropubic radical prostatectomy – Tips, tricks and pitfalls	ESU Course 4 Page 330
08.30 - 11.30	Sunday, 13 April Focal treatment in prostate cancer	ESU Course 10 Page 336
14.30 - 17.30	Sunday, 13 April Surgery or radiotherapy for localised and locally advanced prostate cancer	ESU Course 23 Page 353
08.30 - 11.30	Monday, 14 April Prostate cancer imaging: When and how to use it	ESU Course 26 Page 358
12.00 - 14.00	Monday, 14 April Extraperitoneal robotic assisted prostatectomy and partial nephrectomy	ESU Course 32 Page 367
12.00 - 15.00	Monday, 14 April Robot-assisted laparoscopic prostatectomy	ESU Course 34 Page 370
12.00 - 14.00	Monday, 14 April Ultrasound for the urologist – TRUS and TRUS guided biopsies	ESU Course 35 Page 372
14.30 - 17.30	Monday, 14 April Metastatic prostate cancer	ESU Course 41 Page 379

Renal tumours

12.00 - 14.00	Sunday, 13 April Management of locally advanced and metastatic renal cancer	ESU Course 14 <i>Page 342</i>
08.30 - 11.30	Monday, 14 April Management of small renal tumours	ESU Course 28 <i>Page 362</i>
08.30 - 11.30	Monday, 14 April Robot renal surgery	ESU Course 30 <i>Page 364</i>
15.30 - 17.30	Monday, 14 April Advanced course on laparoscopic nephrectomy	ESU Course 40 <i>Page 377</i>

Sexual dysfunction

08.30 - 11.30	Sunday, 13 April Office management of male sexual dysfunction	ESU Course 7 <i>Page 333</i>

Stones

08.30 - 11.30	Sunday, 13 April Update on stone disease	ESU Course 9 <i>Page 335</i>
14.30 - 17.30	Sunday, 13 April Flexible ureterorenoscopy and retrograde intrarenal surgery: Instrumentation, technique, tips and tricks, indications	ESU Course 24 <i>Page 355</i>
14.30 - 17.30	Monday, 14 April Percutaneous nephrolithotripsy (PCNL)	ESU Course 37 <i>Page 374</i>

Trauma

14.30 - 17.30	Saturday, 12 April Urinary tract and genital trauma	ESU Course 5 <i>Page 331</i>

Unclassified and miscellaneous topics

08.30 - 11.30	Sunday, 13 April An introduction to social media: Why this is important for urologists	ESU Course 11 <i>Page 338</i>

12.00 - 14.00	Sunday, 13 April Pathology (prostate, bladder/UUT, kidney, testicles/penis)	ESU Course 13 <i>Page 340</i>
12.00 - 14.00	Sunday, 13 April Laparoscopy for beginners	ESU Course 15 <i>Page 343</i>
12.00 - 14.00	Sunday, 13 April Ultrasound in urology	ESU Course 18 <i>Page 346</i>
14.30 - 17.30	Sunday, 13 April How to write a manuscript and get it published in European Urology	ESU Course 20 <i>Page 348</i>

Urethral strictures

14.30 - 17.30	Saturday, 12 April Advanced course on urethral stricture surgery	ESU Course 2 <i>Page 328</i>

Urothelial tumours

12.00 - 14.00	Sunday, 13 April Management and outcome in invasive and locally advanced bladder cancer	ESU Course 17 <i>Page 345</i>
14.30 - 17.30	Sunday, 13 April Nerve-sparing cystectomy and orthotopic bladder substitution - Surgical tricks and management of complications	ESU Course 22 <i>Page 352</i>
08.30 - 11.30	Monday, 14 April Diagnosis and management of non-muscle invasive bladder cancer (NMIBC)	ESU Course 27 <i>Page 360</i>
12.00 - 14.00	Monday, 14 April Current concepts and controversy in the diagnosis and management of upper tract urothelial carcinoma (UTUC)	ESU Course 31 <i>Page 365</i>
12.00 - 15.00	Monday, 14 April Laparoscopic and robot-assisted laparoscopic radical cystectomy	ESU Course 36 <i>Page 373</i>

Uro-genital reconstruction

14.30 - 17.30	Sunday, 13 April Advanced vaginal reconstruction	ESU Course 21 <i>Page 350</i>

ESU Course 1

14.30 - 17.30 **Prostate cancer – Screening, diagnosis and staging**

Room C2



Chair: A.R. Zlotta, Toronto (CA)

Screening

J.E. Hugosson, Göteborg (SE)

Diagnosis

A.R. Zlotta, Toronto (CA)

Staging

A.R. Zlotta, Toronto (CA)

Aims and objectives

The incidence of prostate cancer has increased dramatically over the last 10 to 15 years and it is now the most common cancer in males in developed countries. The increase is mainly caused by the growing use of opportunistic screening or case-finding based on the use of prostate-specific antigen (PSA) testing in serum. Using this approach, prostate cancer is detected 5 to 10 years before giving rise to symptoms and on average 17 years before causing the death of the patient. While this has led to detection of prostate cancer at a potentially curable stage, it has also led to substantial overdiagnosis, i.e. detection of cancers that would not surface clinically in the absence of screening. This is confounded by recent evidence that screening reduces disease-specific mortality. A major challenge is thus to identify the cases that need to be treated while avoiding diagnosing patients who will not benefit from being diagnosed and who will only suffer from the stigma of being a cancer patient. Therefore, prognostic markers, which can predict those patients who need to be diagnosed and those who do not, are of major importance. This course is designed for urological trainees and established urologists, who wish to update themselves on the latest information regarding screening, diagnosis and staging in prostate cancer. The course allows interaction with the audience and is in part based on case-scenarios for discussion with the delegates, followed by state-of-the-art presentations. In addition, emphasis will be placed on controversial issues and recent progress in terms of diagnostic tools, staging procedures and prognostic factors. At the end of the course, the participants should have obtained good insights on the following:

- What are the best approaches to screening and early detection of prostate?
- How can we reduce the risk of overdiagnosis and overtreatment?
- How can we identify patients who are best managed by active monitoring/surveillance rather than immediate more active treatment?

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 2

14.30 - 17.30

Advanced course on urethral stricture surgery



Room C3



Chair: C.R. Chapple, Sheffield (GB)

Management of anterior urethral stricture disease – an evidence based approach

C.R. Chapple, Sheffield (GB)

Urethroplasty for posterior urethral injuries – an evidence based approach

S.G. Joniau, Leuven (BE)

Female strictures

C.R. Chapple, Sheffield (GB)

Case discussion

A. Roosen, Munich (DE)

Round table discussion

Aims and objectives

- To be able to counsel and advise a patient on the therapeutic options available.
- To review the treatments available for urethral stricture disease and to do so in the context of different patient based scenarios, in an interactive fashion.
- To provide a clearer understanding of the role and potential for both anastomotic and substitution urethroplasty in the management of urethral stricture disease.
- To review the different materials and techniques used in substitution urethroplasty
- To outline the principles of the surgical management of patients with urethras that have been injured by trauma.

Participants of the course will obtain a clear view on the current role of surgery for the management of urethral stenosis affecting both the anterior and posterior urethra in contemporary clinical practice.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 3

14.30 - 17.30

Modern management of BPO

Room T6



Chair: K.M. Anson, London (GB)

Introduction/scene setting BPO 2014

K.M. Anson, London (GB)

Assessment and medical management

V.A.C. Ramani, Manchester (GB)

Surgical management – Electrosurgery

K.M. Anson, London (GB)

Surgical management – Lasers and less invasive options

R.M. Kuntz, Berlin (DE)

Case presentations

V.A.C. Ramani, Manchester (GB)

Aims and objectives

- To help delegates understand the basic principles behind the assessment of a BPO patient
- To summarise the evidence base for both the medical and surgical management of BPO
- To help delegates understand the patient factors that influence treatment choices using case presentations and delegate participation
- To debate the different health care system factors across Europe that influence patient and surgeon choice of treatment modalities

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 4

14.30 - 17.30

Retropubic radical prostatectomy – Tips, tricks and pitfalls

Room T2



Chair: H. Van Poppel, Leuven (BE)

Introduction

H. Van Poppel, Leuven (BE)

Surgical anatomy

O.W. Hakenberg, Rostock (DE)

Step by step radical retropubic prostatectomy

H. Van Poppel, Leuven (BE)

Tips, tricks and pitfalls

O.W. Hakenberg, Rostock (DE)

Treatment of complications

H. Van Poppel, Leuven (BE)

Discussion and interaction**Aims and objectives**

In many parts of Europe, open retropubic radical prostatectomy is still the gold standard for treating localised prostate cancer. Although laparoscopic, eventually robot assisted, radical prostatectomy is getting more popular in selected centres, the open surgical approach is still the most often performed operative procedure in many countries throughout Europe. Localised prostate cancer is being more and more detected in its earlier stages and surgery undoubtedly offers the best local control. The urologist's surgical skill must be outstanding and the urological community is responsible for guaranteeing optimal surgical quality through adequate training. The competition with external beam radiotherapy, brachytherapy and novel minimally invasive techniques like cryosurgery and HIFU, should encourage young urologists to optimally perform the surgical resection with the best possible tumour control and the least impact on continence and potency. This course aims to bring to the modern urologist the different technical steps of the classical 'retropubic prostatectomy' with an emphasis on the preservation of continence and potency and discusses the special tips and tricks that must enable every contemporary urologist to obtain good results with minimal complications. Also, the prevention and treatment of complications are discussed.

This teaching course is a must for the elder resident and the younger urologist beginning his career but well trained urologists who do not treat many patients with localised prostate cancer, will benefit. The participants will get inside the detailed surgical anatomy, the pre-operative measures and the intra-operative steps of a very systematic and safe operation. Also the experienced uro-oncological surgeon will enjoy the tricks and pitfalls and will learn how to solve intra- and postoperative complications.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 5

14.30 - 17.30

Urinary tract and genital trauma

Room T5



Chair: L. Martínez-Piñero, Madrid (ES)

Introduction

L. Martínez-Piñero, Madrid (ES)

Blunt and penetrating renal trauma

L. Martínez-Piñero, Madrid (ES)

Iatrogenic ureteral lesions and ureterointestinal strictures. Diagnosis and treatment

H. Abol-Enein, Mansoura (EG)

Bulbar and bulbomembranous urethral trauma

L. Martínez-Piñero, Madrid (ES)

Bladder, penile and testicular trauma. Etiology, diagnosis and treatment

H. Abol-Enein, Mansoura (EG)

Aims and objectives

1. To review the current classifications of renal, ureteric, bladder, urethral and genital trauma
2. To outline the principles of diagnosis and management of renal, ureteric, bladder, urethral and genital trauma. To review the management of uretero-intestinal strictures.
3. To provide a clearer understanding of the role of the treatments which are available for specific patient scenarios
4. To interact with the audience and discuss together management and treatment of real cases

Participants of the course will obtain a clear view on the current management of ureteric iatrogenic lesions and uretero-intestinal strictures, as well as of blunt and penetrating injuries affecting the kidney, ureters, bladder, urethra or genitals in contemporary clinical practice.

More than 50% of the time of the course will be spent with the discussion of real clinical cases.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 6

14.30 - 17.30

Prolapse management and female pelvic floor problems



Room C8



Chair: *D.J.M.K. De Ridder, Leuven (BE)*

Introduction

D.J.M.K. De Ridder, Leuven (BE)

Vaginal surgical anatomy for urologists

E. Kocjancic, Chicago (US)

Investigations and imaging for POP

D.J.M.K. De Ridder, Leuven (BE)

Vaginal native tissue repair

D.J.M.K. De Ridder, Leuven (BE)

Vaginal mesh repair

E. Kocjancic, Chicago (US)

Open/laparoscopic/robotic repair

E. Costantini, Perugia (IT)

Classification and management of complications & case discussion

E. Costantini, Perugia (IT)

E. Kocjancic, Chicago (US)

Aims and objectives

This course gives practical information about prolapse management by urologists. From anatomy to mesh implant, the recent revival of native tissue repairs and the management of complications. Also laparoscopic and robotic approaches will be evaluated.

Registration fee excluding VAT

EAU members € 49

Non-EAU member € 71

Residents (members/non-members) € 22

ESU Course 7

08.30 - 11.30

Office management of male sexual dysfunction

Room C2



Chair: C. Stief, Munich (DE)

Diagnostics - What is necessary?

I. Eardley, Leeds (GB)

Testosterone replacement

C. Stief, Munich (DE)

Oral therapy for ED

I. Eardley, Leeds (GB)

Therapy of ED when pills fail

D.J. Ralph, London (GB)

Medical therapy for premature ejaculation

I. Eardley, Leeds (GB)

Surgical topics: Penile implants, priapism, Peyronie's

D.J. Ralph, London (GB)

What to do after radical prostatectomy?

C. Stief, Munich (DE)

Aims and objectives

The course is aimed at providing practical advice on how to diagnose and treat a patient with premature ejaculation or ED. It will allow an up-to-date understanding of the underlying mechanisms of the erectile process and the aetiology of ED. The recent development of various orally available drugs with different modes of action and distinctly different side-effect profiles enables individually tailored therapies. However, an individually adopted regimen requires an adequate work up that will be comprehensively presented. Although currently available and future oral drugs will be covered in depth, alternative options such as testosterone supplementation, local pharmacotherapy or various devices will be presented with special emphasis since their adequate indication and appropriate use by the urologist makes the distinctive difference in comparison to other specialists in the field. The indications for, and specific aspects for penile prosthesis will be discussed since prostheses still represent an important option for select patients. Then, specific topics with high practical importance as the cardiovascular patient with ED or the post-prostatectomy case will be covered. The course will be very interactive allowing in-depth information on the various aspects of the cutting edge of ED.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 8

08.30 - 10.30

Renal transplantation: Technical aspects, diagnosis and management of early and late urological complications**Room C3***Chair: F.J. Burgos Revilla, Madrid (ES)***Selection and urological preparation of transplant recipients; surgical aspects of nephrectomy in living and deceased donor**

A.J. Figueiredo, Coimbra (PT)

Laparoscopic living donor nephrectomy: Technical aspects and controversies

F.J. Burgos Revilla, Madrid (ES)

Avoiding complications by proper techniques of renal transplantation; tricks and tips

A.J. Figueiredo, Coimbra (PT)

How to diagnose and manage postoperative and long-term complications following renal transplantation

F.J. Burgos Revilla, Madrid (ES)

Aims and objectives

Given the dramatic improvement in short- and long-term graft and patient survival, renal transplantation has become the most effective treatment of end stage renal failure. Recipients considered for transplantation are currently older and pose more problems than in the past, in some cases requiring specific urological preparation. We would like to share our experience concerning the selected items with the audience. These include how to select and to prepare transplant recipients with surgical or urological problems, how to choose the most safe technique for performing deceased donor and living donor nephrectomy, how to deal with unusual situations of renal procurement or transplantation and finally, for urologists, how to diagnose and manage postoperative and long-term urological and other complications.

Registration fee excluding VAT

EAU members	€ 33
Non-EAU member	€ 49
Residents (members/non-members)	€ 22

ESU Course 9

08.30 - 11.30

Update on stone disease

Room T6



Chair: A. Patel, London (GB)

Introduction

A. Patel, London (GB)

Medical aspects of urinary stones

N.N-P. Buchholz, London (GB)

SWL

N.N-P. Buchholz, London (GB)

Uretero-Renoscropy

A. Breda, Barcelona (ES)

Percutaneous nephrolithotomy and questions and answers

A. Patel, London (GB)

Interactive case discussion

A. Patel, London (GB)

Aims and objectives

Modern stone therapy has eliminated much of the previously devastating burden of upper tract urolithiasis, and is gradually also changing the clinical presentation. Complex stones are becoming rarer, and therapy is moving to the outpatient setting. Nevertheless, successful management requires competence in all aspects of stone management. The challenge today is employing the ideal approach for the specific situation. After a brief review of new developments present treatment strategies are demonstrated in detailed case presentations

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 10

08.30 - 11.30 **Focal treatment in prostate cancer****Room T2***Chair: T.E. Bjerklund Johansen, Oslo (NO)***Welcome and introduction**

T.E. Bjerklund Johansen, Oslo (NO)

Diagnostic work-up**The role of prostate biopsies for ruling in and ruling out prostate cancer in different parts of the gland; The need for biopsy tracking and image fusion systems**

D. Greene, Sunderland (GB)

The role of MRI for ruling in and ruling out prostate cancer in different parts of the gland; The role of N and M-staging by node dissection, PET CT, MRI and bone scan

J.P.M. Sedelaar, Nijmegen (NL)

Focal treatment methods, outcome and side effects**Cryosurgical ablation**

T.E. Bjerklund Johansen, Oslo (NO)

High intensity focused ultrasound

D. Greene, Sunderland (GB)

Other technologies

J.P.M. Sedelaar, Nijmegen (NL)

Follow up after focal therapy**The role of PSA; When to do biopsies**

D. Greene, Sunderland (GB)

The role of MRI; Indications for whole gland treatment; Focal treatment in a salvage setting

J.P.M. Sedelaar, Nijmegen (NL)

The need for research guidelines and registries (EUCAP; Alpha registry and ECLIPSE)

T.E. Bjerklund Johansen, Oslo (NO)

Aims and objectives

Focal treatment is one of the most intriguing fields of prostate cancer treatment and a significant development is expected in the coming years. Focal treatment is about eradicating the cancer lesion within the prostate while preserving genitourinary function.

The primary aim of this course is to provide attendees with an understanding of the rationale for focal treatment in prostate cancer and patient selection criteria. Attendees will be updated on new technologies and the outcome, side effects and limitations of focal treatment. Classical dilemmas of whether treatment is necessary when it is possible, and possible when necessary, will be addressed. In spite of overtreatment there is evidence that contemporary whole gland treatment is offered too late and has unacceptable side effects for patients at the age when treatment might make the biggest difference.

Patient selection and precise localization of the cancer are key criteria in focal treatment. Of equal importance is the ability to rule out prostate cancer from regions of the prostate which will not be treated. During the course there will be a thorough discussion of biopsy strategies and the role of imaging in the diagnostic work-up and during follow-up. Delegates will be informed about existing registries for focal treatment, and they will be involved in a discussion of the role of registries in the acquisition of new evidence in the field of focal treatment of prostate cancer.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 11

08.30 - 11.30

An introduction to social media: Why this is important for urologists

Room T5



Chair: J.W.F. Catto, Sheffield (GB)

Introduction to social media

J.W.F. Catto, Sheffield (GB)

Social media for beginners

M. Roupret, Paris (FR)

Why social media matters

D. Murphy, Melbourne (AU)

Using social media in medicine

A. Kutikov, Philadelphia (US)

Examples of best practice

M.R. Cooperberg, San Francisco (US)

Trends and developments in social media

G. Novara, Padova (IT)

www.europeanurology.com

A. Kutikov, Philadelphia (US)

Questions and answers

J.W.F. Catto, Sheffield (GB)

Aims and objectives

Social media are becoming an increasingly important for practicing urologists. These web based interfaces allow rapid transfer of knowledge, interaction and facilitate a community of science. In this course we will introduce the audience to the Why, How, When and When not to, of social media. We will cover different tools (such as Twitter and Facebook), advise practice (offer professional guidance). We will introduce aspects of European Urology and how we will adapt to social media in the future.

Objectives:

- To understand the role of social media in modern medicine
- To Understand how best to interact with social media
- To Understand how european urology fits into these media

ESU Course 12

08.30 - 11.30 Lower urinary tract dysfunction and urodynamics

Room C8



Chair: P. Abrams, Bristol (GB)

The scientific basics of urodynamics

P. Abrams, Bristol (GB)

Urodynamics - Getting philosophy and technique correct

P. Abrams, Bristol (GB)

Urodynamics in neurourology

S. Madersbacher, Vienna (AT)

Urodynamics in female urology

P. Abrams, Bristol (GB)

Urodynamics in the child and in men

S. Madersbacher, Vienna (AT)

Aims and objectives

Having attended the course, the attendee should:

- Understand the basic physical principles referable to urodynamics
- Be able to assess the quality of a urodynamic trace
- Recognise common artefacts and know how to correct them
- Know the indications for urodynamic studies in children, men, women and neurological patients.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 13

12.00 - 14.00

Pathology (prostate, bladder/UUT, kidney, testicles/penis)

Room C2



Chair: E. Compérat, Paris (FR)

How to get best results for your patient. Challenges in pathology of the prostate and bladder

E. Compérat, Paris (FR)

New insights and changes in pathology of the kidney and testis

F. Algaba, Barcelona (ES)

Aims and objectives

This course for urologists will treat prostate, bladder, kidney and testicular pathology. It is not a course of pathology, but wants to improve the urologist-pathologist interaction. The attended aim is to get correct diagnosis, understand as well problems which pathologists may encounter, as the most important details mentioned in a pathology report.

Several question frequently asked by urologists will be treated:

I.) Clinical practice and optimal handling of pathology specimen.

Is my clinical practice optimal to obtain best pathology report, how can I improve the interaction with the pathologist?

- The importance of clinical information and well edited, good sampling will be explained, especially limits of diagnosis in case of artefacts. Solutions how to avoid them will be discussed.
- Which information has to be exchanged between the urologists and the pathologists? The importance of clinical information and history will be underlined.
- Robustness of pathology reports and when urologists should ask for a second opinion will be discussed.

II.) When ask for frozen sections and biopsies that are possible results.

Evaluation of surgical margins

- The indication of frozen sections and biopsies is a topic of major concern. Indications of frozen sections have to be precise and useful; otherwise it becomes an expensive and time spending procedure. We point out the right indications.
- Another important point which overlaps with the above mentioned is the evaluation of the surgical margins, limits in pathology and how we can improve.
- We also want to discuss the usefulness of biopsies in kidney tumours, prostate, bladder and upper urinary tract. Where are our limits, what do urologists expect expectations and how to proceed to get optimal results?

III.) Pathology report. How to read and understand all included information

The aim is to discuss the major items of a pathology report.

- Am I using all the information which is in a pathological report?
- Do I know the latest staging and grading?
- Which information do I have to expect and ask in case of absence?
- Understand why the pathologist does immunohistochemistry.
- The most important antibodies (understanding of which antibody is in favour of which lesion and evokes which hypothesis).

IV.) Novelties in Uro-Onco Pathology. Applications in daily practice

- Many new acquisitions are regularly made in Uro-Oncological Pathology. The latest news in burning research topic will briefly be discussed.
- The presentation of new pathological entities with clinical implications will be treated.

We will discuss the correlation between morphology and biology which special emphasis about the role that the pathologist plays in the detection of the therapeutic targets, especially in renal cell cancer.

Registration fee excluding VAT

EAU members € 33

Non-EAU member € 49

Residents (members/non-members) € 22

ESU Course 14

12.00 - 14.00

Management of locally advanced and metastatic renal cancer

Room C3



Chair: M. Kuczyk, Hanover (DE)

Neoadjuvant and adjuvant systemic of RCC patients: Possible options, indications, efficacy, evidence and ongoing trials

S. Osanto, Leiden (NL)

Surgical options for metastasized renal cell cancer

M. Kuczyk, Hanover (DE)

Surgical treatment of locally advanced renal cell cancer

A. Bex, Amsterdam (NL)

Aims and objectives

Although most renal cancers are small and incidentally found, a significant proportion of patients still present with locally advanced or even metastatic renal cell carcinoma (RCC) at first diagnosis or develop metastatic spread during the further course of the disease.

RCC is a unique disease where we had important developments in the last 2 decades both in surgical as well as nonsurgical and systemic therapies. Although we have now at least 7 drugs with proven efficacy in metastatic RCC, surgery still remains the only curative therapy.

The first aim of this course is to highlight the role of surgery versus a conservative therapeutic approach. The efficacy of metastasectomy, for example, will be weighed against that of a medical treatment that is mainly based on anti-VEGF-directed agents. In addition, new therapeutic concepts including neoadjuvant treatment upfront surgery for locally advanced disease including patients with intracaval thrombosis will be highlighted.

Surgery for locally advanced disease particularly in patients with vena caval thrombus is a challenging situation and tips and tricks of this type of surgery including the clinical results that can be achieved by an aggressive surgical management will be indicated. And finally, the place of cytoreductive nephrectomy during the treatment of metastatic RCC and the role of surgery for the treatment of locally recurrent disease will be discussed.

This course is an excellent opportunity to learn what the urologist can offer to renal cancer patients with difficult tumours and metastatic RCC. The course is an ideal opportunity for all; residents, the practicing urologist and the oncologic urologist. Don't miss this course if you see patients with advanced RCC in your practice!

Registration fee excluding VAT

EAU members	€ 33
Non-EAU member	€ 49
Residents (members/non-members)	€ 22

ESU Course 15

12.00 - 14.00

Laparoscopy for beginners

Room T6



Chair: A.D. Joyce, Leeds (GB)

Indications for laparoscopy

A.D. Joyce, Leeds (GB)

Instrumentation and haemostasis

X. Cathelineau, Paris (FR)

Peritoneal access and effects of pneumoperitoneum

A.D. Joyce, Leeds (GB)

Avoiding complications

X. Cathelineau, Paris (FR)

Aims and objectives

Training in Urological laparoscopic surgery in Europe is presently inadequate because of several factors:

- a shortage of designated training centres
- a shortage of recognised trainers
- lack of appropriate training facilities, predominantly equipment, expertise or support.

Urologists interested in Laparoscopy must be properly trained in order to be able to perform the procedure safely with the minimum of risk of potential complications. Results from the European Basic laparoscopic Urological Skills (E-BLUS) examination indicates that the level of laparoscopic skills among European residents is low, predominantly due to a lack of opportunity to train.

This course therefore aims to provide the delegate with the core knowledge over the correct use of the imaging system, the specialised instrumentation and the important protocols for accessing and exiting the abdomen. Laparoscopic nephrectomy is seen as the marker procedure in Urology and this course aims to familiarise the delegates with the important steps and principles in basic laparoscopy and how to minimise the risk of potential complications.

Registration fee excluding VAT

EAU members	€ 33
Non-EAU member	€ 49
Residents (members/non-members)	€ 22

ESU Course 16

12.00 - 14.00

Testicular cancer

Room T2



Chair: P. Albers, Düsseldorf (DE)

Testis cancer – Early stages

N.W. Clarke, Manchester (GB)

Testis cancer – Case discussion

N.W. Clarke, Manchester (GB)

Testis cancer – Advanced stages

P. Albers, Düsseldorf (DE)

Testis cancer – Case discussion

P. Albers, Düsseldorf (DE)

Aims and objectives

The EAU guidelines in testis cancer will be updated in 2014. Based on this European consensus, this ESU course will provide the auditorium with the latest information on diagnostic tools, staging and treatment of testis cancer stage by stage. In early-stage cancer, organ-sparing surgery, the question of testicular microlithiasis, the conflicting issue of testis biopsy and current histopathological prognostic factors for surveillance and individualised treatment options will be discussed with the auditorium including case presentations. The role of conventional as well as laparoscopic RPLND in early stages will be clarified. In advanced-stage cancer, the course participants will learn about stage by stage treatment according to IGCCCG classification. Detailed information on chemotherapy regimens and the handling of side-effects will be provided. In this section of the course, tips and tricks of residual tumour resection will be presented using case reports and intraoperative pictures. In addition, salvage strategies will be discussed in cases of treatment failures. Participants will have enough time to ask questions and discuss their own cases.

Registration fee excluding VAT

EAU members	€ 33
Non-EAU member	€ 49
Residents (members/non-members)	€ 22

ESU Course 17

12.00 - 14.00

Management and outcome in invasive and locally advanced bladder cancer

Room T5



Chair: A. Alcaraz, Barcelona (ES)

Cystectomy in the management of bladder invasive and locally advanced bladder cancer

A. Alcaraz, Barcelona (ES)

Case discussion on cystectomy in the management of bladder invasive and locally advanced bladder cancer

B. Malavaud, Toulouse (FR)

Bladder sparing approaches to muscle invasive bladder cancer

A. Alcaraz, Barcelona (ES)

Case discussion on bladder sparing approaches to muscle invasive bladder cancer

B. Malavaud, Toulouse (FR)

Cytotoxic chemotherapy in bladder cancer: Neoadjuvant and adjuvant setting and treatment of metastatic disease

B. Malavaud, Toulouse (FR)

Aims and objectives

Bladder cancer is the second most common oncological malignancy in Europe. Invasive and locally advanced bladder tumour is the urological malignancy with the highest mortality.

The course will begin with the definition of the disease and different prognostic factors. Among prognosticators of outcome will be discussed the role of early cystectomy in T1 patients with poor prognosis indicators and the limitations of cystectomy in elderly and poor performance status patients. The course will continue with the discussion of the different treatment options. Rationale for considering cystectomy as gold standard, as well as a clear definition of multidisciplinary strategies for bladder sparing treatments with special emphasis in patient selection and potential limitations will be discussed. Finally, the role of systemic chemotherapy in the neoadjuvant and adjuvant to cystectomy setting will be presented, as well as in the treatment of metastatic disease.

Specially recommended for elder residents and young urologists starting their career in the field of uro-oncology. Also experienced uro-oncological surgeons will benefit from this course through an update, focused on clinical issues and a practical approach.

At the conclusion of this course, the participants should get better insights in terms of:

- Stratifying the patients with invasive and locally advanced bladder cancer in different groups of risk.
- Understanding the rationales outcome and limitations of cystectomy and bladder sparing treatments.
- Defining the current role of neoadjuvant and adjuvant chemotherapy for invasive and locally advanced bladder cancer.
- Measuring the benefits of systemic chemotherapy in terms of progression free survival and overall survival.

Registration fee excluding VAT

EAU members	€ 33
Non-EAU member	€ 49
Residents (members/non-members)	€ 22

ESU Course 18

12.00 - 14.00

Ultrasound in urology

Room C8



Chair: T. Loch, Flensburg (DE)

Technical basics and new technologies

T. Loch, Flensburg (DE)

Standardization, tuning, acquisition and reporting of ultrasound exams

M. Ritter, Mannheim (DE)

Ultrasound of the kidney and ureter

M. Ritter, Mannheim (DE)

Ultrasound of the bladder

T. Loch, Flensburg (DE)

Ultrasound of the testis

T. Loch, Flensburg (DE)

Ultrasound of the penis

M. Ritter, Mannheim (DE)

Aims and objectives

Ultrasound is the basic imaging tool of the urologist and almost all urologists are using ultrasound in daily practice. Despite this, training and teaching of urological ultrasound is not provided in a satisfactory manner. The aim of the course is to provide the technical basics and standards for the use of ultrasound in urology. For all urological organs such as kidney, ureter, bladder, testis and penis the standard patients positioning and best choice of transducers and settings are provided. Moreover, the standard examination and findings as well as the pathological findings are shown. Where applicable also the interventional and intraoperative ultrasound is addressed. After the course the delegate should know the ideal settings for reliable and informative urological ultrasound as well as the normal and pathological findings. Of note the ultrasound of the prostate is not addressed in this course covered in an separate ESU course.

Registration fee excluding VAT

EAU members	€ 33
Non-EAU member	€ 49
Residents (members/non-members)	€ 22

ESU Course 19

14.30 - 17.30

Advanced course on upper tract laparoscopy (UPJ, adrenal and stones)

Room C2



Chair: G. Janetschek, Salzburg (AT)

Transperitoneal approach to the kidney and adrenal gland: Standard technique and modifications

G. Janetschek, Salzburg (AT)

Retroperitoneoscopy: Lateral and posterior approach

F. Porpiglia, Turin (IT)

Dismembered pyeloplasty: Technique, problems, complications

F. Porpiglia, Turin (IT)

Non-dismembered pyeloplasty: Indication, technique

G. Janetschek, Salzburg (AT)

Adrenalectomy

G. Janetschek, Salzburg (AT)

Partial adrenalectomy

G. Janetschek, Salzburg (AT)

Stone surgery

F. Porpiglia, Turin (IT)

Questions and discussion

Aims and objectives

Surgery of the kidney and adrenal gland by means of laparoscopy has become standard of care. Most frequently this surgery is performed transperitoneally; this approach has been standardized. However, the anatomy of the right and left side differs substantially which has to be taken into consideration. Also several modifications have been developed such as a direct approach to the left renal pelvis through the colonic mesentery. Retroperitoneoscopy is an alternative which should be mastered as well.

Adrenalectomy was the first widely recognized indication for laparoscopy in urology, and open surgery has almost vanished for this indication. Partial adrenalectomy may be considered as an alternative in benign solitary tumours such as Conn adenoma but is strongly recommended in familial bilateral pheochromocytoma. For the treatment of UPJ obstruction laparoscopy has to compete with both open surgery and endopyelotomy. Compared to open surgery the results are the same but morbidity is lower. Morbidity of endopyelotomy is lower, however, but the results are not as good in the long-term. The technique of dismembered and non-dismembered pyeloplasty will be discussed in detail.

Laparoscopic stone surgery is usually not a first line therapy. In specific situations it may be helpful, however. All the mentioned techniques will be presented in an interactive way. Essential steps will be highlighted by video clips.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 20

14.30 - 17.30

How to write a manuscript and get it published in European Urology



Room C3



Chair: J.W.F. Catto, Sheffield (GB)

How to get your manuscript published in European Urology

J.W.F. Catto, Sheffield (GB)

Why publishing (and publishing on European Urology) is important for you

C.J. Gratzke, Munich (DE)

Clinical research original article: How to write an article and get it published in European Urology

S.F. Shariat, Vienna (AT)

The importance of statistical design and analysis

A.J. Vickers, New York (US)

How to write a basic research article to be relevant for the readers of European Urology

J-N.L. Cornu, Vincennes (FR)

Clinical research original article: An editor's tricks

M.R. Cooperberg, San Francisco (US)

Common problems and potential solutions

G. Novara, Padova (IT)

How to review a paper for European Urology

S. Boorjian, Rochester (US)

Surgery in Motion: How to combine the best possible manuscript and video for the Surgery in Motion Section

A. Motttrie, Aalst (BE)

Questions and answers

J.W.F. Catto, Sheffield (GB)

Aims and objectives

In this course we will explain the role the European Urology plays in modern medicine. We will focus upon our interaction with authors and how we can encourage high quality medical reports. We will explain in details the review process, focus upon the importance of statistical design and reporting guidelines. We will use practical examples to educate.

Objectives:

- To understand the role of European Urology in the field of urology
- To understand what makes a successful submission for publication
- To learn about statistical design and robust reporting styles
- To understand the review process and how best to address this
- To understand how we handle and review submissions

ESU Course 21

14.30 - 17.30 **Advanced vaginal reconstruction****Room T6***Chair: D. Pushkar, Moscow (RU)***Introduction: Are you involved in reconstructive urology?**

D. Pushkar, Moscow (RU)

Midurethral slings in 2013-2014: The current status

F.C. Burkhard, Berne (CH)

Management of urinary incontinence associated with urethral loss

D. Pushkar, Moscow (RU)

Obstructive slings: What to do?

F.C. Burkhard, Berne (CH)

D. Pushkar, Moscow (RU)

Management of mesh complications

D. Pushkar, Moscow (RU)

F.C. Burkhard, Berne (CH)

Management of non-index stress urinary incontinence (recurrent cases, intrinsic sphincter deficiency, mixed incontinence).

F.C. Burkhard, Berne (CH)

Modern approach to vesicovaginal fistulae and urethral diverticulae (comprehensive video presentation)

D. Pushkar, Moscow (RU)

Adjournment

F.C. Burkhard, Berne (CH)

Aims and objectives

Clinicians involved in the care of female patients should know vaginal surgery. A specific goal of the faculty is to employ scientific principles, published information and clinical experience to describe and position newly developed techniques in current management of urinary incontinence. Special attention will be given to new techniques that use synthetics tapes in SU1 surgery. This course will also cover the management of complications of surgery for stress incontinence and mesh complications. Treatment of recurrent urinary incontinence and incontinence with mixed symptoms also will be under discussion.

Management of vesicovaginal fistulas, urethral diverticulae and some rare conditions will be shown both during podium and video presentations. An interactive course means active participation by the audience and participants are encouraged to prepare and present interesting and challenging clinical cases for consultation by the faculty. After this course, participants should know how to apply the newest technique in patients with stress incontinence, urethral loss and iatrogenic injuries of lower urinary tract. This course will facilitate the decision making process for those who are just starting their careers and for advanced surgeons.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 22

14.30 - 17.30

**Nerve-sparing cystectomy and orthotopic bladder substitution -
Surgical tricks and management of complications****Room T2***Chair: U.E. Studer, Berne (CH)***Preoperative investigations and selection of patients for orthotopic bladder substitution**

J.E. Gschwend, Munich (DE)

Arguments for nerve sparing cystectomy with orthotopic bladder substitution

A. Stenzl, Tuebingen (DE)

How to do a nerve-sparing cystectomy in male and female patients, surgical tricks to avoid complications with orthotopic bladder substitution

U.E. Studer, Berne (CH)

Tips on how to obtain good functional results in female patients

A. Stenzl, Tuebingen (DE)

Active post-operative management is the most important step

U.E. Studer, Berne (CH)

How to treat complications during follow-up

J.E. Gschwend, Munich (DE)

Discussion**Aims and objectives**

In this course, special emphasis is placed on patient selection and on practical surgical steps: on how to do meticulous pelvic lymph node dissection and nerve-sparing cystectomy in male and female patients, as well as how to do various types of orthotopic bladder substitutes with good long-term functional results. The course is aimed to be interactive with 50% of the time reserved for questions and discussions with the audience. At the end of the course, participants should know all the essential and practical steps needed in order to achieve good results with cystectomy and orthotopic bladder substitution.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 23

14.30 - 17.30

Surgery or radiotherapy for localised and locally advanced prostate cancer

Room T5



Chair: B. Djavan, Vienna (AT)

Localised prostate cancer

Introduction

B. Djavan, Vienna (AT)

Treatment options and strategies in localised prostate cancer

B. Djavan, Vienna (AT)

How and when to use nomograms and networks

R.J.A. Van Moorselaar, Amsterdam (NL)

Oncology results of radiation therapy

A. Bossi, Villejuif (FR)

Oncological and functional results of radical prostatectomy

B. Djavan, Vienna (AT)

Advanced prostate cancer

Radiotherapy with or without hormonal treatment in advanced PCA

A. Bossi, Villejuif (FR)

Adjuvant therapies following radical prostatectomy: What is the standard and what is new?

R.J.A. Van Moorselaar, Amsterdam (NL)

Results of radical prostatectomy for T3 disease

B. Djavan, Vienna (AT)

Take home messages

B. Djavan, Vienna (AT)

Aims and objectives

The decision process towards surgery/active surveillance or radiation is a constantly evolving matter that requires a multitude of various information and inputs. In localised disease old habits have been jeopardised and surgical management seems to be fused with active surveillance in an increasing number of patients with good prognosticators. This course will summarise the decision process and indications for patients with clinically localised disease and help select the optimal treatment based on most recent oncological and functional data.

In locally advanced disease, growing evidence supports the notion of radical surgery to improve outcome. US and European data endorse this policy in a selected group of patients. New radiation protocols and strategies combined with hormone therapy offer as much adequate alternatives. In the second part of this course, controversies regarding the optimal management of locally advanced prostate cancer patients will be discussed and clear recommendations made to facilitate patient counselling and treatment.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 24

14.30 - 17.30

Flexible ureterorenoscopy and retrograde intrarenal surgery: Instrumentation, technique, tips and tricks, indications



Room C8



Chair: O. Traxer, Paris (FR)

Welcome message and introduction of the course

O. Traxer, Paris (FR)

Instrumentation: Endoscopes

O. Traxer, Paris (FR)

Instrumentation: Laser and lithotripsy devices

M. Grasso, New York (US)

Instrumentation: Disposable (wires, retrieving devices, UAS, irrigation devices and others)

P.J. Osther, Fredericia (DK)

Technique: Stones

O. Traxer, Paris (FR)

Technique: Urothelial tumours and strictures

M. Grasso, New York (US)

Tips and tricks and special circumstances

O. Traxer, Paris (FR)

Indications (guidelines) and clinical cases

P.J. Osther, Fredericia (DK)

Conclusions

O. Traxer, Paris (FR)

Aims and objectives

This course will teach the principles of evidence based medicine (EBM) in the context of daily decision-making in urology. We will introduce urology-relevant resources to search and retrieve the latest clinical research studies and provide the tools to systematically evaluate these studies for the quality of evidence they provide. In practical exercises, we will first demonstrate how to assess a study's methodological strengths and weaknesses to determine how much confidence we can place in its results. Second, we will analyze the actual study results and the degree of certainty with which they are reported. Finally, we will discuss important considerations when deciding whether the results of a given study can and should be applied to the care of an individual patient.

A workshop-style, interactive format is chosen to teach this course. The educational objective is to empower participants to independently search and appraise clinical research studies and retrieve high quality evidence as it becomes available. This course is therefore of exceptional value to all urologists that are seeking to enhance their EBM skills and thereby improve patient care.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 25

08.30 - 11.30 **The infertile couple - Urological aspects**

Room C2



Chair: W. Aulitzky, Vienna (AT)

Diagnostic work-up, medical treatment

W.H-G. Weidner, Giessen (DE)

Pathophysiology, diagnosis and treatment of varicocele

W. Aulitzky, Vienna (AT)

Microsurgical refertilisation

W. Aulitzky, Vienna (AT)

Sperm retrieval techniques and genetic aspects of IVF/ICSI

W.H-G. Weidner, Giessen (DE)

Aims and objectives

This course provides state-of-the-art information on urological aspects of diagnosis and therapy of modern reproductive medicine. Diagnostic procedures should be standardised and coordinated in a timely fashion for both partners, focussing on the possible urological, hormonal and genetic causes of male infertility. In terms of therapy, this course will provide updated information on evidence based data and will discuss the importance of varicoceles in male infertility. We will show microsurgical techniques on video and explain why proper training and skills perfection is key to successful case management. A successful IVF/ICSI outcome depends upon the use of state-of-the-art techniques for sperm retrieval and sperm preparation. We will also provide information on genetic aspects and stress the responsibility of the urologist as an adviser and gatekeeper for the treatment of the infertile couple.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 26

08.30 - 11.30 Prostate cancer imaging: When and how to use it

Room C3



Chair: J. Walz, Marseille (FR)

Standardization, acquisition and reporting of multiparametric MRI

B.M. Carey, Leeds (GB)

Reading of a prostate MRI

B.M. Carey, Leeds (GB)

MRI in diagnosis of prostate cancer

B.M. Carey, Leeds (GB)

MRI in staging of prostate cancer

A. Villers, Lille (FR)

MRI in treatment planning of prostate cancer

A. Villers, Lille (FR)

Image fusion of multiparametric MRI and Ultrasound

A. Villers, Lille (FR)

What are possible alternatives to multiparametric MRI?: Contrast enhanced ultrasound - elastography - ANNA / C-TRUS - histoscanning - how it works - critical review of the literature

J. Walz, Marseille (FR)

When to do imaging of the prostate? Case discussion and current practical questions

B.M. Carey, Leeds (GB)

A. Villers, Lille (FR)

J. Walz, Marseille (FR)

Aims and objectives

Reliable imaging of prostate cancer will revolutionize the management of prostate cancer as it will improve diagnosis, surveillance, treatment, and follow up of this disease. To date, the identification of prostate cancer lesions in the prostate remains a difficult task. In recent years several new technologies have been developed to overcome this problem. The most commonly used imaging technique for this purpose is multiparametric MRI. However, new ultrasound based imaging tools such as elastography, contrast enhanced ultrasound, the ANNA/C-TRUS system and the Histoscanning system were developed to serve as alternatives. None of these imaging modalities can be considered as standard today. The aim of the course is to provide an overview on the currently available imaging tools, to provide practical information about their use and to critically assess their clinical performance. At the end interactive case discussions will address current practical questions such as:

- Imaging before biopsy as a screening test?
- Imaging at initial biopsy?
- Imaging for repeat biopsy only?

- How to improve performance and standardization of imaging?

The objective is that after the course, attendees will know what imaging currently can provide in the management of prostate cancer and when to indicate imaging studies. They will also know where are points of discussion and uncertainty, and what potential alternatives might be.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 27

08.30 - 11.30

Diagnosis and management of non-muscle invasive bladder cancer (NMIBC)**Room T6***Chair: J.A. Witjes, Nijmegen (NL)***Introduction and objective of course**

J.A. Witjes, Nijmegen (NL)

Diagnosis of bladder cancer (including markers and importance of TUR) and case discussion

J. Palou, Barcelona (ES)

New diagnostic tools such as PDD and NBI

M. Babjuk, Prague (CZ)

Guideline treatment and follow-up including case discussion

J.A. Witjes, Nijmegen (NL)

Comments on guideline treatment recommendations including case example and discussion

M. Babjuk, Prague (CZ)

BCG failures and treatment options, including case discussion

J.A. Witjes, Nijmegen (NL)

What to do with extravesical urothelial cancer and case discussion

J. Palou, Barcelona (ES)

Closure and evaluation**Aims and objectives**

With the comments of the last years this course will again fine tuned and obviously it will be updated according to the 2014 EAU guideline and latest literature. As in previous years the emphasis lies on aspects of importance for daily practice and subsequent discussion of problems seen in daily practice, when dealing with patients with non muscle-invasive bladder cancer (NMIBC). Many of these problems have been raised in previous courses and are the basis for the current presentations and case discussions. We have learned that interactive discussion of these cases with the audience is very productive and highly appreciated. So, although the emphasis is on what one should do (the EAU guideline and its recommendations), we often see patients in daily practice that do not fit into guideline rules and need a different approach. We will present potential options for these patients and discuss cases like that with the audience to illustrate the possibilities beyond the guideline diagnosis and treatment solutions.

As can be seen in the program subjects that will be lectured, discussed and illustrated with cases are (1) diagnosis (white light cystoscopy; cytology and markers; (re-)TUR technique), (2) diagnostic innovations (PDD, NBI), (3) risk classification and therapy/follow per risk group, (4) potential exceptions to the guideline recommendations (e.g. single post-TUR instillation, BCG maintenance therapy), (5) BCG failures, and finally (6) urothelial carcinoma outside the bladder

The objective of this course is that attendees will know when to follow the guideline in NMIBC, when there are points of discussion, and what potential alternatives might be.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 28

08.30 - 11.30 Management of small renal tumours

Room T2



Chair: P. Gontero, Turin (IT)

Active surveillance

P. Gontero, Turin (IT)

Ablative therapies

J.J.M.C.H. De la Rosette, Amsterdam (NL)

Surgery

F. Keeley, Bristol (GB)

Aims and objectives

This course aims to address the complexity in the management of small renal masses. Dealing with a small renal mass is much more than just choosing the fanciest surgical or ablative technique. The attendees will be guided through lectures, videoclips and presentations of clinical cases to critically identify the pitfalls that currently surrounds the diagnosis and management of small renal masses. The various therapeutic strategies such as surgery (open, laparoscopy and robotic) radical and nephron sparing, cryotherapy, radiofrequency and HIFU will be interactively discussed. The current controversies and indications for active surveillance will also be addressed using real life clinical scenarios. An overview of the published results will be presented and analysed. Interaction among attendees will be promoted as the most important way to have an efficient course.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 29

08.30 - 11.30

Chronic pelvic pain in men and women

Room T5



Chair: E.J. Messelink, Groningen (NL)

Panel meets audience

Chronic pelvic pain: Terminology, taxonomy and algorithms

E.J. Messelink, Groningen (NL)

Chronic pelvic pain in women: Diagnostics and treatment

S. Elneil, London (GB)

Chronic pelvic pain in men: Diagnostics and treatment

D.S. Engeler, St. Gallen (CH)

Aims and objectives

Urologists do see a lot of patients with chronic pelvic pain, both men and women. They are referred to the urologist because they have concomitant micturition or bladder symptoms. The urologist is the specialist in ruling out well known diseases that can cause pain in the pelvic area. In patients where no explanation is found, the pain should be looked at as a disease rather than a symptom. Treating this disease should preferably be done within a multidisciplinary team using multimodal treatment options.

At the end of this course the participant will know the basic principles of chronic pain in general and of chronic pelvic pain in more detail. He will know how to rule out the well known causes. He will know how to approach the patient with chronic pelvic pain, by taking a history and by doing physical examination. He will have knowledge on the myofascial and psychological aspects of chronic pelvic pain. He should be able to refer patients at the right time to the right team.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 30

08.30 - 11.30

Robot renal surgery

Room C8



Chair: A. Mottrie, Aalst (BE)

Introduction

A. Mottrie, Aalst (BE)

Pyeloplasty

B.J. Challacombe, London (GB)

Clinical cases UPJ Obstruction; Nephrectomy for RCC

N.M. Buffi, Milano (IT)

Partial nephrectomy

A. Mottrie, Aalst (BE)

Clinical cases RCC; Nephroureterectomy

N.M. Buffi, Milano (IT)

Conclusion

B.J. Challacombe, London (GB)

Aims and objectives

1. Explain the advantages of robotics over classical laparoscopy in surgery of the upper urinary system
2. Teach the different operations step-to-step
3. Discuss difficult clinical cases

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 31

12.00 - 14.00

Current concepts and controversy in the diagnosis and management of upper tract urothelial carcinoma (UTUC)

Room C2



Chair: S.F. Shariat, Vienna (AT)

Epidemiology, diagnosis, evaluation

M. Roupret, Paris (FR)

Prognostic and predictive factors, pathology

S.F. Shariat, Vienna (AT)

Treatment of low risk cancer (high grade Ta, T1 and CIS)

M. Roupret, Paris (FR)

Treatment of localized high risk (invasive) and metastatic cancer

S.F. Shariat, Vienna (AT)

Aims and objectives

Upper tract urothelial carcinoma (UTUC) is an uncommon disease with little evidence-based data to guide clinical decision-making. Recently, the tools available for the diagnosis and management of UTUC have improved significantly, complementing a growing understanding of the biology of this disease. UTUC requires appropriate management at all stages, since both the cure rate and morbidity are very sensitive to nuances of treatment. Yet proper risk stratification remains a challenge owing to the difficulty of clinical staging. This course will address contemporary concepts and controversies, including the timely and accurate diagnosis of UTUC, emphasizing the integration of pathologic and radiographic variables for appropriate risk stratification. Important features regarding the natural history of UTUC will also be emphasized; the role of imaging and endoscopy in clinical decision making, diagnosis, staging and follow-up; and, common pathways of metastatic spread. Up-to-date information regarding boundaries of surgical resection, indication and extent of lymphadenectomy, clinical staging of UTUC, and the role of neoadjuvant chemotherapy in patients with high risk UTUC will be detailed. Patient selection and treatment options for patients with UTUC such as endoscopic management, distal ureterectomy, radical nephroureterectomy and chemotherapy will be discussed.

Objectives: After attending this course, participants should be able to:

- identify problems associated with clinical staging of UTUC
- illustrate importance of accurate staging techniques and their role in clinical decision making maximize ureteroscopic diagnostic biopsy and tumor resection
- be aware of newer modalities such as endoluminal ultrasound and other novel staging methods
- cite current concepts and controversies in the management of low-stage and high-stage UTUC
- discuss and compare the risk, benefit, and side effects of laparoscopic and open radical nephroureterectomy
- understand the management of the bladder cuff
- understand the current role of multimodal therapy for high risk patients- integration of systemic therapy – neo-adjuvant vs. adjuvant treatment
- discuss the need and boundaries of the recommended lymph node dissection

Registration fee excluding VAT

EAU members	€ 33
Non-EAU member	€ 49
Residents (members/non-members)	€ 22

ESU Course 32

12.00 - 14.00

Extraperitoneal robotic assisted prostatectomy and partial nephrectomy

Room C3



Chair: J-U. Stolzenburg, Leipzig (DE)

Introduction

J-U. Stolzenburg, Leipzig (DE)

Anatomy of the prostate, the urethral sphincter and neurovascular bundles and fascias

J-U. Stolzenburg, Leipzig (DE)

Anatomy of the kidney and the retroperitoneum

J.H. Kaouk, Cleveland (US)

Extraperitoneal access and trocar placement in R-RPR

J-U. Stolzenburg, Leipzig (DE)

Extraperitoneal access and trocar placement in R-PN

J.H. Kaouk, Cleveland (US)

Steps of the robotic assisted endoscopic extraperitoneal radical prostatectomy (Video clips)

J.H. Kaouk, Cleveland (US)

J-U. Stolzenburg, Leipzig (DE)

Steps of the robotic assisted retroperitoneal partial nephrectomy (Video clips)

J.H. Kaouk, Cleveland (US)

J-U. Stolzenburg, Leipzig (DE)

Management of complications in R-RPE

J-U. Stolzenburg, Leipzig (DE)

Management of complications in R-PN

J.H. Kaouk, Cleveland (US)

Summary

J-U. Stolzenburg, Leipzig (DE)

Aims and objectives

Robotic assisted radical prostatectomy (R-RPE) and partial nephrectomy (R-PN) can be performed by either retroperitoneal or transperitoneal approach. During the extraperitoneal access space is limited compared to the transperitoneal route. Nevertheless, the extraperitoneal access is well established in classical laparoscopic surgery and can be adapted to robotic assisted surgery with all the advantages of a direct extraperitoneal access like the risk of bowel or other intra-abdominal organ injury is nearly avoided, and, in patients with prior intra-abdominal surgery, there is no need for lysis of adhesions. In PN retroperitoneal

approach permits direct access to the renal hilum and excellent visualization for posteriorly located renal disease.

Both R-RPE and R-PN needs to be well standardised to be reproduced. Based on the understanding of the anatomy the extraperitoneal space must be developed properly. Most care must be taken during port placements to avoid clashing between the robotic arms and the assistant instruments. The experts will go through each step of the surgery with focus on the access and port placement. Furthermore we will give precise information in R-RPE on the anatomy of the prostate, the sphincter muscle, fascias and the bundles in order to have a better understanding of the operative laparoscopic anatomy. Different aspects (interfascial, intrafascial) of nerve-sparing surgery will be addressed. In R-PN we focus on pedicle control, tumour excision, how to achieve adequate haemostasis and how to shorten ischemia time. For this, short well-selected video clips will be presented and discussed. Finally, complications and their management will be addressed.

The course is addressed to laparoscopic surgeons who want to start with robotic surgery as well as for robotic surgeons who want to become familiar with the extraperitoneal access. The course should help all participants to improve their technique by standardization of each step of the procedure and by picking out some important tricks.

Registration fee excluding VAT

EAU members	€ 33
Non-EAU member	€ 49
Residents (members/non-members)	€ 22

ESU Course 33

12.00 - 15.00

Paediatric urology for the adult urologist: A practical update

Room T6



Chair: J.M. Nijman, Groningen (NL)

Obstructive uropathy: What to do when, from neonate till puberty

G.A.S. Bogaert, Leuven (BE)

How to deal with congenital malformations of the external genitalia, when is surgery indicated and how to do it

S. Tekgül, Ankara (TR)

Urinary infection, reflux and voiding dysfunction: New insights in pathology, diagnostic work-up and management

J.M. Nijman, Groningen (NL)

Aims and objectives

During this course an update is provided on common problems of the genito-urinary tract in children by means of state-of-the-art lectures, cases and interactive participation. Also the interaction between paediatric urologist, adult urologist, gynaecologist and paediatrician will be discussed. Corrections of congenital malformations of the urogenital tract have major implications for the quality of life, but also for long-term follow-up, future interventions and treatment of complications. Over the past few years our ideas about treatment of reflux and obstructive uropathy have changed; many so-called dogmas had to be revised. During this 3 hour course we will try to give an overview of the latest developments in the field of paediatric urology, focussing on topics of interest to the general urologist.

The course is of particular interest to general urologists and those in training. Participants are encouraged to participate in the course as much as possible and there will be ample time for discussion and presentation of cases.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 34

12.00 - 15.00 **Robot-assisted laparoscopic prostatectomy**

Room T2

*Chair: P.T. Piechaud, Bordeaux (FR)***Introduction**

P.T. Piechaud, Bordeaux (FR)

General principles of robotic radical prostatectomy

W. Artibani, Verona (IT)

P. Dasgupta, London (GB)

Anatomical and oncological supports of radical prostatectomy**Bladder neck preservation: Useful? Dangerous?**

P.T. Piechaud, Bordeaux (FR)

Neurovascular bundle dissection: Anatomical reminders of the peri prostatic fascia and space of dissection

P. Dasgupta, London (GB)

Tips and tricks around vesico uretral anastomosis (Rocco, anterior suspension...)

W. Artibani, Verona (IT)

Step by step operative procedure; How I do it

W. Artibani, Verona (IT)

P. Dasgupta, London (GB)

P.T. Piechaud, Bordeaux (FR)

Questions from participants about operative protocols**Lymphadenectomy**

W. Artibani, Verona (IT)

Specific situations

P.T. Piechaud, Bordeaux (FR)

Postoperative complications

P. Dasgupta, London (GB)

Anatomical and functional results

W. Artibani, Verona (IT)

Conclusion

P.T. Piechaud, Bordeaux (FR)

Aims and objectives

The course objective is to give to participants a complete overview of all the technical options for the robotic radical prostatectomy techniques.

The outline of this course will show a complete description of the basic principles of the intervention: ports placement, choice of the approach.

An update will be made on the arguments for or against the preservation of the bladder neck. A very complete anatomical reminder of the periprostatic fascias and neurovascular bundles will be given in order to explain the techniques of neurovascular bundles preservation.

Then, some variations and technical means to improve urinary incontinence will be detailed as well.

Each teacher will describe his technique of radical prostatectomy step-by-step.

Lastly, specific situations (post adenomectomy radical prostatectomy, post TURP, salvage prostatectomy) will be described. The lymphadenectomy technique will be detailed as well.

Finally, the complications and the functional results of this surgery will be precised.

The objective of this course is thus to review the current evolution of the robotic-assisted radical prostatectomy technique in all its possible options.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 35

12.00 - 14.00

Ultrasound for the urologist - TRUS and TRUS guided biopsies

Room T5



Chair: P. Hammerer, Braunschweig (DE)

Indications for TRUS and biopsy

P. Hammerer, Braunschweig (DE)

Practical aspects of TRUS and TRUS guided biopsies

P. Hammerer, Braunschweig (DE)

Indications for rebiopsy

V. Scattoni, Milan (IT)

Update on new technical developments

V. Scattoni, Milan (IT)

Aims and objectives

The purpose of this ESU course is to define the optimal transrectal ultrasound and to discuss new ultrasound techniques like Elastography and Histoscanning for prostate cancer detection, as well as defining a new standard for transrectal ultrasound-guided prostate biopsies. In addition, techniques to reduce morbidity and to increase patient acceptance will be discussed. Transrectal ultrasound has been performed for more than 20 years, and this technique is now an important part of prostate cancer diagnosis and staging. Anatomic studies of prostatectomy specimens that defined the zonal anatomy of the prostate and provided a detailed mapping of the tumour location have increased our understanding of transrectal ultrasound images, as well as enabling optimal placement of the biopsy needles. The stage migration revealed by PSA-based screening has resulted in most tumours being non-palpable at diagnosis. Therefore in the PSA arena, with tumours at an early stage (non-palpable and sometimes ultrasonographically isoechoic) transrectal ultrasound is needed to enable sampling of all relevant areas of the prostate including those that appear normal. The systematic sampling of the prostate by the sextant biopsy technique improved the detection rate of prostate cancer over sampling hypoechoic or palpable suspicious lesions. However, in men with initially negative biopsies a second set of sextant biopsies will be positive in about 20-30%. We know that the sextant technique is inadequate for sampling of and additional biopsies are needed. Will an increase of prostate biopsies result in patient discomfort? Although some studies report no additional morbidity from the more extensive biopsy protocols, it seems likely that discomfort for the patient would be increased. What can be done to reduce pain and discomfort and improve tolerance for additional biopsies? Simple and efficacious methods are now available to provide anaesthesia in men undergoing prostate biopsies.

Registration fee excluding VAT

EAU members	€ 33
Non-EAU member	€ 49
Residents (members/non-members)	€ 22

ESU Course 36

12.00 - 15.00

Laparoscopic and robot-assisted laparoscopic radical cystectomy

Room C8



Chair: P. Wiklund, Stockholm (SE)

Introduction laparoscopic cystectomy; Pre-surgery considerations

R.F. Van Velthoven, Brussels (BE)

Introduction robot-assisted laparoscopic cystectomy

P. Wiklund, Stockholm (SE)

Female cystectomy

J. Rassweiler, Heilbronn (DE)

Male cystectomy

R.F. Van Velthoven, Brussels (BE)

Lymph node dissection

J. Rassweiler, Heilbronn (DE)

Extracorporeal urinary diversion

R.F. Van Velthoven, Brussels (BE)

Intracorporeal urinary diversion

P. Wiklund, Stockholm (SE)

Outcome after laparoscopic cystectomy; Oncological, functional and complications

J. Rassweiler, Heilbronn (DE)

Outcome after robot-assisted laparoscopic cystectomy; Oncological, functional and complications

P. Wiklund, Stockholm (SE)

Aims and objectives

At the conclusion of this educational activity, participants should be able to:

- Identify the current indications and contraindications for laparoscopic and robot assisted laparoscopic radical cystectomy with extended lymph node dissection.
- Illustrate the operative steps and techniques for laparoscopic and robot assisted laparoscopic radical cystectomy and extended pelvic lymph node dissection.
- Identify the current indications and contraindications for laparoscopic and robot assisted laparoscopic creation of an intracorporeal and extracorporeal urinary diversion.
- Discuss surgical tricks and tips learned from review of video clips of laparoscopic and robot assisted laparoscopic radical cystectomy.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 37

14.30 - 17.30

Percutaneous nephrolithotripsy (PCNL)

Room C2



Chair: E. Liatsikos, Patras (GR)

PCNL instrumentation – Suite organisation, wires, dilators and lithotriptors

C.M. Scoffone, Turin (IT)

From Skin to Stone: Step-by-Step access using only fluoroscopy (Prone position)

E. Liatsikos, Patras (GR)

From Skin to Stone: Step-by-Step access using US and fluoroscopy (Supine position)

C.M. Scoffone, Turin (IT)

MiniPerc – Indications, equipment and technique

T. Knoll, Sindelfingen (DE)

Management of complications; In the OR and in the wards

E. Liatsikos, Patras (GR)

Tips and tricks in PCNL

E. Liatsikos, Patras (GR)

PCNL versus ESWL versus URS: The debate continues

T. Knoll, Sindelfingen (DE)

Analysis of demanding / unusual cases

T. Knoll, Sindelfingen (DE)

Round table discussion**Aims and objectives**

The objective of the course is to provide an overview of the key points of PCNL technique and its implementation. A step-by-step approach to access methods will be emphasized, allowing beginners to familiarize themselves with the details of the techniques. The debate surrounding optimal patient positioning will be addressed, with extensive information on prone and supine PCNL techniques. A presentation on MiniPerc will showcase the equipments and indications of this alternative method. The identification and management of immediate and delayed complications will be reviewed. Also, challenging PCNL cases will be presented, demonstrating the frontiers of PCNL for experienced surgeons. Finally, tips and tricks of the technique will be shown, offering practical shortcuts to frequent problems encountered in PCNL.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

ESU Course 38

14.30 - 16.30 General neuro-urology

Room C3



Chair: F.R. Cruz, Porto (PT)

Introduction

F.R. Cruz, Porto (PT)

Diagnostics

M.J. Drake, Bristol (GB)

Therapy

F.R. Cruz, Porto (PT)

Case discussion

Aims and objectives

The course aims at introducing neuro-urology to urologists and other caregivers in training and at refreshing the topic to those who consider this subspeciality important for their current clinical practice.

For many urologists neuro-urology is a less well known subspeciality that is considered less appealing due to the use of a specific terminology, methods of diagnosis and evaluation and a treatment that very frequently requires individualisation. For many urologists neuro-urology is not part of their training. However as patients with micturition problems of neurogenic cause have nowadays a life span very close to that of normal individuals, expertise in this field will be an inevitable requisite for the average urologist. Terminology has been updated in recent years and its familiarity is necessary not only in order to facilitate communication between caregivers but also to increase access to relevant literature. This will be the object of a complete review. Investigation is a decisive part of the management of patients with micturition problems of neurogenic origin. This is not intended as a urodynamic course but rather as a useful session in which the use of urodynamic and other tools will be clarified. Finally, management of these patients will be reviewed, from the more classic to the more experimental approaches, always keeping in mind that the expected audience will be the average urologist who is willing to increase their knowledge in the field. Thus the different therapeutic approaches will be presented in a more practical and useful way instead of a classical pharmacological approach. This is expected to facilitate the transfer the available information into everyday practice. Particular attention will be given to the use of botulinum toxin. Ultimately, different conditions will be simulated in order to rehearse the main topics.

By the end of the course it is expected that participants will be able to adequately investigate and manage the most frequent neuro-urological situations.

Registration fee excluding VAT

EAU members	€ 33
Non-EAU member	€ 49
Residents (members/non-members)	€ 22

ESU Course 39

15.30 - 17.30 Post-surgical urinary incontinence in males

Room T6



Chair: E. Chartier-Kastler, Paris (FR)

Etiology and workup

F. Van der Aa, Leuven (BE)

Management of overactive bladder and conservative management of stress incontinence

F. Van der Aa, Leuven (BE)

Surgical management of stress incontinence

E. Chartier-Kastler, Paris (FR)

Case discussion

E. Chartier-Kastler, Paris (FR)

Aims and objectives

Post-surgical incontinence has a severe impact on the social life of the patient. This course will answer the questions, how much and which investigations are needed for an adequate diagnosis and what the therapeutic options are that can we offer to the patient. The available conservative therapy is described and data on success and failure rates are provided. There is also a focus on new and alternative treatment options. The surgical procedures to solve the problem are presented and data of the literature critically analysed. An important part of the course will be the interactive case discussion with the panel and participants.

At the end of the course the participants should know:

- How to diagnose post surgical urinary incontinence and how to make symptoms objective
- Which conservative therapy should be offered and for how long
- Which operative procedures will provide the best long-term results for the individual situation of the patient

Registration fee excluding VAT

EAU members	€ 33
Non-EAU member	€ 49
Residents (members/non-members)	€ 22

ESU Course 40

15.30 - 17.30

Advanced course on laparoscopic nephrectomy



Room T2



Chair: V. Pansadoro, Rome (IT)

Introduction

R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Transperitoneal approach

V. Pansadoro, Rome (IT)

Retroperitoneal approach

R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Single port inguinal approach

R. Bollens, Lomme (FR)

Intraoperative complications

R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Difficult nephrectomies

R. Bollens, Lomme (FR)

Partial nephrectomy

R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Special cases

R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Take home messages

Aims and objectives

Minimally invasive surgery has steadily improved over the last years. Today one can approach with confidence new, difficult and challenging situations.

The course is structured to evaluate and explore the increasing indications and possible complications of Laparoscopic and Robotic kidney surgery.

This course will focus upon common and uncommon complications and how to manage and prevent them. In addition, special situations such as single port inguinal approach, zero ischemia time, cava thrombus, accidental splenectomy and living donor nephrectomy will be presented.

Registration fee excluding VAT

EAU members	€ 33
Non-EAU member	€ 49
Residents (members/non-members)	€ 22

ESU Course 41

14.30 - 17.30

Metastatic prostate cancer

Room T5



Chair: K. Pummer, Graz (AT)

First and second line hormonal therapy: What should be considered?

K. Miller, Berlin (DE)

What is the role of chemotherapy and immunotherapy in patients with CRPC?

G. Mickisch, Bremen (DE)

New therapeutic options for patients with CRPC – more possibilities, more questions?

K. Pummer, Graz (AT)

Case discussion

G. Mickisch, Bremen (DE)

K. Miller, Berlin (DE)

K. Pummer, Graz (AT)

Aims and objectives

The aim of this course is to provide comprehensive state-of-the-art information about the optimal management of patients with metastatic prostate cancer.

The first lecture will give an overview of the various forms of currently available androgen deprivation therapies such as LHRH analogs and antagonists, address the potential advantages or disadvantages of intermittent treatment, as well as outline the optimal timing of hormonal therapy. In addition, the role of possible second-line hormonal manipulations will be presented.

The second lecture will present and critically discuss the role of chemotherapy as well as immunotherapy at the time when hormone resistance has developed with a special emphasis on efficacy, side effects, sequencing and patients' selection.

The third lecture will address recent achievements as well as future challenges by reviewing the mode of action and the current role of newer therapeutic options such as testosterone synthesis inhibitors, androgen receptor antagonists, or radionuclide therapy.

At the end of the course, interactive cases will be discussed together with the audience and there will be plenty of time for questions and answers.

Registration fee excluding VAT

EAU members	€ 49
Non-EAU member	€ 71
Residents (members/non-members)	€ 22

Hands-on training

09.15 - 11.15

ESU/ESUT Hands-on training Laparoscopy

Room C5



Aims and objectives

Laparoscopic procedures are continuously evolving in urology based on the increasing expertise of urologic surgeons. Since the number of centres with laparoscopic expertise is still limited in Europe, laparoscopic training programmes have become very important. Hands-on training courses at the pelvi-trainer represent one of the main steps of such courses.

In this course basic laparoscopic and suturing skills can be learned and trained. Psychomotor skills such as depth perception and bimanual dexterity are trained by the validated exercises of the European Basic Laparoscopic Urological Skills (E-BLUS) training programme. Experienced laparoscopist-tutors will guide you to master such basic laparoscopy skills as instrument handling, pattern cutting and intracorporal suturing.

This course can be used as an additional training to prepare for the E-BLUS examination. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

Supported by an unrestricted educational grant from OLYMPUS EUROPA SE & CO. KG

ESU Hands-on training courses

13.00 - 16.00 **ESU Hands-on training on Urodynamics**

Room C4



13.00 - 16.00 **HOT 5 ESU Hands-on training on Urodynamics - course 1**

Chair: H. Hashim, Bristol (GB)

Tutors: M.J. Drake, Bristol (GB)
A. Gammie, Bristol (GB)
J. Ellis Jones, Bristol (GB)

Aims and objectives

This workshop aims to provide a practical course offering an interactive “hands-on” environment for doctors, nurses and technicians to improve their skills in urodynamics, with an emphasis on practical aspects including equipment used, interpretation of traces, quality control and trouble-shooting. The use of recorded tests, access to equipment and small groups means that individual problems can be addressed. All the speakers are involved in similar “hands-on” courses, which have ran successfully in the United Kingdom and abroad. The small group format has been shown to work well in addressing individual needs. Access to teaching aids and equipment will simulate the clinical scenario as much as possible within the constraints of the conference setting. At the end of the workshop delegates should feel more confident in their practice of urodynamics.

Registration fee excluding VAT € 26

ESU/ESUT Hands-on training courses

09.00 - 12.30 **ESU/ESUT Hands-on training GreenLight Laser Vaporisation**

Room T3

Course directors: J. Rassweiler, Heilbronn (DE)
O. Traxer, Paris (FR)

Course coordinators: A. Bachman, Basel (CH)



esut

09.00 - 10.30 **HOT 7 ESU/ESUT Hands-on training GreenLight Laser Vaporisation – Basic course 1**

Chair: G.H. Fournier, Brest (FR)

Tutors: G.H. Fournier, Brest (FR)
A. Brasseti, Rome (IT)
C.M. Capitan Manjon, Alcorcon (ES)
J-N.L. Cornu, Vincennes (FR)
C.J. Gratzke, Munich (DE)
R. Hindley, Hook (GB)
J.A. Thomas, Bridgend (GB)
S. Vincendeau, Rennes (FR)
R. Zachoval, Prague (CZ)

11.00 - 12.30 **HOT 8 ESU/ESUT Hands-on training GreenLight Laser Vaporisation – Basic course 2**

Chair: G.H. Fournier, Brest (FR)

Tutors: G.H. Fournier, Brest (FR)
A. Brasseti, Rome (IT)
C.M. Capitan Manjon, Alcorcon (ES)
J-N.L. Cornu, Vincennes (FR)
C.J. Gratzke, Munich (DE)
R. Hindley, Hook (GB)
J.A. Thomas, Bridgend (GB)
S. Vincendeau, Rennes (FR)
R. Zachoval, Prague (CZ)

Aims and objectives

The European School of Urology (ESU) and the European Section of Uro-Technology (ESUT) offer an intensive hands-on training course with different models focussing on the endoscopic management of LUTS. The delegates will be taken through a sequential programme of GreenLight-laser vaporisation using virtual reality models. A video demonstrating the different steps and tasks of the procedures will be presented and afterwards the delegates will be instructed according to their level of experience in small teams at the models. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

Registration fee excluding VAT € 26

Supported by an unrestricted educational grant from AMERICAN MEDICAL SYSTEMS

ESU/ESUT Hands-on training courses

13.00 - 16.30 **ESU/ESUT Hands-on training GreenLight Laser Vaporisation**

Room T3

Course directors: J. Rassweiler, Heilbronn (DE)
O. Traxer, Paris (FR)

Course coordinators: A. Bachman, Basel (CH)



13.00 - 14.30 **HOT 9 ESU/ESUT Hands-on training GreenLight Laser Vaporisation – Advanced course 1**

Chair: N. Barber, Canterbury (GB)

Tutors: N. Barber, Canterbury(GB)
J. Benejan Gual, Palma de Mallorca (ES)
C.R. Brunken, Hamburg (DE)
F. Bruyere, Tours (FR)
L. Cindolo, Vasto – Chieti (IT)
P. Destefanis, Torino (IT)
A. Herlemann, Munich (DE)
L. Ruggera, Cognola-Trento, (IT)
A. Sommerhuber, Linz (AT)
R. Zachoval, Prague(CZ)

15.00 - 16.30 **HOT 10 ESU/ESUT Hands-on training GreenLight Laser Vaporisation – Advanced course 2**

Chair: N. Barber, Canterbury (GB)

Tutors: N. Barber, Canterbury(GB)
J. Benejan Gual, Palma de Mallorca (ES)
C.R. Brunken, Hamburg (DE)
F. Bruyere, Tours (FR)
L. Cindolo, Vasto – Chieti (IT)
P. Destefanis, Torino (IT)
A. Herlemann, Munich (DE)
L. Ruggera, Cognola-Trento, (IT)
A. Sommerhuber, Linz (AT)
R. Zachoval, Prague(CZ)

Aims and objectives

The European School of Urology (ESU) and the European Section of Uro-Technology (ESUT) offer an intensive hands-on training course with different models focussing on the endoscopic management of LUTS. The delegates will be taken through a sequential programme of Green-light-laser vaporisation using a virtual reality model, especially focussing on more complicated applications (ie. , large intravesical obstructing middle lobes, patients under anti-coagulation, cardiological considerations) A video demonstrating the different steps and tasks of the procedures will be presented and afterwards the delegates will be instructed according to their level of experience in small teams at the models. Treatment of high risk patients will be discussed (anticoagulant). Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

Registration fee excluding VAT € 26

Supported by an unrestricted educational grant from AMERICAN MEDICAL SYSTEMS

Hands-on training

09.15 - 11.15

ESU/ESUT Hands-on training Laparoscopy

Room C5



Aims and objectives

Laparoscopic procedures are continuously evolving in urology based on the increasing expertise of urologic surgeons. Since the number of centres with laparoscopic expertise is still limited in Europe, laparoscopic training programmes have become very important. Hands-on training courses at the pelvi-trainer represent one of the main steps of such courses.

In this course basic laparoscopic and suturing skills can be learned and trained. Psychomotor skills such as depth perception and bimanual dexterity are trained by the validated exercises of the European Basic Laparoscopic Urological Skills (E-BLUS) training programme. Experienced laparoscopist-tutors will guide you to master such basic laparoscopy skills as instrument handling, pattern cutting and intracorporal suturing.

This course can be used as an additional training to prepare for the E-BLUS examination. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

Supported by an unrestricted educational grant from OLYMPUS EUROPA SE & CO. KG

ESU/ESUT Hands-on training courses

09.00 - 14.30 **ESU/ESUT Hands-on training in Women's Health**

Room T3



09.00 - 10.30 HOT 1 ESU/ESUT Hands-on training in Women's Health - course 1

Chairs: J.P.F.A. Heesakkers, Nijmegen (NL)
J.P. Roovers, Amsterdam (NL)

Tutors: D.J.M.K. De Ridder, Leuven (BE)
F. Van der Aa, Leuven (BE)

11.00 - 12.30 HOT 2 ESU/ESUT Hands-on training in Women's Health - course 2

Chairs: J.P.F.A. Heesakkers, Nijmegen (NL)
J.P. Roovers, Amsterdam (NL)

Tutors: D.M. Castro-Díaz, La Laguna Santa Cruz Tenerife (ES)
F. Van der Aa, Leuven (BE)

13.00 - 14.30 HOT 3 ESU/ESUT Hands-on training in Women's Health - course 3

Chairs: J.P.F.A. Heesakkers, Nijmegen (NL)
J.P. Roovers, Amsterdam (NL)

Tutors: D.M. Castro-Díaz, La Laguna Santa Cruz Tenerife (ES)
K-D. Sievert, Tübingen (DE)

Aims and objectives

The European School of Urology (ESU) and the European Section of Uro-Technology (ESUT) offer a practical hands-on training course with female pelvic models focusing on the placement of slings for the treatment of stress urinary incontinence. The delegates will be taken through a step-by-step programme of surgical treatment of stress urinary incontinence with retropubic, transobturator, and single-incision slings. The programme will begin with a discussion of patient selection and relevant clinical data. Videos demonstrating the different techniques will be presented, and afterwards the delegates will be instructed in small teams on the pelvic trainers. Finally, all remaining questions can be answered and discussed with the tutors, including the demonstration of tips and tricks.

Registration fee excluding VAT € 26

Supported by an unrestricted educational grant from AMERICAN MEDICAL SYSTEMS

ESU Hands-on training courses

09.00 - 12.00 **ESU Hands-on training on Urodynamics**

Room C4



09.00 - 12.00 **HOT 6 ESU Hands-on training on Urodynamics - course 2**

Chair: H. Hashim, Bristol (GB)

Course coordinators: M.J. Drake, Bristol (GB)
A. Gammie, Bristol (GB)
J. Ellis Jones, Bristol (GB)

Aims and objectives

This workshop aims to provide a practical course offering an interactive “hands-on” environment for doctors, nurses and technicians to improve their skills in urodynamics, with an emphasis on practical aspects including equipment used, interpretation of traces, quality control and trouble-shooting. The use of recorded tests, access to equipment and small groups means that individual problems can be addressed. All the speakers are involved in similar “hands-on” courses, which have ran successfully in the United Kingdom and abroad. The small group format has been shown to work well in addressing individual needs. Access to teaching aids and equipment will simulate the clinical scenario as much as possible within the constraints of the conference setting. At the end of the workshop delegates should feel more confident in their practice of urodynamics.

Registration fee excluding VAT € 26

Supported by an unrestricted educational grant from LABORIE and MEDIWATCH

ESU/ESUT Hands-on training courses

14.00 - 17.15

ESU/ESUT Hands-on training Laparoscopy

Room C4

Course coordinators:

J.-T. Klein, Heilbronn (DE)

J. Rassweiler, Heilbronn (DE)

O. Traxer, Paris (FR)



14.00 - 15.30

HOT 11 ESU/ESUT Hands-on training Laparoscopy course 1

Chair:

A. Breda, Barcelona (ES)

Tutors:

R.T. Bardan, Timisoara (RO)

U. Nagele, Hall in Tirol (AT)

D. Teber, Heidelberg (DE)

L. Tunc, Ankara (TR)

15.45 - 17.15

HOT 12 ESU/ESUT Hands-on training Laparoscopy course 2

Chair:

E. Liatsikos, Patras (GR)

Tutors:

P. Chlost, Cracow (PL)

B. Petrut, Cluj Napoca (RO)

F. Porpiglia, Turin (IT)

C. Schwentner, Tübingen (DE)

Aims and objectives

The European School of Urology (ESU) and the EAU Section of Uro-Technology (ESUT) offer an intensive hands-on training course on laparoscopy.

Laparoscopic procedures are continuously evolving in urology based on the increasing expertise of urologic surgeons. This includes ablative procedures, such as radical nephrectomy as well as reconstructive techniques, such as pyeloplasty. Some advanced procedures (i.e. radical prostatectomy, radical cystectomy) have both, ablative and reconstructive steps. Since the number of centres with laparoscopic expertise is still limited in Europe, laparoscopic training programmes have become very important. Hands-on training courses at the pelvi-trainer represent one of the main steps of such courses. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

Registration fee excluding VAT

€ 26

ESU/ERUS Hands-on training courses

09.00 - 16.30 **ESU/ERUS Hands-on training Robotic surgery**

Room T4

Course coordinators: *M. Annerstedt, Stockholm (SE)*
A. Mottrie, Aalst (BE)
J. Rassweiler, Heilbronn (DE)
H. Van Der Poel, Amsterdam (NL)



09.00 - 10.30 **HOT 17 ESU/ERUS Hands-on training Robotic surgery course 1**

Chair: *C.M. Annerstedt, Herlev (DK)*

Tutors: *C.M. Annerstedt, Herlev (DK)*
N.M. Buffi, Milano (IT)

11.00 - 12.30 **HOT 18 ESU/ERUS Hands-on training Robotic surgery course 2**

Chair: *C.M. Annerstedt, Herlev (DK)*

Tutors: *C.M. Annerstedt, Herlev (DK)*
N.M. Buffi, Milano (IT)

13.00 - 14.30 **HOT 19 ESU/ERUS Hands-on training Robotic surgery course 3**

Chair: *J.H. Witt, Gronau (DE)*

Tutors: *F. Annino, Arezzo (IT)*
J.H. Witt, Gronau (DE)

15.00 - 16.30 **HOT 20 ESU/ERUS Hands-on training Robotic surgery course 4**

Chair: *J.H. Witt, Gronau (DE)*

Tutors: *F. Annino, Arezzo (IT)*
J.H. Witt, Gronau (DE)

Aims and objectives

The European School of Urology (ESU) and the EAU Robotic Urology Section (ERUS) offer an intensive hands-on training course. We will provide training using simulators. The main aims of this 90 minutes course are: improving the participants' control-skills and hand-eye-coordination, as well as an objective benchmarking of console performance and an introduction into standardized surgical steps in robot-assisted procedures. Therefore, each course is limited to the small number of 6 participants, to facilitate an optimal training setting with only 2 participants per faculty.

Therefore, each course is limited to the small number of 6 participants, to facilitate an optimal training setting with only 3 participants per tutor.

Registration fee excluding VAT € 26

Supported by an unrestricted educational grant from INTUITIVE SURGICAL

Hands-on training

09.15 - 11.15

ESU/ESUT Hands-on training Laparoscopy

Room C5



Aims and objectives

Laparoscopic procedures are continuously evolving in urology based on the increasing expertise of urologic surgeons. Since the number of centres with laparoscopic expertise is still limited in Europe, laparoscopic training programmes have become very important. Hands-on training courses at the pelvi-trainer represent one of the main steps of such courses.

In this course basic laparoscopic and suturing skills can be learned and trained. Psychomotor skills such as depth perception and bimanual dexterity are trained by the validated exercises of the European Basic Laparoscopic Urological Skills (E-BLUS) training programme. Experienced laparoscopist-tutors will guide you to master such basic laparoscopy skills as instrument handling, pattern cutting and intracorporal suturing.

This course can be used as an additional training to prepare for the E-BLUS examination. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

ESU/ESUT/EULIS Hands-on training courses

09.00 - 12.30 **ESU/ESUT/EULIS Hands-on training Ureterorenoscopy**

Room C4

Course coordinators: *J.-T. Klein, Heilbronn (DE)*
J. Rassweiler, Heilbronn (DE)
O. Traxer, Paris (FR)



esut
eulis

09.00 - 10.30 **HOT 13 ESU/ESUT/EULIS Hands-on training Ureterorenoscopy course 1**

Chair: *K. Sarica, Istanbul (TR)*

Tutors: *F. Millán-Rodríguez, Barcelona (ES)*
P.J. Osther, Fredericia (DK)
C.M. Scoffone, Turin (IT)

11.00 - 12.30 **HOT 14 ESU/ESUT/EULIS Hands-on training Ureterorenoscopy course 2**

Chair: *A. Skolarikos, Athens (GR)*

Tutors: *G. Giusti, Basiglio (IT)*
G. Kamphuis, Amsterdam (NL)
T. Knoll, Sindelfingen (DE)

Aims and objectives

The European School of Urology (ESU), the EAU Section of Uro-Technology (ESUT) and the EAU Section of Urolithiasis (EULIS) offer an intensive hands-on training course with different models focussing on the endoscopic management of urolithiasis. The delegates will be taken through a sequential programme of Ureterorenoscopy using normal endoscopic instruments in different models. The use of various guide-wires, baskets and intracorporeal lithotripters will be demonstrated. The ESUT and the EULIS faculty consist of experienced surgeons in the field of Ureterorenoscopy. A video demonstrating the different steps and tasks of the procedures will be presented and afterwards the delegates will be instructed according to their level of experience in small teams at the models. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

Registration fee excluding VAT € 26

Supported by an unrestricted educational grant from KARL STORZ GMBH & CO.KG and COOK MEDICAL

ESU/ESUT Hands-on training courses

13.00 - 12.30

ESU/ESUT Hands-on training Transurethral therapy of LUTS - Bipolar TURP

Room C4

Course coordinators:

J-T. Klein, Heilbronn (DE)
J. Rassweiler, Heilbronn (DE)
O. Traxer, Paris (FR)



13.00 - 14.30

HOT 15 ESU/ESUT Hands-on training Transurethral therapy of LUTS - Bipolar TURP course 1

Chair: T.R.W. Herrmann, Hanover (DE)

Tutors: T. Bach, Hamburg (DE)
P.J. Conort, Paris (FR)
K-D. Sievert, Tübingen (DE)

11.00 - 12.30

HOT 16 ESU/ESUT Hands-on training Transurethral therapy of LUTS - Bipolar TURP course 2

Chair: V. Bucuras, Timisoara (RO)

Tutors: A. De La Taille, Creteil (FR)
S. Gravas, Larissa (GR)
A. Lapini, Florence (IT)

Aims and objectives

The European School of Urology (ESU) and the EAU Section of Uro-Technology (ESUT) offer an intensive hands-on training course with different models focussing on the endoscopic management of LUTS. The delegates will be taken through a sequential programme of Bipolar TURP using normal endoscopic instruments in different models. A video demonstrating the different steps and tasks of the procedures will be presented and afterwards the delegates will be instructed according to their level of experience in small teams at the models. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

Registration fee excluding VAT € 26

ESU/ERUS Hands-on training courses

09.00 - 16.30 **ESU/ERUS Hands-on training Robotic surgery**

Room T4

Course coordinators: *M. Annerstedt, Stockholm (SE)*
A. Mottrie, Aalst (BE)
J. Rassweiler, Heilbronn (DE)
H. Van Der Poel, Amsterdam (NL)



09.00 - 10.30 **HOT 21 ESU/ERUS Hands-on training Robotic surgery course 5**

Chair: *H. John, Winterthur (CH)*

Tutors: *H. John, Winterthur (CH)*
M. Naudin, Mons (BE)

11.00 - 12.30 **HOT 22 ESU/ERUS Hands-on training Robotic surgery course 6**

Chair: *H. John, Winterthur (CH)*

Tutors: *H. John, Winterthur (CH)*
M. Naudin, Mons (BE)

13.00 - 14.30 **HOT 23 ESU/ERUS Hands-on training Robotic surgery course 7**

Chair: *H.G. Van Der Poel, Amsterdam (NL)*

Tutors: *J. Schraml, Usti Nad Labem (CZ)*
H.G. Van Der Poel, Amsterdam (NL)

15.00 - 16.30 **HOT 24 ESU/ERUS Hands-on training Robotic surgery course 8**

Chair: *H.G. Van Der Poel, Amsterdam (NL)*

Tutors: *J. Schraml, Usti Nad Labem (CZ)*
H.G. Van Der Poel, Amsterdam (NL)

Aims and objectives

The European School of Urology (ESU) and the EAU Robotic Urology Section (ERUS) offer an intensive hands-on training course. We will provide training using simulators. The main aims of this 90 minutes course are: improving the participants' control-skills and hand-eye-coordination, as well as an objective benchmarking of console performance and an introduction into standardized surgical steps in robot-assisted procedures. Therefore, each course is limited to the small number of 6 participants, to facilitate an optimal training setting with only 2 participants per faculty.

Registration fee excluding VAT € 26

Supported by an unrestricted educational grant from INTUITIVE SURGICAL

ESU/ESUT Hands-on training courses

09.30 - 12.30 **ESU/ESUT Hands-on training in OnabotulinumtoxinA administration for OAB**

Room T3



esut

09.30 - 11.00 **HOT 25 ESU/ESUT Hands-on training in OnabotulinumtoxinA administration for OAB - course 1**

Chair: M.J. Drake, Bristol (GB)

Tutors: R. Hamid, London (GB)
H. Hashim, Bristol (GB)
R. Inman, Sheffield (GB)

11.30 - 13.00 **HOT 26 ESU/ESUT Hands-on training in OnabotulinumtoxinA administration for OAB - course 2**

Chair: M.J. Drake, Bristol (GB)

Tutors: R. Hamid, London (GB)
H. Hashim, Bristol (GB)
R. Inman, Sheffield (GB)

Aims and objectives

Botulinum toxin type A administration in Urology has become common practice over the last two decades. Following the completion of Phase 3 registration trials in OAB, OnabotulinumtoxinA received marketing approval for this indication and now has a standardised injection paradigm. This workshop is procedure-focused, and will teach attendees the practicalities of OnabotulinumtoxinA administration through short lectures, videos and hands-on demonstrations using bladder models. Attendees will learn how to reconstitute the product and see different types of equipment available.

Registration fee excluding VAT € 26

This meeting has been supported by ALLERGAN through funding of room and equipment hire and honorarium payment for trainers.

European training in Basic Laparoscopic Urological Skills (E-BLUS) - Exam



Room C5

12.15 - 13.15 **E-BLUS Exam 1**

13.30 - 14.30 **E-BLUS Exam 2**

14.45 - 15.45 **E-BLUS Exam 3**

Exam coordinator: B.S.E.P. Van Cleynenbreugel, Leuven (BE)

E-BLUS (European training in Basic Laparoscopic Urological Skills) One of the main goals of the EAU is to establish and introduce common standards for training and European urological practice in order to improve patient care. The E-BLUS exam certifies a basic level of laparoscopic urological skills. The exercises address bimanual dexterity, depth perception, suturing, clipping and cutting skills. Clinical application is found in such procedures as partial nephrectomy, total nephrectomy, pyeloplasty and radical prostatectomy.

To aid in the training of these skills and to prepare for this E-BLUS exam, the exercises to be performed can be found in the instructional videos at <http://hot.uroweb.org/exercises/>.

Registration fee excluding VAT € 50

European training in Basic Laparoscopic Urological Skills (E-BLUS) - Exam



Room C5

12.15 - 13.15 **E-BLUS Exam 4**

13.30 - 14.30 **E-BLUS Exam 5**

14.45 - 15.45 **E-BLUS Exam 6**

Exam coordinator: B.S.E.P. Van Cleynenbreugel, Leuven (BE)

E-BLUS (European training in Basic Laparoscopic Urological Skills) One of the main goals of the EAU is to establish and introduce common standards for training and European urological practice in order to improve patient care. The E-BLUS exam certifies a basic level of laparoscopic urological skills. The exercises address bimanual dexterity, depth perception, suturing, clipping and cutting skills. Clinical application is found in such procedures as partial nephrectomy, total nephrectomy, pyeloplasty and radical prostatectomy.

To aid in the training of these skills and to prepare for this E-BLUS exam, the exercises to be performed can be found in the instructional videos at <http://hot.uroweb.org/exercises/>.

Registration fee excluding VAT € 50

European training in Basic Laparoscopic Urological Skills (E-BLUS) - Exam



Room C5

12.15 - 13.15 **E-BLUS Exam 7**

13.30 - 14.30 **E-BLUS Exam 8**

14.45 - 15.45 **E-BLUS Exam 9**

Exam coordinator: B.S.E.P. Van Cleynenbreugel, Leuven (BE)

E-BLUS (European training in Basic Laparoscopic Urological Skills) One of the main goals of the EAU is to establish and introduce common standards for training and European urological practice in order to improve patient care. The E-BLUS exam certifies a basic level of laparoscopic urological skills. The exercises address bimanual dexterity, depth perception, suturing, clipping and cutting skills. Clinical application is found in such procedures as partial nephrectomy, total nephrectomy, pyeloplasty and radical prostatectomy.

To aid in the training of these skills and to prepare for this E-BLUS exam, the exercises to be performed can be found in the instructional videos at <http://hot.uroweb.org/exercises/>.

Registration fee excluding VAT € 50

Sponsored Sessions

Friday, 11 April

	Room A2	Room A4	Room A6	Room A11	Room K1	Room K2
16.00	16.15-17.45 Symposium Understanding the heterogeneity of mCRPC to optimize survival	16.15-17.45 Symposium Causes and impacts of nocturia and bedwetting	16.15-17.45 Symposium The many faces of mCRPC: Assessing patient profiles and tailoring treatment in a changing therapeutic landscape	16.15-17.45 Symposium Unmet medical needs of patients with angiomyolipoma	16.15-17.45 Symposium Clinical innovation in endoscopic and laparoscopic urology	16.15-17.45 Symposium A new paradigm in the treatment of ED - the topical option
17.45	SANOFI page 404	FERRING PHARMACEUTICALS page 401	 BAYER HEALTHCARE page 400	NOVARTIS page 402	OLYMPUS page 403	APRICUS BIOSCIENCES page 399

Saturday, 12 April

	eURO Auditorium	Room A2	Room A4	Room A6	Room A10	Room A11	Room K1	Room K2
18.00	18.00-19.30 Symposium Redefining clinical practice in CRPC: New options, new thinking, new decisions	18.00-19.30 Symposium Innovative approaches in urological cancers	18.00-19.30 Symposium Managing patients with NMIBC: How can we improve?	18.00-19.30 Symposium Impact of beliefs and evidence on initial BPH medical treatment decisions in the real-world	18.00-19.30 Symposium Premature ejaculation: A deep look into the impact and its treatment	18.00-19.30 Symposium Glycosaminoglycan-replenishment Therapy: Rationale for Use and Current Evidence	18.00-19.30 Symposium Scientific and practical relevance of long-term testosterone replacement for hypogonadal men	18.00-19.30 Symposium Evolving controversies in the management of prostate disease - The role of tadalafil
19.30	ASTELLAS page 405	IPSEN page 409	MEDAC page 411	GLAXOSMITH KLINE page 407	MENARINI page 412	IBSA INSTITUT BIOCHIMIQUE SA page 408	BAYER page 406	LILLY page 410

Sunday, 13 April

	Room A6
10.00	10.00-12.00 da Vinci Live 3D HD Robotic Surgery Live surgery: da Vinci prostatectomy - Posterior transabdominal approach INTUITIVE SURGICAL page 413
12.00	
15.00	15.00-17.00 da Vinci Live 3D HD Robotic Surgery 3D video and live narration - da Vinci extraperitoneal prostatectomy INTUITIVE SURGICAL page 413
17.00	

Sponsored Sessions

Sunday, 13 April

	eURO Auditorium	Room A2	Room A4	Room A6	Room A8	Room A10	Room A11	Room K1	Room K2	Room K11
17.45	17.45-19.15	17.45-19.15	17.45-19.15	17.45-19.15	17.45-19.15	17.45-19.15	17.45-19.15	17.45-19.15	17.45-19.15	17.45-19.15
	Symposium	Symposium	Symposium	Symposium	Symposium	Symposium	Symposium	Symposium	Symposium	Workshop
	The assembly instructions: user guide on male LUTS	The genesis of urgency: Unravelling the symptom complex of overactive bladder (OAB)	Prostate cancer: A state of the heart	Using novel therapies in the real world management of patients with mCRPC	LUTS/BPH: How can we improve the relevance of clinical studies to real life?	Reintroducing pivmecillinam - a useful weapon to fight resistance in UTI	Towards a new prostate management	Avanafil: A new step towards sexual satisfaction	Prognostic signatures in prostate cancer	HoLEP and beyond: An instructional workshop
	ASTELLAS	ALLERGAN	FERRING PHARMA-CEUTICALS	JANSSEN PHARMA-CEUTICAL COMPANIES OF JOHNSON & JOHNSON	RECORDATI	LEO PHARMA A/S	STEBA BIOTECH	MENARINI	MYRIAD GENETICS	LUMENIS
19.15	page 415	page 414	page 416	page 417	page 422	page 418	page 423	page 420	page 421	page 419

Monday, 14 April

	Room A6
10.00	10.00-12.00 da Vinci Live Robotic Surgery Live surgery: da Vinci prostatectomy INTUITIVE SURGICAL page 424
14.00	14.00-16.00 da Vinci Live Robotic Surgery Live surgery: da Vinci partial nephrectomy with Firefly™ fluorescence imaging INTUITIVE SURGICAL page 424
16.00	
	eURO Auditorium
17.45	17.45-19.15 Symposium OAB: Scientific theories becoming clinical practice: Past, present and future ASTELLAS page 425
	Room K11
17.45	17.45-19.15 Workshop New considerations in the treatment and prophylaxis of UTI BIONORICA
19.15	page 426

Sponsored Session

16.15 - 17.45 **A new paradigm in the treatment of ED - the topical option**

Room K2

Symposium

Chair: J.P. Mulhall, New York (US)

Understanding the ED patient

Y. Reisman, Amstelveen (NL)

The clinical care pathway in the management of the ED patient

F. Giuliano, Garches (FR)

Vitaros: A novel strategy for ED management

E. Kim, Knoxville (US)

Sponsored by APRICUS BIOSCIENCES

Sponsored Session

16.15 - 17.45

The many faces of mCRPC: Assessing patient profiles and tailoring treatment in a changing therapeutic landscape

Room A6

Symposium

Chair: M. Wirth, Dresden (DE)

Welcome and introduction

M. Wirth, Dresden (DE)

Understanding the unmet needs and treatment options in mCRPC: A rapidly changing field

F. Saad, Montreal (CA)

Energising the treatment landscape: Efficacy and safety of a new alpha-emitting radiopharmaceutical in mCRPC

J. O'Sullivan, Belfast (GB)

Examining biomarkers in the management and treatment of patients with mCRPC

A. Bjartell, Malmö (SE)

Exploring the patient journey in mCRPC via interactive case studies

W.C. Loidl, Linz (AT)

The mCRPC treatment continuum: Analysing typical patient profiles;

Questions from the floor; final remarks and meeting close

M. Wirth, Dresden (DE)

Aims and objectives

- Discuss current unmet needs in metastatic castration-resistant prostate cancer (mCRPC) and consider the potential role of biomarkers in the management of mCRPC.
- Describe the evolving treatment paradigm for mCRPC and recent developments.
- Evaluate therapeutic options in different mCRPC disease settings via interactive patient case studies.

Sponsored by BAYER HEALTHCARE

Sponsored Session

16.15 - 17.45

Causes and impacts of nocturia and bedwetting

Room A4

Symposium

Chair: M. Oelke, Hannover (DE)

Welcome and introduction

M. Oelke, Hannover (DE)

What is different about nocturia?

M. Oelke, Hannover (DE)

Clinical relevance of the impact of nocturia on initial period of undisturbed sleep

D. Bliwise, Atlanta (US)

Clinical relevance of the impact of bedwetting treatment on cognitive function in children and sleep improvement

J. Van de Walle, Ghent (BE)

Nocturnal polyuria and its implications

K. Everaert, Ghent (BE)

Different patient characteristics of the nocturia population

A-S. Goessaert, Ghent (BE)

Q & A

Aims and objectives

- To highlight aspects that distinguish nocturia from other lower urinary tract disorders and how this impacts on the diagnosis and management of the condition
- To recognise the consequences of disturbed sleep on quality of life and patient functioning, and the relevance of prolonging the initial period of undisturbed sleep and improving sleep quality in alleviating this burden
- To raise awareness of the potential gains in cognitive functioning and mental health through the treatment of bedwetting in children

Sponsored by FERRING PHARMACEUTICALS

Sponsored Session

16.15 - 17.45

Unmet medical needs of patients with angiomyolipoma

Room A11

Symposium

Chair: A.L. Serra, Zurich (CH)

Welcome and introduction

A.L. Serra, Zurich (CH)

Evolving challenges for the urologist

A.L. Serra, Zurich (CH)

The mTOR pathway and renal angiomyolipomas in TSC: Implications for treatment

C. Kingswood, Brighton (GB)

Clinical presentation and multidisciplinary care: The urologist's perspective

P. Sooriakumaran, Sandford on Thames (GB)

Panel discussion: Central role of the urologist in the multidisciplinary team

Close

A.L. Serra, Zurich (CH)

Aims and objectives

- Reinforce the understanding of advances in the molecular basis of TSC-associated angiomyolipoma
- Emphasize the revised diagnostic, surveillance, and treatment guidelines (2013) in the management of TSC-associated angiomyolipoma
- Underscore the need for integration of pharmacotherapy into the urologist's office for improved patient outcomes
- Initiate a dialogue on multidisciplinary approach to care
- Highlight the importance of individualized care on a case-by-case basis

Sponsored Session

16.15 - 17.45

Clinical innovation in endoscopic and laparoscopic urology

Room K1

Symposium

Chair: J.J.M.C.H. de la Rosette, Amsterdam (NL)

Facts and fiction of TURBT in NMIBC management

J.J.M.C.H. de la Rosette, Amsterdam (NL)

Update on NBI as of the day before yesterday

B. Malavaud, Toulouse (FR)

RIRS: Because smaller is better

O. Traxer, Paris (FR)

Comparison of robotic-assisted vs conventional laparoscopy (2D, 3D): A critical appraisal of scientific evidence

J-U. Stolzenburg, Leipzig (DE)

The role of 3D on challenging surgeries

A. Alcaraz, Barcelona (ES)

Aims and objectives

Discover clinical innovations by Olympus. The Olympus symposium will focus on latest clinical evidence on Narrow Band Imaging (NBI) for improved NMIBC management as well as on latest technologies for ultra-thin flexible ureteroscopy and 3D laparoscopy. We look forward to your participation.

Sponsored Session

16.15 - 17.45

Understanding the heterogeneity of mCRPC to optimize survival

Room A2

Symposium

Chair: J.M. Fitzpatrick, Dublin (IE)

Welcome and introduction

J.M. Fitzpatrick, Dublin (IE)

Managing mCRPC in 2014: New challenges for the urologist

G.M. Ahlgren, Malmö (SE)

Understanding the heterogeneity of mCRPC to guide treatment choices

J.M. Fitzpatrick, Dublin (IE)

Tailoring therapy in mCRPC: A personalised approach

R. De Wit, Rotterdam (NL)

Putting clinical practice into perspective

Z. Malik, Liverpool (GB)

Closing remarks

J.M. Fitzpatrick, Dublin (IE)

Sponsored Session

18.00 - 19.30

Redefining clinical practice in CRPC: New options, new thinking, new decisions

eURO Auditorium

Symposium

Chair: B. Tombal, Brussels (BE)

Welcome and introduction

B. Tombal, Brussels (BE)

What is the rationale for targeting the androgen receptor in mCRPC?

K. Pummer, Graz (AT)

Why should we continue to target the androgen receptor after failure of ADT?

B. Tombal, Brussels (BE)

Panel discussion: Evolving patient care in mCRPC

S. Chowdhury, London (GB)

A. Heidenreich, Aachen (DE)

K. Pummer, Graz (AT)

B. Tombal, Brussels (BE)

Summary and close

B. Tombal, Brussels (BE)

Sponsored Session

18.00 - 19.30

Scientific and practical relevance of long-term testosterone replacement for hypogonadal men

Room K1

Symposium

Chairs: J-E. Damber, Gothenburg (SE)
S. Arver, Stockholm (SE)

Long-term treatment of hypogonadal men with intramuscular testosterone undecanoate: An interdisciplinary view

M. Zitzmann, Münster (DE)

Point-counterpoint: TRT has a major impact on prostate health, pro and con

D. Crawford, Aurora (US)

Importance of achieving threshold levels in testosterone replacement therapy

G. Hackett, Lichfield (GB)

Aims and objectives

The intention is to provide a state-of-the-art update on testosterone replacement therapy (TRT). In 2013, for the first time several TRT studies with a duration of five years were published. The speakers will highlight effects of long-term treatment regarding efficacy and safety. How does TRT affect the prostate: prostate cancer as well as BPH/LUTS? Practical aspects of TRT will be discussed: which target levels should be achieved to obtain optimal results? Which patients should be screened? How should patients be monitored according to EAU guidelines?

Sponsored by BAYER

Sponsored Session

18.00 - 19.30

Impact of beliefs and evidence on initial BPH medical treatment decisions in the real-world

Room A6

Symposium

Chair: C. Hernández Fernández, Madrid (ES)

Session outline

C. Hernández Fernández, Madrid (ES)

The typical BPH patient: Why is there a gap between evidence based guidelines and medical treatment decisions in real life?

C. Hernández Fernández, Madrid (ES)

Beliefs and evidence that drive decisions to start medical treatment in patients at risk of BPH progression

C.G. Roehrborn, Dallas (US)

S. Madersbacher, Vienna (AT)

Open debate on implications in daily practice when managing men with BPH at risk of progression Q&A session

Aims and objectives

The GSK sponsored satellite symposium "Impact of beliefs and evidence on initial BPH medical treatment decisions in the real-world" will cover in its first talk the importance of the existing gaps between evidence based guidelines and clinical practice in patients at risk of BPH progression and what are the learnings we should consider from available research. In the following session the latest clinical evidence in men with BPH symptoms at risk of progression will be dissected, thoroughly examining the reasons for the gap between the clinical data and guidelines, and the real world clinical management of BPH. The interactive session will finish with an open debate around BPH management daily practice implications followed by Q&A session.

Sponsored by GLAXOSMITHKLINE

Sponsored Session

18.00 - 19.30

Glycosaminoglycan-replenishment therapy: Rationale for use and current evidence

Room A11

Symposium

Chairs: M. Cervigni, Rome (IT)
P.E. Van Kerrebroeck, Maastricht (NL)

Introduction by the chairman

P.E. Van Kerrebroeck, Maastricht (NL)

The physiological function of the urothelium - more than a simple barrier

P. Dinis Oliveira, Porto (PT)

Economic burden of urothelium dysfunction: The case of uncomplicated urinary tract infections

R. Tarricone, Milan (IT)

Clinical utility of glycosaminoglycan-replenishment with IALURIL

S. Arlandis Guzman, Valencia (ES)

Final remarks

M. Cervigni, Rome (IT)

Discussion

Aims and objectives

A commonly held notion in the pathogenesis of different types of cystitis and other bladder disorders is that a defect in the glycosaminoglycan (GAG) layer, which coats the uroepithelium and provides the initial barrier for physiologic protection, may be the first step in the disease development. The positive outcomes obtained with a GAG replenishment therapy using a combination of high concentration hyaluronic acid and chondroitin sulphate suggest that such therapeutic approach could be beneficial. A faculty of experts will review the available clinical evidence and discuss the implication of this therapeutic option to evaluate its most efficacious application.

Sponsored by IBSA INSTITUT BIOCHIMIQUE SA

Sponsored Session

18.00 - 19.30 Innovative approaches in urological cancers

Room A2

Symposium

Chair: H. Van Poppel, Leuven (BE)

How to better identify non-muscle invasive bladder cancer?

J. Palou, Barcelona (ES)

Evolution of individualised medicine with GnRHa treatment in mCRPC: Concept of backbone therapy

P. Hammerer, Braunschweig (DE)

'Think out of the box'. Target tumour microenvironment to improve prostate cancer management

S.F. Shariat, Vienna (AT)

Aims and objectives

The past decade has seen promising advances in the identification and treatment of urological cancers and these will be discussed during the symposium. New imaging modalities such as blue light cystoscopy have revolutionised the identification and diagnosis of non-muscle invasive bladder cancer, and the EAU guidelines recommend blue light for patients suspected of harbouring a high-grade tumour. In advanced prostate cancer, LHRH agonists are a proven mainstay of treatment throughout all stages of disease. As new hormonal therapies and formulations are being explored it is essential to select patients to define individualised therapeutic strategies in order to optimise clinical outcomes. Finally, the role of the tumour microenvironment in cancer development will be discussed. Rather than isolated entities, we now know that tumours interact with the surrounding tumour microenvironment to facilitate tumour growth and metastasis, making this tissue compartment a compelling new target in patients with advanced prostate cancer.

Sponsored Session

18.00 - 19.30

Evolving controversies in the management of prostate disease - The role of tadalafil

Room K2

Symposium

Chair: F. Montorsi, Milan (IT)

Introduction

F. Montorsi, Milan (IT)

Guidelines meet reality - Evidence-based therapy of LUTS/BPH

F. Montorsi, Milan (IT)

Meet Mr Jones - Big prostate, big problems

G. Brock, London (CA)

Lies and truths - Sexual dysfunction post-prostatectomy

J.P. Mulhall, New York (US)

Meet Mr Smith - Preservation or rehabilitation?

F. Montorsi, Milan (IT)

Wrap-up

F. Montorsi, Milan (IT)

Aims and objectives

Recent progress has been made in the deeper understanding of the pathophysiology of male LUTS, in particular its strong link to erectile dysfunction and other co-morbidities. In parallel, a wealth of evidence has been published on innovative pharmacological approaches for male LUTS, offering a broader variety of individualized treatment-options.

Hence, the EAU symposium provided by Lilly provides state-of-the-art lectures on the current guideline and shed light on the spectrum of available medical treatment-options for LUTS/BPH with particular focus on sexual quality of life.

The second part of the symposium will have a closer look at erectile function after radical prostatectomy. Even though radical prostatectomy is the most widely performed surgery for patients with clinically localized prostate cancer we still lack an optimal strategy for postoperative EF recovery. Within the symposium the latest progress in this field will be provided and discussed. All respective topics will be discussed in clinical cases to enhance the relevance for daily practice.

Sponsored by LILLY

Sponsored Session

18.00 - 19.30 **Managing patients with NMIBC: How can we improve?**

Room A4

Symposium

Chair: P-U. Malmström, Uppsala (SE)

Welcome and introduction

P-U. Malmström, Uppsala (SE)

Defining the problem with NMIBC: Incidence not declining; high recurrence rate; cost; mortality

P-U. Malmström, Uppsala (SE)

Myths and mysteries surrounding Bacillus Calmette-Guérin therapy for bladder cancer

A. Kamat, Houston (US)

EAU Guidelines 2013 NMIBC: An update

M. Babjuk, Prague (CZ)

Defining clinical compliance in the management of NMIBC: Analysis of system errors in daily practice

F. Liedberg, Malmö (SE)

What has been the adherence to the EAU Guidelines in clinical routine up to now?

P. Gontero, Turin (IT)

Summary and discussion

P-U. Malmström, Uppsala (SE)

Aims and objectives

Managing patients with NMIBC: How can we improve?" is an opportunity sponsored by medac to meet an international panel of leading experts in urology. Here, practice-oriented issues of instillation therapies for treatment of non-muscle invasive bladder cancer will be presented and discussed. The specific talks will step-by-step outline the implementation of the EAU guidelines on NMIBC in daily practice and debate surrounding challenges. The interactive arrangement of this session will leave plenty of room and time for discussions and makes it possible for any participant to reflect and take up impulses for instant use.

Sponsored by MEDAC

Sponsored Session

18.00 - 19.30 **Premature ejaculation: A deep look into the impact and its treatment**

Room A10

Symposium

Chair: I. Eardley, Leeds (GB)

Life with PE: Men, women and couple sexual satisfaction

I. Eardley, Leeds (GB)

Treating PE: Is it only a matter of time?

G. Lee, Petaling Jaya (MY)

PE treatment in daily clinical practice: Evidence from a large observational post-marketing study

P. Verze, Naples (IT)

Aims and objectives

Premature ejaculation (PE) is a common male sexual dysfunction, affecting approximately 20% of the male population at any one time. Men with PE have reported low sexual self-confidence, decreased sexual satisfaction, avoidance of relationships, embarrassment, distress at not being able to satisfy their female partner, low self-esteem, anxiety, and low overall quality of life.

Dapoxetine is the only oral drug specifically developed for PE in adult males. Its unique pharmacology of allows it to be used in an on-demand regimen, allowing great convenience and flexibility for the patient. The clinical evidence published to date report that dapoxetine 30 mg or 60 mg is an effective and well tolerated treatment for lifelong and acquired PE, leading to significant improvement not only on IELT (intravaginal ejaculatory latency time), but also in all patient-reported outcomes. The results of a 1 year post-marketing observational study (PAUSE), suggest that treatment with dapoxetine is effective and well tolerated, especially when properly managed in terms of counseling to patients and education about the proper use of the drug, that are critical factors at the basis of therapy adherence in long-term treatment period.

Sponsored Session

10.00 - 17.00 **da Vinci Live 3D HD Robotic Surgery**

Room A6



10.00 - 12.00 **Live surgery: da Vinci prostatectomy - Posterior transabdominal approach**

Operator: P. Wiklund, Stockholm (SE)

Moderators: P. Dasgupta London (GB)
 A. Haese, Hamburg (DE)

15.00 - 17.00 **3D video and live narration - da Vinci extraperitoneal prostatectomy**

Operator: J-U. Stolzenburg, Leipzig (DE)

Moderators: A. De La Taille, Creteil (FR)
 N. Soomro, Newcastle upon Tyne (GB)

Sponsored by INTUITIVE SURGICAL

Sponsored Session

17.45 - 19.15

The genesis of urgency: Unravelling the symptom complex of overactive bladder (OAB)

Room A2

Symposium

Chair: C.R. Chapple, Sheffield (GB)

The big bang: The advent of BOTOX® (botulinum toxin type A)

C.R. Chapple, Sheffield (GB)

The origins of urgency: Targets for effective treatment

K-E. Andersson, Århus (DK)

The creation of confidence: From clinical data to meaningful outcomes

J.P.F.A. Heesakkers, Nijmegen (NL)

E. Rovner, Charleston (US)

The emergence of choice: New paths in the treatment of OAB

D.J.M.K. De Ridder, Leuven (BE)

Q & A

Aims and objectives

- Explore the pathophysiological basis for OAB and the mechanism of action of BOTOX®
- Discuss real-life case studies and when to use BOTOX® within the treatment paradigm

Sponsored by ALLERGAN

Sponsored Session

17.45 - 19.15 **The assembly instructions: User guide on male LUTS**

eURO Auditorium

Symposium

Chair: M.J. Drake, Bristol (GB)

Introduction

M.J. Drake, Bristol (GB)

PROs: The key to complete assessment

K. Coyne, Bethesda (US)

Matching treatment to patient needs: putting the pieces together

M.J. Drake, Bristol (GB)

Do-it-yourself step-by-step

C.J. Gratzke, Munich (DE)

M. Kirby, Baldock (GB)

Closing remarks

M.J. Drake, Bristol (GB)

Aims and objectives

During the symposium, guidance on best practice for diagnosing and treating men with lower urinary tract symptoms (LUTS) will be given, with emphasis on the importance of patient-reported outcomes (PRO). Among all the tools and treatments available in clinical practice, physicians need to select the right ones and use them adequately to optimally manage their patients. The audience will be challenged by means of clinical case discussions.

Sponsored by ASTELLAS

Sponsored Session

17.45 - 19.15 **Prostate cancer: A state of the heart**

Room A4

Symposium

Chair: L. Klotz, Toronto (CA)

Introduction: Current challenges with ADT for prostate cancer

L. Klotz, Toronto (CA)

A patient-centred approach to making treatment decisions

A. Briganti, Milan (IT)

Hormonal therapy: Selecting the optimal agent

L. Klotz, Toronto (CA)

Getting to the heart of the matter: Cardiovascular risk and ADT

A. De La Taille, Creteil (FR)

J. Nilsson, Malmö (SE)

Q & A. Core considerations for clinical practice

L. Klotz, Toronto (CA)

Aims and objectives

- To review ADT in prostate cancer, focusing on how best to ensure that all patients are treated optimally
- To discuss recent data regarding long-term therapy and disease-related outcomes, particularly from pooled analyses of phase III/IIIb trials, highlighting implications for clinical practice
- To understand the risk of cardiovascular events with available ADTs, examine mechanisms potentially explaining why the risk differs with different approaches, and provide recommendations for patient management.

Presentations will be case based and will promote interaction among the faculty to ensure that the challenges and issues are fully explored and that different viewpoints are given.

Sponsored by FERRING PHARMACEUTICALS

Sponsored Session

17.45 - 19.15 **Using novel therapies in the real world management of patients with mCRPC**

Room A6

Symposium

Chair: N.W. Clarke, Manchester (GB)

Welcome and introduction

N.W. Clarke, Manchester (GB)

Interpreting clinical trial data for daily clinical practice

A. Alcaraz, Barcelona (ES)

Confessions in case management: Patients ineligible for clinical trials and/or with co-morbidities

G. Attard, Sutton, Surrey (GB)

N.W. Clarke, Manchester (GB)

N. Mottet, Saint Etienne (FR)

Treatment selection in a new era of mCRPC care

S. Gillessen, St. Gallen (CH)

Confessions in case management: Sequencing considerations

N.W. Clarke, Manchester (GB)

G. Attard, Sutton, Surrey (GB)

N. Mottet, Saint Etienne (FR)

Panel discussion

Summary and close

N.W. Clarke, Manchester (GB)

Aims and objectives

The satellite symposium sponsored by Janssen Pharmaceutical Companies of Johnson & Johnson entitled 'Using novel therapies in the real world management of patients with mCRPC' will address the management of patients with metastatic castration-resistant prostate cancer (CRPC) in daily clinical practice. Presentations and interactive case study sessions will cover how data from clinical trials can be applied in daily clinical practice, the management of patients not typically eligible for clinical trials and those with co-morbidities and what drives treatment selection in daily clinical practice in the absence of robust clinical trial data. Throughout the symposium you will be invited to participate through interactive key pads to provide your views on these key topics in the management of patients with metastatic CRPC.

Sponsored Session

17.45 - 19.15 **Reintroducing pivmecillinam - a useful weapon to fight resistance in UTI**

Room A10

Symposium

Chair: K.G. Naber, Straubing (DE)

Short introduction

K.G. Naber, Straubing (DE)

Global microbial resistance

G. Kahlmeter, Växjö (SE)

UTI guidelines today

B. Wullt, Lund (SE)

Why Pivmecillinam do not drive resistance

M. Bassetti, Udine (IT)

Pivmecillinam, RCTs

F.M.E. Wagenlehner, Gießen (DE)

Short conclusion

K.G. Naber, Straubing (DE)

Aims and objectives

Acute uncomplicated cystitis has a high prevalence, and as such a high impact on quality of life and health economics. Effective treatment is called for. Because of abundant use of antibiotics for this common affliction, it is now imperative to consider carefully the prescription options in order not to worsen the alarming antibiotic resistance problems that the world is facing today.

Because of a worldwide increase in resistance of uropathogens to former first line antibiotics, such as trimethoprim, cotrimoxazole, and because of possible collateral damage caused by routine use of broad spectrum antibiotics, such as fluoroquinolones, more selective antibiotic prescription habits are mandatory. According to the European guidelines fosfomycin trometamol, nitrofurantoin and pivmecillinam are recognized as good first line alternatives for the treatment of acute uncomplicated cystitis.

This symposium will deal specifically with the role of pivmecillinam, a unique antibiotic indicated specifically for the treatment of urinary tract infections, and its possible contribution for containing further increase of resistance. Pivmecillinam was first described by LEO Pharma in 1972 and has been in clinical use since 1977 as Selexid® especially in the Nordic countries as a first line option for the treatment of acute uncomplicated cystitis with remarkably low resistance. LEO Pharma has recently obtained market authorizations in many European countries, where it is about to become available for clinical use.

Sponsored by LEO PHARMA A/S

Sponsored Session

17.45 - 19.15

HoLEP and beyond: An instructional workshop

Room K11

Workshop

Moderator: R.M. Kuntz, Berlin (DE)

Mastering the HoLEP technique

K. Lehrich, Berlin (DE)

Holmium versatility - Results from human study

M.R. Desai, Naidad (IN)

HoLEP experience in the UK: Adoption to gold standard technique

T. Aho, Cambridge (GB)

HoLEP: Overcoming the learning curve

G.Y. Robert, Bordeaux (FR)

HoLEP as a day case technique and the benefits for your patients and hospital

M. Cynk, Tunbridge Wells (GB)

Aims and objectives

During this workshop a panel of internationally recognized urology experts will present and discuss the latest developments for HOLEP, the most advanced surgical technique available for the treatment of BPH.

Learning Objectives:

- Learn best practices for the HOLEP technique and how to master the procedure
- Learn about the latest high power holmium lasers increased versatility and an early experience in a human study
- Learn about the UK's road to HOLEP adoption as the gold standard BPH treatment
- Learn from experts on how to overcome the HOLEP learning curve
- Learn about HOLEP in an ambulatory setting and the benefit for your patients

Sponsored by LUMENIS

Sponsored Session

17.45 - 19.15 **Avanafil: A new step towards sexual satisfaction**

Room K1

Symposium

Chair: V.G. Mirone, Naples (IT)

Opening and introduction: ED treatment and restoring a satisfactory sexual experience: Mind the gap
V.G. Mirone, Naples (IT)

An investigation on ED patients' insights
A. Burri, London (GB)

Avanafil: Pharmacological properties and clinical evidences
J.P. Mulhall, New York (US)

Avanafil: Differences that matter
A. Salonia, Milan (IT)

Q&A and closing remarks
V.G. Mirone, Naples (IT)

Aims and objectives

Despite the high level of efficacy of PDE5-Is in the treatment of ED has been widely demonstrated, some patients fail to respond and also there is still an unmet need in terms of improving patients' experience with PDE5-Is use. Some of them report that the need to plan sexual intercourse could be detrimental, especially when the perception of being out of the freedom to perform without planning is predominant, with the final consequence of leading up patients to report even an overall dissatisfaction with ED therapy. Most PDE5-Is are recommended to be taken on demand, with a varying time range of dosing before anticipated sexual intercourse that is based on their PK profiles. Avanafil is a PDE5-I that is rapidly absorbed following oral administration and achieves maximum blood levels in approximately 30 to 45 min. Results from clinical trials showed that actual timing of dose administration to sexual attempt varied from less than 15 min to greater than 6 h. Based on clinical evidences, Avanafil may be a preferable medication for those ED sufferers and couples looking, among others, for a certain degree of spontaneity in their sexual experience.

Sponsored by MENARINI

Sponsored Session

17.45 - 19.15 **Prognostic signatures in prostate cancer**

Room K2

Symposium

Chairs: R. Kirby, London (GB)
G. Viale, Milan (IT)

The prognostic utility of the Cell Cycle Progression Score

J. Cuzick, London (GB)

The EMPATHY-P trial: Preliminary results

M. Kwiatkowski, Aarau (CH)

Case studies from the EMPATHY-P trial

F. Porpiglia, Turin (IT)

Cell cycle progression (CCP) score significantly modifies treatment decisions in prostate cancer: Results of an ongoing registry trial

A. Kar, Orange (US)

Aims and objectives

At the end of the symposium, participants will be able to understand:

1. The validation studies of cell cycle progression gene expression tests in prostate cancer.
2. The role of prognostic gene expression tests in risk stratification of prostate cancer patients.
3. The role of prognostic gene expression test in modifying physicians management decisions.

Sponsored by MYRIAD GENETICS

Sponsored Session

17.45 - 19.15

LUTS/BPH: How can we improve the relevance of clinical studies to real life?

Room A8

Symposium

Chair: M. Marberger, Vienna (AT)

Opening remarks

M. Marberger, Vienna (AT)

Evaluating symptom relief in LUTS/BPH: What is most useful?

M. Emberton, London (GB)

Silodosin evaluation: The standard approach

H. Lepor, New York (US)

Silodosin evaluation: Real life use and patient profiling

F.R. Cruz, Porto (PT)

How can an innovative approach improve our management of the real life patient? A question and answer session with the panel

Concluding remarks

M. Marberger, Vienna (AT)

Aims and objectives

This symposium will discuss the results and value of clinical studies, such as the “Silodosin in Real-life Evaluation (SiRE)” study, aimed at confirming positive risk-benefit ratio in a large ‘real-life’ population.

The innovative approach, in this evaluation, aims to improve the relevance of the data collected to everyday clinical practice. Presentations will include analysis of how such data can help clinicians to profile and manage patients for the maximal symptom relief in ‘real life’, from pharmacological intervention for LUTS/BPH.

Speakers’ presentations will compare the standard approach in evaluation of silodosin, a highly selective alpha 1a-antagonist, with this innovative approach and discuss the relevance to clinical practice.

The audience will be encouraged, through a Q&A session with the gathered experts, to assess how they might re-evaluate their approach to the management of LUTS/BPH.

Sponsored by RECORDATI

Sponsored Session

17.45 - 19.15 **Towards a new prostate management**

Room A11

Symposium

Chair: C. Stief, Munich (DE)

Welcome and opening remarks

C. Stief, Munich (DE)

The European Phase III study

H.G. Van Der Poel, Amsterdam (NL)

The Latin American Phase III study

J.A. Rodriguez Rivera, Zapopan, Jal. (MX)

TOOKAD® Soluble: Safety and quality of life profile

F. Gómez Veiga, Salamanca (ES)

TOOKAD® Soluble: Overview of 5 years follow-up safety and efficacy data

A.R. Azzouzi, Angers (FR)

It is time for a new prostate management

C. Stief, Munich (DE)

Questions and answers and panel discussion

Aims and objectives

TOOKAD® Soluble is an innovative, first in class, focal treatment for localized prostate cancer that enables ablation of the prostatic tumor tissue, through the occlusion of the entire tumor vasculature, in a few minutes of treatment. More than 430 patients have already been treated within an extensive international development program.

The aim of this symposium is to allow participants to have a good understanding of the safety of TOOKAD® Soluble as well as its ability to avoid radical treatment and to offer patients a good quality of life. Knowing that in case of positive biopsy after the focal treatment, there is no loss of chance and the patients does not rush to a radical treatment because of a significant decrease of the cancer burden.

Sponsored by STEBA BIOTECH

Sponsored Session

10.00 - 16.00 da Vinci Live Robotic Surgery

Room A6



10.00 - 12.00 Live surgery: da Vinci prostatectomy

Operator: D. Cahill, London (GB)

Moderators: J. Adshead, Stevenage (GB)
D. Pushkar, Moscow (RU)

14.00 - 16.00 Live surgery: da Vinci partial nephrectomy with Firefly™ fluorescence imaging

Operator: A. Motttrie, Aalst (BE)

Moderators: K. Bensalah, Rennes (FR)
S. Siemer, Homburg (DE)

Sponsored Session

17.45 - 19.15

OAB: Scientific theories becoming clinical practice: Past, present and future

eURO Auditorium

Symposium

Chair: F. Haab, Paris (FR)

Chairman's introduction

F. Haab, Paris (FR)

OAB: Basic science

K-D. Sievert, Tübingen (DE)

Changes in medical and surgical practice over the years

A.T. Tubaro, Rome (IT)

Clinical cases

M. Fall, Gothenburg (SE)

A. Monga, Southampton (GB)

Closing remarks

F. Haab, Paris (FR)

Aims and objectives

The aim of this symposium is to review how selected developments in the science of OAB has adapted treatment strategies for patients with OAB. In addition to the symposium providing the latest in cutting edge science looking to the future, it will also provide practice advice on the managing the different types of patients seen in the clinic.

Sponsored by ASTELLAS

Sponsored Session

17.45 - 19.15 **New considerations in the treatment and prophylaxis of UTI**

Room K11

Workshop

Chairs: F.M.E. Wagenlehner, Gießen (DE)
B. Wullt, Lund (SE)

Current trends in resistance of urinary tract infections

F.M.E. Wagenlehner, Gießen (DE)

The host reactions are the key to understand UTI

B. Wullt, Lund (SE)

Is antimicrobial therapy the only answer for the treatment and prophylaxis of UTI?

K.G. Naber, Straubing (DE)

Discussion

Aims and objectives

This workshop should lead to a discussion about the new experimental and clinical data regarding 'host-pathogen' interaction. This data could provide a new perspective on new therapeutic approaches especially in the light of dramatically growing antimicrobial resistances.

What are benefits of being a member of the European Association of Urology?

EAU Members benefit from many advantages:

Publications

- European Urology, the official scientific EAU journal (full access to journal website and all supplements).
- European Urology Today, the official EAU newsletter (6 issues each year). This publication aims at distributing information about the Association and about European urology in the broadest sense.
- Online access to the European Urology Video Journal, which aims to distribute the best information on urological diseases and techniques.
- The EAU Urology Updates, an online educational publication, a supplement of the European Urology journal.
- EAU Guidelines, a extensive series of guidelines on many urological diseases produced by the EAU Health Care Office.
- Historia Urologiae Europaeae (one volume each year on European historical subjects).
- Uroweb, the official EAU website, on which members have access to all different activities and programmes, such as slide library, European Urology on-line, webcasts of the congresses, on-line ESU courses etc.

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EAU Members will receive regular information on the Annual EAU Congress, as well as the meetings organised by the different EAU Sections, the EAU Education Office and the EAU Regional Office.

Moreover, members will be able to receive a considerable discount on the registration fees of all EAU related meetings and events.

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EU★ACME

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1974	12-14 September	Padua, Italy
1976	24-26 September	Prague, Czech Republic
1978	14-16 June	Monte Carlo, Monaco
1980	28-31 May	Athens, Greece
1982	12-15 May	Vienna, Austria
1984	23-26 May	Copenhagen, Denmark
1986	26-28 June	Budapest, Hungary
1988	18-21 May	London, United Kingdom
1990	13-16 June	Amsterdam, The Netherlands
1992	21-25 July	Genoa, Italy
1994	13-16 July	Berlin, Germany
1996	1-4 September	Paris, France
1998	21-25 March	Barcelona, Spain
1999	7-11 April	Stockholm, Sweden
2000	12-15 April	Brussels, Belgium
2001	7-10 April	Geneva, Switzerland
2002	23-26 February	Birmingham, United Kingdom
2003	12-15 March	Madrid, Spain
2004	24-27 March	Vienna, Austria
2005	16-19 March	Istanbul, Turkey
2006	5-8 April	Paris, France
2007	21-24 March	Berlin, Germany
2008	26-29 March	Milan, Italy
2009	17-21 March	Stockholm, Sweden
2010	16-20 April	Barcelona, Spain
2011	18-22 March	Vienna, Austria
2012	24-28 February	Paris, France
2013	15-19 March	Milan, Italy
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A

- Aaltomaa S.** 1107
Abaza R. 429, 1019, 1020, V46
Abbas M. 199
Abbou C. 599
Abd El Fattah V. 545
Abd Hamid M. 1135
Abd Rassoul M. 1135
Abdalla H.I. 159, 160
Abdalla M. 820
Abdel-Aal A.M. 86
Abdelhalim A. 554
Abdel-Kadder O. 233
Abdel-Karim A. V54
Abdel-Rahman H.M. 500
Abdelwahab K.M. 500
Abdi H. 220, 959
Abdollah F. 169, 170, 263, 266, 271, 421, 422, 529, 635, 637, 718, 723, 724, 967, 970, 1068
Abdul Muhsin H. 172, 532, 644, 962, 964, 971
Abdullajonov M.M. 1125
Abdulmajed M. 816
Abe H. 209
Abend M. 1112
Aboulela W. 556
Aboumarzouk O.M. 623, 629, 632, 670, 680
Abrahamsson P-A. 859
Abrams P. 574
Abrate A. 98, 266, 341, 352
Acar C. 528
Acikalin Avcı A. 447
Acosta M.A. V44
Adam M. 103, 416, 733
Adams G.W. 980
Adolfsson J. 860
Adou L. 227, 231
Aftab M. 105
Aga P. V75
Agarwal A. 594
Agarwal S. 548
Aghayan H. 481
Agudelo J.A. V42
Aguiar T. V63
Aguiari G. 296
Aguilera A. 643
Aguiló F. 417
Ahalal Y. 1132
Ahamad B. 847
Ahearne S. 8
Aherne P.A. 834
Ahlawat R. 429, 1019, 1020, V46
Ahlering T. 531
Ahlström H. 982
Ahmad S. 623, 629
Ahmed H. 353, 354, 360, 361, 738, 951
Ahmed K. 751, 874, 877
Ahmed S. 619
Ahmedov R. 1125
Ahn H. 392, 789, 935, 944, 1037, 1045
Ahn J.B. 5
Ahn S.H. 242, 570, 800
Ahn T.Y. 944
Ahyai S.A. 80, 133, 226, 323, 426, 723
Aicher W. 475
Aikawa K. 586
Aine M. 40
Aitchison M. 197
Aizawa M. 20
Aizawa N. 364, 371, 682, 684
Akaihashi H. 586
Akakura K. 806
Akbal C. 148
Akbay E. 452
Akbulut Z. 965
Akgul H.M. 148
Akihama S. V77
Akin O. 934
Akin Y. 801
Akinsal E.C. 552
Akkers C. 60
Akkoyun M. 945
Akkus E. 709
Akre O. 974
Aksenov A.V. 269
Aktaş B.K. 777, 994
Al Hussein Al Awamlh B. 21, 124, 998
Al Jaafari F. 338
Al Salhi Y. 713, V7, V15, V43
Alami M. V8
Alaminos M. 1080
Alansari A. 505
Alayman A. 500
Al-Ba'adani T.H.M. 619
Albadaai G. 1009
Al-Badway K. 619
Albers P. 729, 948, 1057, 1118, 1120
Albersen M. 482, 487, 488, 495, 498
Albiges L. 981
Albrecht W. 546
Al-Bulushi Y. 765
Alcaraz A. 149, 260, 350, 708, 795, 799, 983, 1017, V23, V27, V52, V53, V56
Alcoba M.P. V47
Aldahshoury M. 558
Aldaoud N. 890
Aldaquadossi H. 798
Al-Edwan G.M.A. 827
Alekseev B. 728
Alessandria E. 931
Alessimi A. 1009
Algaba F. 408, 996, 1099
Algarra R. 66, 721
Ali A. 1062
Ali A.R. 820
Ali H. 811
Aliabad A.H. 1005
Alici B. 709
Ali-El-Dein B. 223
Al-Itejawi H.H.M. 734
Alkan E. 968
Alkhafaji H. 505
Allaf M.E. 428
Allard J. 497
Allasia M. 47
Alleemudder A. 329
Allegro R. 774
Allen C. 361
Allory Y. 163
Alloussi S. 765
Alloussi S.H. 765
Almeida M. 915
Almeida M. 470
Alnaimi A. 505
Alnajjar H. 50
Alobaidy A.D. 505
Alonge V. 409
Alonso-Dorrego J.M. 643
Alonso-Isa M. 678
Alric S. 1014

Numbers refer to abstract numbers

- Alsadiq K.** 505
Alshalalfa M. 898
Al-Shukri S. 544
Altamirano-Dimas M. 39
Altieri V. 431
Altinkilic B. 155
Altinova S. 965
Altobelli E. 232
Altuna S. 384
Álvarez Rodríguez S. 292, 298, 393, 1084
Alvarez-Maestro M. 402
Alvarez-Ossorio Fernandez J.L. V49
Alvarez-Vijande R. 260, 1017
Alves E.F. 892
Alves M.A.D. 73
Al-Wishali A. 619
Aly A.H. 814
Aly M. 860
Alyaeu Y. 542, 571
Amado F. 518
Amantini C. 695
Amar J. 398, 399
Amarencio G. 694
Amaro T. 518
Ambrogi V. 65
Amery S. 1000
Amey F. 128, 170
Amiel G. 902
Amin M. 996
Amir H. 733
Ammendola C. 1027, V74
Ammi M. 1024
Ammirati E. 868
Amores Bermudez J. V49
Amoros A. V59
Amparore D. 92, 94, 397, 430, V40
Amzadeh A. 897
An J. 485, 886
Anai S. 1046
Anak O. 1139
Anan G. 1032
Anantharaman V. 672
Anderson P. 588, 591, 595, 776
Anderson P.D. 626
Andersson F. 588, 595
Andersson K.E. 885
Andersson M. 443
Ando F. 587
Ando R. 803, 804, 805
Andonian S. 504
Andrade J.L.A. 665
Andre M. 720
Andreev G. 101
Andrés G. 526, 1130
Andrés-Belmonte A. 1012
Andretta E. 692
Andrich D.E. 63, 68, 82
Angelis A. 707
Angulo J.C. 526, 849, 1130, V76
Angusti T. 92
Aning J.J. 30, 959
Anjum F. 1028
Annala M.J. 299
Ansari M. 548
Antoch G. 948, 1057
Antonarakis E.S. 980
Antonelli A. 427, 432, 524, 536, 538, 539, 646, 648, 651
Antonelli A. 735
Antonietti P. 514
Antonini G. 237
Antoniou N. 972
Antunes-Lopes T. 388
Anyamene N. 958
Aoki H. 977
Aoki Y. 594
Apolikhin O.I. 348, 438, 611
Apostolidis A. 688, 881
Appel B. 603, 604
Appleman L.J. 870
Appu S. 652
Aquino Fournier C. 478, 685
Arabgari V. 251
Arai K. 209
Arai T. 212
Arai Y. 18, 20, 173, 732, 749, 977, 1063
Arakawa S. 457
Araki A. 437
Aramini A. 374
Arance I. 1130
Aranda Lozano J. 752, V65
Arango O. 356, 359, 739
Aras O. 934
Arcaniolo D. 275, 710
Ardelt P. 1001
Arends T.J.H. 511
Argirovic A.A. 1090
Argirovic D. 1090
Arias E. V42
Arias Fúnez F. 393, 911, 1008, 1084
Aridogan I.A. 447
Arjmand B. 481
Arlandis S. 987, 1087
Armagan A. V31
Armitage J. 503
Armor T. 728
Armstrong N. 129
Arnaud M. 38
Arnone S. 774
Aroasio E. 94
Aron M. 828, 831, 950
Aronowitz E. 1062
Arora S. 878
Arrabal-Polo M.A. 1080
Arrébola-Pajares A. 678
Arribas A.B. V47
Arrighi N. 432, 538
Arslan B. 382, 606
Arsov C. 948, 1057
Artibani W. 224
Artuso G. 692
Arumi D. 585
Arver S. 255
Ashfaq R. 412
Ashikari D. 2
Asiaín I. 708, V53
Aspegren J. 862
Asplund A. 44
Asseban M. V8
Atac F.A. 557
Atala A. 484
Ataus S. 753
Athanasopoulos P. 793
Atmaca A.F. 965
Audenet F. 743
Audureau E. 599
Aufderklamm S. 59, 114, 433, 1117
Augustin D. 599
Aus G. 848
Auskalnis S. 736
Ausmees K. 250
Autenrieth M. 750
Autieri D. 713, V15, V43
Autorino R. 88, 214, 225, 226, 431, 773, 1088, V9

Numbers refer to abstract numbers

Auvinen A. 594, 856
 Avelino A. 696
 Awrey S. 39, 403, 516, 522
 Axcrona K. 740
 Axcrona U. 740
 Axén N. 982
 Aydin A. 874
 Aykan S. 801, 1077
 Ayres B.E. 50, 56, 1105, 1109
 Azal Jr W. V63
 Azevedo N. 857
 Azhar R. V12, V32
 Aziz A. 16, 126, 317
 Azizi M. 218, 421, 637, 967
 Azli M. 1022
 Azuma T. 190
 Azzouzi A-R. 1024

B

Babaian K.N. 1042
 Babich J.W. 728
 Babjuk M. 786, 872, 998, 1001
 Bach T. 67
 Bachaud J.M. 472
 Bachmann A. 6, 17, 21, 128, 129, 166, 226, 456, 521, 679, 723, 897, 998
 Baco E. 165, 357, 831, 1061
 Badani K. 97
 Badawi J.K. 330
 Badawy H. 1135
 Badawy M. 913
 Bader P. 264
 Badet L. 1014, V26
 Bae K.H. 590
 Bae W.J. 93
 Bahn D. 38
 Bai C.S. 547
 Bailey M. 1105, 1109
 Bains L.J. 953
 Balbay M.D. 965, 968
 Baldissera Aradas J.V. V13
 Baldwin G. 914
 Balks T. 1111
 Ball M.W. 428
 Ball R. 903
 Ballarini S. 569
 Balleasca J.L. 260
 Ballon D. 1062

Baltogiannis D. 161, 252
 Baltzer P. 391, 621
 Banaszekiewicz M. 995
 Banerjee S. 903
 Banga N. 1010
 Bangma C.H. 27, 354, 851, 957
 Baniel J. 126, 1001
 Bansema W. 844
 Bañuelos B. 643
 Banwell J. 816
 Bapat B. 206, 412, 625
 Baracat F. 453, 454
 Baracat J. 73
 Barbanti G. 657
 Barber N. 128, 129, 312
 Barbos A. 363
 Barentsz J. 947, 957
 Baretton G.B. 785
 Barillaro F. 108, V11
 Barret E. 354, 743
 Barrett D. 951
 Barros-Rodríguez J.M. V29
 Barrou B. 1014
 Barry Delongchamps N. 955, 1058, 1059
 Barsi T. 731
 Bartel P. 769
 Bartkowiak D. 423
 Bartoletti R. 459, 561, 1001
 Bartsch G. 411, 513, 514
 Barwari K. 97
 Bary P. 560
 Basic-Kes V. 978
 Bassas A. 661
 Bassi P.F. 224
 Bastian P. 634, 638, 639
 Bastide C. 720
 Basto M. 652
 Bastos C. 918
 Bastuji-Garin S. 163
 Batbold D. 489
 Baten E. 284
 Batista-Miranda J.E. 661
 Battaglia A. 47
 Bauchet A-L. 410
 Bauer R.M. 71, V64
 Baumeister P. 763
 Baumert H. 545, 981
 Baumstark D. 309

Baydilli N. 552
 Baygani S. 778
 Baykam M.M. 994
 Baykan O. 148
 Bazargani S.T. 481
 Bazine K. V8
 Beard R. 33
 Beardo P. 1007
 Beatrice J. 855
 Beatty J.D. 338
 Beauval J.B. 398, 399, 472, 641, 756, 946
 Beck S. 512
 Becker A. 80, 133, 317, 426, 637, 723, 967
 Becker F. 286, 647
 Becker U. 53
 Bedgedjian I. 1114
 Bedouch A. V8
 Beduk Y. 972
 Beekharri R. 844
 Beer A.J. 726
 Beerlage H.P. 1054
 Beffy J-L. 694
 Begg H. 703
 Behnes C-L. 286
 Behrens D. 521
 Beier J. V60
 Beiko D. 504
 Bekarma H.J. 703
 Belge G. 1111
 Belgrano E. 224
 Belka C. 419
 Bellec L. 436, 946
 Bellina M.B. 961
 Bellmunt J. 861, 899, 1004, 1101
 Belmar S. 191
 Belousova E. 1139
 Ben Ali M. 928
 Ben Rais N. 928
 Benabdellah F. 1022
 Benayoune P. 436
 Benecchi L. 735
 Benedetto G. 1027, V74
 Benenjam J. 128
 Benetti A. 201
 Benigni F. 374, 487, 488, 498, 893
 Benítez-Salas R. 678
 Benito P. V61

Numbers refer to abstract numbers

- Benjamin S. V79
 Bennet A. 398, 399
 Benrabah R. 929, 1022
 Bensalah K. 17, 138, 545, 907
 Berardinelli F. 536, 773, 1088
 Berdan M.G. 745
 Berenguer A. 849
 Berg K.D. 345
 Berg R.E. 165, 357, 1061
 Berge V. 165, 357, 1061
 Bergelt C. 426
 Berger I. 115, 1144
 Bergman A.M. 58, 787
 Bergmann M. 155, 259
 Bergström-Lind S. 44
 Berini A. 456
 Berkowitz N. 1139
 Berman D.M. 847
 Bernard R. 743
 Bernardo C. 518
 Berney D. 197
 Bernhard J.-C. 545
 Bernikov A. 746
 Bernstein M. 719, 934, 1072
 Berquet G. 138
 Berry P. 844
 Bertelsen H. 731
 Berthold K.L. V66
 Bertini R. 35, 646, 651, 686, 936, 942, 1043, 1068
 Bertolo R. 92, 94, 397, 432, 538, 540, V3, V40
 Bertram T. 178
 Bertz S. 248, 785, 900
 Bessede T.B. 1014
 Betsunoh H. 209
 Bettiga A. 488
 Beuvon F. 955
 Bevan W. 387
 Beveridge S. 1048
 Bex A. 197, 221, 787, 1044, 1137
 Beyer B. 420, 527, 1049, 1053, 1064, V37
 Beysens M. 76
 Bhandari M. 429, 1019, 1020, V46
 Bhargava S. 85
 Bhat A.L. 658
 Bhat M. 658
 Bhatt J.R. 311, 319
 Bhayani S. 427, 428, 540
 Bhindi B. 625, 827, 852
 Bianchi G. 432, 538
 Bianchi M. 169, 263, 266, 271, 422, 529, 635, 718, 724, 970, 1068
 Bianchini G. 374
 Biasoni D. 57, 120, 791, 1116, 1119, 1123
 Bicer M. 465
 Bieber C. 1066
 Bielsa O. 739
 Bigot P. 289, 1024
 Bijnsdorp I.V. 349
 Bilhim T. 229
 Bill Axelson A. 29, 823
 Billault C. 1014
 Billia M. 187, 1133
 Billiet I. 170
 Binbay M. V31
 Bindi B. 793
 Bing L. 240
 Bing M. 588
 Bing M.T. 126
 Bini V. 341, 383
 Birbe R. 205
 Birder L.-A. 579
 Birkhaeuser F.D. 277
 Birnböck D. 760, 763
 Bisconti A. 931
 Bishoff J.T. 344
 Bissler J.J. 1139
 Bissoli J. 486
 Bitker M.-O. 65
 Bivalacqua T.J. 126, 178, 487, 488, 495
 Biyani C. 875
 Bjartell A. 725, 859
 Bjerklund Johansen T. 449
 Bjørge T. 107
 Björn N. 207
 Björndahl L. 157, 255
 Bjurlin M.A. V30
 Black P.C. 30, 39, 220, 311, 321, 403, 516, 522, 898, 959
 Blacker A.J. 276
 Blaha I.B. 368
 Blaheta R. 404, 513, 514
 Blanchard F. 287
 Blanchard P. 981
 Blanchet P. 981
 Blanco Chamorro C. 752, V65
 Blank C. 1137
 Blauwet M.B. 573
 Blefari F. 774
 Bleser T. 765
 Bleuzen A. 127
 Bliwise D.L. 591
 Blondin D. 948, 1057
 Bluemke K. 294
 Blum H. 152
 Bocciardi A.M. V38
 Bochner B. 178
 Bode J. V70
 Bodin T. 127
 Boeri L. 158, 253, 498, 714
 Boerman O.C. 192, 389
 Boess F. 601
 Böhm K. 420, 527, 1053, 1049, V37
 Bokhorst L.P. 27, 851
 Bolenz C. 17
 Bollito E. 314, 340, 825, 952
 Bolton D. 28, 652, 717, 914, 966
 Bolwien C. 809
 Bomanji J. 62
 Bonet X. 417
 Bonetto Gambrosier M. 858, 991
 Bong Gi O. 1092
 Boni A. 108, V11
 Bonillo M.A. 987
 Bonkat G. 6, 456, 679
 Bono P. 862
 Bonon A. 296
 Boorjian S.A. 126, 897
 Boormans J. 900
 Bora S.A. 159, 160
 Borghesi M. 89, 167, 268, 656, 727
 Borgna V. 191
 Borkowska E.M. 995
 Borofsky M.S. V30
 Borque A. 343
 Borque Fernando Á. 752
 Borre M.B. 219, 976
 Bos D.L. 389
 Bosch J.L.H.R. 439, 572
 Bosio A. 931
 Bosnyak Z. 975
 Bossi A. 981
 Bostanci Y.B. 557

Numbers refer to abstract numbers

- Boström P. 1, 412, 793, 1107
 Bott S. 1048
 Böttge J. 59, 433, 1117
 Bottke D. 423
 Botto H. 164, 826, 904
 Bouaziz M. 472
 Boudjella M.A. 1022
 Boulière F. 138
 Boumelit S. 1022
 Boutin J.M. 1014
 Bouyé S. 1011
 Bove A.M. 232
 Bove P. 524
 Boylan C. 954
 Bozkurt I.H. 382, 606
 Bozkurt O. 142
 Bozlu M. 452
 Bozzini G. 137, 327, 1122
 Bozzini G. 14, 19
 Bozzola C. 314
 Brady A.B. 834
 Braeckman J. 170
 Braga I. 783
 Braissant O. 456, 679
 Brakemeier S. 1139
 Branchereau J. 1014
 Brandeberg Y. 860
 Brandolini L. 374
 Brandt M.J. 1052
 Brandt U. 846
 Brasseti A. 238
 Brasso K. 345
 Bratt O. 29
 Bratti E. 1027
 Braun A. 869
 Brausi M. 633, 717, 997
 Brawer M.K. 344
 Breau R. 311
 Breda A. 754, 1016, 1018, 1100,
 V18, V19
 Breen K.J. 273
 Breitling C. 23
 Brenner W. 198, 321, 647
 Brichart N. 1014
 Bridge J. A. 628
 Briganti A. 21, 35, 36, 166, 169, 214,
 226, 262, 263, 265, 266, 267,
 271, 422, 634, 635, 638, 640,
 718, 723, 724, 936, 967, 969,
 1001, 1068
 Briggs K. 33
 Brime R. V44
 Briollais L. 206
 Bristow R.G. 793
 Brisuda A. 126
 Broeks A. 412
 Brookman-May S. 316, 317
 Brown D.M. 33, 435
 Brown L. 738
 Brown M. 158, 253, 714
 Brown M.D. 523, 796, 1113
 Brugarolas J. 187
 Bruguere E. 1058
 Bruins H.M. 118
 Brun J. 475
 Bründl J. 533
 Brunelle S. 720, 1050
 Brunereau L. 127
 Bruno R. 700, 771
 Brunocilla E. 89, 167, 268, 656, 727
 Brureau L. 981
 Bruschini H. 453, 454, 462
 Bruyere F. 127, 128, 545
 Bryan R. 512
 Bryant D.A. 821
 Bryniarski P. 924
 Bubendorf L. 6
 Buchner A. 46, 419, 1143
 Bucholz N. V6
 Buckley J.B. 834
 Budäus L. 171, 722, 742, 1053,
 1064, 1071
 Budde K. 1139
 Bueno G. V47, V55
 Buerki C. 205
 Buffardi A. 931
 Buffi N. 98, 266, 429, 525, 969, 970
 Buffi N. 341, 352
 Buge F. 7
 Bugeja S. 68, 82
 Bui D. 628, 630, 758
 Bui H. 150
 Buist R. 623, 629
 Bulai C. 227, 231
 Buldu I. 614, 616
 Bullerdiel J. 1111
 Bullock A.J. 476, 483, 486
 Bulut S. 777, 994
 Bunte R. 41
 Buono R. 893
 Buonopane R. 466, 506, 737
 Burchardt M. 1131
 Burden H. 576
 Burger M. 53, 248, 533, 900
 Burgess N. 503
 Burgio A. 135
 Burgos Revilla F.J. 292, 298, 379,
 393, 911, 1008, 1084
 Burke D.M. 272
 Burkhard F.C. 125, 182, 216, 264,
 478, 685
 Burkhardt L. 103
 Burki J.R. 761
 Burmeister H.P. 55
 Burnett A.L. 715
 Burrill W. 624
 Burtnyk M. 1133
 Burzio L.O. 191
 Burzio V. 191
 Bus M.T.J. 1083
 Buscarini M. 232
 Busch J.F. 1140
 Busetto G.M. 42, 237, 824
 Bustamante S. 368
 Buttice S. 363
 Büttner H. 598
 Buttyan R. 39, 802
 Buvat J. 601
 Buzogany I. 728
 Byun S-S. 530, 989
- ## C
- Ca J. 38
 Caballero J.P. V59
 Cabaniols L. 1009
 Cabello R. V47, V51, V55
 Cabral J.M.S. 484, 783
 Cabrera M. V71
 Cabrera P.M. 526, 1130, V76
 Cacciamani G. 224
 Cáceres F. 526, 1130, V76
 Caciagli P. 561
 Cadierno I. 1007
 Cahill A.C. 834
 Cahill D. 33
 Cai J. 905
 Cai T. 459, 561, 730, 1001

Numbers refer to abstract numbers

- Cai Z. 49, 141
 Calais Da Silva Junior F. 972
 Calais Da Silva Senior F. 972
 Calatrava A. 102, 104
 Calcagno F. 1114
 Callerot P. V62
 Calogero A. 1095
 Camacho I. 964
 Camacho O. 470
 Cambier S. 997
 Cameron L. 703
 Camoglio F.S. 442
 Camparo P. 996
 Campbell R.A. 655
 Campbell S.C. 655
 Campi R. V80
 Campisi D. 891
 Campos A. 1080
 Campos Jr. O. 665
 Campos Pinheiro L.M. 229
 Cancrini F. 238, 858
 Canda A.E. 965, 968
 Canes D. V71
 Cañete Bermudez J. V49
 Canfield S.E. 1044
 Canning D. 555
 Cantiani A. 1060
 Cantiello F. 214, 265, 271, 714, 718, 970
 Caola I. 561
 Capitan C. 128
 Capitano U. 35, 36, 266, 646, 651, 686, 744, 825, 936, 942
 Capogrosso P. 158, 253, 714
 Cappa E. 524
 Cappelletti V. 784, 791
 Cappia S. 340
 Caramma A. 766
 Carap A. 260
 Carballido J. 368, 1043
 Carballo Quinta M. V29
 Carbone A. 386, 713, V7, V15, V43
 Carbone L. V73
 Cardeñosa O. 708
 Cardone G. 98
 Cardoso A. 470
 Caremel R. 69
 Carenzi C. 942
 Carey M. 680
 Carini M. 238, 427, 432, 524, 536, 538, 539, 540, 592, 646, 651, 730, 774, 858, 991, 1086, V80
 Carità G. 409
 Carlson S. 823
 Carlsson M. 585
 Carlsson S. 848
 Carlsson S. 974, V35
 Carmignani L. 137, 327, 1122
 Carmona O. V71
 Caron P. 398, 399
 Carracedo D. 911
 Carracedo Calvo D. 379
 Carrieri G. 711
 Carrión A. 708, 983
 Carroll T. 836
 Carson C.C. 716
 Cartapatti M. 73
 Cartwright R. 594
 Caruso S. 409
 Carvalho F.L. 847
 Carvalho-Barros S. 388
 Casanova J. 102, 104, 343, 418, 757
 Casanova-Salas I. 102, 104, 343
 Casellato S. 137, 327
 Casenave J. 981
 Castagna G. 158, 253, 714, 744
 Castañeda R. 708, 983
 Castela A. 492
 Castellano Gauna D. 193
 Castelli T. 766, 891, 1095
 Castells M. 417
 Castelo D.J.S. 916, 918
 Castiglione F. 158, 253, 267, 374, 487, 488, 498, 651, 686, 714, 724
 Castro-Díaz D. 1087
 Castro-Henriques A. 915
 Castroviejo Royo F. 385
 Casuscelli J. 1143
 Catanzaro M. 57, 120, 791, 1116, 1119, 1123
 Cathcart P. 123, 415
 Cathelineau X. 19, 743
 Catherine T. 455
 Cattaneo A. 1142
 Cattaneo G. 397, 615, V3
 Catto J. 43, 326, 995
 Cecchetto M. 442
 Cecchini M.G. 111, 841
 Cecconi F. 657
 Ceci F. 727
 Cedano R. 230
 Cek M. 449, 465
 Celada G. V44
 Celia A. 524, 539, 754
 Celma A. 134
 Cerqueira M. 470
 Cerruto M.A. 224
 Cervigni M. 464
 Cestari A. 1128
 Cevenini M. 89, 167, 268, 656, 727
 Cezar Chade D.C.C. 901
 Cha E. 146, 1001
 Chaal B. 1022
 Chade D. 462
 Chade J. 462
 Chadwick E. 1048
 Chadwick K. 206, 827
 Chae J.Y. 597
 Chakraborty T. 259
 Challacombe B. 33, 429, 435, 877
 Chalij M.E. 571
 Chambers A.F. 187
 Chamie K. 174
 Chamontin B. 398, 399
 Chamorro C.I. 176
 Chan Y. 966
 Chancellor M. 579
 Chang H.C. 664
 Chang I.H. 242, 570, 800
 Chang S.D. 959
 Chang S.L. 217, 235, 876, 1004, 1101
 Chang S-G. 1035
 Chang S-J. 1034
 Chang T. 622, 630
 Chang Y.H. 930
 Chang Y-H. 41
 Chanock S. 289
 Chan-On W. 41
 Chapple C.R. 85, 476, 483, 486, 573, 577, 772, 775
 Charles T. 347
 Charles-Nelson A. 163
 Charman S. 360, 951
 Charrua A. 372
 Charry P. V47, V51, V55

Numbers refer to abstract numbers

- Chartier-Kastler E. 65
 Chatterton K. 1000
 Chaudhury I. 63, 68, 82
 Chautard D. 1024
 Chebil G. 40, 790
 Checcucci E. V40
 Chemasle C. 132
 Chen C-S. 917, 1126
 Chen D.Y.T. 313
 Chen H-E. 304, 515
 Chen H-W. 1093
 Chen J. 547
 Chen K-K. 434, 815, 930, 1033
 Chen L. 763
 Chen L. 190
 Chen L. 547
 Chen S-F. 699
 Chen T-J. 815
 Chen W-M. 917, 1126
 Chen Y-T. 146
 Cheng C-L. 917, 1126
 Cheng L. 1056
 Cheng W.M. 930
 Cheng Y-S. 156
 Cheong H.I. 806
 Chepovetsky G. 808
 Cherian A. 553
 Cherny A. 562
 Chesa N. 1007
 Chessa F. 656
 Chew B.H. 802
 Chia S.J. V41
 Chiang H-S. 496
 Chiang Y-J. 1093
 Chiavassa S. 7
 Chiba K. 151
 Chiesa S. 47
 Chihara Y. 1046
 Chilcott S. 624
 Chin J. 187, 1133
 Chindemi A. 427
 Chirinos J. V42
 Chiu A.W.H. 930, 1033
 Chiu K-Y. 1126
 Chiyomaru T. 301
 Chlosta P. 629, 670
 Cho D-H. 933, 1025
 Cho H.J. 93
 Cho I.R. 636
 Cho I-C. 807
 Cho J.S. 988
 Cho K. 437
 Cho K.J. 131
 Cho K.S. 618, 636, 1069
 Cho M.C. 494
 Cho S. 1035
 Cho S.Y. 494
 Cho S.Y. 131
 Cho W.Y. 660
 Choe J.W. 570, 800
 Choi D.K. 24, 650
 Choi H.Y. 988
 Choi H-Y. 24, 650
 Choi J.D. 242, 570, 800
 Choi J.H. 618, 636
 Choi J.W. 242
 Choi J.Y. 933, 1025
 Choi M.J. 489
 Choi S. 886
 Choi S.H. 933, 1025
 Choi S.M. 24, 650
 Choi S.W. 93
 Choi S-K. 935, 1037, 1045
 Choi T.S. 306
 Choi Y.D. 618, 636, 1069
 Choi Y.S. 93
 Chong S.C. 41
 Chong T.W. 563
 Choo M-S. 392, 474, 653, 789, 935, 944, 1037, 1045
 Choo S.H. 396
 Chopra S. V12, V32
 Chou C-T. 520
 Chou K-Y. 304, 515
 Chowdhury S.A. 698
 Chrisp J.M. 132
 Christensen I.J. 147
 Christofides A. 338
 Chromecki T. 317, 1043
 Chrystal J. 998
 Chu S-H. 1093
 Chuang C-K. 41
 Chuang F-C. 580
 Chuang Y-C. 579
 Chughtai B. 380
 Chun F.K. 117, 133, 317, 323, 426, 634, 635, 638, 654
 Chun J-Y. 468, 474
 Chung B.H. 988
 Chung D.Y. 988
 Chung H.S. 620
 Chung H-J. 434, 815, 930, 1033
 Chung J.I. 609
 Chung J.M. 660
 Chung P. 793
 Chung S.K. 933, 1025
 Chung W.S. 1096
 Chung Jae Seung J.S. 609
 Ciancio G. 1043
 Cicalese C. V24
 Ciciliato S. 224
 Cicone A. 214
 Cimen H.I. 965
 Cimino S. 766, 891, 1095
 Cinatl J. 411, 514
 Cindolo L. 317, 431, 524, 536, 539, 773, 858, 1088
 Ciotkowska A. 889, 896
 Ciombella R. 204
 Cisneros J. 643
 Çitgez S. 912
 Ciudin A. 260, 795, 799, 983
 Clark J. 203
 Clarke L. 272
 Clarke N.W. 51, 183, 523, 796, 1113
 Claro F.A. 502
 Clascá F. V47
 Clement C. 720
 Clements M. 860
 Cocci A. 730
 Cochetti G. 108, V11
 Coda R. 1014
 Codet Y. 138
 Coelho A. 696
 Coelho R. 644
 Coffey P.J. 180
 Colakerol A. 801, 1077
 Colapao L. 147
 Colciago G. 487
 Colechia M. 57, 120, 784, 791, 1116
 Coleman C. 934
 Coleman J. 719, 934, 1072
 Coleman R. 869
 Colicchia M. 158, 253, 714
 Colin C. 203
 Colin P. 14, 19, 907

Numbers refer to abstract numbers

- Collado-Serra A.** 102, 343, 418, 757
Collette S. 997
Collins A. 844
Collura Z. 774
Colom Feixas S. 499, 501, 507
Colombel M. 786, 1070, V26
Colombo F. V69
Colombo P.G. 201
Colombo R. 169, 646, 786, 942, 970, 1001
Compérat E. 19, 118, 996
Compion G. 776
Compløj E. 126, 419
Conca M.A. 987
Conde Giles A. V49
Conde Redondo C. 385
Condorelli R. 1095
Connolly S.S. 13
Constantin V. 260
Constantinou M. 995
Coode-Bate J. 336
Coppinger S.W. 132
Coquet J.B. 608
Corbel L. 138
Corbishley C. 56, 1105
Corchuelo-Maíllo C. 1013
Corcoran N.M. 626
Corman J.M. 980
Cormio L. 711
Cornel E.B. 351
Cornud F. 955, 1058, 1059
Corona G. 1086
Corral J.M. 260
Correia T. 470
Coskun B. 394
Cossu M. 615, V3
Costa C.S.R. 492, 518
Costa D. 388
Costa L. 869
Costa W.S. 444, 448, 892
Costa Cruz D.S.L. 73
Costa Matos A.C.M. 901
Costantini E. 383, 386
Costello A.J. 626, 652
Cottini E. 108, V11
Coulthard R. 670
Cowan N.C. 118
Cox D. 778
Cózar J.M. 854
Cozzarini C. 262, 263, 265, 267, 422, 718
Cozzi G. 524
Cozzoli A. 648
Cozzupoli P. V73
Cracco C.M. 610
Cranston D.W. 261
Crasneanu M. 77
Craven-Bratle J. 417
Cremers R.G. 213
Crenn G. 398, 399
Crespo P.V. 1080
Crestani A. 57, 120, 1116, 1119, 1123, V33
Creta M. 466, 506, 737
Crippa Sant Anna A.C.S. 901
Cristóbal Lana E. 292, 298
Crivellaro S. 524
Crivelli J. 998
Crook J. 973
Cross W.R. 140
Crouzet S. 354, 358, 1070, V26
Cruceyra Betriu G. V13, V61
Cruz C.D. 696
Cruz F. 372, 388, 696
Cruz R. 518
Cuadrado Campaña J.M. 501
Cucchiara V. 35, 36, 169, 265, 686, 718, 724, 1068
Cuckow P. 553
Cuervo Calvo F.J. V13, V61
Cui M.Z. 1056
Cui X.G. 547
Cullen I. 60, 159, 160
Culty T. 1014, 1024
Cussenot O. 19, 907
Cutcutache I. 41
Cuzin B. 715
D
Da Costa B. 467
Daamen W.F. 177, 283
Dababneh H. 268
Dabestani S. 1044
Daelemans D. 373
Dahlem R. 16, 80, 117, 426
Dahm P. 118
Daidone M.G. 784, 791
Dal Moro F. V33
Dalbagni G. 1001
Dall'Era M. 1043
Dalmasso E. 931
Dalpiaz O. 317
D'Alterio C. 317
Dalton J.T. 863
Damiano R. 214, 253, 265, 271, 714, 718, 970
Damião R. 73
D'Amico C.E. 363
D'Amico F. 108, V11
D'Ancona C.A.L. 73
D'Ancona F. 128
Daneshmand S. 898, 905, 1043
Daniel B. 203
Danse E. 812
Dansranjavin T. 152, 568, 846
Danuser H. 75, 748, V39
Darko K. V58
Darrad J. 704
Darzi A. 878
Das N.D. 489
Dasgupta P. 10, 239, 697, 751, 874, 877
Dash A. 779
Davalos R.V. 362
Davicioni E. 205, 898
David L. 455
David M. 458
Davies B.J. 883
Davis I.D. 861
Davoudi Y. 285
Daw K. 556
Dawaba M. 554
Dawod T. 441, 559, 1110
De Andrade R. V71
De Angelis P. 314, 646, 936
De Bekker-Grob E.W. 1104
De Berardinis E. 42, 237, 824
De Bethencourt F.R. 598
De Blok W. 31, 521, 528
De Bono J.S. 861, 864
De Bruin D.M. 1052, 1083
De Castro Abreu A.L. 38, 828, 950, 985, V12, V32
De Cobelli O. 317
De Gracia A. V19
De Jong H. 346, 351
De Jong J. 54

Numbers refer to abstract numbers

- De Jong T.P.V.M. 439
 De Jonge P.K.J.D. 283
 De Keyzer F. 953
 De Kort L.M.O. 439
 De La Cruz Martín B. 385
 De La Rosa Kehrmann F. 193
 De La Rosette J. 97, 354, 1023, 1052, 1054, 1083
 De La Taille A. 19, 341, 545, 599, 641, 907
 De La Torre M. 44
 De Lorenzis E. 524
 De Luca G. 633
 De Luca S. 340, 397, 825, V40
 De Marchi D. 224
 De Marzo A. 17
 De Naeyer G. 430, V50, V72
 De Nunzio C. 204, 214, 226, 238, 773, 858, 991, 1088
 De Paula B. 417
 De Reijke T. 351, 997, 1052, 1083
 De Ridder D. 373, 482, 495, 1094
 De Rooij M. 947
 De Rubertis G. 657
 De Santis M. 118
 De Souza D.B. 448
 De Torres I. 899
 De Vries P.J. 1139
 De Vries R.R. 221
 De Wachter S.G.G. 662, 880
 De Winter P. 512
 Decaestecker K. 1106
 Decoene J. 1120
 Decristoforo A. 1108
 Deger M. 447
 Degirmenci T. 382, 606
 Dehghani S. 251, 481
 Del Biondo D. 754
 Del Boca C. 735
 Del Popolo G. 386, 694
 Del Prete C. 89, 167, 268, 656, 727
 Del Zingaro M. 383
 Delage F. 608
 Delaporte V. 1014
 Delaunay B. 472, 946
 Delchier-Bellec M.-C. 436
 D'Elia C. 224, 459
 Deliveliotis C. 471
 Della Mora L. 89, 167, 268, 656, 727
 Della Negra E. 138
 Dell'Atti L. 296
 Dellis A. 471, 797
 Dell'Oglio P. 35, 36, 98, 263, 266, 341, 352, 525, 529, 724, 969
 Delorenzi M. 841
 Delpon G. 7
 Demir O. 142
 Demirci D. 552
 Demirdag C. 709
 Demirtaş A. 552
 Demonty G. 866, 869
 Demuth D. 318
 Den R. 205
 Deng F.-M. 956
 Deng Z.L. 672
 Dente D. 524, 536, 539
 Denys M.A. 770
 Denys P. 694
 Denzinger S. 248, 900
 Deprest J. 482
 Deren T. 994
 Derweesh I. 97, 431
 Desai J. 613
 Desai M. V32
 Desoky E.A. 500
 Destefanis P. 47, 931
 Destro Pastizzaro C. 735
 Detti B. 592
 Devcich G. 560
 DeVries T. 980
 Dhaliwal H. 531
 Dhanvijay S. 624
 Dharmaraja A. V12
 D'Hoedt M. 170
 Di Benedetto A. 363
 Di Biase M. 383
 Di Fino G. 711
 Di Fiore F. 287
 Di Girolamo V. 942
 Di Mauro U. V24
 Di Meo S. 466, 506, 737
 Di Muzio N. 263, 265, 267, 422, 718
 Di Palma M. 981
 Di Paolo P.L. 934
 Di Pierro G. 748
 Di Rosa A. 766
 Di Stasi S. 1001
 Di Stasio A. 397
 Di Trapani D. 263, 267, 686, 744, 942, V38
 Di Trapani E. 36, 265, 266, 267, 487, 488, 646, 651, 686, 744, 936
 Diaconu M.G. 260, 795, 799, 983, V23, V27
 Diamandis E. 206
 Diamant V. 808
 Dias J. 915
 Dias L. 915
 Dias V. 918
 Dias Cruz R. 1002
 Diaz J. V48
 Díaz I. 661
 Diaz De Ståhl T. 44
 Díaz-González R. 193, 678, 1012
 Díaz-Güemes Martín-Portugués I. 95
 Diazzi D. 167
 Dick A. 77
 Dicker A. 205
 Dickinson I. 328, 1028
 Dickinson L. 360, 361
 Dieckmann K.P. 1111
 Diego V. V44
 Diemer T. 162, 259
 Diep L.M. 357
 Díez J. 643
 Díez Farto S. 95
 Díez Nicolás V. 292, 298
 Díez-Caballero F. 66, 721
 Díez-Nicolás V. 911
 Dijkstra S. 346
 Dik P. 180, 1076
 Dimitriadis F. 161
 Ding K. 973
 Ding Q. 754
 Ding X.B. 1056
 Dinis P. 918
 Disteldorf D. 37
 Dixon C. 230
 Djahangirian O. 551
 Djajadiningrat R.S. 54, 58
 Dlouhy E. 546
 Dmochowski R. 693
 Doehn C. 23
 Doerfler A. 1014
 Dogan C. 709, 753
 Dogan H.S. 461

Numbers refer to abstract numbers

Dohn L.H. 147
 Domann E. 259
 Domínguez-Escrig J.L. 102, 104,
 343, 418, 757
 Dominik A. 741
 Domnisor L. 77
 Donaldson I.A. 353
 Dönmez M.İ. 461
 Doo S.W. 485, 886
 Doolan P. 8
 Dorin R.P. 905
 Dormer J. 510
 Doros G. 705, 780
 Doumerc N. 545, 641, 946
 Dowson C.J. 276, 697
 Dragutescu M. V1, V45
 Drake C.G. 980
 Drake M.J. 701, 772
 Drake T. 334
 Dreicer R. 870
 Drevin L. 823
 Dridi M. 928
 Drogendijk T. 772
 Drossaerts J.M.A.F.L. 584
 Drouin S. 14
 Droupy S. 19, 545
 Duarte M. 229
 Duarte Ojeda J.M. 193
 Duarte-Cruz C. 388
 Dubrowinskaja N. 199
 Dubsky S. 228
 Duivenvoorden W.C.M. 308
 Dukic I. 882
 Duly Bouhanick B. 398, 399
 Dumont R. 418, 757
 Duncan E. 947
 Düregger A.D. 305
 Dyakov V. 746
 Dyer J.E. 510
 Dylan E. 203

E

Eardley I. 600
 Eastham J.A. 262, 719, 1072
 Eberhard K. 320
 Ebra G. 172, 532, 644, 962, 964, 971
 Ecke T. 139
 Eckhardt S. 703
 Eden C. 1048

Eder F. 419
 Ederer M. 1078
 Edwards A. 1048
 Edwards C.M. 300
 Edwards J.R. 300
 Efesoy O. 452
 Egawa S. 890
 Egevad L. 860, 996
 Eggener S.E. 354
 Eggesbø H.B. 165, 357, 831, 1061
 Egidi M.G. 108
 Egleston B. 313
 Egli A. 456, 679
 Ehdaie B. 723
 Ehrenstein V. 976
 Eiber M. 726
 Eichelberg C. 323, 426
 Eichenauer T. 722
 Eilers Y. 809
 Eisele B. 521
 Eisen C. 407
 Eisma R. 875
 Eklund M. 339, 860
 El Fayoumy H. 811
 El Kady A. 1135
 El Mansouri O. 928
 El Nashar A. 233
 El Shater Bosaily A.M. 738
 Eladl M. 441, 1110
 Elamin S.E. 834
 Eldred-Evans D. 832
 Elfiky A. 980
 Elgendy H. 1110
 Elghamrawy H. 814
 El-Ghoneimy M. 913, 1135
 Elhage O. 10
 Eliwa A.M. 500
 Eljamel S. 623, 629
 Elkady E.H. 441
 Elkady S. 1110
 Elkoushy M. 504
 El-Leithy T. 913
 Ellidokuz H. 142
 Elliott T. 51
 Elliott D.S. 64
 Ellis W. 728
 Ellis-Jones J. 387
 Elmussareh M. 236
 El-Nono I. 619

Elsalmy S. V54
 Elsayy E. 509
 Elsayed E.R. 441, 559, 1110
 Elshal A. 509
 El-Sheemy M.S. 556, 1030
 Emara A. 312
 Emberton M. 353, 360, 361, 415,
 738, 951
 Emiliani E. V18, V57
 Enatsu N. 151
 Endo M. 482
 Ene C. 227, 231, V45
 Engel O. 80, 117
 Engelmann D. 52
 Enkelmann A. 249
 Enokida H. 301
 Enrico G. 735
 Eory L. 197
 Epstein J. 996
 Erber B. 1140
 Erbersdobler A. 55, 139
 Erdmann K. 294, 302
 Eren G. 465
 Ergen A. 461
 Erho N. 898
 Eri L.M. 165, 357, 1061
 Eriksson P. 40
 Erkmen A.E. 777
 Esquena S. 1099
 Essaian A. 544
 Esteban L. 343
 Esteban M. 1087
 Estes G. 402
 Etcheverry Giadrosich B. 499
 Ethans K. 693
 Eto M. 3, 189
 Evans A. 319, 852
 Evans C. 1043
 Evans M.J. 859
 Evans S.M. 28
 Evans Axelsson S. 725
 Evaristi F. 735
 Everaert K. 583, 595, 770

F

Fabbri F. 1128
 Faber D.J. 1052, 1083
 Fader M. 762
 Fadli S.E. 1009

Numbers refer to abstract numbers

- Fahlbusch M.** 729
Fairey A. 897
Faison T. 998
Fajkovic H. 21, 166, 391, 723, 998
Falavolti C. 232
Falsaperla M. 524
Fan D. 11, 887
Fan Y.H. 990
Fang-Jian Z. 61
Fanizza C. 773, 1088
Fanti S. 727
Farè E. 57, 120, 784, 791, 1116, 1119, 1123
Farfariello V. 695
Fariña-Pérez L.A. 325
Farooq A. 906
Fasoulakis C. 707
Fathy H. 811
Favilla V. 766, 891, 1095
Favorito L.A. 445, 446, 668, 925
Fayyazi A. 1051
Fazli L. 39, 403, 516, 522, 802
Feber A. 512
Feciche B. 317
Fedelini P. 275
Feitz W.F.J. 177, 283
Felle P. 873
Feller A.C. 23
Fend F. 419
Feng F. 205
Fenn N. 680
Feola A. 482
Fernandes L. 229
Fernandes V.S. 368
Fernández G. V71
Fernández I. V44
Fernández J.M. 1007
Fernández P.L. 149
Fernández-Pello Montes S. V13, V61
Fernández-Serra A. 102, 104, 343
Fernandez-Valades R. 1080
Fernö M. 40, 790
Ferrarese P. 1027, V74
Ferrari M. 1128
Ferreira C.A.B. 470, 916
Ferreira J.A. 518, 1002
Ferriero M. 91, V14, V20, V21, V25
Ferzauli A. 566
Fesenko A. 337
Feuer R. 1078
Fey M. 1115
Fialova A. 872
Ficarra V. 317, 427, 429, 430, 432, 538, 540, 751, 868, 1086, V16, V72
Fietkau R. 785
Fiev N. 542
Figueira N. 484
Figueiredo A.J.C. 916, 918
Figueiredo J.A. 453, 454
Figurin K.M. 943
Filiz S. 90, V70
Fina E. 784, 791
Finazzi Agrò E. 386, 592
Finch W.J.G. 503
Finelli A. 311, 319, 625, 827, 852, 883, 890
Finke S. 910
Finkelberg E. 327
Fiorentino E. 409
Fiori C. 92, 94, 340, 397, 432, 538, 540, 615, 952, V3, V40
Fisch M. 16, 80, 103, 117, 323, 426, 654, 733, 768, 897
Fischer J. 1049
Fischer K. 207, 291
Fisher E. 681
Fitzpatrick J.M. 8
Fizazi K. 861, 862, 864, 869, 981
Flaig T.W. 863, 864
Flamée G. 1094
Flanagan J. 255
Flechtenmacher N. 90, V70
Fleischmann A. 111, 143, 405, 841, 953
Fleming M. 870
Fleshner N.E. 206, 625, 793, 852, 890, 900
Flinois A. 866
Foditsch E.E. 822
Folkvaljon Y. 29
Fonsell-Annala R. 594
Fontana D. 47, 931
Forastiere E. 91
Forest S. V26
Fornara P. 207, 291, 294, 431
Fossati N. 98, 169, 341, 352, 529, 724, 1068
Fossum M. 176, 443
Fournier G. 608, V62
Fowler C.J. 702
Fowler S. 272, 425, 939, 1036, 1039, 1121
Fradet Y. 897
Fraga A. 783
Fragalà E. 766, 891, 1095
Francés A. 359
Franceschelli A. V69
Francisco Dalloglio M.F.D. 901
Franco A. 1087
Franco M. 710
Franco Miranda E. 417, 499, 501, 507
Franken J. 373
Franssen G.M. 192
Fraser M.O. 83, 87
Frea B. 47, 635, 868, 931
Freedland S.J. 344
Freeman A. 60, 62, 512, 738, 951
Freemantle N. 701
Frei R. 456, 679
Freiha F. 622
Freire-Calvo J. V29
Freitas R. 1002
Freitas Costa S. 446
Freschi M. 267, 341, 744, 942
Frey J. 1060
Friedersdorff F. 1140
Friedlander M. 206
Frisén L. 443
Fritsche H-M. 16, 126
Frizzi J. 592
Froehlich J.M. 953
Froeling M. 1076
Frohenberg D. 635
Fröhner M. 34, 413, 416, 1038
Fromont-Hankard G. 347
Frost A. 68, 82
Frost M. 1139
Frydenberg M. 28, 652
Fucikova J. 872
Fujihara A. 549, 985
Fujii Y. 121, 355, 517, 788, 830, 979, 1141, V28, V36, V78
Fujimoto K. 1046
Fujimoto M. 909

Numbers refer to abstract numbers

Fujimoto N. 150
 Fujimura M. 806
 Fujimura T. 2, 109, 212, 589
 Fujisawa M. 151, 168, 184, 194, 240, 295, 457, 543, 833, 1055, 1138
 Fujita K. 342, 390, 1113
 Fujita T. 1089
 Fujita T. 274
 Fujiwara K. 2
 Fukabori Y. 209
 Fukawa T. 605
 Fukuda M. 840
 Fukuda N. 2
 Fukuda T. 151
 Fukuhara H. 212, 589
 Fukui I. 631, 1141
 Fukushi Y. 977
 Füllhase C. 226
 Fumadó L.I. 356, 359, 739
 Funahashi Y. 480, 1089
 Funyu T. 246
 Furlan M. 536, 646, 648, 651
 Furriel A. 444
 Furriel F. 918
 Furukawa J. 295, 543
 Fusano M. 314, 936
 Fuschi A. 713, V7, V15, V43
 Fusco F. 432, 466, 506, 538, 737
 Fuse M. 301
 Füssel S. 43, 286, 294, 302, 413
 Futreal A. 41

G

Gaachi H. 1022
 Gaber M. 798
 Gaboardi F. V10
 Gabor F. 519
 Gabunia N. 817
 Gacci M. 238, 539, 592, 730, 858, 991, 1086, V80
 Gadda G.M. 341, 352, 825
 Gajda M. 43
 Gakis G. 16, 59, 118, 433, 999, 1117
 Galán J.A. V59
 Galea L. 914
 Galesloot T. 213
 Galfano A. V38
 Galiano M. 743

Gallagher F. 1060
 Gallina A. 35, 169, 263, 265, 266, 271, 525, 529, 718, 724, 969, 970, 1068
 Gallo C.B.M. 444, 448, 892
 Gallucci M. 91, V14, V20, V21, V25
 Galustian C. 10
 Galvagni G. 648
 Gamal Saad W. 78, 558
 Gambhir S. 622
 Game X. 756, 946
 Gan A. 41
 Gan C. 1000
 Gan M. V30, V72
 Gandaglia G. 36, 169, 174, 217, 265, 421, 422, 529, 635, 637, 724, 967, 969, 970, 1068
 Ganesan V. 225, V9
 Ganju V. 869
 Ganswindt U. 419
 Ganzer R. 419, 533
 Gao Y. 547
 Garagatiy I.A. 937
 Garat J.M. 661
 García J.V. V47
 García Bermejo M.L. 911
 Garcia Gonzalez L. 193
 Garcia Ruiz R. 752
 Garcia Segui A.J. V59
 Garcia-Baquero R. V49
 García-Casado Z. 102, 104
 García-Cruz E. 708, V56
 García-Cuesta E. 402
 García-Flores M. 104
 García-Gómez B. 258
 García-González L. 258, 678
 García-Mediero J.M. 1130
 Garcia-Riestra V. V48
 García-Sacristán A. 368
 García-Sánchez C. 1013
 García-Tello A. 526, 1130, V76
 García-Vargas J. 865
 Gårdmark T. 44
 Garetto I. 100
 Garmanova T.N. 438
 Garmo H. 823
 Garrou D. 397, 430, 615
 Gartner F. 518
 Garzino E. 47

Garzon I. 1080
 Gasser T.C. 456, 679
 Gattenlöhner S. 741, 846
 Gausa L. 1016, 1100
 Gavioli M. 633
 Gavrilov P. V18, V19, V57
 Gavrylyuk O. 322
 Gaya J.M. 1099, 1100
 Gazzaniga P. 42
 Geavlete B. 227, 231, V1
 Geavlete P. 227, 231, V1, V45
 Gebauer K. 199
 Gebhardt M. 23
 Geese F. 216
 Gehchan N. 601
 Geldof A.A. 349
 Gelet A. 358
 Genestal M. 472
 Gentile F. 657
 Gentile G. 89, V69
 Gentile M. 774
 Gentile V. 42, 237, 824
 Georgescu D. V1, V45
 Georgiopoulos I. 1129, V22
 Georgopoulos P. 252
 Georgopoulos P. 881
 Geraerts I. 74
 Gerber L. 344
 Gerdtsen A. 859
 Gerger A. 320
 Germann C. 75, 748, V39
 Gethmann C. J. 420
 Getzenberg R.H. 838, 863
 Geutjes P.J. 177, 283
 Gevaert T. 373, 495
 Gewinner C. 512
 Ghadessi M. 205, 898
 Ghani K.R. 217, 235, 551, 645, 768, 920, 1019, V46
 Gheorghita I. 363
 Ghezzi M. 1128
 Ghoneim A. 811
 Ghoneim T. 164
 Ghorbel J. 928
 Ghosh P. 1020
 Ghouri S. 510
 Ghozzi S. 928
 Giammò A. 464
 Giancane S. 432

Numbers refer to abstract numbers

Giannakis I. 161, 252
 Giannantoni A. 695, 700, 771, 774
 Giannarini G. 640, 953, 1122
 Giannatempo P. 57, 120, 784, 791, 1116, 1119, 1123
 Giannessi C. 592, 730
 Gianni A.M. 120, 784, 791, 1123
 Giardina R. 766
 Gibson W.R. 381
 Gigante M. 1014
 Giglio S. 204
 Gil Fabra J. 752
 Gil Martinez P. 752
 Gil Sanz M.J. 752, V65
 Gil Ugarteburu R. V61
 Gilbert K. 715, 716
 Giles G. 717
 Gilfrich C. 317
 Gill I.S. 10, 38, 354, 828, 831, 905, 950, 985, V12, V32
 Gimbernat H. 526
 Ginepri A. 774
 Gingu C. 77
 Giona S. 635
 Giovannone R. 42, 237, 824
 Giribaldi G. 47
 Girma A. 904
 Giuliano F. 498, 778
 Giusti G. 201, 617, 923, V5
 Glass J. 503
 Gleave M.E. 30, 220, 516, 959
 Gleissner J. 867
 Glorioso J.C. 480
 Glotov A.V. 376, 377
 Glybochko P.V. 542, 571
 Goad J. 652
 Göckschu J. 90, V70
 Goddard J.C. 332
 Godehardt E. 948
 Godtman R. 850
 Goeman L. 100
 Goessaert A.S. 595, 770
 Goezen A. 963
 Gogoi N. 128
 Goh H.T.A. 672
 Goh Y.Q. 563
 Goh Y.S.B. 672
 Goins W.F. 480
 Gökkaya C.S. 777, 994

Goldenberg S.L. 30, 959, 973
 Goldenberger D. 456
 Gomella L. 205
 Gomes C.M. 453, 454
 Gomes H.L. 665
 Gómez E. 661
 Gómez De La Cámara A. 258
 Gómez De Vicente J.M. 379
 Gómez Del Cañizo C. 292, 298, 911, 1008, 1084
 Gómez Dos Santos V. 292, 298, 911, 1008, 1084
 Gómez Veiga F. 854
 Gómez-Ferrer A. 102, 343, 418, 757
 Gómez-Sancha F. V65
 Gonçalves F. 972
 Gönen M. 124, 166, 723, 998
 Gong Y.G. 9
 Gontero P. 126, 634, 635, 638, 639, 868, 931, 997, 1001, 1043
 Gonzales G. 702
 Gonzalez J. 1043
 González C. V47, V51, V55
 Gonzalez Gordaliza C. 1008
 González Rodríguez I. V13, V61
 Gonzalez-Dacal J. V48
 González-Monte E. 1012
 Good D.W. 1073
 Goodarzi P. 481
 Goranova I. 1140
 Gordon A. 531
 Gordon M. 128
 Goswami A. 810
 Goto K. 208
 Goto T. 110, 202
 Goto Y. 301
 Gotoh M. 480, 1089, 1091
 Gourdon C. 366
 Govindarajan S. 105
 Govorov A. 746, 890
 Grabe M. 449
 Gradilone A. 42
 Graefen M. 103, 171, 341, 344, 416, 419, 420, 527, 635, 722, 723, 1049, 1071, V37
 Graff J. 1038
 Graham S. 128
 Granados R. 849
 Granata A.M. V10

Grande S. 952
 Grange P. 1134
 Granieri M.A. 83, 87
 Grassani C. 735
 Grassano Y. 545
 Grasso A.A.C. 524
 Gratsias S. 161
 Gratzke C. 369, 885, 889, 896
 Gravis G. 1050
 Gray E. 318
 Graziotti P.P. 201, 617, 923, V5
 Greco F. 431
 Green E. 51
 Green J.S.A. 878
 Greenberg R.E. 313
 Greenwell T.J. 63, 70, 186, 687, 698
 Greer P. 195
 Gregori A. V10
 Gregório B.M. 444, 448, 892
 Grey B.R. 272
 Griebing T.L. 594
 Griffin S. 1031
 Griffin T.W. 861, 864
 Grimm M-O. 43, 128, 249
 Grimm T.A. 46
 Grise P. 69, 694
 Gritti A. 539
 Grizzi F. 201
 Grobholz R. 286, 855
 Grode L. 521
 Groebli R. 37
 Grönberg H. 339, 860
 Gross A.J. 136, 921, 922, 1026
 Grotenhuis A. 1001
 Grozinger K. 23
 Gruenenfelder J. 583
 Gruenwald I. 603, 604
 Gruenwald V. 199, 1140
 Grummet J. 652
 Gruschwitz T. 910
 Gschwend J.E. 726, 750, 1065
 Gsponer J.R. 521
 Gu C.Y. 210
 Guaglianone S. 91, V14, V20, V21, V25
 Guan P. 41
 Guanxiong D. 290
 Guard S. 577, 583, 693
 Guardão L. 492

Numbers refer to abstract numbers

Guazzoni G. 98, 266, 271, 341, 352,
427, 525, 540, 825, 969, 970
Gubbiotti M. 695, 700, 771
Gudima I. 566, 819
Gudinaviciene I. 642, 736
Gudjonsson S. 40, 790
Gudkov A. 808
Guedea F. 417
Guercio S.G. 961
Guerrero-Ramos F. 193, 678, 1012
Guggenbühl-Roy S. 760
Guglielmetti G. 934
Guichard G. 1114
Guillaumier S. 70
Guillebaud J. 261
Guirado L. 1016
Gultekin M.H. 753
Gultekin O. 452
Gulyaev D. 701
Gunes S. 801
Gunia S. 317
Gunlusoy B. 382, 606
Guo C. 17
Guo S. 6
Guo Y.G. 9
Gupta A. 126
Gupta A. 847
Gurbanov S.S. 611
Gurioli A. 868
Guru K. 877
Gurung P. 512
Gurvur J. 455
Gust K.M. 39
Gutierrez C. 1087
Gutierrez-Fernandez J. 451
Gutin A. 344
Guy L. 19
Guyatt G.H. 594
Guzzo T.J. 222
Gvozdev M.Y. 376, 377
Gyomber D.V. 966

H

Ha S-H. 782
Haanen J. 1137
Haber G-P. 88, 225, V9
Haber T. 198
Habilomatis P. 252
Habuchi T. 112, 173, 732, 749, 977,

1063, 1136, V77
Hadaya K. 1015
Haddad Z. 898
Hadjipavlou M. 335, 1039
Haendler L. 974
Haese A. 171, 341, 419, 527, 742,
1064, 1071, V37
Haferkamp A. 404, 411, 513, 514,
1043
Hafez A.T. 554
Haga N. 586
Hagberg O. 1103
Hager B. 34
Haggeney T. 259
Häggman M. 982
Häggström C. 107
Hagiwara M. 126, 897
Hahn S. 309
Haidinger G. 115
Hainz M. 321
Haitel A. 17, 621
Hakenberg O.W. 52, 55
Hakim L. 482
Halefeld I. 254
Halilov M. 1125
Halla A. 679
Ham W.S. 636
Hamada B. 1022
Hamakawa T. 803, 804
Hamamoto S. 803, 804, 805
Hamann C.H. V34
Hamann M.F. 128, 269, V34
Hamberg H. 996
Hamdy F.C. 300, 995
Hamid R. 63, 70, 186, 687, 698, 761
Hamilton R.J. 852
Hammady A. 78, 558
Hamman O. 913
Hammerer P.G. 705, 780
Hamoen E.H.J. 957
Hamza A. 424
Han D.H. 396
Han J-Y. 474
Han K-S. 5, 392, 653, 789
Han P. 179
Hancock M.L. 863
Handalage C. 60, 360
Hangarter B. 419
Hanna N. 174, 218

Hanna S. 206
Hannan J. 487
Hansen J. 16, 117, 426, 723
Hanson P. 230
Hanspeter E. 419
Haomin C. 1070
Haque N. 628
Hara S. 1047
Hara T. 794, 960
Harewood L. 966
Haring A. 856
Hariu K. 1124
Härkönen P.L. 1
Harnden P. 140
Harraz A.M. 508
Harris A.C. 959
Harris T. 758
Harrison D.J. 197, 293, 624
Hart C.A. 523, 796, 1113
Hart M. 475
Hartmann A. 43, 53, 248, 286, 419,
785, 900
Hartmann M. 155
Hartz J.M. 52
Harza M. 77
Hasegawa M. 1047
Hasenfus A. 307
Hashemi Gheinani A. 478, 685
Hashim H. 387, 576
Hashimoto Y. 211, 215, 278, 310,
400, 567, 845, 1098
Hasita H. 189
Haslam C. 702
Hassan F. 16
Hata J. 586
Hata K. 154
Hatakeyama S. 112, 173, 211, 215,
243, 245, 246, 278, 310, 400,
567, 840, 845, 1098
Hatzichristodoulou G. 750, 1065
Hatzichristou D. 600, 601, 881
Hatzinger M. 337
Haustermans K. 422
Hautmann R. 146
Hautzel H. 729
Hay D.R. 877
Hayashi N. 755
Hayashi T. 39, 208, 516, 522
Hayashi Y. 805

Numbers refer to abstract numbers

- Hayes M.C. 1121
 Hazzan M. 1011
 He Z. 938
 Heck M. 1065
 Hedlund P. 364, 374, 487, 488, 498, 893, 895
 Hee Chang J. 1092
 Heels-Ansdell D. 594
 Heer R. 510
 Heesakkers J.P.F.A. 469
 Hefermehl L.J. 37
 Hegazy A.E.R. 811
 Heidari F. 251
 Heidegger I. 309
 Heideman D.A.M. 54
 Heidenreich A. 270, 419, 747, 786, 867, 941
 Heinrich D. 865
 Heinzer H. 171, 722, 733, 742, 1064, 1071
 Heinz-Peer G. 391, 621
 Helbron K.T. V70
 Hellawell G. 958
 Helmy T.E. 554
 Hemdan T. 44, 122
 Hemmelmann C. 23
 Henao S. 356
 Heng D.Y. 1142
 Heng H.L. 41
 Hennes C. 598, 601
 Hennenberg M. 369, 889, 896
 Hennenlotter J. 59, 114, 433, 1117
 Henning A. 1144
 Hensel J. 111, 841
 Herkommer K. 750, 1065
 Herman M.P. 723
 Hermanns T. 45, 625, 793
 Herms M. 424
 Hernandez V. 118
 Hernández M. 368
 Hernández R. 1007
 Herout R. 1038
 Herrmann D. 896
 Herrmann T.R.W. 431, 945, 1108, 1131
 Herruzo I. 417
 Herschorn S. 573, V64
 Hertz B.R. 88
 Hervé C. 7
 Herwig C. 519
 Hessels D. 351
 Heszler C. 546
 Hevia M. 66, 721
 Hevia Palacios V. 292, 298, 393, 1084
 Heydari R. 481
 Hicks J. 334
 Hideaki M. 295
 Hiester A. 948, 1057
 Higano T. 973
 Higashi Y. 805
 Higuchi R. 628
 Higuchi S. 949, V78
 Hillary C.J. 476
 Hinata N. 295
 Hindley R. 128, 360, 738
 Hinke A. 423
 Hirao Y. 1046
 Hirayama T. 274
 Hirohashi Y. 247
 Hirose Y. 803, 804
 Hisano M. 453, 454
 Ho H-C. 917, 1126
 Ho I-L. 520
 Hoarau N. 1024
 Hodgson D. 336
 Hoeks C. 957
 Hoffmann F. 1044
 Hoffmann M.J. 406
 Hofmann R. 647
 Höfner T. 407
 Hofstädter F. 419, 900
 Höglund M. 40, 790
 Hohenfellner M. 1043, 1066
 Hohenhorst J.L. 285, V58
 Hohneder A. 114
 Hohnen R. 370
 Holmäng S. 1005, 1103
 Holmberg E. 848, 850
 Holmdahl G. 443
 Holmes E. 157
 Holmes M.A. 560
 Holm-Larsen T. 588, 591, 595
 Holzapfel K. 726
 Homma Y. 109, 190, 212, 364, 371, 589, 682, 684, 838, 1081
 Honda M. 15, 297, 1127
 Hong B. 789
 Hong J.H. 5, 392, 653, 789, 944
 Hong S. 5, 392, 653, 789, 944
 Hong S.H. 93
 Hong S.J. 618, 1069
 Hong S.K. 530, 989
 Hong Y.K. 324, 993
 Hongo F. 280, 829
 Hönscheid P. 785
 Hoogenes J. 954
 Hoon D.S.B. 4
 Hopmans S. 308
 Hoquetis L. 358
 Horenblas S. 54, 58, 221, 412, 787, 1137
 Horie-Inoue K. 2
 Horninger W. 675
 Horstmann M. 249
 Horváth-Puhó E. 976
 Hoschke B. 317
 Hossain H. 259
 Hosseini M. 251
 Hosseini-Aliabad A. 1103, V35
 Hotta H. 682
 Hounsou L. 50
 Hovens C.M. 626
 Høyer-Hansen G. 147
 Hromadkova H. 872
 Hruby S. V6
 Hruza M. 963
 Hsaine R. 937
 Hsiao S. 628
 Hsieh C-H. 1034
 Hsieh C-J. 1093
 Hsieh J-T. 520
 Hsu C.Y. 634, 639
 Hsu C-H. 520
 Hsu C-L. 41
 Hsu Y.H. 638
 Hsu Y-C. 1093
 Hu B. 1043
 Hu C-Y. 22
 Hu J.C. 174
 Hu Y. 738, 951
 Hua T. 61
 Huang C-Y. 671
 Huang D. 41
 Huang D. 1134
 Huang E.Y.H. 930, 1033
 Huang K. 870

Numbers refer to abstract numbers

Huang K.K. 41
 Huang K-H. 520
 Huang M. 1136
 Huang S. 290
 Huang W.J.S. 930, 1043
 Huang Y. 49
 Huang Y-H. 815
 Huber A. 855
 Huber C.G. 1066
 Huber J. 34, 1066
 Hübner D. 413
 Hudak L. 513
 Hudemann C. 254
 Huebner W. V64
 Huet R. 138
 Hughes B. 503
 Hughes O. 670
 Hughes S.F. 816
 Hugosson J.E. 848, 850
 Huguet J. 795, 1017
 Hui H. 61
 Hujihara A. 280
 Huland H. 171, 416, 722, 733, 742, 1071, V37
 Hulsbergen-Van De Kaa C. 351, 957, 996
 Humphrey A. 768
 Hupe M.C. 945
 Hupertan V. 907
 Hurle R. 201
 Hurst C.D. 140, 412
 Hussain A. 870
 Hussain M. 312
 Hussein A.A. 440, 556, 814
 Hussein H.A. 440, 814
 Hussein M. 558
 Hussein M.M. 78
 Hutterer G.C. 320
 Huyghe E. 398, 399, 472, 641, 756, 946
 Hwang E.C. 620, 683
 Hwang I. 620, 683
 Hwang J.J. 5
 Hwang T. 304, 515
 Hwang T.K. 93
 Hyun J.S. 602

I

Iacona C. 784
 Iacovelli V. 524
 Iafate M. 224
 Ibishev H. 562, 566
 Iborra F. 1009
 Iborra I. 343, 418, 757
 Ibrabem H. 233
 Ichikawa T. 806
 Igawa Y. 364, 371, 589, 682, 684, 1081
 Iguchi Y. 1081
 Ihara T. 367
 Ihrig A. 1066
 Ikawa K. 450
 Ikeda K. 2
 Ikeda M. 48, 126, 897
 Ilin D. 544
 Illema M. 147
 Illing R.O. 261
 Im B. 944
 Imada K. 843
 Imai A. 211, 215, 278, 310, 400, 567, 845, 1098
 Imai A. 437
 Imamura M. 118
 Imamura M. 375
 Imamura N. 853
 Imamura T. 3
 Imanishi K. 246, 400
 Imbeault A. 68, 82
 Imbimbo C. 224, 466, 506, 737
 Imkamp F. 1131
 Imperatore V. 466, 506, 737
 Inan R. 614
 Incabone G.P. V10
 Inci K. 461
 Inferrera A. 363
 Ingelmo-Torres M. 149, 350
 Ingels A. 188, 743
 Inman R.D. 85
 Inoshita N. 1141
 Inoue A. 395
 Inoue K. 154
 Inoue M. 517, 788, 949, 979, V36
 Inoue R. 247
 Inoue S. 2, 109
 Inoue T. 1102
 Inoue T. 110, 202

Inoue T. 1136, V77
 Inoue T. 1046
 Intilla O. V24
 Ioakimidis N. 707
 Ioannidou E. 688
 Ioritani N. 20
 Ip L. 512
 Irani J. 347, 1001
 Irving S. 503
 Isbarn H. 640, 733, 1064
 Ischia J. 516
 Iselin C.E. 1015
 Isgoren A.E. 965, 968
 Ishibashi K. 198, 586
 Ishii C. 830
 Ishii D. 274
 Ishii H. 1031
 Ishikawa Y. 830, 949
 Ishikawa Y. 1141
 Ishioka J. 121, 355, 517, 788, 830, 949, 979, V28, V36, V78
 Iskander M. 674
 Ismail A.F. 239
 Israel R.J. 728, 870
 Issa R. 1105, 1109
 Issi Y.I. 557
 Istanbuloglu M.O. 614, 616
 Itesako T. 301
 Ito A. 18, 20
 Ito A. 2
 Ito H. 682, 684, 926
 Ito M. 949, 979
 Itoh Y. 803, 804, 805
 Iversen P. 345
 Ivey Z. 652
 Iwabuchi T. 1124
 Iwamoto H. 15, 297, 1127
 Iwamoto S. 202
 Iwamura H. 245
 Iwamura M. 48
 Iwata T. 985
 Iwatsuki S. 153, 803, 804
 Iype R. 51
 Izawa J. 187
 Izol V. 447
 Izquierdo L. 350, 795, 983
 Iztueta I. 134
 Izumi K. 605
 Izumi K. 755

Numbers refer to abstract numbers

J

Jablonowski Z. 535, 995
 Jack G. 966
 Jackson B.L. 1036
 Jackson J. 776
 Jacome X. V47, V51
 Jäger W. 39, 321, 403, 516, 522, 802
 Jahnson S. 1005, 1006, 1103
 Jain D. 178
 Jain M. 1062
 James N. 512
 Jameson C. 738, 951
 Jameson C. 60
 Janardhanan P.S. 458
 Jancke G. 1103
 Janetschek G. 822
 Jang H. 807
 Jannink S.A. 346, 351
 Janosek-Albright K. 551
 Janowski M. V58
 Jansen C.F.J. 469
 Janßen C. 321, 403, 516, 802
 Janssen D.A.W. 469
 Janssen M. 401, 647
 Jansson B. 725
 Jarolim L.J. 872
 Järvinen R. 1107
 Javed S. 1048
 Javor D. 391
 Jecu M. 227, 231
 Jedrzejczyk A. 995
 Jeh S. 618, 636, 1069
 Jenkins B. 693
 Jenks J.C. 70, 687
 Jensen B.T. 219
 Jensen J.B. 219
 Jeon H.G. 24, 650
 Jeon S.H. 1035
 Jeon S.S. 24, 650
 Jeong B.C. 24, 396, 650
 Jeong I.G. 5, 392, 653, 789, 944
 Jeong J-W. 989
 Jeong S.J. 530, 989
 Jeong U. 396
 Jeong W. 551, 645, 768, 1019, 1020, V46
 Jessop L. 289
 Jewett M. 311, 319, 412, 793, 900
 Jhang J-F. 463, 578, 580, 691

Jhaveri K. 319
 Jiang W. 239
 Jiang Y-H. 463, 578, 579, 580, 691, 1097
 Jievaltas M. 642, 736
 Jiménez Cidre M.A. 379, 911, 1087
 Jiménez Cruz J.F. 987
 Jiménez-Alcaide E. 193, 258, 678
 Jimenez-Pacheco A. 451
 Jin F-S. 712
 Jin S. 11, 887
 Jin X.D. V68
 Jinga V. 745, 1023
 Jinzaki M. 1047
 Ji-Yeon H. 468
 João Nesrallah A.J.N. 901
 Jocham D. 23
 Johnin K. 549
 Johnson E.U. 676
 Johnson 2nd T.M. 594
 Jones N.A. 715, 716
 Joniau S. 74, 100, 170, 284, 317, 354, 422, 634, 635, 638, 639, 728, 868, 1001
 Jonsson H. 107
 Jordano E.S. 54
 Jörg M. 53
 Josephsen N. 731
 Juang H-H. 837
 Juanpere N. 356, 359, 739
 Juengel E. 513
 Jünemann K-P. 269, V34
 Jung G-W. 782
 Jung H.J. 590, 664
 Jung J.W. 530
 Jung K. 139
 Jung S.I. 620, 683
 Jung V. 286, 307
 Jüngel E. 404
 Juni P. 467
 Junker K. 43, 53, 249, 286, 647, 647, 910
 Junquero D. 366
 Jurk S. 316
 Jürß A. 67
 Justine C. 477
 Juvet T. 206, 954

K

Kaasinen E. 1006, 1107
 Kachrilas S. V6
 Kadirvelarasan A. 435
 Kaeamura H. 161
 Kaemper M. 270, 747
 Kähkönen T. 1
 Kai Y. 61
 Kaiho Y. 749, 1063
 Kajihara S. 202
 Kakehi Y. 27
 Kakies C. 55
 Kakuta Y. 919
 Kalaitzi M. 688
 Kalbacher E. 1114
 Kalentzos V. 471
 Kalesnik A. 101
 Kallidonis P. 431, 1129, V22
 Kallio J. 1107
 Kaluzewski B. 995
 Kamada S. 395
 Kamai T. 209
 Kamba T. 110
 Kameh D. 105
 Kamel H.M. 500, 559
 Kamel M. 820
 Kamhawy O. 1110
 Kamimura N. 1098
 Kamiyama M. 853
 Kamoi K. 280, 829
 Kamphuis G.M. 1083
 Kampschulte M. 155
 Kamradt J. 119, 401
 Kanao K. 450
 Kanayama H. 605
 Kanba T. 1102
 Kandemir O. 452
 Kaneko G. 200, 1047
 Kanematsu A. 375
 Kang D.H. 618, 1069
 Kang D.I. 609
 Kang H.W. 807
 Kang P.M. 609
 Kang S.H. 1035
 Kang T.W. 620, 683
 Kanthabalan A. 951
 Kaouk J. 428, 431, 655
 Kaplan R. 738
 Kapoor A. 311

Numbers refer to abstract numbers

- Kapoor R. 548
 Kapoteli P. 881
 Karabakan M. 777
 Karaca Z. 148
 Karakiewicz P.I. 21, 124, 166, 174, 218, 421, 635, 637, 723, 967, 998
 Karam G. 1014
 Karam J. 17, 1042
 Karatag T. 614, 616
 Karl A. 46, 419
 Karlo C. 934
 Karnes R.J. 205, 262, 634, 635, 638, 639, 1001
 Karpf R. 546
 Karsenty G. 693, 694
 Karsh L.I. 980
 Kartasalo K. 299
 Kasmaoui E.H. V8
 Kass-Iliyya A. 63, 186
 Kassouf W. 897
 Kastner C.K.A. 1060
 Kasuya Y. 212
 Kasyan G.R. 376, 377
 Kata S.G. 623, 629
 Katagiri K. 154
 Katalinic A. 34
 Katevatis A. 707
 Kato M. 212
 Kato T. 919
 Katoh S. 20
 Kaufman L. 1094
 Kaul A. 56, 1109
 Kaulke K. 302
 Kausch I. 607
 Kaushik D. 897
 Kausthubh D. 785
 Kavnoudias H. 362
 Kavoussi L.R. 97
 Kawabata S-I. 202
 Kawaguchi T. 567, 1098
 Kawahara T. 926
 Kawai Y. 794, 960
 Kawamorita N. 480
 Kawamura S. 173, 732, 749, 1063
 Kawanishi Y. 605
 Kawano Y. 3, 189
 Kawano Y. 1124
 Kawashima H. 842
 Kawauchi A. 280, 549
 Kay R. 574
 Kaygisiz O. 394
 Kazumasa M. 48
 Kazunori K. 949
 Kearsley J. 652
 Keck B. 34, 785
 Keeley F.X. 425, 797, 939, 1039
 Kelleher C. 574
 Keller H. V60
 Kelly B.D. 873
 Kelly J.D. 123, 512
 Kelly P. 834
 Kempster J.U. V66
 Kenichi K. 843
 Ken-Ichi H. 295
 Kennelly M. 693
 Kenney P.A. 1042
 Kent M. 126, 897
 Kerst J.M. 787
 Keshishev N.G. 348, 611
 Kessler T.M. 467, 702, 760, 763, 764
 Khadjavi A. 47
 Khadjibaev A. 1125
 Khajokov M. 819
 Khalaf K. 701
 Khalid T. 676
 Khalifa A.O. 86
 Khalil S.A.S. 441, 559
 Khan F. 328, 335, 1028, 1039
 Khan M.S. 239, 697, 874, 877, 1000
 Khan N. 273
 Khani F. 17, 146
 Khareba G.G. 937
 Khasigov A. 819
 Khelaia A. 257
 Kheoh T. 861, 864
 Kher V. 1019, 1020, V46
 Khiari R. 928
 Khoddari M. 477
 Kholobin D. 677
 Khoo C. 594
 Khouni H. 928
 Ki Hak M. 1092
 Kibel A.S. 217, 235, 534, 645, 768, 876, 920, 980
 Kido M. 890
 Kiely E.A. 273
 Kiemeney B. 213, 1001
 Kihara K. 121, 355, 517, 788, 830, 979, V28, V36, V78
 Kijima T. 121, 355, 517, 788, 830, 949, 979, V36
 Kikuchi E. 4, 126, 200, 897, 1047
 Kil P. 351
 Kilian J. 67
 Kilic E. 139
 Kim A. 935, 1037, 1045
 Kim B.S. 933, 1025
 Kim B.W. 933, 1025
 Kim C.S. 620
 Kim C-S. 5, 392, 653, 789, 935, 944, 1037, 1045
 Kim D. 596
 Kim D.K. 131
 Kim D.S. 1035
 Kim D.Y. 590
 Kim H.G. 131, 596
 Kim H.J. 485, 886, 944
 Kim H.S. 888
 Kim H.T. 933, 1025
 Kim H.W. 131, 596
 Kim I.K. 618, 636
 Kim J.C. 131, 596
 Kim J.H. 485, 886
 Kim J.H. 530, 989
 Kim J.H. 242, 570, 800
 Kim J.M. 660
 Kim J.S. 620, 683
 Kim J.W. 593, 597
 Kim J.W. 597
 Kim J.Y. 1085
 Kim K.D. 242, 570, 660, 800
 Kim K.H. 1096
 Kim K.M. 530, 989
 Kim K.S. 93
 Kim K.S. 666
 Kim K-W. 489
 Kim M.S. 242, 570, 800
 Kim N.S. 319
 Kim P.B.M. 1085
 Kim S.C. 609, 660, 666
 Kim S.H. 131
 Kim S.J. 1035
 Kim S.O. 620, 660, 683
 Kim S.U. 485, 886
 Kim S.W. 93, 494
 Kim T.S. 24, 396, 650

Numbers refer to abstract numbers

- Kim T-H. 933, 1025
 Kim W.J. 489
 Kim W.S. 609
 Kim W.T. 807
 Kim W-J. 807
 Kim Y. 5
 Kim Y.S. 660
 Kim Y-J. 807
 Kimm S. 719, 1072
 Kimura T. 890
 Kincius M. 642, 736
 King D. 966
 King K. 512
 King Q.M. 132
 Kingswood J.C. 318, 1139
 Kinoshita T. 301
 Kinsella J.E. 33
 Kinzikeyeva E. 98, 341, 352
 Kira S. 365, 367
 Kirchner T. 419
 Kirkels W. 997
 Kirzin S. 756
 Kishi R. 437
 Kishimoto T. 605
 Kiss B. 143, 405
 Kitajima K. 1055
 Kitamura H. 247
 Kitamura T. 212
 Kitano H. 1127
 Kitano H. 208
 Kitoh H. 395
 Kitrey N.D. 603, 604
 Kitta T. 437
 Kivinummi K.K. 299
 Kłacz J. V67
 Klaff R. 32
 Klatte T. 17, 97, 998
 Klaver M. 772
 Klein C. 407
 Klein E. 728
 Klein J. 963, 1075
 Kleinclauss F. 1014, 1114
 Kleist B. 55
 Klier J. 867
 Kliesch S. 256
 Kliment J. 972
 Klimov A.V. 943
 Klingler H.C. 97
 Klocker H. 305, 309
 Klotz D. 165, 357, 1061
 Klotz L. 26, 869, 890, 973
 Klünder M. 1078
 Kluth L.A. 16, 21, 80, 124, 126, 133, 146, 166, 426, 723, 897, 998
 Kluth M. 103
 Knabe B. 809
 Knaus H. 1082
 Kneitz B. 635
 Kniemeyer O. 910
 Knipper S. 136, 921, 922, 1026
 Knipscheer B.C. 351
 Knispel H. 128
 Knöll A. 53
 Knowles M.A. 140, 412
 Knüchel-Clarke R. 419
 Knudsen K. 205
 Knüpfer S. 760
 Ko K.J. 24, 396, 650
 Ko Y.H. 1092
 Kobayashi I. 450
 Kobayashi K. 794, 960
 Kobayashi K. 549
 Kobayashi T. 804
 Kobayashi T. 110
 Koçan H. 912
 Koch R. 416
 Koch R. 1038
 Koenig U. 675
 Koffman G. 1010
 Koga F. 121, 517, 788, V28, V78
 Kogan M.I. 81, 562, 566, 819
 Kögel D. 514
 Kogosov M. 199
 Koguchi T. 586
 Kohri K. 153, 803, 804, 805
 Koie T. 112, 173, 211, 215, 243, 245, 278, 310, 400, 567, 732, 749, 840, 845, 977, 1063, 1098
 Koizumi S. 365, 367
 Kojima S. 301
 Kojima Y. 198, 586
 Kokorovic A. 504
 Kolitsas N. 161
 Kollberg P. 40
 Kollmannsberger C. 1142
 Kolontarev K. 746
 Komeya M. 154
 Komohara Y. 189
 Kompier L.C. 1104
 Komyakov B. 281, 282
 Konety B.R. 126
 Kong H.J. 590
 Konieczny M. 1118
 Konijeti R. 217
 Konorty M. 25
 Konstantinidis C. 134
 Koo B. 1060
 Koo K.C. 988
 Kooiman G. 435
 Kook H.R. 989
 Koppers-Lalic D. 349
 Koppie T. 1043
 Korahnis N. 1009
 Körbel C. 307
 Kordan Y. 394
 Korneyev I. 786
 Kortmann B.B.M. 177
 Kosaka T. 4, 200
 Kotov V. 96, 322, 649
 Kotsonas K. 161
 Kotzsch M. 294
 Koukos S. 161
 Kovacs G. 354
 Kovchenko G.A. 348, 611
 Koves B. 449, 728
 Kovylin M. 890
 Kowalczyk A. 626
 Kozacioglu Z. 382, 606
 Kozomara-Hocke M. 763, 764
 Krajka K. 84
 Kramer G. 106
 Kramer M.W. 945
 Krämer K. 413
 Krasny S.A. 792, 1003
 Kratschmer P. 300
 Krause F.S. 785
 Krauspe R. 1118
 Kraywinkel K. 34
 Krebs J. 769
 Krebs S. 152
 Krege S. 270, 747
 Kretschmer A. 71
 Krijsing O. 349
 Krintel Petersen A.K.P. 219
 Krishnan J. 225, V9
 Kristiansen G. 996
 Krockenberger K. 23

Numbers refer to abstract numbers

Kroepfl D. 285
 Krohn A. 103
 Krombach G. 155
 Krssak M. 391
 Kruk A. 995
 Ktech N. V42
 Kubasov A. 101
 Kübler H. 726, 750, 1065
 Kubo T. 150
 Kubota H. 153
 Kubota Y. 154, 682, 755, 926
 Kuczyk M.A. 199, 647, 895, 945, 1131
 Kuenen M.P.J. 1054
 Küfer R. 146
 Kufner M. 1108
 Kühhas F.E. 391, 621
 Kühs U. 114
 Kuk C. 206, 625, 793, 890
 Kulchavenya E. 667, 677
 Kulkarni G.S. 45, 793, 852
 Kulkarni S. 329
 Kumagai J. 109
 Kumar P. 185
 Kumar P. 338
 Kumar R.K. 428, 1019, V46
 Kumar V. 658
 Kumar V. 704, 903
 Kume H. 109, 190, 212, 589
 Kunath F. 785
 Kunit T. 885
 Kuo H-C. 463, 578, 579, 580, 673, 691, 699, 1097
 Kuo J.Y. 930
 Kuo K-L. 520
 Kuo T. 85
 Kuo Y-C. 1097
 Kural A.R. 1023
 Kuratsukuri K. 842
 Kurbatov D. 228
 Kuroda S. 926
 Kuroiwa K. 843
 Kuru T. 1133
 Kushida N. 586
 Kusumi Y. 1098
 Kutikov A. 313
 Kuyucu Y. 447
 Kuzaka B. 333
 Kvist U. 157, 255

Kwiatkowski M. 206, 855
 Kwon D.D. 620, 683
 Kwon J.B. 933, 1025
 Kwon J.K. 242, 570, 618, 636, 800, 1069
 Kwon K-D. 489
 Kwon M-H. 489
 Kwon S.Y. 933, 1025
 Kwon T. 5, 392, 653, 789, 944
 Kwon T.G. 933, 1025
 Kyan A. 20, 567, 977, 1098
 Kynaston H. 670
 Kypka R. 3
 Kyriazis I. 1129, V22

L

La Croce G. 158, 498, 748, 942, V39
 La Rocca R. 275, 710
 La Vignera S. 1095
 Lacarrière E. 743
 Lacombe L. 311
 Lacoste B. 812
 Ladjevardi S. 982
 Laenen A. 634, 638
 Laerum O.D. 147
 Laguna-Pes M.P. 97, 1052, 1083
 Lahme S. 1051
 Lahoz-Garcia C. 451
 Lai E.W. 628
 Laing R. 1048
 Laird A. 197, 293, 425, 939
 Lallas C. 205
 Lam L.L. 898
 Lam T.B. 118, 681, 1044
 Lam W. 56
 Lamb A.D. 836
 Lamb B.W. 878
 Lambrecht A. 809
 Lanchbury J. 344
 Lanciotti M. 858
 Landman J. 97
 Lange D. 802
 Langenhuijsen J.F. 389
 Langetepe J. 323
 Langheinrich A.C. 155
 Langley S. 1048
 Langmuir P. 862
 Lanwehr D. 103
 Lanza G. 296

Lanzafame P. 561
 Lanzi F. 657
 Lapini A. 730, V80
 Lara-Isla A. 678
 Larcher A. 98, 265, 341, 352, 525, 825, 969
 Larner T. 128
 Larrè S. 1001
 Larson J. 428
 Larson T. 230
 Laso García I. 379, 1008, 1084
 Latonen L. 299
 Lau M.W. 51, 183, 523, 796
 Laudano M.A. 380
 Laudone V.P. 719, 1072
 Lauss M. 40, 790
 Laustsen S.L. 219
 Lavelle J. 630
 Lawrentschuk N. 28, 652, 717, 966
 Lazzeri M. 98, 341, 352, 525, 825
 Le Berre P. 694
 Le Fur E. 608
 Le Grand B. 366
 Le Nobin J. 956
 Le Stanc E. 904
 Leandersson K. 790
 Lebdaï S. 1024
 Lebret T. 118, 164, 826, 866, 904
 Ledo Cepero M.J. V49
 Lee B. 105
 Lee B.K. 530
 Lee C. 178
 Lee C. 5, 392, 653, 789, 944
 Lee C.H. 1035
 Lee C-L. 463, 578, 580, 691
 Lee D. 17
 Lee D.H. 1069
 Lee D.H. 988
 Lee D.H. 392, 653, 789, 1096
 Lee D-G. 306, 565, 1035
 Lee H. 618
 Lee H.J. 485, 886
 Lee H.M. 24, 650
 Lee H.S. 131
 Lee H-J. 693
 Lee H-L. 306, 1035
 Lee J. 954
 Lee J.K. 989
 Lee J.N. 933, 1025

Numbers refer to abstract numbers

Lee J.S. 636
 Lee J.Y. 93
 Lee J.Y. 618, 636, 1069
 Lee J-H. 565
 Lee K.S. 468, 474
 Lee M.H. 41
 Lee R.K. 21, 380, 723
 Lee S. 530, 989
 Lee S.D. 660
 Lee S.E. 530, 989
 Lee S.H. 306, 1035
 Lee S.H. 988
 Lee S.R. 324, 993
 Lee S.W. 24, 650, 1069
 Lee S.Y. 242, 570, 800
 Lee S-C. 807
 Lee S-J. 1035
 Lee Y.T. 24, 650
 Leemans A.L.G. 1076
 Leenders W.P.J. 192
 Lefebvre Y. 170
 Lefevre A. 955, 1059
 Legere L. 319
 Legman P. 955, 1059
 Legramanti S. 648
 Lehmann K. 37
 Lehtihet M. 255
 Leidenberger P. 114
 Leite L. 492
 Lelong E. 69
 Lendrum H. 879
 Lenherr O. 1051
 Lennernäs B. 982
 Lennernäs H. 982
 Lentaris K. 1074
 Leo M. 238
 Léon P. 65
 Leon Delgado C. V49
 Leonardo C. 238, 858
 León-Dueñas E. 1013
 Leong H.S. 187
 Leow J.J. 534, 876, 899, 920, 1004, 1101
 Lepetukhin A. 228
 Leppänen S-P. 299
 Leppert J.T. 630, 758
 Ler L.D. 41
 Lerner M. 808
 Lerner S.P. 178, 902

Leslie S. 828, 950, V12
 Leslie T.A. 261
 Lesovoy V.N. 937
 Lessard L. 4
 Leto A. 713, V15, V43
 Leung R. 1062
 Leveridge M. 883
 Lewis G. 821
 Leyh-Bannurah S.R. 1064
 Leyland J. 560
 Leyten G.H.J.M. 346, 351
 Lezrek M. V8
 Lho Y. 596
 Li B-J. 712
 Li B-K. 41
 Li E. 403
 Li H. 206
 Li H. 434
 Li H.Z. 754
 Li J. 655
 Li J. 864
 Li J-L. 105
 Li J-R. 917, 1126
 Li N. 39, 522
 Li N. 1142
 Li P. 627
 Li Q.X. 210
 Li X. 938
 Li Y.F. 712
 Li Marzi V. 386, 592
 Liao C-H. 496, 673
 Liao J.C. 622, 628, 630, 758
 Liao P-C. 304
 Liatsikos E. 431, 1129, V22
 Libertino J. 1043
 Liedberg F. 40, 790, 1005, 1103
 Lien D. 1061
 Lifshitz D. 25
 Lilja H. 339, 848, 859
 Lim B. 5, 392, 653, 789
 Lim J.S. 888
 Lim W.K. 41
 Lima L. 1002
 Lima S.V.C. 665
 Lin A. 434, 815, 930, 990, 1033
 Lin C-C. 815, 930, 1033
 Lin C-Y. 1126
 Lin C-Y. 156
 Lin J-F. 304, 515

Lin K-J. 1093
 Lin T-Y. 156
 Lin Y.C. 304, 515
 Lin Y-M. 156
 Linares A. 402
 Lindén M. 44
 Linder B. 64
 Lindgren D. 790
 Linn T. 155, 254
 Linxweiler J. 307
 Liske P. 1051
 Liss M. 97, 431, 1145
 Lista F. 526, 1130
 Lista G. 98, 341, 352, 825, 969
 Lister J. 701
 Little B. 703
 Liu H-T. 579, 580
 Liu J.J. 622, 630, 758
 Liu J-H. 491, 493
 Liu K-L. 1093
 Liu Y. 45
 Liu Y. 41
 Liu Z. 311
 Liukkonen T. 1107
 Liuzzi G. 711
 Lizée D. 743
 Ljungberg B. 1005, 1103
 Lluel P. 497
 Lo C-W. 1034
 Lo K. 625
 Lo Vullo S. 120
 Loblaw A. 26
 Lockwood G. 890
 Loeb S. 29, 823
 Loeser A.J. 659
 Loewen H. 285
 Lohse-Fischer A. 294
 Loidl W. 128, 723, 885
 Loiselle A. 608
 Lombardo R. 991, 1060
 Lonardi C. 224
 Longo F. V6
 Longo N. 317, 427, 432, 466, 506, 540, 737
 Lopes P. 518
 Lopez A. 630, 758
 López D. 643
 López J.D. 987
 López J.M. V18

Numbers refer to abstract numbers

López- Fando Lavalley L. 379, 393
 Lopez-Beltran A. 996
 Lopez-Cobo S. 402
 López-García S. V29
 López-Guerrero J.A. 102, 104, 343
 Lopez-Luque A. 451
 López-Pacios M.A. 134
 Lora-Pablos D. 258
 Lorch A. 1118, 1120
 Lorente D. 134
 Lorente J.A. 356, 359, 739
 Lorentz A. 1043
 Lorenzo Bermejo J. 963
 Lorient Y. 981
 Lotan Y. 17, 21, 412, 723, 897, 998
 Lounici M. 1022
 Lounici T. 1022
 Lous J.J. 851
 Loveman C. 582, 701
 Lövgren K. 40, 790
 Lovrencic-Huzjan A. 978
 Lozankovski N. 1066
 Lozano F. 899
 Lozano J.J. 149, 350
 Lozovsky M. 808
 Lu C-W. 156
 Lu H-H. 894
 Lu J-J. V68
 Lu M. 1079
 Lu Y-C. 671
 Luan Y. 491
 Lubbock A.L.R. 197
 Lucan C. 363
 Lucan M. 363
 Lucchese L. 318
 Lucianò R. 267
 Lucky M. 60
 Lucon A.M. 462
 Lucon M. 453, 454
 Ludwig T.A. 80
 Luecke K. 207, 291
 Lughezzani G. 98, 341, 352, 525, 825, 1119
 Luján M. 849
 Luka M. V80
 Lumen N. 76, 170, 1106
 Lunacek A. 669, 675
 Lunardi P. 756
 Lundebj E. 165, 357, 1061

Lundon D.J. 8, 873
 Lundström K-J. 823
 Lunelli L. V10
 Lupton B. 704
 Luque P. 708, 799
 Lusch A. 97, 1118
 Lutz K. 475
 Lv Q. 627
 Lwin S.T. 300
 Lyngdorf P. 715
 Lyons M. 560
 Lyttwin B. 37
 Lyubinsky A. 101

M

Ma H-Y. 156
 Ma Y. V12
 Maarouf A.M. 559, 820
 Maaroufi J. 928
 Maas M. 162
 Maatsugasumi T. V12
 Määtänen L. 856
 Macchi A. 137
 Macchione N. V6
 MacDougall I. 1010
 Mach K. E. 622, 628, 630, 758, 758
 Machan L. 959
 Macher-Goeppinger S. 407
 Machiela M. 289
 Macintyre G. 626
 Mackay A. 197
 MacMillan C. 187
 MacMillan L. 776
 MacNeil S. 85, 476, 486
 Madaan S. 328
 Madersbacher S. 115, 575, 1144
 Madurga Patuel B. V49
 Maeda Y. 3
 Maekawa M. 631
 Maekawa S. 212
 Maerz J. 475
 Maezawa H. 853
 Maffezzini M. 120, 791, 1116, 1119, 1123
 Magdolen V. 294
 Magestro M. 318
 Maggi M. 1086
 Maggioni C. 713, V7, V15, V43
 Magheli A. 1140

Magno C. 363
 Maher A. 1030
 Mahmalji W. 328, 335
 Mahmoud Ghanem S. 656
 Maio L. 506
 Maitland N. 844
 Majima T. 480
 Mak D. 873
 Mankanjuola J.K. 1134
 Makarevic J. 404, 513
 Makarounis K. 707
 Makarov D. 29
 Makita K. 395
 Makiyama K. 755
 Malats N. 1001
 Malavaud B. 436, 946, 1058
 Malhaire J.P. 608
 Malheiro J. 915
 Malkhasyan V. 813
 Malki M. 1021
 Malkowicz S.B. 222
 Malm J. 859
 Malmberg A. 975
 Malmström P-U. 44, 116, 122, 1001, 1005, 1006, 1103
 Malone P. 60, 62
 Malossini G. 459, 561
 Mambu L. 329
 Mamdani M. 852
 Mamode N. 1010
 Managadze G.L. 817
 Managadze L. 257
 Mancini V. 711
 Mandal A. 810
 Mändar R. 250
 Mandel P. 1043
 Mandhani A. 548, V75
 Mandressi A. 201
 Manea N.F. 745
 Maneschi F. V7
 Manferrari F. 656
 Manfredi M. 397, 615, 952, V3
 Mangera A. 594
 Mangir N. 486
 Mangolini A. 296
 Mani J. 404, 514
 Manjer J. 107, 859
 Manka L. 855
 Manley K. 903

Numbers refer to abstract numbers

- Mannu F** 47
Mannweiler S. 320
Mano R. 126, 1001
Manolas V. 797
Månsson W. 40, 790
Mansy S. 913
Mantovani A. 442
Manu M.A. 77
Marchand W. 100, 170
Marchini S. 502
Marchionni L. 847
Marchioro G. 634, 635, 638, 639
Marco-Jiménez F. 908
Marconi L. 918, 1044
Marengi C. 137, 327
Margel D. 827
Marghawal D. 90, V70
Margulis V. 17, 21
Mari A. 427, 432, 538, 540, 730, V80
Mari M. 961
Marialva C. 484
Mariani L. 120, 784, 791, 1123
Marianne S. 235
Marien A. 828, 950, V12, V32
Marina García-Tuñón C. 385
Mariño A. 417
Mark R. 203, 455
Markland A.D. 594
Markuszewski M. V67
Marques V.L.P. 916
Marroig B. 892, 925
Marsh H. 1028
Marshall S. 428
Marszalek M. 1144
Martens D. 735
Martignoni G. 314
Martin F. 1024
Martin P-Y. 1015
Martin T. 239
Martin X. 1070, V26
Martín Hernández J.M. 320
Martina R. 574
Martin-Doyle W. 899, 1004, 1101
Martinez A. 911
Martinez Arcos L. 1008
Martínez Torrecuadrada J.L. 292, 298
Martínez-Piñeiro L. 402, 786, 1007
Martínez-Rodríguez J. 1013
Martínez-Sáenz A. 368
Martinez-Sagarra Ocejá J.M. 385
Martinez-Salamanca J.I. 21, 598, 1043
Martinic-Popovic I. 978
Martins L.S. 915
Martins-Silva C. 388
Martorana G. 89, 167, 268, 427, 432, 538, 656, 727
Martov A. 808
Maruccia S. 137, 327
Marukhnenko D.V. 438
Masago T. 15, 297, 1127
Masai M. 806
Masato F. 12
Masatsugu I. 274
Masayoshi O. 919
Masieri L. 524, V80
Mason M. 975
Masood J. V6
Massard C. 862, 981
Massarwa O. 603, 604
Massenio P. 711
Massie C.E. 836
Massoner P. 309
Masson-Lecomte A. 19, 126, 545, 897
Massoud W. 545
Master V. 1043
Masuda A. 209
Masuda H. 121, 788, 1141, V28, V78
Masumori N. 247, 1091
Mateu L. 708
Mathieu R. 138, 545
Matillon X. V26
Matloob R. 253, 646, 651, 686, 744, 936, 1043
Matsubara A. 39, 208, 522
Matsugasumi T. 828, 831, 950, 985, V32
Matsui S. 395
Matsui Y. 1102
Matsukawa Y. 1089
Matsumoto H. 794, 960
Matsumoto K. 21, 126, 274, 897
Matsumoto K. 1102
Matsumoto T. 150
Matsuoka Y. 121, 355, 517, 788, 830, 949, 979, V28, V36, V78
Matsushita K. 151
Matsuyama H. 794, 960
Matsuzaki J. 926
Mattei A. 75, 748, V39
Matthies C. 1112
Mattioli S. 135
Matuszewski M. 84, V67
Matveev V.B. 728, 943
Maurer T. 726, 750
May M. 317
Mayer N.M. 834
Mazar J. 105
Mazzola C.R. 187
Mazzoli S. 459, 561
Mazzucchi E. 502
Mc Clintock T.R. V30
Mc Cue P. 205
McCabe J.E. 674
McCann L. 628
McCartan N. 360
McCarthy F. 203
McCormick R. 261
McCoy C. 980
McIlhenny C. 1021
McIntyre I.G. 272
McKenzie M. 30
McKiernan J. 1043
McLennan G. 88
McMahon S.B. 697
McNeill S.A. 197, 425, 939, 1073
McNicholas T. 341
McPhee S. 703
McPherson J.R. 41
Meacci F. 459
Mearini E. 108, V11
Meccariello C. 275
Meddings R.N. 703
Medeiros R. 1002
Medina-López R.A. 1013
Medina-Polo J. 258, 678, 1012
Meehan R.R. 293
Mege-Lechevallier F. 1070
Mehnert A. 426
Mehnert U. 760, 763, 764
Mehrazin R. 313
Mei H. 288
Meiers I. 832
Meijer R.P. 221, 787
Meineke V. 1112

Numbers refer to abstract numbers

- Meinhardt M. 294
 Meinhardt W. 221, 787
 Meiner H-P. 1075
 Meiron M. 25
 Meiyappan V. 132
 Melamed J. 956
 Melchers W.J.G. 351
 Mele F. 397, 952
 Melissari M. 735
 Mellado B. 795
 Mellon J.K. 510
 Memis A. 777, 994
 Menger M.D. 307
 Mengoni F. 167
 Mengual L. 149, 350
 Mengus C. 6
 Menon M. 217, 235, 534, 768, 876, 920, 1019, 1020, V46
 Merckx L. 170
 Meriaux C. 370
 Merigot De Treigny O. 946
 Merino I. 66, 721
 Merinov D.S. 611
 Merseburger A.S. 199, 945
 Mertens L.S. 221, 412, 787
 Meshref A. 1030
 Meskawi M. 421, 637
 Messas A. 1132, V15
 Mete U. 810
 Meyer C. 722
 Meyer M. 34
 Meyer V. V26
 Meyer-Moldenhauer W.H. 67
 Meyers J. 217, 654, 768, 876
 Meza Martinez A.I. 499, 501, 507
 Miah S. 326
 Michaelis M. 411
 Michaud S. 1014
 Michel M.S. 884, V4
 Michl U. 171, 722, 733, 742, 1049, 1064, 1071
 Middendorff R. 155
 Miernik A.J. 162, 621, 809, 924
 Mietens A. 155
 Mihai M. 77
 Mikami K. 806
 Miki K. 567
 Miki T. 280, 549, 829, 985
 Milani C. 692
 Milecki P. 869
 Millar J.L. 28, 362, 717
 Millen J. 582
 Miller F. 16
 Miller K. 128, 378, 423, 1140
 Miller M.A.W. 338
 Mills I.G. 836
 Mills R. 203
 Milonas D. 642, 736
 Milosevic M. 793
 Min G.E. 306
 Min K.S. 609
 Miñana B. 854
 Minareci S. 382, 606
 Minarik I. 872
 Minervini A. 427, 432, 524, 536, 538, 539, 540, 592, 646, 651, 730, 774, V80
 Minhas A. 521
 Minhas S. 60, 62, 159, 160, 360
 Minich A.A. 315, 792, 1003
 Minner S. 103, 117, 733
 Mio Y. 161, 252
 Mir Maresma M.C. 655
 Miranda G. 905
 Miranda-Utrera N. 1012
 Mirciulescu V. V45
 Mirone V. 35, 169, 263, 271, 275, 427, 432, 466, 506, 538, 540, 710, 718, 737, 969, 1068
 Mirtti T. 412
 Mirylenka L. 315, 1041
 Mischi M. 1054
 Mischinger J. 59, 433, 1117
 Mishra M. 205
 Mishriki S.F. 632
 Mishugin S. 728
 Mistretta A. 352
 Mistretta F. 98, 341, 374, 498
 Mitra A.P. 898
 Mitsui T. 437
 Mitsuzuka K. 173, 732, 749, 977, 1032, 1063
 Mitusov V. 81
 Miyajima A. 4, 200, 1047
 Miyake H. 12, 151, 168, 184, 194, 240, 457, 543, 833, 1055, 1138
 Miyake M. 1046
 Miyamoto T. 365, 367
 Miyashita C. 437
 Miyata Y. 195
 Miyazaki A. 194
 Miyazaki K. 395
 Miyazaki Y. 110, 202
 Miyazato M. 977
 Miyoshi E. 342
 Mizuno K. 153
 Mizuno R. 4, 200, 1047
 Mlynarczyk C. 1043
 Mmdouh A. 558
 Moaki A. 1022
 Mochizuki T. 365, 367
 Modi P. 1020
 Mogensen M.K. 731
 Mohamed S. 458
 Mohammadi-Jahani F. 481
 Mohammed N. 207, 291
 Mohan R. 628
 Mohsen M.A. 811
 Mohy El Den K. 233
 Moldoveanu C. 227, 231, V45
 Molina A. 861, 864
 Molineris I. 952
 Molinié V. 164, 826
 Molinuevo B. 661
 Molisso G. V24
 Moltzahn F.R. 905
 Monastyrskaya K. 478, 685
 Moncada I. 598
 Mondaini N. 459
 Monjotin N. 366
 Monros J.L. 418, 757
 Montanari E. V6
 Montcuquet P. 1114
 Montesinos M. 1007
 Monti C. 89
 Montiel R. V42
 Montironi R. 996
 Montorsi F. 17, 271, 723, 895, 907, 1043
 Moon D. 429, 652
 Moon D.G. 593, 597, 660
 Moon Y.T. 242, 570, 800
 Moonis M. 1142
 Moore C. 63, 353, 951
 Moore K.N. 762
 Moore R. 311
 Morales B. 531

Numbers refer to abstract numbers

Morcillo-Martin E. 95
Mordasini L. 467
Moreira P.N.S.B. 916, 918
Moreira Anderson K. 668
Morgia G. 427, 432, 538, 540, 766, 774, 891, 1095
Mori A. 1089
Mori K. 112, 211, 310, 400
Morikawa H. 1124
Morikawa N. 450
Morimoto K. 842
Morioka K. 437
Moriya K. 437
Morizane S. 15, 297, 1127
Morote J. 134, 899
Morrison T. 236
Morsi H. 556, 1030
Morsy A. 913
Mortensen J.C. 731
Moschese D. V7, V15, V43
Moschini M. 265, 271
Moseley H. 623, 629
Moskalev I. 522
Mosoyan M. 544
Mosquera Madera J. V13, V61
Mota A. 918
Mota A.J.F. 916
Motiwala H. 906
Motoshima T. 189
Mottrie A. V40
Mottrie A. 427, 429, 430, 540, 751, V16, V30, V50, V72
Mouillet G. 1114
Mourad G. 1009
Mourmouris P. 797
Movahedin M. 251
Moyano J.L. 1007
Mozer P. 65
Mrstik C. 675
Mucciardi G. 363
Muders M.H. 785
Mudraya I.S. 611
Mueller-Myhsok B. 1112
Muguruma H. 605
Mühlfeld C. 155
Muir G.H. 874, 1134
Mukanbaev K. 667
Mulders P.F.A. 192, 346, 351, 389, 786, 861

Mullane S.A. 899
Mullen P. 197
Muller B.G. 354, 1052
Müller G. 6, 456, 679
Müller L. 519
Müller M. 1075
Müller-Mattheis V. 729
Multescu D.R. V1, V45
Mundy A.R. 68, 82
Muneer A. 60, 62, 159, 160
Mungan U. 142
Muñoz E. 911
Muntañola P. 1007
Muramaki M. 295
Muraoka K. 1127
Murasawa H. 211, 400
Murata T. 2
Murez T. 1009
Murillo V. 408
Murphy C. 762
Murphy D.G. 28, 652
Mursi Hammoud K. 913, 1030
Murtola T.J. 856
Muscarà G. 363
Musch M. 285, V58
Muschter R. 128
Muselaers C.H.J. 389
Mushtaq I. 553
Mushtaq S. 816
Musquera M. 795, 1017, V17, V27, V52, V53, V56
Mustonen M.V.J. 862
Myers T. 289
Mynderse L. 230
Mytilekas K.V. 688
Myung-Soo S. 468

N

Na Y.G. 888
Nabebina T.I. 1003
Nabeeh H. 508
Naber K.G. 449, 569
Nabi G. 623, 629, 875
Naboka Y. 566, 819
Nadjimitdinov Y. 818
Nagahara A. 342, 390, 1113
Nagamatsu H. 208
Nagao K. 794, 960
Nagata M. 395

Nagel G. 107
Nagele U. 431, 612, 1108
Nagy I. 372
Naique S. 765
Nair R. 1105, 1109
Nairismägi M-L. 41
Naito S. 843
Naitoh Y. 280, 549
Naji Z. 1105
Nakagami Y. 759
Nakagawa H. 20
Nakagawa K. 1047
Nakagawa M. 301
Nakagawa T. 212, 589
Nakagomi H. 365, 367
Nakai Y. 342, 390, 1113
Nakaigawa N. 755
Nakamoto M. 985
Nakamura K. 909
Nakamura K. 450
Nakamura T. 829
Nakanishi Y. 121, 355, 517, 830, 949, 979, V36
Nakano O. 1032
Nakashima J. 759
Nakata W. 342
Nakatani T. 842
Nakayama K. 110, 202
Nakayama T. 949, V78
Nakhlé J. 410
Namima T. 20
Nanda J. 197
Nanni C. 727
Napier-Hemy R.D. 272
Napodano G. V24
Narahari K. 670
Naranov S. 81
Nardo C. 577
Narine N. 624
Narita S. 112, 173, 732, 749, 977, 1063, 1136, V77
Narita T. 278
Narvaes Barros A. 501
Nasuti P. 318
Natarajan L. 1145
Naumann C.M. 269, V34
Navarrete Ruiz A.M. 410
Navarro-Mari J.M. 451
Naya Y. 829

Numbers refer to abstract numbers

- Naya Y.** 301, 806
Nayar S.K. 10
Nazmi K. 508
N'Dow J. 681
Neal D.E. 624, 836
Neal 2nd R.E. 362
Necchi A. 57, 120, 784, 791, 1116, 1119, 1123
Nechiche F. 1022
Neels H. 880
Negoro H. 375, 1102
Nehikhare O.D. 435
Neijber A. 975
Nemade H.B. 553
Neri F. 773, 1088
Nerich V. 1114
Nervo N. V57
Nesbitt M.E. 206
Nesland J.M. 740
Netsch C. 136, 921, 922, 1026
Neuberger M. 118
Neumayer K. 475
Neutsch L. 519
Neuzillet Y. 164, 412, 826, 904, 907, 1014
Nevado M. 849
Newgreen D. 574
Neymeyer J. 378
Ng K-F. 41
Ngamsri T. 999
Ng-Mak D. 701
Nguyen D. 801, 1077
Nguyen H. 1043
Nguyen P.L. 174, 645
Nguyen Tan Hon T. 1114
Nguyen-Nielsen M. 976
Nicholas J.W.J. 326
Nicholl A. 844
Nicklas A.P. 612, 1108
Nicodemo A.C. 453, 454
Nicolai N. 57, 120, 784, 791, 1116, 1119, 1123
Nicolau C. 799
Niegisch G. 406
Niero M. 224
Nieuwenhuijzen J.A. 221, 734
Nigam R. 60, 62
Nigawara T. 400
Nigro F. 1027, V74
Nikaj H. 700
Nilsson A. V35
Nilsson P.M. 859
Nilsson S. 116
Ning Y. 547
Ninghong S. 290
Nini A. 35, 36, 263, 265, 266, 271, 487, 525, 529, 724, 969
Nishi M. 274
Nishida S. 247
Nishijima J. 794
Nishikawa G. 450
Nishikawa M. 12, 184, 1138
Nishikawa R. 301
Nishikawa T. 395
Nishimatsu H. 190, 212, 589
Nishizawa O. 1091
Nison L. 14, 19, 907, 1011
Nita G. V1, V45
Nitti V.W. 573, 577
Niu Y-N. 11, 887
Noe A. 1137
Noel J.P. 332
Noether J. 378
Nogueras-Ocaña M. 451
Noldus J. 126, 534
Noldus J. 897
Nolley R. 188
Nollo G. 561
Nolte S. 23
Nonis A. 723
Nonomura K. 437
Nonomura N. 342, 390, 919, 1113, 1139
Noon A.P. 45, 625
Noori M. 251
Nordenskjöld A. 176, 443
Nordström T. 339, 860
Norgaard J.P. 588
Nosov A. 99
Notarpietro A. 47
Nouhaud F-X. 287
Novara G. 21, 126, 226, 432, 538, 907, 1043, 1086
Novoa R. 1099
Novotny V. 316
Nozumi K. 395
Ntanos F. 585
Nucciotti R. 539
Nuese C. 809
Numahata K. 20
Numakura K. 1136, V77
Numao N. 121, 355, 517, 788, 830, 949, 979, V28, V36, V78
Nunes P. 918
Núñez L. V71
Nyberg T. 974
Nykter M. 299

O

- Öbek C.** 753
Obinata D. 2, 109
O'Brien F. 273, 834
O'Brien T. 425, 435, 939, 1000, 1121
Obruca A. 669
O'Bryan-Tear C.G. 865
Ochelenko V.A. 281, 282
Ochoa C. V57
Ochulor J. 698, 702
Ockrim J.L. 63, 70, 186, 687, 698
Oda Y. 843
Oddens J. 957, 997
O'Donnell M. 197
Oeconomou A. 688
Oelke M. 690, 772, 778, 986
Ofer P. 309
Ogawa O. 110, 202, 375, 1102
Ogawa S. 586
Ogawa T. 154
Ogonuki N. 154
Ogura A. 154
Oh C.K. 609
Oh G.T. 489
Oh K.J. 620, 683
Oh M.M. 593, 597
Ohara S. 208
Ohlmann C.H. 864
Ohlmann C.H. 119, 401
Ohno Y. 759
Othori M. 759
Ohyama C. 112, 173, 211, 215, 243, 245, 246, 278, 310, 400, 567, 732, 749, 840, 845, 977, 1063, 1098
Oiwa Y. 1124
Ojea-Calvo A. 1007, V29
Okada A. 803, 804, 805
Okada F. 297

Numbers refer to abstract numbers

Okada H. 480
 Okada K. 151
 Okamoto A. 211, 215, 278, 310, 845
 Okamoto T. 211, 243, 310, 400, 845
 Okato A. 395
 O'Kelly F. 834
 Okhunov Z. 97
 Okihara K. 280, 829
 Okinami T. 375
 Okubo H. 759
 Oliveira A. 229
 Oliveira D. 1002
 Oliveira R. 696
 Oliveira R.P.C. 916
 Oliveira T. 473
 Oliveira-Cruz L. 191
 Olivero A. 92
 Olivier C. V44
 Olkhov-Mitsel E. 625
 Olmedo T.B. V64
 Olsburgh J. 1010
 Olugbade Jr. K. 235, 654, 876, 920
 O'Mahony F.C. 197
 Omar H. 509
 Omar I. 761
 Omar M.I. 681
 Omorphos S. 62
 Omran M. 441
 Omura M. 395
 O'Neill A. 8
 O'Neill J. 229
 Onem K. 616
 Ong C.K. 41
 Ong W.L. 113
 Oosterlinck W. 76, 997
 Oosterwijk E. 177, 192, 283, 389, 511
 Oosterwijk-Wakka J.C. 192
 Orban H. 508
 Örbom A. 725
 Orczyk C. 956
 Ordaz G.O.J. 987
 O'Regan K. 834
 Orikasa K. 20, 977
 Orosa Andrada A. 379, 911, 1008, 1084
 Orsola A. 899, 1004, 1101
 Örtqvist L. 443
 Orywal A.K. 921, 922, 1026

Osaki M. 297
 Osann K. 97, 531
 Osman N. 85, 476, 483, 486
 Osman Y. 509
 Osmonov D.K. 269
 Ospina Galeano I.A. 193, 1012
 Ost P. 640
 Ostaro E. 464
 Osther P.J.S. 1023
 Osuga Y. 587
 Ota S. 20
 Otero-Tejero I. 325
 Otoshi T. 842
 Otsuka R. 587
 Otsutomo T. 1124
 Ott O.J. 785
 Ott P. 822
 Ott U. 910
 Otta R.J. V44
 Otto W. 16, 248, 286, 317, 900
 Ou Y-C. 917, 1126
 Ouchi Y. 109
 Oudard S. 861
 Oue N. 208
 Ouzaid I. 88, 225, V9
 Overton I.M. 197
 Oya M. 4, 200, 1047
 Oyen W.J.G. 389
 Özcelik H. 206
 Özdemir A.T. 965
 Özdemir B. 111, 841
 Özden C. 777, 994
 Özden E. 557
 Özgök Y. V31
 Ozkara H. 709, 753
 Özmerdiven G. 394
 Ozturk M. 801
 Ozyurek M. 148

P

Pacik D. 230
 Padhani A.R. 958
 Padrazzi B. 694
 Páez A. 849
 Paganoni A.M. 57
 Pahernik S. 128, 317, 354, 407, 1043, 1133
 Pai A. 1105, 1109
 Paick J-S. 494

Paick S.H. 306, 596
 Pailliar A. 285, V58
 Pairedy A. 574
 Pakzad M. 70, 186, 687, 698
 Palea S. 497
 Palleschi G. 386, 713, V7, V15
 Palleschi G. V43
 Palma P. 384, V63
 Palmer K. 172, 532, 644, 962, 964, 971
 Palmer S. 828, 831, 950, 985
 Palou Redorta J. 341, 408, 1001, 1007, 1043, 1099, 1100, V18, V19, V57
 Pamplona-Casamayor M. 1012
 Pan C-C. 996
 Pan Y. 622
 Panagopoulos A. 471, 797
 Panagopoulos V. 1129, V22
 Pandey A. V60
 Pandey S. V75
 Panebianco V. 824
 Pang K. 326
 Pang S-T. 41
 Panicker J.N. 702
 Pannek J. 769
 Pante J. 305
 Pantel K. 117
 Paoletti M-T. 163
 Paolini B. 120, 791
 Papa N. 966
 Papa N.P. 717
 Papageorgiou N. 607
 Papalia R. 91, V14, V20, V21, V25
 Papikinos P. 707
 Papin G. 608
 Papotti M. 340, 825, 952
 Pappagallo G. 464
 Pappot H. 147
 Parada B. 918
 Paradowska-Dogan A. 155
 Parandysz A. 924
 Pardhan S. 187
 Pareo R.M. 774
 Parikh K. 1023
 Park D.S. 324, 993
 Park H. 5
 Park H. 596
 Park H.J. 593, 597

Numbers refer to abstract numbers

- Park H.J.** 564, 602, 781
Park H.S. 593, 597
Park J. 344
Park J. 1035
Park J. 468, 474
Park J.H. 494
Park J-M. 489
Park J-S. 664
Park K. 620, 683
Park K. 494
Park N.C. 564, 602, 781
Park S. 666
Park S. 660, 666
Park S.H. 242, 570, 800
Park S.H. 609
Park S.J. 782
Park S.S. 609
Park S.Y. 1035
Park W. 596
Park Y.H. 530, 989
Park Y.K. 933, 1025
Park Y.Y. 1096
Parker C. 738, 865
Parkinson R. 947
Parma P. 524, 536, 539
Parr M. 286
Parr N. 51
Parra P. V49
Parra R.O. 719, 1072
Parsons J.K. 1145
Pascual J.I. 66, 721
Pasini L. 201
Passas Martinez J. 193
Passera R. 340
Passet J. 366
Passiou A. 881
Passoni N.M. 169, 262, 265, 529, 718, 719, 724, 1068, 1072
Pasticier G. 358
Pastidis S. 972
Pastore A.L. 713, V7, V15, V43
Patard J-J. 981
Patat F. 127
Patel A. 435
Patel B. 550, 550
Patel O. 914
Patel P. 1010
Patel V. 105, 172, 532, 644, 962, 964, 971
Patki P. 197
Patrascoiu S. 77
Patrick A. 378
Patrikidou A. 981
Patschan O. 40, 790, 1005
Pattaras J. 97
Patterson J.M. 85
Patti F. 766
Pautler S. 311
Peabody J.O. 217, 235, 768, 876, 877
Peacock M. 30
Pearce I. 879
Pearson J. 175
Peciulyte G. 642
Pedrosa E. 854
Peehl D.M. 188
Pegtel M. 349
Pehrke D. 419
Pei Y. 319
Pellegrini F. 858
Pellucchi F. 686
Pena E. V42
Peña J.A. 1018, 1100, V18, V19, V57
Peña J.J. 643
Peng C. 61
Peng R-S. 1033
Pennati M. 791
Peracchia G. 633
Perdonà S. 214
Pereira C. 964
Pereira J. 229
Pereira-Sampaio M.A. 448
Perera R. 105
Peretti M. 442
Perez Castro E. 1023
Pérez-Albacete M. 325
Pérez-Cadavid S. 678
Pérez-García F.J. 1007
Perez-Lanzac A. V49
Peri Cusi L. 795, 1017, V17, V23, V27, V52, V53, V56
Perrotte P. 421, 637, 967
Perrouin Verbe M.A. 608, V62
Perrouin-Verbe B. 694
Perry M.J.A. 56, 1105, 1109
Persad R. 676
Persing D. 628
Persu C. V45
Peschechera R. 617, 923, V5
Pesonen J.S. 594
Peter S. 995
Peters I. 199, 945
Peters J. 197
Peters R. 1140
Peters T. 1066
Petersen L.J. 731
Peterson A.C. 83, 87
Peterson C. 600
Petralia G. V38
Petralia G. 958
Petrescu A. 745
Petrov S. 99
Petrovskiy N. 542
Petrylak D. 870
Peyard S. 1139
Peyromaure M. 955, 1059
Peyronnet B. 545
Peysakhova Y. 329
Pfister C. 287
Pfister D. 867, 941
Pham A. 362
Pharoah P.P. 113
Phé V. 65
Phil Hyun S. 1092
Philippou Y. 185
Piaskowski W. V67
Picaut P. 694
Picchio M. 265, 267
Piccoli F. 561
Pichl C.M. 519
Pichler M. 317, 320
Pichon A. 164, 826
Picinotti A. 135
Pickard R. 449
Pickles T. 27
Picozzi M. 137, 327
Picozzi S. 1122
Piechaud J. 436, 946
Pieras Ayala E. V2
Pierron V. 410
Pietrantuono F. V10
Pietropaolo A. 383, 386
Pietrusinski M. 995
Pietzak E.J. 222
Pigilam S. 172, 532, 644, 962, 964, 971
Pigot G. 900

Numbers refer to abstract numbers

Pihl C.G. 848
 Pilatz A. 254, 259
 Pilcher J. 56
 Pini G. V35
 Pinthus J.H. 308
 Pinto F.C.M. 665
 Pinto R. 388
 Piper C. 867, 941
 Piqueras M. V56
 Pirozzi L. 773, 1088
 Pisano F. 1001
 Pisco J. 229
 Pittman K. 869
 Piva L. 57, 120, 791, 1116, 1119, 1123
 Pizá Reus P. V2
 Pizzirusso G. 657
 Pizzocaro G. 57
 Place J. 704
 Placer J. 134
 Placke A. 133
 Planas J. 134
 Plas E. 669, 675
 Plas P. 410
 Platt F.M. 140
 Ploumidis A. 430, V16, V50, V72
 Ploussard G. 640
 Png K.S. V41
 Poch O. 841
 Podio V. 92
 Podrazil M. 872
 Poggio M. 615, 952, V3, V40
 Pohja S. 108
 Poinas G. 1009
 Poizat F. 1050
 Pokorny M.R. 839, 947
 Pola L. 692
 Polascik T.J. 97
 Polat S. 447
 Poletajew S. 333
 Polidoro S. 47
 Polson A. 832
 Polyakov S.L. 1003
 Pompas-Veganzones N. 408
 Pomwenger W. 822
 Ponce De León J. 417
 Ponhold L. 391, 621
 Ponsky L. 361
 Poon B.Y. 859, 934

Poon S.L. 41
 Pope I. 218
 Popert R. 33, 832
 Popovic A. 978
 Porpiglia F. 92, 94, 340, 397, 429, 432, 538, 540, 615, 825, 952, V3, V40
 Porreca A. 524, 536, 539
 Porres-Knoblauch D. 419, 867, 941
 Porru D. 464
 Porst H. 600
 Porst H. 601
 Port M. 1112
 Portalez D. 1058
 Porter J. 427, 540
 Portillo J.A. 1007
 Posselt K. 43
 Potenzoni M. 735
 Poulsen J. 1134
 Pourhosein M. 251
 Pourmalek F. 220, 959
 Pourmand G. 251, 481
 Power D.P. 834
 Power N. 187
 Powles T. 197
 Pradier O. 608
 Prapotnich D. 743
 Prati A. 735
 Prencipe M. 8
 Presicce F. 238, 858
 Preto M. 931
 Prieto D. 368
 Prieto J. 762
 Prieto L. 1087
 Prisco R. 470
 Privitera S. 891, 1095
 Probert C.S.J. 676
 Probst K.A. 401
 Proietti S. 617, 695, 700, 771, 923, V5
 Pronk D. 54
 Protheroe A. 861
 Protzel C. 52, 55
 Pruthi R. 1043
 Pruvot F.R. 1011
 Pryalukhin A.E. 594
 Pu Y-S. 22, 520, 671
 Pucheril D. 217, 235
 Puech P. 1011

Puetzer B.M. 52
 Pultrone C. 89, 268, 656
 Pummer K. 320, 723
 Punab M. 250
 Punwani S. 951
 Puolakka V-M. 1107
 Pupi A. 730
 Püschel H. 521
 Pushkar D.Y. 376, 377, 746, 890
 Pycha A. 126, 419, 998

Q

Qi F. 105
 Qian C-N. 41
 Qiu W.Q. 9
 Quadrini F. 383
 Queiroz Juveniz J.A.Q.J. 901
 Quentin M. 948, 1057
 Quicios C. V47, V51, V55
 Quoc-Dien T. 21

R

Rabenalt R. 948, 1057
 Rachel H. 203
 Racioppi M. 224
 Radavoi G.D. 745
 Rademakers K.L.J. 584, 690, 986
 Radmayr C. 669, 675
 Radomski S. 577
 Radulescu C. 163, 164
 Radzikowska E. 1139
 Radziszewski P. 333, 694, 786
 Raffelsberger W. 841
 Rafiq M. 903
 Ragab A.A. 559
 Raggi D. 57
 Ragni F. 94
 Rahm-Liebig G. V60
 Rai A. 235, 876
 Rais-Bahrami S. 431
 Rajyaguru D. 550
 Rakel S. 514
 Ralph D.J. 716
 Raman J.D. 17, 907
 Raman L. 672
 Ramani V.A.C. 51, 183, 523, 796
 Ramaswamy K. 1043
 Ramírez-Backhaus M. 102, 104, 343, 418, 757

Numbers refer to abstract numbers

- Ramón De Fata F. V76
 Ramoner R. 305
 Ramos-Montoya A. 836
 Rana D. 624
 Randazzo M. 855
 Randi G. 524
 Randone D.F. 340
 Rangel A.E.O. 665
 Rannikko A. 27
 Ranzoni S. V10
 Rao K. 652, 914
 Rao S.R. 300
 Raquel M. 448
 Rashid T. 186
 Rashid T.G. 687
 Rashidov M. 1125
 Rasner P. 746
 Raspolini M.R. 536
 Raßler J. 23, V66
 Rassweiler J. 963, 1075, 1131, V31
 Rassweiler M-C. 1075, V4
 Ratcliffe N. 676
 Ratert N. 139
 Rathkopf D. 861, 864
 Rauchenwald M. 575, 1144
 Raugei A. 592, 730
 Rausch S. 59
 Raven F. 370
 Raventos C.X. 899
 Rawal S. 429
 Ray E. 1000
 Raynaud J-P. 164, 826
 Razmaria A.A. 126
 Razvi H. 1023
 Rebibo J.D. 69
 Rebollo-Mesa I. 1010
 Recio P. 368
 Recker F. 206, 855
 Redondo C. 526
 Reeves F. 652
 Regeniter A. 456
 Regge D. 952
 Regina C. 253, 714
 Regis F. 646, 651
 Regureos S.R. 486
 Rehrauer H. 478, 685
 Reid J.E. 344
 Reimers K. 180
 Reinfeldt Engberg G. 176
 Reis F. 470
 Reiter M. 404
 Reljic A. 978
 Remer E. 88, 655
 Remzi M. 17, 21, 907
 Renard J.E. 1015
 Renauleaud C. 410
 Rendon R. 311, 625, 897
 Rennesund K. 165, 357, 1061
 Renninger M. 999
 Rentsch C.A. 521
 Renz H. 254
 Resche-Rigon M. 743
 Reva S. 99
 Reyburn H. 402
 Reyes O.D. V64
 Rha K. 431
 Ribal M.J. 118, 149, 350, 795, 1017, V17, V23, V52, V56
 Ribeiro A.S. 368
 Ribeiro C.T. 448
 Riccetto C. 384, V63
 Ricci E. 1070
 Ricciardulli S. 524, 754
 Richard F. 65
 Richard P.O. 311, 319
 Richaud P. 975
 Richstone L. 431
 Ricos J.V. 418, 757
 Ridder A. 574
 Riddick A.C.P. 128, 197
 Riedmiller H. 659
 Rieken M. 6, 17, 21, 124, 126, 146, 166, 456, 679, 723, 897, 998
 Riera Canals L. 499, 507
 Riethdorf S. 117
 Rifaoglu M.M. 616
 Rigatti P. 942, 1128
 Rigaud J. 7
 Rigo-Watermeier T. 407
 Riikonen J. 594
 Rijpkema M.J.P. 389
 Rink M. 16, 117, 426, 897
 Rintala E. 116, 1006, 1107
 Rio Tinto H. 229
 Rioja Sanz C. V65
 Rioja Zuazu J. 95, 752, V65
 Rioux-Leclercq N. 17
 Ripoli A. 713, V15, V43
 Rippinger P. 812
 Rischmann P. 358, 398, 399, 436, 472, 641, 756, 946
 Ritter M. V4
 Rivera E. 178
 Riveros M. V42
 Rizzello M. V15
 Rizzo M. 224
 Robb A. 230
 Robert M. 455
 Roberts G. 504
 Robertson C. 972
 Robinson B. 17, 146, 1062
 Robinson R. 183, 523, 796, 882
 Robinson S. 906
 Robles J.E. 66, 721
 Robson C.N. 510
 Rocchini L. 714, 744
 Rocco B. 172, 317, 524, 532, 539, 644, 964, 971
 Rochester M.A. 13
 Rode J. 1014
 Rödel C. 785
 Rödel F. 411
 Roder M.A. 345
 Rodriguez A.M. 477
 Rodriguez H. V48
 Rodriguez O. 408
 Rodríguez M. V51
 Rodríguez P.M. V47
 Rodríguez Faba O. 1016, 1018, 1043, 1099, 1100
 Rodríguez Ramirez E.G. 501
 Rodríguez Toves L.A. 385
 Rodríguez-Antolín A. 258, 854
 Rodríguez-Molina J. 1007
 Rodríguez-Patrón R. 393, 911
 Rodríguez-Rubio F. 95
 Rodríguez-Socarrás M. V29
 Rodríguez-Vela L. V65
 Rodriguez Cabello M.A. 379, 1008
 Roelink J. 128
 Roelofs L.A.J. 177
 Roethke M. 1133
 Rogenhofer M. 419
 Rogers C. 428, 429
 Rogers E. 273
 Roghmann F. 126, 534, 637, 645, 654, 768, 897, 967

Numbers refer to abstract numbers

Rolevich A.I. 315, 792, 1003, 1041
 Rollin G. 472, 946
 Rolo F. 918
 Romagnoli C. 1133
 Romagnoli D. 167
 Roman S. 483
 Romano A.L.L. V10
 Romão A. 473
 Romeo L. 1017
 Romero I. V76
 Romero M. 773, 1088
 Romero-Otero J. 258
 Roobol M.J. 27, 851, 857
 Roos F.C. 321, 647
 Roseiro A. 918
 Rosell D. 66, 721
 Rosell J. 32, 1005
 Rosenbaum C. 80
 Rosenblatt R. 116
 Rosenfeldt F. 362
 Rosenkrantz A.B. 956
 Rosety Rodriguez J. V49
 Roshdy H.M. 814
 Rosier P.F.W.M. 689, 984
 Rosik L. 406
 Roskams T. 373
 Roslan M. V67
 Ross A.E. 847
 Rossetto O. 696
 Rossi D. 720
 Rossi De Vermandois J.A. 695, 700, 771
 Rosso M. 524
 Roth B. 125
 Roth H. 652
 Rottenburg G. 832
 Rouanne M. 904
 Rouard H. 599
 Roubert P. 410
 Rouget C. 497
 Roumeguère T. 170, 1094
 Roumigué M. 545, 641, 756, 946
 Rouprêt M. 14, 19, 21, 65, 545, 897, 907
 Rouse R.V. 622
 Rouvellat P. 472, 946
 Rouvière O. 354
 Rovereto B. 432
 Royce P. 362

Rozen S. 41
 Rozenberg B.B. 469
 Rozendaal L. 349
 Rozendaal L. 734
 Rozet F. 19, 743
 Rozis G. 159, 160
 Rozniecki M. 995
 Ruan Y-J. 491
 Rübber H. 419
 Rubenwolf P. 659
 Rubin M.A. 146
 Rubio-Briones J. 102, 104, 343, 418, 757
 Rubio-Martínez L. 102, 104
 Rud E. 165, 357, 831, 1061
 Rudin Y.E. 438
 Ruf C.G.A. 1112
 Ruff L. 582
 Ruffion A. 19
 Ruhotina N. 217, 235, 534, 551, 645, 654, 768, 876, 920
 Ruibal M. V48
 Rukin N.J. 1029
 Ruljancich P. 966
 Rummeny E.J. 726
 Ruppén-Cañas I. 292, 298
 Rusinek H. 956
 Russell R. 836
 Russo A. 158, 374, 525, 686, 714, 936
 Russo A. 409
 Russo F. 735
 Russo F. 952
 Russo G.I. 766, 774, 891, 1095
 Russo G.R. 296
 Russo P. 1043
 Rutz B. 369, 885
 Ryan C.J. 861, 864
 Rynja S.P. 439
 Ryoo H.S. 24, 396, 650
 Ryu J. 653
 Ryu J.H. 242, 570, 800
 Ryu J-K. 489

S

Saad F. 780
 Saad F. 861
 Saad Z. 62
 Saar M. 119, 188, 307

Sabharwal K.V. 658
 Sabourin J-C. 287
 Sacerdote C. 47
 Sachdeva A. 415
 Sachin A. 548
 Saeb-Parsy K. 624
 Saenz E. V71
 Sæter T. 740
 Safavi M. 481
 Sagalowsky A. 17, 412
 Saglam R. V31
 Sahai A. 697
 Sahin S. 465
 Sahoo D. 622
 Saidani M. 1022
 Saifelnasr M. 798
 Saito J. 395
 Saito K. 121, 355, 517, 788, 830, 949, 979, V28, V36, V78
 Saito M. 1136, V77
 Saito T. 1081
 Saiura A. 1141
 Sakai H. 195
 Sakamaki K. 926
 Sakamoto S. 806
 Sakellariou C.A. 10
 Sakr A.M.N. 441, 559, 1110
 Salagierski M. 100
 Salciccia S. 824
 Saleh O. 592, 730
 Salem E. 78
 Salem E.A. 820
 Salem H.K. 811
 Salem N. 1050
 Salinas J. 1087
 Sallusto F. 946, 1014
 Salman J.W. 27, 851, 857
 Salomon G. 171, 354, 722, 742, 1049, 1053, 1071
 Salomon L. 163, 641, 1014
 Salonia A. 158, 214, 253, 267, 487, 488, 529, 714
 Salvador C. 134
 Salvador R. 799
 Salvatore S. 386
 Salvi M. 730, V80
 Salvia G. 774
 Salvini E. 383

Numbers refer to abstract numbers

- Salvioni R. 57, 120, 784, 791, 1116, 1119, 1123
- Samans B. 152
- Samarasekera D. V9
- Samarceva E. 99
- Samavedi S. 962
- Samavedi S.S. 172, 532, 644, 964, 971
- Sameti S. 460
- Sammer U. 760, 763, 764
- Sammon J.D. 217, 235, 534, 551, 645, 654, 768, 876, 920
- Sampaio F.J.B. 444, 445, 446, 448, 665, 668, 892, 925
- Samuelli A. 536
- Sanchez L. V42
- Sánchez Hurtado M.A. 95
- Sánchez Margallo F.M. 95
- Sanchez-Carbayo M. 408
- Sanchez-Salas R. 634, 638, 639, 743
- Sand P.K. 577
- Sandblom G. 32
- Sanders J. 412
- Sandhu J.S. 1072
- Sangale Z. 344
- Sangalli L.M. 57
- Sangalli M. 1128
- Sangar V.K. 51, 183, 523, 796
- Sanguedolce F. 958, V6
- Sanseverino R. V24
- Santià S. 931
- Santiago Martin M. 317
- Santoni G. 695
- Santos L. 518, 1002
- Santos S. 513
- Santti H. 594
- Sanz G. 343
- Sanz Mayayo E. 393
- Sapre N. 626
- Sarhane G. 928
- Sarica K. V31
- Sarikaya S.S. 557
- Sarkar S. 878
- Sarode G.V. 152, 568
- Sarsotti C. 384
- Sartor O. 865, 870
- Sasaki S. 153, 805
- Satake N. 759
- Satalan R. V1
- Satar N. 447
- Satasivam P. 652
- Satkunasivam R. 793
- Sato M. 342
- Sato N. 247
- Sato S. 437
- Sato T. 154
- Sato Y. 805
- Sato Y. 48, 586
- Satoh M. 18, 1032
- Satoh S. 1136, V77
- Satoh T. 48
- Satya M. 628
- Sauer R. 785
- Saussez T. 812
- Saussine C. 128
- Sauter G. 103, 344, 419, 722, 733, V37
- Sauter M. 1139
- Savenkov V.I. 937
- Savio A. 625
- Sawodny O. 1078
- Scalici Gesolfo C. 409
- Scaravilli M. 299
- Scardino P.T. 262, 354, 719, 859, 1072
- Scattoni V. 35, 36, 529, 744, 825
- Schaeffer E.M. 847
- Schagdarsurengin U. 152, 568, 846
- Schalken J.A. 149, 303, 346, 351, 469
- Scharpf M. 419, 433
- Schattka S.O. 607
- Schepers K. 180
- Scher H.I. 861, 864
- Scherer R. 199
- Scherr D. 21, 146, 723, 897
- Schiavina R. 89, 167, 268, 432, 538, 656, 727, V69
- Schiffmann J. 218, 421, 527, 637, 967, 1049, 1071, V37
- Schilling D. 419
- Schimmöller L. 948, 1057
- Schipper R. 786
- Schips L. 317, 431, 536, 773, 858, 1088
- Schlemmer H.P. 1133
- Schlomm T. 103, 171, 344, 416, 733, 742, 1071, V37
- Schmelz H-U. 1112
- Schmid K. 419
- Schmid M. 217, 323, 426, 551, 645, 654, 768, 876, 920, 1064, 1082
- Schmidlin F. 410
- Schmidmann I. 321
- Schmidt S. 207
- Schneevoigt B. 46
- Schneider T. 513
- Schneidewind L. 1082
- Schoen P. 866
- Schoenberg M. 25, 178
- Schoenthaler M. 162, 809, 924
- Scholfeld D. 585
- Schostak M. 128
- Schrader A.J. 647
- Schrader M. 647
- Schramek P. 723
- Schreiber A. 369, 885, 889, 896
- Schrijvers D. 861
- Schröder F.H. 851, 947
- Schubert M. 760
- Schubert T. 21, 380
- Schulte-Baukloh H. 583, 693
- Schultheiss D. 254
- Schulz W.A. 406
- Schulze M. 963
- Schuppe H-C. 254, 259
- Schüttler C. 259
- Schwaiger B. 323
- Schwaiger M. 726
- Schwaninger R. 841
- Schwartzmann I. 1018
- Schwentner C. 16, 59, 114, 126, 433, 1117, 1129
- Schwerfeld-Bohr J. 270, 747
- Sciarra A. 824
- Scibelli G. 506
- Scieri F. V10
- Scirè G. 442
- Scoffone C.M. 610
- Scremin E. 1027, V74
- Sebastianelli A. 1086, V80
- Secco S. V38
- Secondini C. 841
- Sedelaar J.P.M. 640
- Sefat F. 483
- Segal S. 1139
- Segersten U. 44, 122

Numbers refer to abstract numbers

- Seidel C. 199, 1140
 Seifer P. 568
 Seiler D. 723
 Seiler R. 143, 264, 405
 Seisen T. 14, 907
 Seitz C. 21, 166, 723, 998
 Sejima T. 15, 297, 1127
 Seki N. 301
 Sekiya S. 202
 Selim M. 86
 Semenyakin I. 813
 Semercioz A. 801, 1077
 Semini G. 252
 Semjonow A. 423
 en V. 142
 enbabao lu Y. 912
 Senghaas N. 433
 Senyurt H. 1118
 Seo J. 782
 Seo J. 596
 Seo S.I. 24, 650
 Seo W.I. 609
 Seow C.Y. 802
 Seppänen M. 1107
 Sepulveda Sanchez J.M. 193
 Serati M. 386
 Sergi F. 232
 Seric V. 978
 Serino A. 158, 253, 714
 Serni S. 427, 524, 536, 539, 540, 592, 646, 730, 1086, V80
 Serra N. 615, V3
 Serrano-Margüello D. 368
 Serrao E. 1060
 Serretta V. 409, 1001
 Serth J. 199
 Servilina I. 562
 Servoll E. 740
 Sesbouë R. 287
 Seth J.H. 702
 Sevag D. 655
 Sevcenco S. 106, 391, 621
 Sevdalis N. 878
 Severi G. 717
 Severin S.E. 348
 Seveso M. 201, V5
 Sewell J.M. 126
 Seyhan S. 801
 Sgrò E. V73
 Shaaban A.A. 223
 Shabbir M. 33, 60
 Shah H.N. 130
 Shah P.J.R. 63, 70, 186, 687, 698, 761
 Shah R. 130
 Shah S. 878
 Shahin A.M.S. 500, 559, 820, 1110
 Shaker H. 233, 798
 Shan M. 865
 Shangichev A. 81
 Shao P. 541
 Shar L. 163
 Shariat S.F. 14, 17, 21, 106, 124, 126, 146, 166, 271, 317, 391, 412, 621, 723, 897, 907, 998, 1001, 1043, 1086
 Sharifi N. 897
 Sharma D. 50, 56, 1134
 Sharma N. 655
 Sharma N.L. 836
 Shaw G. 836
 Shayegan B. 954
 Shchukin D.V. 937
 Sheikh N. 980
 Shen S.S. 902
 Shepherd S. 866
 Shergill I. 816
 Sherif A. 116, 118
 Shervashidze N. 257
 Shiau A-L. 244
 Shieh G-S. 244
 Shiga Y. 1124
 Shigemura K. 457, 833
 Shigeta Y. 806
 Shigetomi E. 365
 Shih W. 600
 Shih Y-C.T. 174
 Shikuma H. 208
 Shim B.S. 1096
 Shim M.S. 935, 1037, 1045
 Shimbori M. 1124
 Shimizu H. 631
 Shimokata H. 587
 Shimomura M. 342
 Shin S.J. 24, 396, 650
 Shinmei S. 208
 Shinojima T. 4
 Shintaku I. 18, 20
 Shiota M. 843
 Shiraishi T. 838
 Shirakawa T. 457
 Shkabko O.V. 348
 Shoji K. 208
 Shoji S. 38, 828, 950, 985, V12, V32
 Shokeir A. 505, 508
 Shore N.D. 870, 980
 Shoukry A.I. 556, 814, 1030
 Shouman A.M. 556, 1030
 Showalter T. 205
 Shrotri N. 128
 Shu K-H. 917
 Shulkes A. 914
 Sicuro O. V73
 Siddiqui E. 573
 Siddiqui K.M. 187
 Sidi A.A. V79
 Sieczkowski M. V67
 Siemer S. 119, 401, 647
 Siena G. 432, 538, 730, V80
 Sierocinski T. 898
 Sievert K-D. 419, 577, 1078
 Siew E.Y. 41
 Signorovitch J. 1142
 Sikdar N. 289
 Silecchia G. V15
 Silva C.L. 484
 Silva J.M. 1007
 Silva V.M. 518
 Silva-Costa W. 445, 446
 Silva-Ramos M. 783, 915
 Silverman P. 38
 Silvestre R. 492
 Silvestri L. 713, V7, V15, V43
 Simaioforidis V. 177, 283
 Simaska T. 642
 Simeone C. 317, 427, 524, 536, 539, 646, 648, 651
 Simmons L.A.M. 951
 Simms M. 844
 Simoes I. 484
 Simões P.M.C. 916
 Simon R. 103
 Simón C. V55
 Simone G. 91, V14, V20, V21, V25
 Sinescu I. 77
 Singh S. 548, 810
 Singhal P. 801, 1062, 1077

Numbers refer to abstract numbers

- Singla M. 658
Siracusano S. 224
Sitkin I. 228
Sivkov A.V. 348
Sjoberg D. 934
Sjödahl G. 40, 790
Sjöstedt E. 44
Skarecky D. 531
Skinner E.C. 622, 898, 905
Skolarikos A. 471, 797
Skouros S. 252
Skrobot S. 1099, 1100
Skuginna V. 143, 405
Skulcius G. 736
Slawin K. 728
Slimani A. V8
Sloff M. 177
Smailyte G. 642
Smaldone M.C. 313
Small E.J. 861
Smeulders N. 553
Smit F.P. 351
Smith D.C. 870
Smith H. 821
Smith J.A. 863
Smith M.R. 861, 869
Smith N.D. 126, 178
Smith R. 362
Smith R.A. 10
Smith Z.L. 222
Smits G.A. 957
Snijders P.J.F. 54
So A.I. 30, 220, 959
Soave A. 117
Socias T. 191
Sodano M. 536, 648
Soebadi D. 482
Sofikitis N. 161, 252
Sohn M. 337
Soker S. 484
Sokhi H. 958
Sokolakis I. 688
Solanki R. 613
Soligo M. 386
Soliman K.A. 554
Solomon E. 687
Solsona E. 102, 343, 418, 757, 1007
Soma F. 20
Somani B.K. 632, 670, 1031
Somford D.M. 957
Sommariva M. 464
Sommerauer M. 23
Somov P. 183
Song C. 935, 944, 1037, 1045
Song K.H. 888
Song K-M. 489
Song M. 468, 474
Song S.H. 5, 666
Song Y. 938
Song Y. 843
Song Y.S. 485, 886
Sontag A. 778
Sood A. 217, 235, 534, 551, 645, 654, 768, 876, 920, 1019, 1020, V46
Sooriakumaran P. 640, 974
Sopeña-Sutil R. 678
Sørensen H.T. 976
Soria Galvez F. 95
Sorlozano-Puerto A. 451
Sorrenti V. 891
Soslaev R. 562
Sosnowski M. 535, 995
Sosnowski R. 226
Sotelo Noguera R. V71
Soto Villalba J. V49
Souid B. 1022
Soukup T. 878
Soukup V. 1001
Soulié M. 398, 399, 436, 472, 641, 756, 946
Sousa V. 916
Sousa Escandon A. 72
Southgate J. 175
Souvatzoglou M. 726
Sozzi F. 1128
Spagnoli G. 6
Spahn M. 125, 634, 635, 638, 639, 1043
Spaliviero M. 934
Spatafora P. 730
Sphan M. 1001
Spiekermann M. 1111
Spiliopoulos G. 256
Spinoit A-F. V50
Spisek R. 872
Sprick M. 407
Springer C. 431
Sproul D. 293
Sridhar S. 793
Sriprasad S. 328, 335, 1028, 1039
Srivastava A. 548
Srougi M. 453, 454, 462, 502, 901
Stabiano S. 317
Staehler M. 1143
Stagni S. 57, 120, 791, 1116, 1119, 1123
Stainier A. 812
Stakhovsky E. 96, 322, 649
Stakhovskiy O. 96, 322, 649
Stambler N. 728, 870
Stanescu F. 227, 231
Stanevsky Y. V79
Stanisic S. 701
Staskin D. 574
Stattin P. 29, 107, 823
Stavrou S. 161
Stefanescu R. 1132
Steffens S. 647
Steger K. 846
Stein R. 225
Steinberg G. 178
Steineck G. 974
Steiner M.S. 863
Steiner T. 910
Steinfeld K. 155
Steinmair M. 305
Steins A. 180
Stenzl A. 16, 59, 114, 419, 433, 999, 1078, 1117
Stergiopoulos S. 1142
Steuber T. 171, 722, 742, 1064, 1071, V37
Steurer S. 722, 733
Stewart F. 1044
Stewart G.D. 197, 293, 425, 624, 939, 1073
Stewart J. 560
Steyerberg E.W. 1104
Stief C.G. 46, 71, 317, 369, 419, 885, 889, 896, 1143
Stifelman M.D. 428, V30
Stöckle M. 119, 286, 307, 401, 423, 647, 864
Stocks T. 107
Stoeckigt C. 320
Stoehr R. 900

Numbers refer to abstract numbers

Stojakovic T. 320
 Stolz J. 728
 Stolzenburg J-U. 128, 431, 533,
 1073, 1129, 1131, V22
 Stone S. 344
 Stork B. 883
 Strada E. V38
 Strand S-E. 725
 Stranne J. 848, 850
 Stratton M. 41
 Strauss A. 286
 Stravodimos K.G. 1023
 Stredele R.J.F. 1066
 Streuli J.C. 1066
 Stricker P.D. 361
 Strittmatter F. 369, 885, 896
 Stubendorff B. 43, 910
 Stucki P. 75
 Stucky P. 748
 Student V. 728
 Studer U.E. 182, 264, 953, 1115
 Sturch P. 435, 832
 Su C-K. 917, 1126
 Suardi N. 35, 36, 262, 263, 266, 267,
 271, 525, 969, 970, 1068, 1122
 Suárez Novo J.F. 417, 501
 Subramonian K. 458
 Sugihara T. 109, 589
 Sugimoto M. 843, 1124
 Sugimura K. 1055
 Sugino Y. 1102
 Sugiyama R. 682, 684
 Suh J-K. 489
 Suh N. 5
 Sujenthiran A. 123
 Sukegawa G. 1141
 Sukonko O.G. 315, 792, 1003, 1041
 Sukumar S. 217, 235, 534, 551, 645,
 654, 768, 876, 920
 Sul C.K. 888
 Sulejman S. 801, 1077
 Sulser T. 1131
 Sumitomo M. 450
 Sun M. 124, 174, 218, 421, 635, 637,
 723, 967
 Sun Y. 828, V32
 Sun Y. 431
 Sung H.H. 24, 650
 Sung W-K. 41

Supiot S. 7
 Sur H. 276
 Surcel C. 77, 640, 786
 Sureka S. 548
 Susani M. 621
 Sussman D.O. 577, 583
 Suyama T. 631
 Suzuki M. 212
 Suzuki M. 212, 589, 1081
 Suzuki T. 1089
 Suzuki Y. 212
 Suzuki Bellucci C. 764
 Svindland A. 165, 831, 1061
 Swallow E. 1142
 Swami S. 624
 Swartz F. 633
 Sweeney P.S. 273, 834
 Sykes J. 890
 Sylvester R. 997, 1001
 Syme R. 717
 Szabados B. 1143
 Szarvas T. 106
 Szucs M. 863

T

Ta A. 717
 Taari K. 856
 Tabares J. V55
 Tabata K. 274
 Tabata Y. 375
 Tachibana M. 759
 Tagci S. 994
 Taglialatela D. 275
 Taguchi K. 803, 804
 Taha D-E. 223
 Tahbaz R. 323
 Tähtinen R.M. 594
 Tai B.C. 672
 Tai C-Y. 894
 Tai J. Y. 563
 Tailly T. 100
 Taimen P. 1
 Tait C.D. 183
 Takagi T.T. 655
 Takahashi A. 247
 Takahashi H. 890
 Takahashi N. 567
 Takahashi S. 2, 109, 1055, 1091
 Takahashi S. 838

Takahashi S. 567
 Takahashi W. 3
 Takai K. 909
 Takai S. 1089
 Takanobu M. 3
 Takashi K. 1102
 Takayama K. 2, 109
 Takayama K. 1136
 Takeda A. 20
 Takeda M. 365, 367, 853, 1091
 Takenaka A. 15, 161, 252, 297, 1127
 Takeshita H. 121, 949, 979, V36, V78
 Takeuchi Y. 631
 Takeya M. 189
 Takizawa I. 759
 Talamini R. 224
 Talat Z. 753
 Talimi S. 37
 Tammela T.L.J. 299, 594, 856, 862,
 982
 Tan B.W. V41
 Tan P. 41
 Tan T.W. V41
 Tan W.S. 512
 Tanaka H. 355
 Tanaka K. 457, 543, 833
 Tanaka K. 202
 Tanaka N. 1046
 Tanaka N. 631
 Tanaka T. 842
 Tanase F. 745
 Tandoğdu Z. 449
 Taneja S.S. 956
 Tang B. 875
 Tang Q. 938
 Tanguay S. 311
 Tao J. 627
 Tapia A. 385
 Taplin M-E. 861
 Tas S. 465
 Tasca A. 1027, V74
 Taşçı A.İ. 465, 912, V31
 Tasian G. 555
 Tasleem A.M. 328, 335, 1028
 Taubert H. 294, 785
 Tavares A. 1002
 Tavares Da Silva E.M.C.L. 916
 Taverna G. 201, 617, 923, V5
 Tay S.T. 41

Numbers refer to abstract numbers

- Taylor C. 1134
 Tazi H. V8
 Teh B.T. 41
 Tei H. 168
 Teishima J. 208
 Tejero Bajador A. 752
 Tejido-Sánchez A. 678
 Teleb M. 559, 1110
 Temanni R. 841
 Templeton A.J. 793
 Ten Haken B. 1076
 Tenaglia R. 464
 Tenke P. 449, 728
 Tennstedt P. 103, 171, 344, 420, 527, 742, 1049, V37
 Terada N. 110, 202, 838, 1102
 Terao H. 926
 Terayama Y. 400
 Terrone C. 314, 432, 536, 538, 646, 651, 936, 1043
 Tessarolo F. 561
 Tetsutaro H. 403
 Tevzadze K.G. 817
 Tewari A.K. 723, 1062
 Tewari P. V75
 Tezval H. 945
 Thalmann G.N. 111, 125, 143, 182, 216, 277, 405, 467, 841, 1115
 Thangasamy I.A. 883
 Thebault C. 477
 Thederan I. 171, 742, 1071
 Theil G. 207, 291
 Thiery-Vuillemin A. 1114
 Thieu W. 1043
 Thiongane A. 410
 Thiruchelvam N. 226
 Thiry S. 812
 Thissen A. 867, 941
 Thoeny H.C. 953
 Thoma M. 286
 Thomas A. 128, 129
 Thomas C. 321
 Thomas K. 1000
 Thomassin Piana J. 720, 1050
 Thomas-Wright S.J. 816
 Thompson L. 947
 Thompson P. 336, 1134
 Thomsen F.B. 345
 Thomson K.R. 362
 Thong A.E. 188
 Thorpe A. 128, 129
 Thottakam B.M.V. 624
 Thoulouzan M. 641, 946
 Thoulouzan M. 608
 Thum M.Y. 159, 160
 Thuret R. 1009, 1014
 Thüroff J.W. 198, 321, 647
 Tian Z. 421, 637, 967
 Tiburtius C. 136, 921, 922, 1026
 Tidu L. 201
 Tienza A. 66, 721
 Tietze S. 424
 Tikishvili E. 344
 Tikkinen K.A.O. 594
 Tilki D. 1043
 Tillier C. 31, 528
 Tillou X. 1014
 Timberg G. 250
 Timsit M.O. 1014
 Tinay I. 148
 Tiong H.Y. 672
 Tiscione D. 561
 Tjalma W. 880
 Tobar V. 1017
 Tobisawa Y. 112, 211, 243, 245, 310, 400, 840, 845
 Tochigi T. 20, 732, 749, 1063
 Todd M. 864
 Todenhöfer T. 16, 59, 114, 126, 433, 1117
 Toffoli L. 224
 Toft B.G. 345
 Togliardi E. 1123
 Toi A. 852
 Toide M. 949
 Tokui N. 246, 400
 Tolf A. 982
 Tomaszewski J.J. 313
 Tombal B. 170, 422, 634, 638, 639, 812, 868
 Tominaga M. 367
 Tomisaki I. 150
 Tomlinson D. 412
 Tong D. 1056
 Topazio L. 386
 Torelli T. 57, 120, 791, 1116, 1119, 1123
 Torigoe T. 247
 Tornblom M. 234
 Torrecilla Ortiz C. 499, 501, 507
 Torres A.M. 911
 Torres G.M. 849
 Torretta F. 409
 Tortolero-Blanco L. V29
 Tosco L. 74, 170, 634, 638, 639, 868
 Toshihide M. 48
 Tosi N. 657
 Touijer K. 262, 719, 1072
 Tozawa K. 803, 804
 Trabulsi E. 205
 Trachtenberg J. 206, 827, 852
 Traczyk M. 995
 Traish A. 705
 Tran T.A. 725
 Traudtner K. 573
 Triantafyllou M. 953
 Triche T.J. 898
 Trifard F. 138
 Trilla E. 134
 Trinh Q-D. 217, 235, 534, 551, 645, 654, 768, 876, 920
 Trovato S. 1095
 Trucchi A. 991
 Trudeau V. 218, 421, 637, 967
 Trumpp A. 407
 Truong L.D. 902
 Truss M. 317
 Tsai T-F. 304, 515
 Tsampalas S. 161
 Tsaui I. 404
 Tschan K. 264, 1051
 Tsiouprou M. 881
 Tsvian A. V79
 Tsvian M. 97, V79
 Tsoumanis P. 252
 Tsounapi P. 161
 Tsuboi S. 246, 845
 Tsuchiya N. 173, 749, 1063, 1136, V77
 Tsui J.F. 594
 Tsui K-H. 837
 Tsumura H. 48, 274
 Tsuruta H. 303, 1136, V77
 Tubaro A. 128, 129, 204, 214, 238, 317, 773, 858, 991
 Tuccio A. 538, 730, V80
 Tugcu V. 465

Numbers refer to abstract numbers

Tuhkanen K. 1107
 Tuken M. 801, 1077
 Tulchinsky E. 510
 Tuna B. 142
 Tunesi S. 936
 Tuomela J. 1
 Tupikina N.V. 376, 377
 Turbi C. 598
 Turegün F.A. 709
 Turkeri L. 148
 Turner B. 624
 Turo R. 140
 Turri F.P. 711
 Turrini F. 47
 Tursi J.P. 715, 716
 Tutolo M. 267, 271, 422, 744, 970
 Tutrone R. 863
 Tyler R.C. 980
 Tympner C. 419

U

Ubee S.S. 875
 Ubré A. 356, 359, 739
 Ucciero G. 214
 Uchida Y. 1047
 Uchida Y. 949
 Ückert S. 895
 Ueda T. 806, 829
 Uegaki M. 110
 Uemura H. 755
 Uemura M. 342, 390, 1113
 Ueno Y. 1055
 Ukimura O. 10, 38, 828, 831, 950, 985, V12, V32
 Ullén A. 116
 Ulmer H. 107
 Ulmert D. 859
 Umeda K. 1124
 Umemoto Y. 153
 Unda M. 1007
 Ünliür E. 912
 Unteregger G. 307
 Upadhyay R. 658
 Urakami S. 1141
 Urano T. 2, 109
 Uras F. 148
 Usami M. 805
 Uzzo R.G. 313

V

Vaarala M. 1107
 Vaessen C. 545
 Vagnoni V. 167, 268, 727
 Vaid M. 159
 Vainer B. 345
 Valdagni R. 27
 Vale P. 484
 Valentine R. 623
 Valeri A. 19, 608, V62
 Valerio M. 361, 738
 Valés-Gómez M. 402
 Valle Díaz De La Guardia F. 1080
 Vallier C. 1050
 Vallo S. 411, 514
 Valotto C. V33
 Valta M.P. 188
 Van Aggelpoel T. 662
 Van Agt S. 1014
 Van Andel G. 997
 Van Apeldoorn A.A. 180
 Van Baalen S.J. 1076
 Van Cleynenbreugel B. 74, 877
 Van De Beek C. 997
 Van De Rijn M. 622
 Van Den Bergh R.C.N. 31, 640
 Van Den Bos W. 354, 1052
 Van Den Broeck T. 100, 634, 638, 639
 Van Der Aa F. 284, 373, 482, 495
 Van Der Aa M. 900
 Van Der Heijden A.G. 118, 149, 511
 Van Der Heijden M.S. 787
 Van Der Kwast T. 45, 206, 412, 625, 793, 852, 890, 900, 996
 Van Der Meulen J. 123, 353, 415, 951
 Van Der Pluijm G. 841
 Van Der Poel H.G. 31, 221, 528, 634, 638, 639, 751, 787
 Van Der Wel N. 521
 Van Haverbeke J. 170
 Van Hemelrijck M. 33
 Van Hout B. 129
 Van Hove A. 1050
 Van Kampen M. 74
 Van Kerrebroeck P.E.V. 584, 772
 Van Kessel K.E.M. 1104

Van Koeveringe G.A. 370, 584, 690, 986
 Van Kuppevelt T.H. 177, 283
 Van Leenders A. 900
 Van Leeuwen T.G. 1052, 1083
 Van Maanen R. 574
 Van Moorselaar R.J.A. 349, 734
 Van Muilekom E. 31, 528
 Van Oort I.M. 346, 351, 640, 957
 Van Poppel H. 74, 284, 422, 634, 635, 638, 639, 868, 877
 Van Rhijn B.W.G. 221, 412, 521, 787, 900, 1001
 Vanberg M. V58
 Vander Eeck K. 1001
 Vanella L. 891
 Vanoyen P. 170
 Vanstreels E. 373
 Varda B. 217, 235, 534, 551, 645, 654, 768, 876, 920
 Vardi Y. 603, 604
 Varenhorst E. 32
 Varga G. 230
 Varkarakis J. 1001
 Varona Crespo C. 292, 298
 Varshanidze L.O. 817
 Varvello F. 314
 Vasilchenko M. 813
 Vasilevich V. 792
 Vaughan C.P. 594
 Vavasis P. 471
 Vázquez J.J. V55
 Vázquez-Alba D. 368
 Vecchione A. 204
 Veenboer P.W. 572
 Velagala S.R. 568
 Velis J.M. 66, 721
 Veltri A. 100
 Vendeira P. 492
 Venderbos L. 27, 31, 851
 Veneziano D. V73, V80
 Venkat Namuduri A. 44
 Ventimiglia E. 158, 253, 714
 Venugopal S. 326
 Vera-Donoso C.D. 908
 Vergara I.A. 898
 Verges A. V59
 Verghe D. 1043
 Vergouwe Y. 1104

Numbers refer to abstract numbers

Vergunst H. 351, 957
 Verhaegh G.W. 303
 Verhoest G. 138
 Vermandel A. 662, 880
 Vermeulen S.H. 213
 Verne J. 50
 Verze P. 224, 275, 710
 Veskimäe E. 118
 Vespasiani G. 774
 Vesprini D. 26
 Viaene A. 770
 Vianello A. 695
 Vicéns Morton A.J. 417, 499, 501, 507
 Vicente-Antón J.S. 908
 Vicentini C. 502
 Vickers A.J. 126, 339, 859, 897
 Vidal Faune A. 1115
 Vidaña Tubau V. V2
 Videira P. 518
 Vignolini G. V80
 Viitanen J. 1107
 Vila Reyes H. 499, 501, 507
 Vilaseca Cabo A. 1017, V17, V23, V27, V52, V53
 Vilhelmsson Timmermand O. 725
 Villa L. 35, 158, 253, 488, 525, 714, 744, 825, 893
 Villacampa Auba F. 193
 Villari D. 592
 Villavicencio H. 1016, 1018, 1099, 1100, V18, V19, V57
 Villegas J. 191
 Villers A. 358, 1011
 Vincendeau S. 138
 Viola M. 633
 Vis A.N. 734
 Visakorpi T. 299
 Visalli F. 224
 Vit V. 230
 Vitelli D. 730
 Viterbo R. 313
 Vitruk I. 96, 322, 649
 Vittori G. 238, 427, 538, 539, 651, 730, V80
 Vittorini G. 536
 Viviano L. 735
 Vizziello D. 36, 263, 529, 724, 970
 Vlachopoulos C. 707

Vlachopoulou E. 161, 252
 Vlatkovic L. 740, 831
 Voce S. 774
 Voepel H. 1082
 Vogelzang N.J. 870, 980
 Volkmer B.G. 146
 Volkmer J.-P. 622
 Volkova M.I. 943
 Volpe A. 314, 429, 430, 646, 651, 751, 936, V16, V30, V50, V72
 Vom Dorp F. 419
 Von Bar I. 316
 Von Below C. 982
 Von Der Maase H. 147
 Von Eggeling F. 910
 Von Hardenberg J. 884
 Von Klot C. 945
 Von Moos R. 869
 Von Ruetten T. 277
 Von Rundstedt F.C. 902
 Vordos D. 126, 897
 Vorobyov N. 101
 Voskanyan G.A. 571
 Voylenko O. 96, 322, 649
 Vuorela A. 862
 Vuruskan H. 394

W

Waalder G. 740
 Wach S. 785
 Wada Y. 3, 189
 Wadhwa K. 1060
 Wagenlehner F.M.E. 254, 449, 568, 569, 741, 846
 Wagenpfeil S. 750, 1065
 Wagg A.S. 381
 Wagner W. 1112
 Wagrell L. 234
 Wählin N. 443
 Wahlqvist R. 116
 Waidelich R. 317
 Walcher U. 1108
 Waldhör T. 115
 Waldkirch E.S. 895
 Waliszewski P. 741, 846
 Walker H. 844
 Wallace E. 628
 Wallen E. 1043
 Walshe T. 959
 Walter M. 910
 Walter M. 760
 Walters C. 573
 Waltregny D. 625
 Walz J. 720, 1050
 Wang B.J. 754
 Wang H.-H. 1093
 Wang J. 938
 Wang J.K. 547
 Wang J.P. 1056
 Wang K. 11, 887
 Wang M. 11
 Wang S.-G. 491, 493
 Wang S.-M. 22
 Wang S.-S. 917, 1126
 Wang T. 491, 493
 Wang T.-M. 1093
 Wang X. 1142
 Wang Y.B. 1056
 Wang Y.L. 663
 Wang Y.Z. 403
 Wang Z. 1079
 Ward J.F. 354
 Warren A.Y. 836
 Wassberg C. 982
 Watanabe H. 1124
 Watcyn-Jones T. 704
 Watkin N. 50, 56
 Watson R.W.G. 8
 Watson-Holmes A. 560
 Webb D.R. 966
 Webb M. 1010
 Weber F. 533
 Webster G.D. 83, 87
 Weerakoon M.T. 28
 Wegener G. 945
 Wegenkittl S. 822
 Wehrberger C. 115, 575
 Wei Q. 179
 Wei R. 869
 Wei Y. 793
 Weidner W. 152, 155, 162, 254, 259, 568, 741, 846
 Weikert S. 1140
 Weinberger S. 378
 Weirich G. 750
 Weisbach L. 117
 Weiß C. 884
 Weiss C. 785

Numbers refer to abstract numbers

Weiss J. 982
 Weissman I.L. 622
 Weisstanner C. 467
 Weizer A. 17
 Welbourn W. 344
 Wells C.M. 239
 Wen J.G. 663
 Wen Y.B. 663
 Wencker A. 291
 Weng W-H. 41
 Wenzel P. 103
 Werner L. 899
 Werstuck G. 308
 Westenfelder K.R. 863
 Wester H-J. 726
 Wetherell D.R. 966
 Wetterauer C. 521
 Wetterauer U. 162, 809, 924
 Wetterwald A. 111, 841
 Weyne E. 495
 Wezel F. 175
 Wheeler T.M. 902
 Whelan L. 585
 Whelan P. 972
 Whitburn J. 331
 White J.W. 834
 White M. 1145
 Wickramarachchi R. 326
 Widmer A. 679
 Wiegel T. 422, 423
 Wieland W. 419, 900
 Wiest R. 467
 Wijkstra H. 1054
 Wijkström H. 1006
 Wiklund F. 860
 Wiklund P. 860, 974, V35
 Wilhelm K. 43
 Wilhelm K. 924
 Wilhelm S. 865
 Wilkins J. 1134
 Williams J.P. 387
 Williams K.G. 1029
 Williams R. 816
 Williams S.T. 1036
 Willie C. 187
 Willis S. 353
 Wilson A. 624
 Wilson J.R. 236
 Winter C. 1118, 1120

Wirth E.M. 519
 Wirth M. 34, 294, 302, 316, 317,
 413, 416, 423, 1038
 Wirth M. 519
 Wiseman O. 503
 Withington J. 503
 Witjes J.A. 118, 149, 511, 786, 957,
 1001
 Witjes W.P.J. 786
 Wittmer C. 733, V37
 Witzsch U. 128
 Wolf E. 152
 Wolf G. 910
 Wöllner J. 769
 Wolski Z. 535
 Wong A. V19
 Wong E. 628
 Wong S.C. 563
 Woo H.H. 883
 Wood C. 17, 1042
 Wood R. 591
 Woodhouse C.R. 185
 Wooster R.F. 836
 Worst T.S. 884
 Wrana J.L. 45
 Wright A. 1029
 Wright I. 954
 Wright J.L. 174
 Wu C-F. 41
 Wu C-L. 244
 Wu C-W. 894
 Wu H.H.H. 930
 Wu S. 49, 141, 288
 Wu Y-N. 496
 Wudy S. 155
 Wuethrich P.Y. 182, 216
 Wülfing C. 90, V70
 Wullich B. 286, 419, 785
 Wunderlich H. 43, 647, 910
 Würdinger T. 349
 Wyler S. 6, 97, 679
 Wyndaele J.J. 662, 880

X

Xambre L. 915
 Ximénez-Embún P. 292, 298
 Xing L. 663
 Xing N. 11, 887
 Xu D.F. 547

Xu H. 493
 Xu J. 206
 Xu Y.M. 663
 Xue H. 403
 Xylinas E. 17, 21, 124, 126, 146,
 166, 723, 897, 907, 998, 1001,
 1043

Y

Yabe M. 586
 Yacoubi R. 14
 Yagihashi Y. 567, 1098
 Yakovlev P. 786
 Yakupoglu Y.K.Y. 557
 Yakut E. 801, 1077
 Yalcin V. 753
 Yamada Y. 280, 549, 829, 985
 Yamada Y. 450
 Yamada Y. 109, 589
 Yamagishi T. 853
 Yamaguchi K. 151
 Yamamoto H. 211, 215, 310, 400,
 845
 Yamamoto R. 1124
 Yamamoto S. 1141
 Yamamoto T. 1089
 Yamamoto H. 278
 Yamanaka K. 919
 Yamanaka M. 605
 Yamanaka R. 208
 Yamasaki T. 1102
 Yamashita M. 833
 Yamashita S. 18, 20
 Yamaya K. 246
 Yamazaki H. 209
 Yanagibayashi A. 209
 Yang C.M. 990
 Yang C-K. 917, 1126
 Yang J. 493
 Yang S.S-D. 1034
 Yang W.J. 485, 886
 Yang W-H. 244
 Yang Y. 152
 Yao A. 15, 297, 1127
 Yao M. 755, 926
 Yap T.L. 60, 159, 160, 360
 Yapp C. 300
 Yashi M. 209
 Yassin A. 705, 780

Numbers refer to abstract numbers

Yassin D-J. 705, 780
 Yassin M. 576
 Yasuda K. 926
 Yasuhisa F. 949
 Yasui T. 803, 804, 805
 Yasui W. 208, 522
 Yates D.R. 907
 Yavascaoglu I. 394
 Yazbek Hanna M. 203, 455
 Ye D.W. 210
 Ye Z-Q. 491, 493
 Yeh S-D. 894
 Yehia E. V54
 Yigit A. 1077
 Yilmaz Y. 382
 Yim M. 914
 Yin C. 627, 940
 Yin G.N. 489
 Yin L. 547
 Yiou R. 477, 599
 Yip M. 652
 Ylipää A. 299
 Yokomizo Y. 755
 Yokonishi T. 154
 Yonese J. 631, 1141
 Yoneyama M. 246
 Yoneyama T. 173, 211, 215, 278,
 310, 400, 567, 749, 845, 1063,
 1098
 Yoneyama T. 112, 211, 243, 245,
 310, 400, 840, 845
 Yong-Hong L. 61
 Yonguc T. 382, 606
 Yoo D.S. 1035
 Yoo E.S. 933, 1025
 Yoo K.H. 306
 Yoon C.Y. 593, 597
 Yoon H. 1096
 Yoon H.S. 1096
 Yoon J.H. 609
 Yoon Seob J. 1092
 Yorukoglu K. 142
 Yoshida K. 48
 Yoshida M. 587, 1091
 Yoshida S. 121, 355, 517, 788, 830,
 949, 979, V36, V78
 Yoshikawa K. 1098
 Yoshikawa T. 110
 Yoshimura K. 110, 1102

Yoshimura N. 480
 Yoshino H. 301
 Yoshioka K. 759
 Yoshiyama M. 365
 Yossepowitch O. 640
 You D. 5, 392, 653, 789, 944
 Younus A. 344
 Youssoufian H. 870
 Youssoufian H. 728
 Yu C-C. 917
 Yu E.Y. 863
 Yu H.S. 620, 683
 Yu K-J. 41
 Yu L. 1
 Yu M.K. 861
 Yu T-M. 917
 Yu W. 41
 Yuan H. 179
 Yuan Y-F. 41
 Yuasa T. 1141
 Yüçetaş E. 912
 Yüçetaş U. 912
 Yuki H. 209
 Yun J.H. 485, 886
 Yun S-J. 807

Z

Zabala J.A. 1007
 Zacchero M. 524, 936
 Zachalski W. 84
 Zacho D. 731
 Zaffaroni N. 791
 Zaffuto E. 35, 36, 169, 271, 686, 969
 Zahran M.H. 223, 508
 Zai-Shang L. 61
 Zaki M. 78
 Zakri R. 312
 Zambaldo S. 442
 Zampieri N. 442
 Zandegiacomo S. 201
 Zanni G. 686, 942
 Zanon L. 727
 Zanon M. 1128
 Zanutelli T. 648
 Zaramella S. 524, 536, 539
 Zargar H. 428
 Zargar H. 30, 959
 Zarraonandia Andraca A. V48
 Zastrow S. 294, 316, 317
 Zattoni F. 427, 1086, V33
 Zaum M. 1118, 1120
 Zayed A. 441
 Zdravic D. 625
 Zegna L. 314, 651
 Zehnder P. 125, 277, 905
 Zeiai S. 176
 Zeidman R. 582
 Zeiler S. 785
 Zelenkevich I. 315, 1041
 Zelhof B. 272
 Zeng Y. 838
 Zennami K. 450
 Zerbib M. 19, 146, 897, 955, 1059
 Zeybek N.D. 461
 Zhang C. 712
 Zhang K-Q. 712
 Zhang M. 1079
 Zhang W. 299
 Zhang X. 754
 Zhang Y. 491, 493
 Zhang Y.S. 663
 Zhao F. 380
 Zhao H. 188
 Zhao Y. 1079
 Zhegalik A. 792
 Zheng Y. 583
 Zhong Y. 1142
 Zhou J. 577
 Zhou J. 1079
 Zhou L. 938
 Zhou Z. 1079
 Zhou-Wei L. 61
 Zhu Y. 210
 Zhuan L. 491, 493
 Ziegler A. 23
 Zielonke N. 115
 Ziemba J. 555
 Zigeuner R. 317, 320, 907, 1043
 Zi-Jun Z. 61
 Zi-Ke Q. 61
 Ziloochi M. 251
 Zimmermann R.P. 822
 Zimmermann U. 1131
 Zlotta A.R. 45, 206, 412, 625, 793,
 827, 852, 890, 900
 Zondervan P.J. 1052, 1083
 Zonnenberg B.A. 1139
 Zorn K.C. 235

Numbers refer to abstract numbers

Zouari M. 928
Zreik A. 623, 629, 670, 680
Zubatkina I. 101
Zucchi A. 317
Zudaire J.J. 66, 721
Zuiverloon T.C.M. 1104
Zumbe J. 23
Zwarthoff E.C. 1104
Zyczkowski M. 924

Numbers refer to abstract numbers

Abstract sorted by Topic

Adrenals

394, 395, 396, 397, 398, 399, 400, 401, V50, V54

BPH

Basic research

685, 885, 886, 887, 889, 890, 891, 892, 893, 894, 895, 896

Evaluation

1090, 1092, 1093, 1094, 1095, 778, 783, 888, 983, 984, 985, 988, 989, 990, 991, 993

Intervention therapy

127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 238, V36, V65, V66

Medical therapy

1086, 1088, 1089, 1091, 1097, 1098, 237, 567, 772, 773, 774, 775, 776, 777, 779, 780, 781, 782, 994

Education

535, 765, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, V29, V47

Female urology

Basic research

461, 475, 476, 477, 483, 484, 486, 697

Diagnosis

376, 383, 386, 387, 687, 688

Treatment

366, 377, 378, 379, 380, 381, 382, 384, 385, 463, 464, 468, 481, 578, 585, 691, 692, 703, 704, V62, V63

History of urology

325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338

Infectious diseases

449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 561, 562, 563, 564, 565, 566, 568, 569, 571, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 823

Infertility

151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 250, 251, 252, 253, 254, 256, 257, 259, 260

Kidney transplantation

Basic research

290, 908, 909, 910, 911, 912, 913, V49

Clinical

1009, 1010, 1011, 1012, 1013, 1014, 1016, 1017, 1018, 1019, 1020, 915, 916, 917, 918, 919, V46

Male incontinence

1087, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, V64

Neuro-urology

Basic research

364, 367, 368, 370, 371, 372, 373, 374, 480, 482, 485, 683, 684, 695, 696, 699

Diagnosis and treatment

467, 663, 693, 694, 698, 700, 702, 760, 761, 762, 763, 764, 766, 768, 769, 770, 771, 987

New technologies and techniques

1075, 1076, 1077, 1078, 1081, 1083, 1084, 1085, 1124, 1128, 1129, 1130, 1131, 1132, 1133, 470, 473, 822, V12, V27, V30, V32, V41, V53, V59, V67, V68, V79

Non-neurogenic voiding dysfunction:

Basic research

365, 369, 375, 469, 474, 478, 586, 682, 388, 462, 465, 572, 573, 574, 575, 576, 577, 579, 580, 582, 583, 584, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 686, 689, 690, 701, 986

Paediatric urology

437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 548, 549, 550, 551, 552, 553, 554, 555, 556,

557, 558, 559, 658, 659, 660, 661, 662, 664, 665, 666, 667, 668, 669

Penile cancer and penile disorders

50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, V71

Prostate cancer

Basic research: Cell biology

102, 104, 108, 11, 213, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 8, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 103, 105, 106, 107, 109, 110, 111, 112, 113, 114, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 340, 343, 1, 10, 12, 2, 3, 363, 4, 5, 6, 7, 862, 9, 975

Imaging and new techniques

1048, 1049, 1050, 1052, 1054, 1055, 1057, 1058, 1059, 1060, 1061, 1062, 722, 725, 726, 727, 728, 729, 730, 731, 758, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 961, V38

Management of metastatic disease

262, 263, 264, 265, 861, 863, 864, 865, 867, 868, 869, 870, 872, 973, 974, 976, 977, 981, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 534, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 982, 645, 755, 979, 980, 1063, 1064, 1065, 1066, 1068, 1069, 1070, 1071, 1072, 1073, 1074, 16, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 266, 267, 268, 269, 270, 271, 415, 416, 417, 418, 419, 420, 421, 422, 423, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 746, 747, 749, 750, 751, 753, 754, 757, 759, 960, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, V33, V35, V37, V40

Pathology and biopsies

732, 733, 734, 735, 737, 738, 739, 740, 741, 742, 743, 744, 745, 826, 828, 831, 832, 833, V34

Numbers refer to abstract numbers

PSA, urinary and other markers

339, 341, 342, 344, 345, 346, 347, 348, 349, 350, 351, 352

Screening and diagnosis

1051, 1053, 1056, 560, 570, 736, 824, 825, 827, 829, 830, 834, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860

Staging

717, 718, 719, 720, 721, 723, 724

Renal tumours**Basic research**

1035, 187, 188, 189, 190, 191, 192, 193, 194, 195, 197, 198, 199, 200, 286, 287, 288, 289, 291, 292, 293, 294, 295, 296, 298, 914

Diagnosis

297, 311, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 389, 390, 391, 392, 393

Focal ablative treatment

100, 101, 97, 98, 99

Medical treatment

1136, 1138, 1139, 1140, 1141, 1142, 1143, 1144, V17, V23, V56, V75

Surgical treatment: Non organ sparing

1036, 1037, 1038, 1039, 1041, 1042, 1043, 1044, 1045, 1046, 1047, 1137, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, V73, V74, V76, 312, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 536, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 88, 89, 90, 91, 92, 93, 94, 95, 96, V18, V19, V20, V21, V22, V24, V25, V26, V48, V55, V57, V70, V80

Sexual dysfunction**Basic research**

258, 487, 488, 489, 491, 492, 493, 494, 495, 496, 497, 498, 709

Diagnosis and treatment

162, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 705, 708, 710, 711, 712, 713, 714, 715, 716, V69

Stones**ESWL**

810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821

Medical/research

797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809

Open and percutaneous

499, 500, 501, 503, 504, 505, 506, 507, 509, 610, 611, 612, 613, 615, 616, 617, 618, 619, 620, V3, V4, V42, V43, V8

Upper tract benign disease

272, 502, 614, V2

Ureteroscopy

1021, 1022, 1023, 1024, 1025, 1026, 1027, 1028, 1029, 1030, 1031, 1032, 1033, 1034, 920, 921, 922, 923, 924, 925, 926, 928, 929, 930, 931, 933, V1, V31, V45, V5, V6

Testis tumours

1111, 1112, 1113, 1114, 1115, 1116, 1117, 1118, 1119, 1120, 1121, 1122, 1123

Trauma

1125, 1134, 1135, 273

Unclassified and miscellaneous topics

1015, 1082, 1096, 1126, 1127, 1145, 183, 216, 255, 261, 466, 471, 472, 508, 707, 748, 752, 756, 866, 972, 978, V39, V44, V51, V52, V7

Urethral strictures, urethroplasty and genital reconstruction

1079, 75, 76, 77, 78, 80, 81, 82, 83, 84, 85, 86, 87, V60

Urinary reconstruction - upper urinary tract and bladder

175, 176, 177, 179, 180, 182, 184, 185, 186, 225, 274, 275, 276, 277, 278, 280, 281, 282, 283, 284, 285, V58, V9

Urothelial tumours**Basic research**

1008, 139, 140, 141, 142, 143, 146, 147, 148, 149, 150, 239, 242, 243, 244, 245, 246, 247, 248, 249, 39, 402, 403, 404, 405, 406, 407, 408, 409, 41, 410, 411, 412, 413, 42, 43, 44, 45, 46, 47, 48, 49, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 796

Diagnosis

1000, 23, 40, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632

Management of infiltrative/advanced tumours: Non surgical management

126, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, V14, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 13, 15, 17, 178, 18, 19, 20, 21, 214, 215, 217, 218,

Numbers refer to abstract numbers

Abstract sorted by Topic

219, 22, 220, 221, 222, 223, 224, 794, 795, 999, V10,
V11, V13, V15, V16, V28, V61, V72, V77, 1001, 1002,
1003, 1004, 1005, 1006, 1007, 1099, 1100, 1101, 1102,
1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110, 14, 240,
25, 633, 995, 996, 997, 998, V78

Staging

24, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907

Numbers refer to abstract numbers

Sessions sorted by Topic

Andrology

60, 62, 65, 80, 81, 106, 107, 118, 129, 130, 145, 146, 197, 198, 216, 217, 233, 234, 321, 333, 357, 399, 406, 412, 420

Bladder cancer

57, 62, 69, 88, 89, 104, 105, 108, 118, 124, 125, 128, 137, 140, 141, 144, 153, 154, 155, 174, 183, 184, 221, 222, 267, 279, 280, 295, 296, 308, 311, 312, 321, 340, 345, 360, 373, 409, 411

LUTS/BPE

65, 71, 117, 126, 127, 142, 143, 246, 247, 277, 278, 293, 294, 309, 310, 329, 382, 383, 391, 407, 410, 415, 419, 422

Functional urology

60, 61, 63, 64, 67, 71, 74, 75, 76, 92, 93, 94, 95, 113, 114, 118, 166, 167, 168, 169, 180, 195, 196, 212, 213, 214, 215, 230, 231, 232, 237, 238, 239, 245, 321, 328, 332, 339, 363, 375, 376, 381, 385, 386, 393, 401, 414, 425

History

120, 161

Infections

59, 115, 116, 191, 192, 193, 194, 210, 211, 228, 229, 299, 300, 408, 418, 426

Kidney transplantation

57, 63, 67, 111, 112, 177, 182, 187, 188, 206, 207, 281, 297, 298, 321, 334

Paediatric urology

68, 118, 176, 189, 200, 208, 209, 227, 299, 300, 321, 369, 401

Penis/testis

90, 91, 109, 119, 153, 154, 155, 240, 313, 314, 340, 344

Prostate cancer

57, 60, 61, 63, 65, 68, 69, 72, 74, 76, 82, 83, 86, 87, 100, 104, 105, 109, 117, 122, 123, 131, 132, 138, 139, 147, 148, 157, 158, 162, 163, 164, 165, 172, 182, 185, 186, 201, 204, 205, 210, 211, 223, 224, 235, 236, 241, 242, 243, 244, 254, 255, 256, 257, 258, 259, 264, 265, 266, 269, 270, 271, 272, 273, 274, 287, 288, 289, 290, 291, 292, 304, 305, 306, 307, 319, 320, 321, 327, 330, 336, 337, 340, 353, 358, 367, 372, 379, 400, 404, 405, 409, 410, 416, 417, 419, 421, 423

Reconstructive urology

57, 106, 133, 134, 175, 260, 263, 268, 350

Renal tumours

57, 74, 96, 99, 100, 104, 105, 108, 117, 135, 136, 151, 152, 156, 159, 160, 170, 171, 175, 187, 188, 206, 207, 225, 226, 262, 284, 285, 301, 302, 303, 308, 317, 318, 321, 340, 342, 347, 363, 377, 402

Robotic surgery

67, 68, 99, 100, 101, 111, 117, 173, 181, 182, 289, 290, 315, 316, 364, 370, 388, 392, 413, 424

Stones

61, 67, 72, 73, 76, 99, 100, 101, 102, 103, 117, 121, 174, 182, 199, 200, 218, 219, 220, 250, 251, 252, 253, 261, 282, 283, 299, 300, 308, 321, 335, 355, 374, 390, 403

Trauma

174, 331

Urothelial tumours

66, 84, 85, 117, 202, 203, 321, 352, 365

Numbers refer to page numbers

List of Speakers (not abstracts)

A

Abbou C-C., 57, 69, 70
 Abdullin I., 96
 Abol-Enein H., 63, 64, 331
 Abrahamsson P-A., 61, 319
 Abrams P., 237, 339
 Adshead J., 424
 Ahlgren G.M., 404
 Aho T., 419
 Akdogan B., 286
 Akilov A., 72, 73
 Al-Hamdani N., 63
 Al-Kohlany K., 64
 Albers P., 155, 240, 344
 Albersen M., 195
 Alcaraz A., 57, 262, 345, 403, 417
 Alchinbayev M.K., 72
 Algaba F., 108, 340
 Ali A., 116
 Ali-El-Dein B., 221
 Andersson K-E., 180, 414
 Annerstedt C.M., 99, 100, 388, 392
 Annino F., 388
 Anson K.M., 329
 Apostolidis A., 286
 Arlandis Guzman S., 408
 Artibani W., 57, 63, 64, 237, 370
 Arver S., 406
 Atallah K., 69, 70
 Attard G., 417
 Attyaoui F., 69
 Aulitzky W., 60, 357
 Axcrona K., 306
 Ayubov B., 72
 Azzouzi A.R., 423

B

Babjuk M., 153, 311, 360, 411
 Bach T., 391
 Bachmann A., 126, 382, 383
 Baco E., 115
 Baldassarre E., 118
 Bangma C.H., 321
 Barber N., 383
 Bardan R.T., 387
 Bartoletti R., 115
 Bassetti M., 418
 Bastian P., 306
 Batista J.E., 230

Bedke J., 135
 Beer A., 266
 Benejan Gual J., 383
 Bensalah K., 424
 Berthold D., 273
 Bex A., 225, 342
 Bjartell A., 109, 289
 Bjerklund Johansen T.E., 59, 115, 336
 Black P., 221
 Bliwise D., 401
 Bogaert G.A.S., 369
 Bollens R., 377
 Boorjian S., 348
 Borkowski T.A., 273
 Bossi A., 164, 264, 353
 Boström P.J., 295
 Brassetti A., 382
 Brausi M., 104, 175
 Breda A., 175, 335, 387
 Bres-Niewada E.K., 237
 Briganti A., 60, 266, 416
 Brock G., 410
 Brookman-May S.D., 117
 Brunken C.R., 383
 Bruyere F., 383
 Buchholz N.N-P., 63, 335
 Bucuras V., 199, 391
 Buffi N.M., 364, 388
 Burchardt M., 243
 Burger M., 140
 Burgos Revilla F.J., 334
 Burkhard F.C., 60, 237, 350
 Burnett A.L., 80
 Burri A., 420

C

Cahill D., 424
 Calais Da Silva Junior F., 147
 Campbell S., 262
 Capitan Manjon C.M., 382
 Capitanio U., 159
 Carbone A., 137
 Carey B.M., 109, 358
 Carlsson S.V., 271
 Carson C., 233
 Castro-Diaz D.M., 68, 385
 Cathelineau X., 156, 172, 343
 Catto J.W.F., 68, 84, 181, 338, 348

Cechová M., 118
 Çek H.M., 59, 191
 Celia A., 201
 Cervigni M., 408
 Cetinel B., 168
 Cha T-L., 61
 Challacombe B.J., 364
 Chamssuddin A.K., 63
 Chapple C.R., 71, 79, 98, 328, 414
 Chartier-Kastler E., 239, 268, 376
 Chiruvella M., 67
 Chkhotua A.B., 72, 297
 Chlosta P., 218, 387
 Chowdhury S., 405
 Chun F.K-H., 162
 Cindolo L., 218, 383
 Claessens F., 82, 259
 Clarke N.W., 104, 155, 223, 344, 417
 Collins J., 181
 Coloby P., 69, 70
 Compérat E., 124, 153, 279, 340
 Conort P.J., 391
 Cooperberg M.R., 86, 338, 348
 Cornu J-N.L., 348, 382
 Costa A., 264
 Costantini E., 332
 Coyne K., 415
 Crawford D., 406
 Cruz F.R., 76, 231, 238, 375, 422
 Culig Z., 77, 108, 110, 259
 Cuzick J., 319, 421
 Cynk M., 419

D

Dalbagni G., 69
 Damber J-E., 291, 406
 Dasgupta P., 58, 173, 370, 413
 Dagaard G., 155
 Davila Barrios H., 68
 De Jong I.J., 86
 De La Morena Gallego J.M., 170
 De La Rosette J.M.C.H., 66, 73, 362, 403
 De La Taille A., 260, 391, 416
 De Meerleer G., 265
 De Nunzio C., 245
 De Ridder D.J.M.K., 180, 332, 385, 414
 De Santis M., 256

Numbers refer to page numbers

De Wachter S.G.G., 214
 De Wit R., 404
 DeAngelis R., 320
 Dearnaley D., 320
 Debruyne F.M.J., 61, 62, 72
 Deger S., 106
 Desai J., 67
 Desai M.M., 66
 Desai M.R., 419
 Descazeaud A., 257
 Desgrandchamps F., 71, 309
 Destefanis P., 383
 Di Tonno P., 111, 281
 Dinis Oliveira P., 193, 408
 Djavan B., 72, 73, 98, 104, 179, 353
 Dohle G.R., 80, 107
 Drake M.J., 71, 237, 375, 381, 386, 393, 415
 Drewa T.A., 149
 Droller M., 241

E

Eardley I., 65, 333, 412
 Eberli D., 133, 263
 Eeles R.A., 320
 Egawa S., 74, 166
 Ellis Jones J., 381, 386
 Ellison J.S., 119
 Elneil S., 363
 Emberton M., 422
 Engeler D.S., 363
 Esen T., 142
 Evans C.P., 320
 Everaert K., 238, 401

F

Fall M., 425
 Fangerau H., 120
 Farag F., 63
 Feitz W.F.J., 176
 Figueiredo A.J., 111, 177, 297, 334
 Finazzi Agrò E., 230
 Fitzpatrick J.M., 404
 Fode M., 154, 197
 Fournier G.H., 126, 382
 Frede T., 240
 Fritsche H.M., 102, 118
 Füssel S., 122

G

Galfano A., 181, 293
 Gallina A., 131
 Gammie A., 381, 386
 Gan M., 181
 Geavlete B., 257
 Geavlete P.A., 121
 Gill I.S., 57
 Gillissen S., 417
 Giuliano F., 399
 Giusti G., 390
 Giwerzman A., 129
 Goessaert A-S., 401
 Gomez Dos Santos V., 281
 Gontero P., 154, 362, 411
 Grabe M.J., 59, 115, 191
 Grabsky A.M., 72
 Graefen M., 204
 Grasso M., 355
 Gratzke C.J., 348, 382, 415
 Gravas S., 237, 391
 Greco F., 308
 Greene D., 336
 Greenwell T.J., 212
 Gschwend J.E., 74, 154, 352
 Guillonneau B., 289
 Guliyev F., 72
 Gómez Veiga F., 220, 423

H

Ha H.K., 60
 Haab F., 92, 263, 425
 Haas G.P., 69
 Hackett G., 406
 Hadaschik B.A., 287
 Haese A., 241, 413
 Hakenberg O.W., 118, 330
 Hamid R., 393
 Hamidi Madani A., 65
 Hammerer P., 304, 372, 409
 Hampel C., 238
 Han S.W., 60
 Hashim H., 309, 381, 386, 393
 Hatzimouratidis K., 216
 Heesakkers J.P.F.A., 63, 71, 113, 238, 385, 414
 Heidenreich A., 65, 74, 405
 Hemal A., 57
 Hendricksen K., 118

Herlemann A., 383
 Hernández Fernández C., 407
 Herrmann K., 266
 Herrmann T.R.W., 391
 Heyns C.F., 66
 Hindley R., 382
 Ho H.S.S., 62
 Homma Y., 293
 Hong B.S., 60
 Hong S.J., 60
 Hosseini S.J., 65
 Hruby S., 117
 Hubert J., 67
 Huddart R.A., 154
 Hugosson J.E., 319, 327
 Huland H., 320
 Hwang T.I.S., 61, 62

I

Inamoto T., 74
 Inman R., 393
 Irani J., 248
 Ito K., 74

J

Jacqmin D., 67
 James N., 154
 Janetschek G., 58, 61, 72, 73, 155, 347
 Javad-Zada S., 72
 Jeong W., 181
 Johansson E.M., 320
 John H., 57, 392
 Joniau S.G., 63, 185, 328
 Joual A., 69, 70
 Joyce A.D., 343

K

Kadioglu A., 145
 Kahlmeter G., 418
 Kamat A., 411
 Kamphuis G., 390
 Kandasami S.V., 67
 Kaouk J.H., 57, 308, 367
 Kar A., 421
 Karam G., 67
 Karnes R.J., 185
 Kavoussi L., 57

Numbers refer to page numbers

List of Speakers (not abstracts)

Kawano Y., 74
 Keeley F., 362
 Kennelly M., 57
 Kessler T.M., 180, 245
 Khakimkhodzhaev Z., 72
 Khalaf I., 63
 Khaulil R.B., 63
 Kim E., 399
 Kim S.I., 60
 Kimura T., 74
 Kingswood C., 402
 Kirby M., 415
 Kirby R., 421
 Kirpekar D., 67
 Kiss G., 180
 Klatte T., 135
 Klein J-T., 121, 387, 390, 391
 Klocker H., 122
 Klotz L., 164, 416
 Knoll T., 174, 374, 390
 Kocjancic E., 332
 Kopa Z., 145, 237
 Krege S., 154
 Kuczyk M., 178, 317, 342
 Kulkarni S.B., 67
 Kuntz R.M., 329, 419
 Kuo H-C., 61
 Kutikov A., 338
 Kwiatkowski M., 421
 Köves B., 191

L
 La Fougère C., 320
 Lackgren G., 208
 Laguna M.P., 154, 313
 Landau E.H., 176, 227
 Lang H., 284
 Lapini A., 391
 Larré S., 295
 Lee G., 412
 Lee S.W., 60
 Lee T.Y., 299
 Lehrich K., 419
 Lepor H., 422
 Leung H.Y., 157
 Lewington V., 266
 Liatsikos E., 374, 387
 Liedberg F., 144
 Lilja H.G., 138

Lin Y-C., 61
 Ljungberg B., 284
 Lledo García E., 111
 Llorente C., 303
 Loch T., 235, 346
 Loidl W.C., 400
 Lopez-Beltran A., 108, 110

M
 Macek P., 172
 Madersbacher S., 246, 339, 407
 Magiorakos A.P., 59
 Maitland N.J., 269
 Malavaud B., 345, 403
 Malik Z., 404
 Malmberg L., 231
 Malmström P-U., 183, 411
 Månsson K.G.W., 60, 64, 71,
 Marberger M., 65, 422
 Marsh A., 119
 Martínez Bustamante L.G., 117
 Martínez Salamanca J.I., 233
 Martínez-Piñeiro L., 257, 331
 Mason M., 264
 Matikainen M.P., 138
 Matsukawa Y., 75
 Matveev V., 206
 Mazurenko D., 311
 McClinton S., 199
 McNicholas T.A., 181
 Medina López R., 201
 Mellado B., 262
 Menon M., 57
 Messas A., 182
 Messelink E.J., 363
 Meyer C., 118
 Miano R., 250
 Michel M.S., 257
 Mickisch G., 379
 Miller K., 256, 379
 Millán-Rodríguez F., 390
 Minervini A., 187
 Mirone V.G., 76, 267, 420
 Mitsui T., 75
 Mohtar C.A., 71
 Monastyrskaya K., 195
 Moncada I., 62
 Monga A., 425
 Monnet D., 59

Montorsi F., 265, 410
 Moon D., 60
 Mottet N., 74, 82, 264, 417
 Motttrie A., 57, 99, 173, 181, 297,
 348, 364, 388, 392, 424
 Moudouni S.M., 70
 Moukarzel M., 63
 Mouraviev V.B., 115
 Mozer P.C., 172
 Mulders P.F.A., 74, 256
 Mulhall J.P., 80, 399, 410, 420
 Müller M., 100
 Müller S.C.M., 116
 Muneer A., 197
 Muradyan A., 72
 Murphy D., 338
 Musquera Felip M., 156, 177

N
 N'Dow J., 174
 Naber K.G., 418, 426
 Nadyrov K., 72
 Nagele U., 387
 Naito S., 75, 77
 Naudin M., 392
 Neuzillet Y., 267
 Ng C.F., 62
 Nicolai N., 313
 Nijman J.M., 227, 369
 Nikoleishvili D.O., 72
 Nilsson C.G., 238
 Nilsson J., 416
 Noon A., 279
 Noura Y., 64
 Novara G., 338, 348

O
 O'Brien T.S., 118, 321
 O'Sullivan J., 400
 Oelke M., 68, 74, 75, 238, 246, 401
 Onur A.R., 212
 Oosterlinck W., 263
 Osanto S., 256
 Osman N., 119
 Ost P., 265
 Osther P.J., 261, 390
 Ounnoughene M., 69, 70
 Oya M., 225

Numbers refer to page numbers

P

Palou J., 153, 275, 360, 409
 Pansadoro V., 377
 Parsons K.F., 174
 Patard J.J., 74, 301
 Patel A., 76, 335
 Patel V., 57
 Patruno G., 119
 Peeker R., 193, 239
 Pereira e Silva R., 119
 Peri Cusi L., 220
 Perner S., 157
 Petrut B., 387
 Petrik A., 174
 Pickard R.S., 228
 Piechaud P.T., 57, 370
 Plata M., 237
 Poletajew S., 277
 Porpiglia F., 57, 225, 260, 347, 387, 421
 Powles T., 248
 Pranjali M., 67
 Propping S., 277
 Protzel C., 90
 Pühr M., 269
 Pummer K., 379, 405
 Pushkar D., 350, 424
 Pycha A., 119

R

Rabah D., 63
 Rabenalt R., 303
 Rabii R., 70
 Radzhabov A., 72
 Radziszewski P., 75
 Rahardjo H.E., 71
 Ralph D.J., 216, 333
 Ramani V.A.C., 329
 Randsdorp H., 264
 Rassweiler J., 57, 58, 175, 373, 382, 383, 387, 388, 390, 392
 Rathert P., 120
 Reis Santos J.M., 252
 Reisman Y., 399
 Ribal M.J., 68, 124, 267
 Ritter M., 100, 346
 Robert G.Y., 419
 Rocco B., 204
 Rodjani A., 71
 Rodrigues de Lima E.A., 299
 Rodriguez Rivera J.A., 423
 Roehrborn C.G., 407
 Romero Otero J., 69
 Ronnau C.G.H., 267
 Roobol M.J., 74, 271
 Roosen A., 328
 Roovers J.P., 385
 Roth B., 140
 Roupret M., 66, 137, 338, 365
 Rovner E., 414
 Rubio Briones J., 291
 Ruf C.G.A., 110, 117, 118
 Ruggera L., 383
 Ryu J.K., 60

S

Saad F., 400
 Sadighi Gilani M.A., 65
 Safriadi F., 71
 Saito K., 74
 Sakamoto S., 74
 Salonia A., 420
 Sanchez Salas R.E., 131
 Sanchez-Carbayo M., 88
 Sanguedolce F., 117, 118
 Santer F.R., 259
 Sarica K., 102, 390
 Satava R., 173
 Scattoni V., 172, 372
 Schalken J.A., 183, 267
 Schlomm T., 319
 Schneidewind L., 119
 Schout B.M.A., 119
 Schraml J., 392
 Schultheiss D., 120, 161
 Schwentner C., 144, 387
 Sciarra A., 254
 Scoffone C.M., 282, 374, 390
 Sedelaar J.P.M., 117, 275, 336
 Seibold J., 208
 Serra A.L., 402
 Shariat S.F., 65, 69, 84, 153, 348, 365, 409
 Sharma D.M., 174
 Shokeir A., 63
 Siemer S., 424
 Sievert K.D., 94, 175, 238, 385, 391
 Skolarikos A., 390

Skrodzka M.S., 118
 Smith R.D., 252
 Solsona E., 90
 Sommerhuber A., 383
 Sonksen J.O.R., 80
 Soomro N., 413
 Sooriakumaran P., 402
 Sosnowski R., 254
 Sotelo Noguera R., 57
 Spinoit A-F.M., 189
 Stallkamp J., 173
 Stattin P., 319
 Stenzl A., 66, 319, 352
 Stief C., 265, 333, 423
 Stolzenburg J-U., 262, 367
 Studer U.E., 260, 352
 Suardi N., 162
 Suetens C., 59
 Sulser T., 250
 Summerton D.J., 94
 Sung G.T., 60
 Sylvester R.J., 174

T

Takahashi S., 74
 Tandogdu Z., 115, 119
 Tarricone R., 408
 Tchanturaia Z., 72
 Teber D., 387
 Teixeira Gabriel Furriel F., 118
 Tekgül S., 68, 176, 189, 369
 Tenke P., 115, 228
 Tewari K., 58
 Thalmann G.N., 66, 154, 174, 202
 Thomas J.A., 382
 Thomas K., 261
 Thompson P.M., 161
 Thüroff J.W., 66
 Tombal B., 65, 405
 Tomita Y., 74
 Touijer K., 69, 206
 Traxer O., 67, 261, 282, 355, 382, 383, 387, 390, 391, 403
 Trinh Q.D., 118
 Tsai T-F., 62
 Tubaro A.T., 425
 Tunc L., 387
 Turmanidze N., 72
 Turna B., 187

Numbers refer to page numbers

List of Speakers (not abstracts)

Tyritzis S., 153
Türk C., 174, 261
Türkeri L.N., 202

V

Vaessen C., 260, 315
Valdagni R., 264
Van Balken M.R., 118
Van Cleynebreugel B.S.E.P., 394, 395, 396
Van Der Aa F., 61, 153, 268, 376, 385
Van Der Pluijm G., 128
Van Der Poel H.G., 58, 68, 243, 388, 392, 423
Van Griethuysen M.J.H., 81
Van Kerrebroeck P.E., 214, 408
Van Koeveringe G., 166
Van Moorselaar R.J.A., 182, 353
Van Poppel H., 60, 68, 80, 264, 330, 409
Van Renterghem K., 142
Van Rhijn B.W.G., 153, 279
Van Velthoven R.F., 175, 373
Van de Walle J., 401
Van den Bergh R.C.N., 319
Vasquez J.L., 118
Verze P., 412
Viale G., 421
Vickers A.J., 185, 348
Villavicencio Mavrich H., 68
Villers A., 358
Vincendeau S., 382
Vlahou A., 108, 128
Volpe A., 63, 96, 237
Vuksanovic A., 301

W

Wagenlehner F.M.E., 210, 418, 426
Waltregny D.A.O., 168, 238
Walz J., 108, 110, 304, 358
Waugh D., 259
Weidner W.H-G., 106, 129, 357
Weißbach L., 319
Wiklund P., 57, 260, 373, 413
Wirth M., 74, 79, 153, 400
Witjes J.A., 153, 360
Witt J.H., 388
Wojnar M.W., 180

Wood D.N., 133
Wu W-J., 62
Wullt B., 210, 418, 426

X

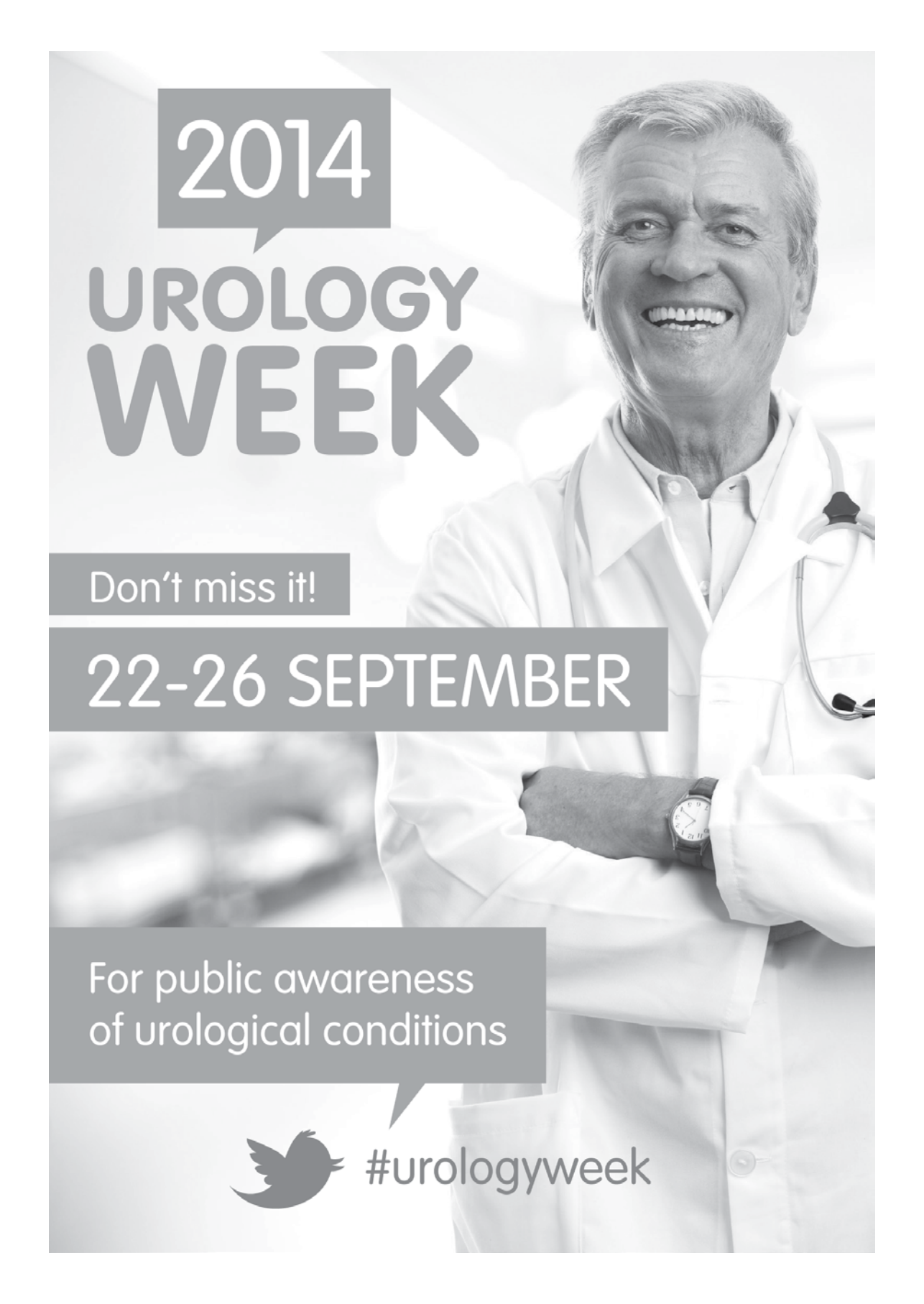
Xie L-P., 61, 149
Xu C-L., 61
Xylinas E.N., 117

Y

Yates D., 170
Yiou R., 153, 263

Z

Zachoval R., 382, 383
Zargar Shoshtari M.A., 65
Zastrow S., 159
Zeng G-H., 61
Zitzmann M., 406
Zlotta A.R., 327
Zwarthoff E.C., 88



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advanced malignancies, infections or simultaneous treatments [e.g. chemotherapy, corticosteroids, angiogenesis inhibitors, radiotherapy to the head and neck]. While on treatment, patients should avoid invasive dental procedures if possible. During treatment, good oral hygiene should be maintained. Atypical femoral fractures have been reported in patients receiving XGEVA. Discontinuation of XGEVA therapy in patients suspected to have an atypical femur fracture should be considered pending evaluation of the patient based on an individual risk/benefit evaluation. Patients should be advised to report new or unusual thigh, hip, or groin pain. Patients presenting with such symptoms should be evaluated for an incomplete femoral fracture. Other: patients receiving XGEVA should not be treated concomitantly with other denosumab-containing medicinal products (for osteoporosis indications) or bisphosphonates. Patients with rare hereditary problems of fructose intolerance should not use XGEVA. **Adverse reactions:** very common: dyspnea, diarrhea. Common: hypocalcemia, hypophosphatemia, tooth extraction, hyperhidrosis, osteonecrosis of the jaw. Rare: hypersensitivity to the drug, anaphylactic reaction, atypical femoral fracture.

Based on SmPC 24 October 2013.

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