ANNUAL SCIENTIFIC MEETING

香港泌尿外科學會

HONG KONG UROLOGICAL ASSOCIATION

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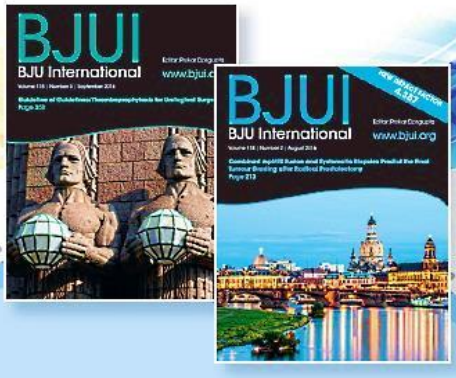

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HONG KONG UROLOGICAL ASSOCIATION

0830 – 1700

20 November 2016

Sheraton Hong Kong Hotel & Towers

Kowloon

HONG KONG S.A.R.

HONG KONG UROLOGICAL ASSOCIATION

Hong Kong Urological Association was incorporated on 11th September 1987.

The main objectives of the Association are:

- To promote the interest in and a better understanding of Urology in Hong Kong;
- To provide a venue for discussion of problems related to Urology;
- To improve and set the standard of urological care in Hong Kong;
- To provide a means of liaison with workers in Urology in other parts of the world;
- To advise and provide information on postgraduate urological training;
- To collect and disseminate information regarding members of the Association and information of any event or happening.

To achieve the objectives, monthly council meeting is held to plan, organise, implement and review the activities of the Association. Regular academic meetings, which include case presentations, topic discussions and talks by invited speakers, are held monthly. Renowned overseas speakers have been invited to deliver lectures on subjects of special interest. Seminars, workshops, education programmes and talks to the public, general practitioners and other associations have been organised to enhance communication with the community and other medical specialties.

CONTENT

PRESIDENT'S WELCOME

Dear Colleagues,

On behalf of the Council of Hong Kong Urological Association, it is my great pleasure to welcome you to our 22nd Annual Scientific Meeting.

This year's programme features leaders in urology from around the world whose contribution makes this meeting so valued. Mr. Robert Mills from UK and Prof. Hana Yoon will deliver the BUJI Lecture and the UAA Lecture respectively. They are also so kind to be the Adjudicators of our oral free paper sessions.

There will also be an exciting prostate symposium: Prof. CT Wu from Taiwan, Dr. CW Fan our beloved past HKUA president and Prof. Declan Murphy from Australia will share with us latest updates on various common prostate diseases.

Today, we are also launching our online education program, "BJUI knowledge", Mr. Mills, the editor of the program, will be sharing with us his insights in urology e-learning in modern era.

As in previous years, one major highlight of our ASM is the scientific paper session. This year we have 24 free papers and 23 posters. Our nursing program will be held in the afternoon, serving as an excellent platform for sharing and inspiration of new ideas.

I also hope to express our appreciation for the very generous support from our industrial partners, in this ASM and throughout the year. I hope our members will show appreciation by visiting the booths in the Exhibition Hall during the meeting. We have, once again, scheduled ample time into the programme to allow you to spend time visiting the exhibition, understand the latest technology and then participate in the lucky draw.

Last but not the least, may I extend my deepest gratitude to our Committee work for preparing this meeting.

Let's enjoy the meeting and the opportunity to meet new and old friends.

HO Lap Yin

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Isolated Penile Urethral Injury: A Rare Case Following Male Coital Trauma
JKW Wong, BSH Ho, CH Ip, MK Yiu
Asian Journal of Urology. July 2015, 2(3):175-178

The Impact of Obesity on Lower Urinary Tract Function: A Literature Review
ATL Ng, MK Yiu
Current Bladder Dysfunction Reports, Epub 2015-07-09

Short-stay Transurethral Prostate Surgery: A Randomized Controlled Trial Comparing Transurethral Resection in Saline Bipolar Transurethral Vaporization of the Prostate with Monopolar Transurethral Resection
CH Yee, JH Wong, PK Chiu, CK Chan, WM Lee, JH Tsu, JY Teoh, CF Ng
Asian J Endosc Surg. 2015 Aug;8(3):31622

Prostate Cancer Detection Upon Transrectal Ultrasound-Guided Biopsy In Relation to Digital Rectal Examination and Prostate-Specific Antigen Level: What to Expect in the Chinese Population?
JYC Teoh, SKK Yuen, JHL Tsu, CKW Wong, BSH Ho, Ng, ATL, WK Ma, KL Ho, MK Yiu
Asian Journal of Andrology. September 2015, 17(5):821-825

Clinical Outcome of a Prospective Case Series of Patients with Ketamine Cystitis Who Underwent Standardized
Treatment Protocol
CH Yee, PT Lai, WM Lee, YH Tam, CF Ng
Urology. 2015 Aug;86(2):23643

Burden of Ketamine Cystitis in Chinese Society
WK Ma, PSK Chu
Urological Science, 26(3), September 2015, 26(3), 167-173

The Performance Characteristics of Prostate-Specific Antigen and Prostate-Specific Antigen Density in Chinese Men
JYC Teoh, SSK Yuen, JHL Tsu, JKW Wong, BSH Ho, ATL Ng, WK Ma, KL Ho, MK Yiu
Asian Journal of Andrology. Epub on 2015-11-27

Risk of New-Onset Diabetes after Androgen Deprivation Therapy for Prostate Cancer in the Asian Population
JY Teoh, PK Chiu, SY Chan, DM Poon, HY Cheung, SS Hou, CF Ng
J Diabetes 2015; 7:672-680

Association of Time to Prostate-Specific Antigen Nadir and Logarithm of Prostate-Specific Antigen Velocity after Progression in Metastatic Prostate Cancer with Prior Primary Androgen Deprivation Therapy
JYC Teoh, JHL Tsu, SSK Yuen, PK Chiu, SY Chan, JKW Wong, KL Ho, SSM Hou, CF Ng, MK Yiu
Asian Journal of Andrology. Epub on 2015-11-10

Urological Malignancy in Hong Kong: The Trend and the Practice
CH Yee, CF Ng
Jpn J Clin Oncol. 2015 Dec;45(12):11036

Augmentation Cystoplasty: Urodynamic and Metabolic Outcomes at 10-year Follow-up
KC Cheng, CF Kan, PS Chu, CW Man, BT Wong, LY Ho, WH Au
International Journal of Urology. Volume 22, Issue 12, Dec 2015: 1149–1154

Early Postoperative Outcomes of Bipolar Transurethral Enucleation and Resection of the Prostate (TUERP)
CL Cho, CLH Leung, WKW Chan, RWH Chu, IC Law
Hong Kong Medical Journal 2015;21(6):52835, DOI:10.12809/hkmj144457

Risk of Acute Myocardial Infarction after Androgen-Deprivation Therapy for Prostate Cancer in a Chinese Population
JY Teoh, SY Chan, PK Chiu, DM Poon, HY Cheung, SS Hou, CF Ng
BJU Int 2015; 116:382-387

Glomangiomyoma of the Kidney
LF Lee, HY Ngai
Surgical Practice 2015; 19: 184186

"Aging Males" Symptoms and General Health of Adult Males: A Cross-Sectional Study
JW Yuen, CF Ng, PK Chiu, JY Teoh, CH Yee
Aging Male 2016; 19:71-78

The Success of Shock Wave Lithotripsy in Treating Moderatesized (1020mm) Renal Stones
VY Chung, BW Turney
Urolithiasis DOI 10.1007/s0024001508572

What's on the Web tor Family Physicians – Urology
AKY Tang, LH Chau
The Hong Kong Practitioner, volume 37, p1-2

An Innovative Free-Hand Puncture Technique to Reduce Radiation in Percutaneous Nephrolithotomy Using Ultrasound with Navigation System under Magnetic Field: A Single-Center Experience in Hong Kong
HL Chau, WHC Chan, TTB Li, PMH Cheung, JKM Lam, HS So
Journal of Endourology. Feb 2016: 160-164

Partial Nephrectomy for T1 Renal Cancer Can Achieve an Equivalent Oncological Outcome to Radical Nephrectomy with Better Renal Preservation: The Way to Go
TCT Lai, WK Ma, MK Yiu
Hong Kong Medical Journal. February 2016, 22(1):39-45

A Multicentre Research Trial to Assess the Effectiveness of Rowatinex as Medical Expulsive Therapy (MET) for Patients Presented Acutely with Ureteral Stone< 10 Mm in Hong Kong
CL Lee, LH Chau, TC Yu, BS Ho, VHW Yeung
BJU International 2016 Feb 1 (Vol. 117, pp. 77)

The Internal and External Responsiveness of Functional Assessment of Cancer Therapy-Prostate (FACT-P) and Short Form-12 Health Survery Version 2 (SF-12 V2) in Patients with Prostate Cancer
EPH Choi, CKH Wong, EYF Wan, JHL Tsu, WY Chin, K Kung, MK Yiu
Quality of Life Research. Epub on 2016-02-23

Health-Related Quality of Life of Chinese Patients with Prostate Cancer in Comparison to General Population and Other Cancer Populations
EPH Choi, CKH Wong, JHL Tsu, WY Chin, K Kung, CKW Wong, MK Yiu
Support Care Cancer. April 2016; 24(4):1849-56

Impact of Skeletal-Related Events on Survival in Patients with Metastatic Prostate Cancer Prescribed Androgen Deprivation Therapy
JKW Wong, WK Ma, CW Wong, EMH Wong, CF Tsang, JHL Tsu, KL Ho, MK Yiu
Hong Kong Medical Journal. April 2016; 22(2):106-115

Updates in the Management of Localized Prostate Cancer
JKW Wong, ESK Li, WHC Chan, WK Ma
The Hong Kong Medical Diary. May 2016; 21(5):20-22

Malakoplakia of the Urinary Tract: A Benign Disease with a Possible Malignant Outcome
SHL Wong, VHW Yeung, YK Lee, MTY Chan, CH Cheng, PSK Chu, CW Man
Journal of Case Reports 2016;6(2):254258

An Innovative Medical Strategy to Ketamineassociated Uropathy: First Report on Service Delivery Model, Patients'Characteristics and Noninvasive Investigations at Baseline in a Prospective Cohort of 540 Young Patients
CF Ng, CH Yee, PT Lai, S Luke, WM Lee, YH Tam
Chin J Drug Depend. 2016. 25(1):5867

Noninferiority of Vivostat to Other Haemostatic Agents for Patients Undergoing Partial Nephrectomy
CLH Leung, JHM Wong, KF Chiu, CK Chan, CF Ng, SM Hou
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Longer Operative Duration is Predictive of Postoperativehaemorrhage after Partial Nephrectomy
CLH Leung, JHM Wong, KF Chiu, CK Chan, CF Ng, SM Hou
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Novel Insights into the Pathophysiology of Varicocele and Its Association with Reactive Oxygen Species and Sperm DNA Fragmentation
CL Cho, SC Esteves, A Agarwal
Asian Journal of Andrology 2016;18(2):18693. DOI:10.4103/1008682X. 170441

Early Postoperative Outcome of Bipolar Transurethral Enucleation and Resection of the Prostate
CL Cho, CLH Leung, WKW Chan, RWH Chu, IC Law
Hong Kong Medical Journal 2016;22(2):1889, DOI:10.12809/hkmj164831

Should We Evaluate and Treat Sperm DNA Fragmentation? Current Opinion in Obstetrics and Gynecology
A Agarwal, CL Cho, SC Esteves
2016;28(3):16471.
DOI:10.1097/GCO.0000 00000 0000 271

The Application of Prostate Health Index in the Patient Selection for Prostatic Biopsies in a Hong Kong Centre
TCT Pun, VHW Yeung, TO Yu, PSK Chu, CW Man
International Journal of Urology, vol. 23, pp. 7777

Risk Factors of Unsuccessful Trial without Catheter in Acute Urinary Retention – A Revisit to the Basics of Urology
CLF Lee, BKC Cheng, JKM Lam, HS So
BJUI International, Volume 117, Supplement 1, p7

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The Hong Kong Practitioner, volume 37, p1-2

Hybrid Technique in Endoscopic Management of Large Prostate: a New Horizon
VHW Yeung, MWY Chung, MTM Ng, VTT Law, DCH Ip, CYK Lee, CC Ngo et al
BJU International, vol. 117, pp. 77

Survival Outcomes after Radical Cystectomy in Chinese Population: 10 Years' Experience
CH Ip, RWM Kan, TM Ng, VHW Yeung, SK Chu, CW Man
BJU International, vol. 117, pp. 66

Multidisciplinary Approach in the Treatment of Gastrointestinal Stromal Tumor of the Prostate: A Case Report
TO Yu, VHW Yeung, MT Chan, CH Cheng, CY Lee, TC Pun, CL Wong, YC Lam, SM Mak, PSK Chu, CW Man
International Journal of Urology 2016 (Vol. 23, pp. 7272)

Proteomic Changes in Response to Crystal Formation in Drosophila Malpighian Tubules
VY Chung, R Konietzny, P Charles, B Kessler, R Fischer, BW Turney
FLY 2016, VOL. 0, NO. 0, 1–10,
http://dx.doi.org/10.1080/19336934.2016.1171947

Radiation Less Percutaneous Nephrolithotripsy Using Ultrasonography with Navigation System under Magnetic field to Guide Renal Access
LH Chau, HS So, JKM Lam, PMH Cheung, WWC Lam, CLF Lee, BKC Cheng, CC Ngo, WHC Chan
International Journal of Urology, Volume 23, Issue Supplement S1, p91

Percutaneous Use of Ureterorenoscope (URS) in Percutaneous Nephrolithotripsy (PCNL): What are the Added Benefits?
WHC Chan, HS So, KM Lam, LF Lee, CC Ngo, KC Cheng, PMH Cheung, LH Chau, WC Lam
International Journal of Urology, Volume 23, Issue Supplement S1, p134

Supine Navigation Percutaneous Nephrolithotomy (PCNL): A Case Report
CC Ngo, HS So, KM Lam, PMH Cheung, JK Shum, WC Lam, LF Lee, KC Cheng, WHC Chan, LH Chau
International Journal of Urology, Volume 23, Issue Supplement S1, p140

Updates in the Management of Localized Prostate Cancer
KW Wong, SK Li, WHC Chan, WK Ma
The Hong Kong Medical Diary, volume 21, no. 5, p20-22

VENUE FLOOR PLAN

Sheraton Hong Kong Hotel, 3rd Floor

A – Ballroom C

- UAA Lecture
- Prostate Symposium
- BJUI Lecture
- Oral (Free Paper) Sessions I – IV
- Prize Presentation

B – Ballrooms A & B

- Exhibition Venue I

C – Pre-function Area

- Exhibition Venue II
- Coffee break area

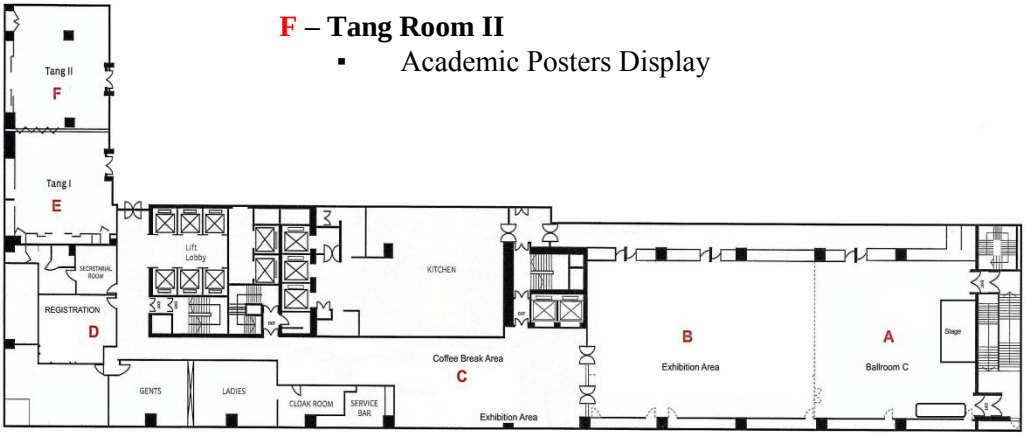
D – Registration

E – Tang Room I

- Moderated Poster (Free Paper) Sessions I & II
- Urology Nursing Symposium

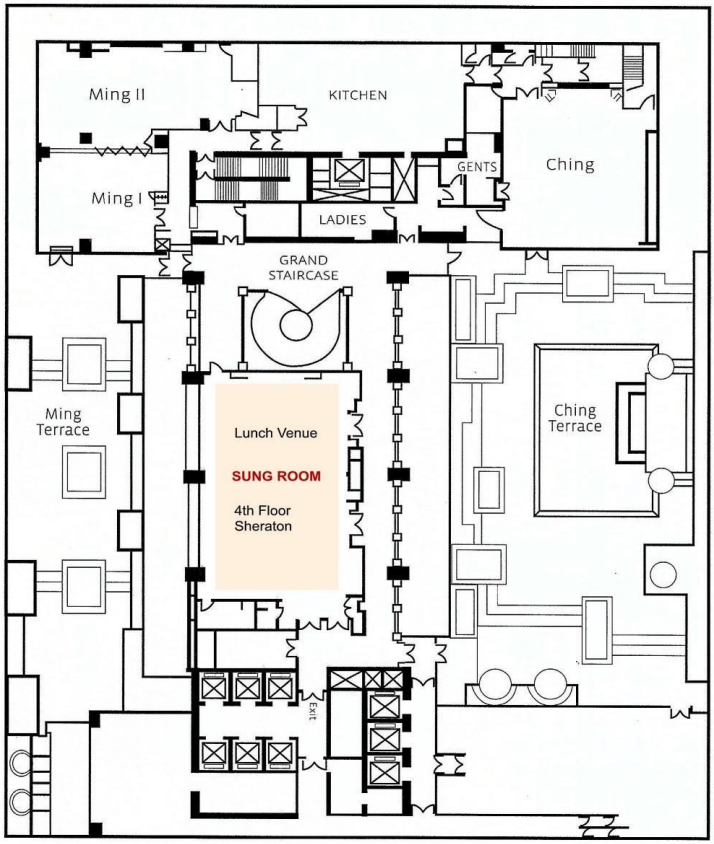
F – Tang Room II

- Academic Posters Display



LUNCH VENUE

Sung Room, 4th Floor, Sheraton Hong Kong Hotel



PROGRAMME AT A GLANCE

PLENARY SESSION, BALLROOM C, 3/F	
0820 – 0830	Opening & Welcome
0830 - 0900	**UAA LECTURE** "IC/BPS ; from Urine to Bladder" Prof. H YOON, Korea
PROSTATE SYMPOSIUM	
0900 - 0930	**KEYNOTE LECTURE *by Janssen*** "Positioning of Novel Agents in mCRPC & Treatment Experience Sharing from Taiwan" Prof. CT WU, Taiwan
0930 - 1000	**KEYNOTE LECTURE *by GlaxoSmithKline*** "Personalized Medical Treatment for BPH Patients" Dr. CW FAN, Hong Kong
1000 - 1030	**KEYNOTE LECTURE *by Astellas*** "Treatment Decision Making in mCRPC Patients Before Chemotherapy" Prof. DG MURPHY, Australia
1030 - 1035	**LAUNCHING OF THE HKUA ON-LINE EDUCATION PROGRAMME – "BJUI KNOWLEDGE"** Mr. R Mills, United Kingdom
1035 - 1100	Coffee Break / Trade Exhibits
1100 - 1200	**ORAL (FREE PAPER) SESSION I**
1200 - 1300	**ORAL (FREE PAPER) SESSION II**
1300 - 1400	Lunch / Trade Exhibits
1400 - 1500	**ORAL (FREE PAPER) SESSION III**
1500 - 1600	**ORAL (FREE PAPER) SESSION IV**
1600 - 1615	Coffee Break / Trade Exhibits
1615 - 1645	**BJUI LECTURE** "Prostate Cancer Prevention, Diet , Drugs, Exercise" Mr. R Mills, United Kingdom
1645 - 1700	Prize Presentations and Closing Remarks

CONCURRENT SESSIONS, TANG ROOM 1, 3/F	
1100 - 1200	**MODERATED POSTER (FREE PAPER) SESSION I**
1200 - 1300	**MODERATED POSTER (FREE PAPER) SESSION II**
UROLOGY NURSING SYMPOSIUM	
1400 – 1410	Opening Speech
1410 – 1440	**SESSION I : LECTURE** "Present Status & Prospects for Continuity of Urological Nursing Care in China" 左翼女士, 南方醫科大學南方醫院泌尿外科護士長, China
1445 – 1630	**SESSION II : ORAL FREE PAPER**
1630 – 1645	Best Paper Selection & Prize Presentation
1645 – 1700	Closing Remarks

SCIENTIFIC PROGRAMME

PLENARY SESSIONS (Ballroom C)

08:00 – 08:20 Reception / Registration

08:20 – 08:30 **Welcome Address**
Dr. LY HO, President

08:30 – 09:00 **UAA LECTURE**
"*IC/BPS ; from Urine to Bladder***"**
Professor H YOON, Korea
Chair: Dr. BTH Wong

PROSTATE SYMPOSIUM

09:00 – 09:30 **KEYNOTE LECTURE *by Janssen***
"*Positioning of Novel Agents in mCRPC & Treatment Experience Sharing from Taiwan***"**
Professor CT WU, Taiwan
Chair: Dr. PC TAM

09:30 – 10:00 **KEYNOTE LECTURE *by GlaxoSmithKline***
"*Personalized Medical Treatment for BPH Patients***"**
Dr. CW Fan, Hong Kong
Chair: Professor RKY LO

10:00 – 10:30 **KEYNOTE LECTURE *by Astellas***
"*Treatment Decision Making in mCRPC Patients Before Chemotherapy***"**
Professor DG MURPHY, Australia
Chair: Dr. YT CHAN

10:30– 10:35 **"Launching of the HKUA On-line Education Programme – "BJUI Knowledge"**
Mr. R Mills, United Kingdom
Co-chair: Dr. PSK CHU, Dr. LY HO

10:35– 11:00 Tea Break / Exhibition

BALLROOM C		
11:00 – 12:00	**Oral (Free Paper) Session I**	**Co-chair:** Dr. LW CHAN, Dr. SSM HOU
12:00 – 13:00	**Oral (Free Paper) Session II**	**Co-chair:** Dr. SSM CHU, Prof. LH IAN
TANG ROOM I		
11:00 – 11:52	**Moderated Poster (Free Paper) Session I**	**Co-chair:** Dr. PL LIU, Dr. SYL LEUNG
12:00 – 12:44	**Moderated Poster (Free Paper) Session II**	**Co-chair:** Dr. SK LI, Dr. CK CHAN

SCIENTIFIC PROGRAMME

13:00 – 14:00 Lunch (Sung Room, 4/F Sheraton Hotel)

Exhibits (3/F Sheraton Hotel)

BALLROOM C		
14:00 – 15:00	**Oral (Free Paper) Session III**	**Chairs:** Dr. SKH YIP, Dr. FCW LEE
15:00 – 16:00	**Oral (Free Paper) Session IV**	**Chairs:** Dr. WH SUN, Dr. TF YIU

16:00 – 16:15 Tea Break / Exhibition

16:15 – 16:45 **BJUI Lecture**
"Prostate Cancer Prevention, Diet , Drugs, Exercise"
Mr. R Mills, United Kingdom
Chair: Dr. WS WONG

16:45 – 16:55 **Best Paper Awards Presentation**
Mr. R Mills

16:55 – 17:00 **Closing Remarks**
Dr. LY HO

UROLOGY NURSING SYMPOSIUM

TANG ROOM I, 3/F	
SESSION I : LECTURE	**Co-chair:** Ms. CFY CHAU, Mr. KK LEUNG
1400 – 1410	**Opening Speech** Dr. LY HO, President
1410 – 1440	**"Present Status & Prospects for Continuity of Urological Nursing Care in China"** 國內泌尿外科延續性護理的現狀與展望 左翼女士, 南方醫科大學南方醫院泌尿外科護士長, China
SESSION II : ORAL FREE PAPER	**Co-chair:** Mr. GKL LUI, Ms. AIH FONG
1445 – 1500	**"Pilot Urinary Catheter Program For Patients With Urinary Retention – A Shift From Inpatient Care Service Model To Outpatient Care Service Model"** Mr. KK LEUNG
1500 – 1515	**"Nurse-Led Specialty Clinic for Managing Patient with Nocturia"** Ms. MS YIM
1515 – 1530	**"Reducing Unnecessary Hospital Readmissions with Enhanced Patient Education and Support on Percutaneous Nephrostomy Care"** Ms. SL NG
1530 – 1545	**"Evidence-based Practice: Can Drinking Habit Modification Therapy Help to Reduce Urinary Frequency and Nocturia for Patients with or without Urinary Incontinence?"** Ms. ASW WONG
1545 – 1600	**"Evaluation of the Treatment Outcomes of Urinary Retention by Clean Intermittent Catheterization"** Mr. KK LEUNG
1600 – 1615	Coffee Break / Trade Exhibits
1615 - 1630	**"Evaluation of Treatment Outcomes in Pelvic Floor Muscle Training with Biofeedback Versus Intra-Vaginal Electrical Stimulation in Women with Urinary Incontinence in Hong Kong Pamela Youde Nethersole Eastern Hospital"** Ms. WKW YEUNG
1630 – 1645	Best Paper Selection & Prize Presentation
1645 – 1700	**Closing Remarks** Mr. KK LEUNG, UNC Hon. Secretary

UAA LECTURE

"IC/BPS; from Urine to Bladder"

Professor Hana YOON, MD, PhD

Professor Hana Yoon graduated from Ewha Womans University College of Medicine, Seoul, Korea, in 1994. She had been trained and joined to the Department of Urology at her alma mater in 2002 as an assistant professor.

Professor Yoon is a scientific reviewer for International Neurourology Journal, World Journal of Men's Health, International Journal of Urology, and International Journal of Impotence Research.

She has also been active members of the various academic societies; the chair of the educational committee of the Korean Continence Society, executive director of the Korean Association of Urogenital Tract Infection and Inflammation, executive director of Korean Association for Sexology, and Committee member of International Society for Sexual Medicine.

Currently she is working as a professor of Urology, School of Medicine, Ewha Womans University. The main focus of her clinical and research interests lies in neurourology, female urology, and female sexual medicine. She has authored or co-authored more than 100 peer-reviewed publications in both domestic and international journals in the field of urology.

KEYNOTE LECTURE *by Janssen*

"Positioning of Novel Agents in mCRPC & Treatment Experience Sharing from Taiwan"

Professor WU Chun-Te, MD, PhD

Professor Wu Chun-Te is currently Professor and Chairman of Department of Surgery, Chang Gung Memorial Hospital, Keelung, Taiwan. He is also the Deputy Superintendent of the hospital.

He received Second Reviewers award of the Journal of Urological Association R.O.C. in 2015 and the Basic Research Award 3 times from Taiwan Urological Association in 2011, 2013 and 2015 respectively.

Professor Wu is also the Director of the Taiwan Urological Association and has joined the Oncologic Committee of the Association since 2010. He has published over 60 scientific articles and book chapter, and focus on expertise including urologic oncology, laparoscopic surgery, renal transplantation and robotic surgery.

KEYNOTE LECTURE *by GlaxoSmithKline*

"Personalized Medical Treatment for BPH Patients"

Dr. FAN Chi-Wai, MBBS(HK), FRCS (Edin), FCSHK, FHKAM(Surg)
Consultant, Division of Urology, Department of Surgery, Pamela Youde Nethersole Eastern Hospital, Hong Kong

Dr. Fan works hard in promoting and improving urology specialty and urology training in Hong Kong. He is the honorary secretary of Urology Board of the College of Surgeons of Hong Kong and examiner of RCSEd/CSHK Joint Specialty Fellowship Examination in Urology. He is the convenor in developing the mandatory laparo-endoscopic training courses and certification of competence for performing laparo-endourological surgeries for urology trainees. He is the Ex-President of Hong Kong Urology Association and active member of Hong Kong Society of Endourology.

Dr. Fan also actively participates in organizing various logical and regional urological conferences and workshops in Hong Kong. He has also actively participated in various meetings and committee for the professional development of the Specialty.
He has also been invited to give presentations and lectures in international meetings.

Special interests:
Uro-oncology, robotic and laparoscopic surgery

KEYNOTE LECTURE *by Astellas*

"Treatment Decision Making in mCRPC Patients Before Chemotherapy"

Professor Declan G MURPHY, MB BCH BaO, FRACS, FRCS Urol

Declan Murphy is Consultant Urologist, Director of Genitourinary Oncology, and Director of Robotic Surgery at the Peter MacCallum Cancer Centre, Melbourne, Australia. He also has appointments as consultant urologist at the Royal Melbourne Hospital, Director of Outcomes Research at the Australian Prostate Cancer Research Centre, Epworth Healthcare, and Honorary Clinical Associate Professor at the Department of Surgery, University of Melbourne. He hadpreviously been consultant urologist at Guys & St Thomas' NHS Foundation Trust in London.

Professor Murphy is Associate Editor of the British Journal of Urology International, on the Editorial Boards of European Urology and Nature Reviews Urology, and is a regular reviewer for The Journal of Urology, Urologic Oncology, Journal of Endourology, Journal of Sexual Medicine, Cancer, ANZ Journal of Surgery, Journal of Robotic Surgery and many others.

With Professor Tony Costello, he is Co-Director of the Melbourne Uro-Oncology Training Program based at Royal Melbourne Hospital, Peter MacCallum Cancer Centre and Epworth Hospital, Richmond. Since 2010, he has convened the Urology program at the Australasian Prostate Cancer Conference, one of the World's leading prostate cancer educational events, and also co-Convenes the bi-annual National Bladder & Kidney Cancer Symposium.

BJUI LECTURE

“Prostate Cancer Prevention, Diet , Drugs, Exercise”

Mr. Robert MILLS, MBCLB, FRCS(Urol)

Mr. Robert Mills has been a consultant Urologist at the Norfolk and Norwich University Hospital for the last 15 years and Clinical Director for the Department for the last 10 years. His area of clinical special interest is oncology, in particular pelvic oncology and minimally invasive surgery.

Mr. Mills’ research interests are in dietary prevention of prostate cancer and biomarkers for urological cancers. He is the Editor for the BJUI Knowledge on line continuing medical education program that was launched in January 2016.

BEST FREE PAPER COMPETITIONS

ORAL FREE PAPER SESSIONS

Adjudicators:

Professor Hana Yoon
Mr. Robert Mills

MODERATED POSTER SESSIONS

Adjudicators:

Dr. Chan Chi Kwok
Dr. Simon YL Leung
Dr. Liu Pak Ling
Dr. Li Shu Keung

ORAL (FREE PAPER) SESSION I

URO-ONCOLOGY: KIDNEY (11:00 – 12:00)

11:00-11:10

[OP.1-1]

Fifteen-year Experience in Radical Nephrectomy with Inferior Vena Cava Tumor Thrombectomy for Patients with Locally Advanced and Metastatic Renal Cell Carcinoma

JTL Ng, B Ho, TL Ng, WK Ma, JHL Tsu, MK Yiu
Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong

11:10-11:20

[OP.1-2]

Volumetric and Functional Analysis after Partial Nephrectomy: The Impact of Parenchymal Volume Preservation and Ischaemia

HF Wong, JHM Wong, J Teoh, KM Li, CH Yee, SY Chan, CF Ng, SM Hou
SH Ho Urology Centre, Department of Surgery
Prince of Wales Hospital, The Chinese University of Hong Kong, Hong Kong.

11:20-11:30

[OP.1-3]

Elective Nephron-Sparing Surgery for Renal Cell Carcinoma: Trifecta Outcomes in A University Teaching Hospital

TF Wong, CF Tsang, AHG Wong, CT Lai, KW Wong, B Ho, ATL Ng, WK Ma, JHL Tsu, MK Yiu
Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong

11:30-11:40

[OP.1-4]

Computer Tomography Overestimates the Actual Tumor Size of Renal Cell Carcinoma

AHG Wong, CF Tsang, TF Wong, CKW Wong, TCT Lai, KW Wong, BSH Ho, ATL Ng, WK Ma, JHL Tsu, MK Yiu
Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong

11:40-11:50

[OP.1-5]

Is Chest X-Ray Necessary for Renal Cell Carcinoma Surveillance after Partial Nephrectomy?

AHG Wong, CF Tsang, TF Wong, TCT Lai, KW Wong, BSH Ho, ATL Ng, WK Ma, JHL Tsu, MK Yiu
Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong

11:50-12:00

[OP.1-6]

Clinical Application of MSKCC and Heng Prognostic Scores for Metastatic Renal Cell Carcinoma in A Local Chinese Cohort

CY Fok, SW Choi, JY Teoh, HM Wong, SM Hou, CF Ng.
Division of Urology, Department of Surgery
Prince of Wales Hospital, The Chinese University of Hong Kong, Hong Kong.

ORAL (FREE PAPER) SESSION II

URO-ONCOLOGY: KIDNEY II / BLADDER (12:00 – 13:00)

12:00-12:10

[OP.2-1]

Cytoreductive Nephrectomy Plus Targeted Therapy Versus Targeted Therapy Alone in Metastatic Renal Cell Carcinoma: A Retrospective Cohort Study

SW Choi, CY Fok, JY Teoh, SM Hou, CF Ng.
Division of Urology, Department of Surgery, Prince of Wales Hospital
The Chinese University of Hong Kong, Hong Kong

12:10 - 12:20

[OP.2-2]

Early Results of Using Cavitron Ultrasonic Surgical Aspirator (CUSA) in Laparoscopic Partial Nephrectomy

CWH Mak, RWH Chu, KW Chan, CL Cho, IC Law
Division of Urology, Department of Surgery
Kwong Wah Hospital, Hong Kong

12:20 – 12:30

[OP.2-3]

Maintenance Intravesical Mitomycin C Efficacy in Intermediate Risk Non-Muscle Invasive Bladder Cancer: Prospective Cohort

TCF Li, CF Kan, WH Au
Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

12:30 – 12:40

[OP.2-4]

Transurethral En Bloc Resection Versus Standard Resection of Bladder Tumour: A Prospective Comparison on Early Operative and Pathological Outcomes

JY Teoh [1], ES Chan [1], BK Cheng [2,3], CL Cho [4], BS Ho [5], PK Chiu [1], WH Chan [2], RW Chu [4], CF Tsang [5], SW Choi [1], CH Yee [1], HS So [2], KM Lam [3], IC Law [4], MK Yiu [5], SM Hou [1], CF Ng [1]
[1] *Division of Urology, Department of Surgery, Prince of Wales Hospital, The Chinese University of Hong Kong.* [2] *Division of Urology, United Christian Hospital.* [3] *Division of Urology, Tseung Kwan O Hospital.* [4] *Division of Urology, Kwong Wah Hospital.* [5] *Division of Urology, Queen Mary Hospital, The University of Hong Kong.*

12:40 – 12:50

[OP.2-5]

Ten-Year Experience on Re-Transurethral Resection of Non-Muscle-Invasive Bladder Cancer. Are We Doing on the Right Patients?

KW Wong, TCT Lai, CF Tsang, B Ho, ATL Ng, WK Ma, JHL Tsu, MK Yiu
Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong

12:50 – 13:00

[OP.2-6]

Second Look Transurethral Resection of Bladder Tumours – Why to Look Once More

WC Lam[1], KC Cheng[1], LF Lee[1], CC Chan[2], HC Chan[1], MH Cheung[2], H Chau[1], KM Lam[2], HS So[1]
[1]*Division of Urology, Department of Surgery*
United Christian Hospital, Hong Kong
[2]*Division of Urology, Department of Surgery*
Tseung Kwan O Hospital, Hong Kong

ORAL (FREE PAPER) SESSION III

URO-ONCOLOGY: PROSTATE I (14:00 – 15:00)

14:00 – 14:10

[OP.3-1]

Magnetic Resonance Imaging (MRI)/ Ultrasound (US) Fusion Guided Prostate Biopsy with an Elastic Fusion Platform: Is it Useful in The Chinese Population?

WK Ma[1], BSH Ho[1], JKW Wong[1], ASH Lai[2], KC Lam[2], CKW Wong[1], YS Chan[1], LKC Yip[2], TCT Lai[1], CF Tsang[1], ATL Ng[1], JHL Tsu[1], MK Yiu[1]

[1]*Division of Urology, Department of Surgery*

[2]*Department of Diagnostic Radiology*

The University of Hong Kong, Queen Mary Hospital, Hong Kong

14:10 – 14:20

[OP.3-2]

Diagnostic Value of Prostate Imaging – Reporting and Data System (PI-RADS) Version 2 in the Chinese Population: A Correlation Study with Magnetic Resonance Imaging (MRI)/Ultrasound (US) Fusion Targeted Biopsy

WK Ma[1], ASH Lai[2], KC Lam[2], LKC Yip[2], BSH Ho[1], JKW Wong[1], CKW Wong[1], TCT Lai[1], CF Tsang[1], ATL Ng[1], JHL Tsu[1], MK Yiu[1]

[1]*Division of Urology, Department of Surgery*

[2]*Department of Diagnostic Radiology*

The University of Hong Kong, Queen Mary Hospital, Hong Kong

14:20 – 14:30

[OP.3-3]

Prostate Health Index(PHI) Reference Range Specific for Chinese Men with PSA 4-20 Ng/Ml

PK Chiu[1], JY Teoh[1], SY Yip[1], CH Yee[1], SM Hou[1], CF Ng[1,2]

[1]*Division of Urology, Department of Surgery, Prince of Wales Hospital*

[2]*SH Ho Urology Centre, The Chinese University of Hong Kong, Hong Kong*

14:30 – 14:40

[OP.3-4]

The Application of Prostate Health Index Improves Positive Prostate Biopsy Rate

ATO Yu, VHW Yeung, SK Chu, CW Man
Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

14:40 – 14:50

[OP.3-5]

A Prospective Evaluation of The Impact Of Prostate Health Index (PHI) In The Public Health System In Hong Kong – A Real-Life Scenario

PK Chiu[1], TCK Ng[1], BSY Lau[1], JY Teoh[1], SM Hou[1], CF Ng[1],CC Ho[2], WL Tang[2], WT Poon[2]
[1]*Division of Urology, Department of Surgery, Prince of Wales Hospital*
[2]*Department of Pathology, Pamela Youde Nethersole Eastern Hospital*

14:50 – 15:00

[OP.3-6]

How accurate are Transrectal Ultrasound Guided Biopsy and Magnetic Resonance Imaging in Staging Prostate Cancer and Will We Advise the Wrong Patient for Active Surveillance? A Retrospective Review In Hong Kong

YS Chan, WK Ma, CF Tsang, CT Lai, KW Wong, SH Ho, TL Ng, HL Tsu, MK Yiu
Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong

ORAL (FREE PAPER) SESSION IV

PROSTATE II / STONE & URETERIC STRUCTURE / KIDNEY TRANSPLANT / BPH (15:00 – 16:00)

15:00 – 15:10

[OP.4-1]

Minimally Invasive Radical Prostatectomy: Transition, Transformation, and Transcendence

RWM Kan, CM Ng, CF Kan, HY Ngai, HC To, LY Ho, SWH Chan, WH Au
Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

15:10 – 15:20

[OP.4-2]

Seven-year Experience Of Robot-Assisted Laparoscopic Radical Prostatectomy In A Single Centre - Review Of 240 Cases

TK Lo, ESK Li, NH Chan, JCM Li, CW Fan
Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

15:20 – 15:30

[OP.4-3]

Analysis of 627 Patients with Hematuria - Predictors for Malignancy in Flexible Cystoscopy

TK Lo, ESK Li, NH Chan, JCM Li, CW Fan
Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

15:30 – 15:40

[OP.4-4]

Endoscopic Intervention of Ureteric Stricture: How Have We Been Doing in the Past 10 Years?

TCT Lai, WK Ma, CF Tsang, KW Wong, BSH Ho, ATL Ng, JHL Tsu, MK Yiu
Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong

15:40 – 15:50

[OP.4-5]

Effects of Delay Graft Function and Cold Ischemic Time on Renal Allograft; A Single Centre Review

YS Chan, CF Kan, TL Ng, CM Ng, HY Ngai, HH Hung, LY Ho, WH Au
Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

15:50 – 16:00

[OP.4-6]

Prostatic Artery Embolization for Benign Prostatic Hyperplasia with or without Acute Urinary Retention

PK Chiu[1], CF Ng[2], CH Yee[1], JY Teoh[1], CCM Cho[3], EHY Hung[3], SCH Yu[3]
[1]*Division of Urology, Department of Surgery, Prince of Wales Hospital*
[2]*SH Ho Urology Centre, The Chinese University of Hong Kong*
[3]*Department of Imaging & Interventional Radiology, Prince of Wales Hospital*

MODERATED POSTER (FREE PAPER) SESSION I

ANDROLOGY/ FUNCTIONAL UROLOGY / STONE & INFECTION / TRANSPLANTATION (11:00 – 11:48)

11:00-11:04

[MP.1-1]

Outcome of Tubeless PCNL Compared with Conventional PCNL

LF Lee, CC Ngo, WC Lam, KC Cheng, HC Chan, H Chau, HS So
Division of Urology, Department of Surgery
United Christian Hospital, Hong Kong

11:04-11:08

[MP.1-2]

A Novel Technique for the Insertion of Double J Stents in Laparoscopic Ureterolithotomy

XB Cheng, ZQ Lu, L Xiong, BF Luo, Y Jiang, X Xu, RK Lo
Division of Urology, Department of Surgery
The University of Hong Kong, Shenzhen Hospital, China

11:08-11:12

[MP.1-3]

Ultra-Mini Percutaneous Nephrolithotomy: Another Arsenal at Our Disposal

MH Yu, SK Li, NH Chan, CW Fan, CN Tang
Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

11:12-11:16

[MP.1-4]

Clinical Experience in Diagnosis and Therapy of Emphysematous Pyelonephritis

Y Jiang, ZQ Lu, XB Cheng, L Xiong, X Xu, BF Luo, Y Yuan, RK Lo,
Division of Urology, Department of Surgery
The University of Hong Kong, Shenzhen Hospital, China.

11:16-11:20

[MP.1-5]

Hong Kong Paediatric Renal Transplantation: The Past Ten Years' Experience

KK Lo, TY Chu, CK Chan, YC Lam, KL Ho, Y Chiu, FK Cheung
Division of Urology, Department of Surgery
Princess Margaret Hospital, Hong Kong

11:20-11:24

[MP.1-6]

Correlations among Penile Length, Prostate Size, Testicular Volume and PSA in Chinese Men

VHW Yeung, ATO Yu, TCT Pun, CH Cheng, MTY Chan, PSK Chu, CW Man
Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

11:24-11:28

[MP.1-7

Results of Artificial Urinary Sphincter (Aus) Implantation on Patients with Post Prostatectomy Urinary Incontinence

VTT Law, TK Lo, K Chau, E Li, NH Chan, J Li, CW Fan, CN Tang
Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

11:28-11:32

[MP.1-8]

Outcome of Mid-Urethral Sling for Stress Urinary Incontinence

VTT Law, TK Lo, K Chau, E Li, NH Chan, J Li, CW Fan, CN Tang
Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

11:32-11:36

[MP.1-9]

Transobturator Adjustable Tape for Female Stress Urinary Incontinence

CT Pun, CH Cheng, M L Li, SK Chu, CW Man
Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

11:36-11:40

[MP.1-10]

Adjustable Male Sling (ATOMS® System) for Male Stress Urinary Incontinence

CT Pun, CH Cheng, M L Li, SK Chu, CW Man
Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

11:40-11:44

[MP.1-11]

Initial Experience with Sacral Neuromodulation for The Treatment of Overactive Bladder Symptoms in Hong Kong

KFK Chau, SK Li, NH Chan, CM Li, CW Fan
Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

11:44-11:48

[MP.1-12]

A Single Center Experience in Memokath① Prostatic Stent Insertion on Frail Elderlies with Prostatic Obstruction

VTT Law, TK Lo, K Chau, E Li, NH Chan, J Li, CW Fan, CN Tang
Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

MODERATED POSTER (FREE PAPER) SESSION II

URO-ONCOLOGY (12:00 – 12:44)

12:00-12:04

[MP.2-1]

Pattern of Use of Prostate-Specific Antigen (PSA) Among Different Clinical Specialties: Retrospective Study in a Tertiary Hospital

SKK Yuen, ATL Ng, JHL Tsu, WK Ma, BSH Ho, JKW Wong, TCT Lai, CF Tsang, CKW Wong, MK Yiu
Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong.

12:04-12:08

[MP.2-2]

MRI USG Fusion Prostate Biopsy , PYNEH Experience

ESK Li, NH Chan, TK Lo, TC Pun, CM Li, CW Fan, CN Tang
Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

12:08-12:12

[MP.2-3]

Review of Post TRUS Biopsy Sepsis

HF Wong, KL Lo, HY Cheung, SM Hou, HT Leong
Division of Urology, Department of Surgery
North District Hospital, Hong Kong

12:12-12:16

[MP.2-4]

MR PET Scan with ^{68}Ga PSMA in Prostate Cancer

RK Lo[1], CS Lo[2], JK Chan[3], WS Cheung[3], GG Lo[3]
[1] *Department of Surgery, The University of Hong Kong*
[2]*Department of Radiology, Queen Mary Hospital, Hong Kong*
[3]*Department of Diα gnostic and lnterventional Radiology*
Hong Kong Sanatorium & Hospital, Hong Kong

12:16-12:20

[MP.2-5]

Active Surveillance: You Think You Know the Beast You Are Taming?

RWM Kan, CM Ng, CF Kan, HY Ngai, LY Ho, SWH Chan, WH Au
Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

12:20-12:24

[MP.2-6]

Androgen Deprivation Therapy (ADT) Plus Docetaxel Versus ADT Alone in Chinese Men with High Volume Metastatic Prostate Cancer

NMY Cheng[1], JYC Teoh[1], DM Poon[2], SM Hou[1], CF Ng[1]
[1]*Division of Urology, Department of Surgery*
Prince of Wales Hospital, The Chinese University of Hong Kong
[2]*Department of Oncology, Prince of Wales Hospital*
The Chinese University of Hong Kong, Hong Kong

12:24-12:28

[MP.2-7]

Alternation of Renal Function in Patients with Open Partial Nephrectomy Done in Tuen Mun Hospital

YH Tang, YK Lee, PSK Chu, CW Man
Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

12:28-12:32

[MP.2-8]

Epithelioid Angiomyolipoma of the Kidney: A Case Series with Literature Review

TF Wong[1], CF Tsang[1], ATL Ng[1], JHL Tsu[1], TCT Lai[1], KW Wong[1], B Ho[1], WK Ma[1], ZQ Lu[2], CS Lo[4], GG Lo[5], RK Lo[2,3], MK Yiu[1]
[1]*Division of Urology, Department of Surgery*
The University of Hong Kong, Queen Mary Hospital
[2]*Division of Urology, Department of Surgery*
The University of Hong Kong-Shenzhen Hospital
[3]*Pedder Clinic, Hong Kong*
[4]*Department of Radiology, The University of Hong Kong, Queen Mary Hospital*
[5]*Department of Diagnostic and Interventional Radiology*
Hong Kong Sanatorium & Hospital

12:32-12:36

[MP.2-9]

Retrospective Review of Robotic-assisted Vs Laparoscopic Radical Nephroureterectomy – Sharing of a Simplified Approach Requiring No Patient Repositioning or Robot Redocking

CY Ng, CH Ip, CF Li, Y Chiu, TY Chu, FK Cheung
Division of Urology, Department of Surgery
Princess Margaret Hospital, Hong Kong

12:36-12:40

[MP.2-10]

A Giant Chromophobe Renal Cell Carcinoma in a Young Female

ZQ Lu, Y Yuan, XB Cheng, RK Lo
Division of Urology, Department of Surgery
The University of Hong Kong, Shenzhen Hospital, China

12:40-12:44

[MP.2-11]

Laparoscopic Resection of Adrenal Tumor in A Pregnant Woman with Cushing's Syndrome

ZQ Lu, BF Luo, Y Yuan, XB Cheng, RK Lo
Division of Urology, Department of Surgery
The University of Hong Kong, Shenzhen Hospital, China

UROLOGY NURSING SYMPOSIUM

SESSION II (14:45 – 16:30)

14:45 – 15:00

[UNS-1]

A Pilot Urinary Catheter Program for Patients with Urinary Retention – a shift from Inpatient Care Service Model to Outpatient Care Service Model

KK Leung, MK Lam, SY Lau, HS So, TL Chow
Division of Urology, Department of Surgery
United Christian Hospital, Hong Kong

15:00 – 15:15

[UNS-2]

Nurse-Led Specialty Clinic for Managing Patient with Nocturia

MS Yim, JCYLeung, WKLi, TYCLam
Division of Urology, Department of Surgery
Princess Margaret Hospital, Hong Kong

15:15 – 15:30

[UNS-3]

Reducing Unnecessary Hospital Readmissions with Enhanced Patient Education and Support on Percutaneous Nephrostomy Care

SL Ng, L Yeung, YB Tse, B Ho, MK Yiu
Division of Urology, Department of Surgery
Queen Mary Hospital, Hong Kong

15:30-15:45

[UNS-4]

Evidence-Based Practice: Can Drinking Habit Modification Therapy Help to Reduce Urinary Frequency and Nocturia for Patients with or without Urinary Incontinence?

ASW Wong, JWS Wong, SYK Ng, HY Cheung, HT Leong
Division of Urology, Department of Surgery
North District Hospital, Hong Kong

15:45-16:00

[UNS-5]

Evaluation of the Treatment Outcomes of Urinary Retention by Clean Intermittent Catheterization

KK Leung, MK Lam, SY Lau, HS So, TL Chow
Division of Urology, Department of Surgery
United Christian Hospital, Hong Kong

16:15-16:30

[UNS-6]

Evaluation of Treatment Outcomes in Pelvic Floor Muscle Training with Biofeedback versus Intra-Vaginal Electrical Stimulation in Women with Urinary Incontinence in Hong Kong Pamela Youde Nethersole Eastern Hospital

KW Yeung, KL Lui, WF Ho, CM Li, CW Fan, CN Tang
Division of Urology, Department of Surgery
Pamela Nethersole Eastern Hospital, Hong Kong.

Fifteen-year Experience in Radical Nephrectomy with Inferior Vena Cava Tumor Thrombectomy for Patients with Locally Advanced and Metastatic Renal Cell Carcinoma

JTL Ng, B Ho, TL Ng, WK Ma, JHL Tsu, MK Yiu

Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong

Objective:
To investigate the clinical outcomes and complications of radical nephrectomy with inferior vena cava (IVC) tumor thrombectomy for patients with locally advanced or metastatic renal cell carcinoma (RCC).

Patients & Methods:
All patients underwent radical nephrectomy with IVC tumor thrombectomy from 2001 to 2016 were reviewed.

Results:
29 patients (male: female: 20:9) with mean age of 66 (48-85) were reviewed. 10 patients had metastatic disease (8 with lung metastases and 2 with bone metastases) preoperatively. Level I to IV IVC tumor thrombus were found in 5(17%), 7 (24%), 12 (41%) and 5(17%) patients respectively. The median follow-up was 61.2 months (1-162). The mean blood loss for level I to IV tumor thrombus was 1566ml, 2040ml, 2503ml and 6340ml respectively. 3 patients (10.3%) had Clavien-Dindo Grade 3 complications. 6 patients (60%) with metastatic disease received adjuvant targeted therapy. There was no 30-day mortality. The five-year overall survival rates for localised and metastatic RCC were 70% and 56 % respectively. Five-year recurrence free survival for locally advanced disease was 45%.

Conclusion:
Radical nephrectomy with IVC tumor thrombectomy provided satisfactory survival outcomes for patients with locally advanced and metastatic RCC.

[OP.1-2]

Volumetric and Functional Analysis after Partial Nephrectomy: The Impact of Parenchymal Volume Preservation and Ischaemia

HF Wong, JHM Wong, J Teoh, KM Li, CH Yee, SY Chan, CF Ng, SM Hou

SH Ho Urology Centre, Department of Surgery
Prince of Wales Hospital, The Chinese University of Hong Kong, Hong Kong.

Objective:
We investigated the relative impacts of parenchymal volume preservation and ischaemia during partial nephrectomy (PN) on renal function.

Patients & Methods:
Thirty-three patients with renal tumours managed with PN in our institution from 2011 to 2015 with necessary information were reviewed. Volumetric analysis based on computed tomography (CT) was done by OsiriX software with manual scripting technique, to determine functional parenchymal volume changes before and after PN. The potential predictors for volume preservation were analysed using t-test. Multivariable regression analysis was used to assess the relationship between percentage of preserved glomerular filtration rate (%GFR), volume preservation and ischaemia.

Results:
Mean tumour size was 3.8cm, mean RENAL score 6.9, and mean ischaemia time 32 minutes. Mean ipsilateral functional volume preservation was 83.2%, with pre-existing hypertension ($p=0.016$), nearness to collecting system ($\leq$4mm) ($p=0.004$), and ischaemia time ($p=0.008$) associated with worse volume preservation. Mean %GFR was 89% at 6 month. Upon multivariate regression analysis, ischaemia time was a significant factor of worse %GFR both at nadir before discharge ($p=0.002$) and 3-month ($p=0.044$). However, at 6-month, its only significant factor was percentage of ipsilateral volume loss ($p=0.032$).

Conclusion:
Ischaemia time is correlated with short-term renal function after partial nephrectomy, while parenchymal volume preservation is more important in longer-term renal function.

Elective Nephron-Sparing Surgery for Renal Cell Carcinoma: Trifecta Outcomes in A University Teaching Hospital

TF Wong, CF Tsang, AHG Wong, CT Lai, KW Wong, B Ho, ATL Ng, WK Ma, JHL Tsu, MK Yiu

Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong

Objective:
To report the trifecta results of nephron-sparing surgery (NSS) for renal cell carcinoma (RCC).

Patients & Methods:
This is a retrospective review of patients with RCC who underwent NSS as elective indication. Between January 2001 and December 2014, 112 patients with unilateral RCC and a normal contralateral kidney underwent PN. Patients with previous nephrectomy, bilateral or multiple RCCs, metastasis and familial cancer syndromes were excluded.

Results:
In our cohort. 61.4% had open PN, 14.9% had laparoscopic PN and 23.7% had robotic PN. Median follow up was 61.8 months. Overall complication rate was 7.0%, with 2.6% being Clavian III or above (1 case of bleeding and 2 cases of urinary leakage/fistula). The positive margin rate was 2.7% and local recurrence rate was 0.9%. 43.0% of the patients developed chronic kidney disease (glomerular filtration rate <60). The 5-year overall survival (OS) was 83.1% and cancer-specific survival (CSS) was 97.4%. Subgroup analysis showed that there was no difference in postoperative GFR between the group with open PN (mean GFR 55.7) and minimally invasive PN (mean GFR 54.6), p=0.87.

Conclusion:
This retrospective study suggests a low complication rate, preservation of renal function and high 5-year CSS of NSS comparable to international series.

[OP.1-4]

Computer Tomography Overestimates the Actual Tumor Size of Renal Cell Carcinoma

AHG Wong, CF Tsang, TF Wong, CKW Wong, TCT Lai, KW Wong, BSH Ho, ATL Ng, WK Ma, JHL Tsu, MK Yiu

Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong

Objective:
To evaluate the accuracy of computer tomography (CT) of the kidney in predicting pathological tumor size of renal cell carcinomas (RCC) in patients receiving partial nephrectomy (PN) or radical nephrectomy (RN).

Patients & Methods:

This is a retrospective review on all PN and RN performed from 2001 to 2014. Pathological T-stage, the size of the tumor on CT scan and the actual size in the surgical specimen were analyzed.

Results:
271 patients had preoperative CT, of which 159 had RN and 112 had PN. 83% were T1 or T2 tumors, 16% were T3 tumors and 2% were T4 tumors. In this cohort, the mean diameter on CT (5.95cm) was significantly larger than the diameter on pathology (5.64cm) by 0.375cm ($p = 0.000$). In the subgroup analysis, pT1a (N=113) tumor had a larger mean diameter on CT (2.84cm) than actual tumor size (2.48cm) by 0.35cm ($p=0.000$). Similar observation was seen in pT1b (N=66) tumors, they had larger diameter on CT (5.92cm) than actual tumor size (5.24cm) by 0.70cm ($p=0.000$). No significant discrepancy was observed for T2 or above tumors.

Conclusion:
CT overestimates the actual tumour size in clinical T1 RCC. Size of RCC on CT should be interpreted cautiously.

Is Chest X-Ray Necessary for Renal Cell Carcinoma Surveillance after Partial Nephrectomy?

AHG Wong, CF Tsang, TF Wong, TCT Lai, KW Wong, BSH Ho, ATL Ng, WK Ma, JHL Tsu, MK Yiu

Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong

Objective:
To evaluate the value of chest radiographs (CXR) for the follow-up (FU) of renal cell carcinoma (RCC) after partial nephrectomy (PN).

Patients & Methods:
A retrospective review of PN for RCC between 2001 and 2014 was done to identify the surveillance demographics, total number of CXR, CT Thorax scans, and presence of lung metastases. Patients who developed lung metastasis were reviewed for the detection rate of lung metastases on CXR and CT thorax.

Results:
118 patients with RCC underwent PN, of which 103 were T1a and 15 were T1b disease. The median follow-up duration was 52 months. During the follow-up period of all patients a total of 1783 CXR and 59 CT thorax were done. Lung metastasis was found in 2 (1.7%) patients with PN. One of them presented with pathological bone fracture at 23-months FU. Lung metastasis was found on subsequent CT thorax 3 months later. It was not picked up in prior CXR. The other one was from picked up by follow-up CXR at 33-months FU, showing bilateral lung opacities.

Conclusion:
Routine surveillance CXR and CT thorax for RCC has a very low yield in detecting lung metastasis in patients after PN, and may not be needed as regularly.

[OP.1-6]

Clinical Application of MSKCC and Heng Prognostic Scores for Metastatic Renal Cell Carcinoma in A Local Chinese Cohort

CY Fok, SW Choi, JY Teoh, HM Wong, SM Hou, CF Ng.

Division of Urology, Department of Surgery
Prince of Wales Hospital, The Chinese University of Hong Kong, Hong Kong.

Objective:
MKSCC and Heng prognostic scores are commonly used to predict prognosis of metastatic renal cell carcinoma (mRCC). This study aimed to investigate the clinical applicabilities of MSKCC and Heng prognostic score in a local Chinese cohort.

Patients & Methods:
All patients with mRCC who received targeted therapy from year 2006 to 2015 were included. Parameters including the duration from diagnosis to treatment, Karnofsky performance score, haemoglobin, white cell count, neutrophil count, platelet count, adjusted calcium level and LDH level were collected. Patients were stratified according to the MSKCC and Heng prognostic score, and their disease progression and overall survival were compared using Kaplan Meier method.

Results:
A total of 76 patients with mRCC at Prince of Wales Hospital were recruited. At the end of the study period, 48 patients (63.2%) had disease progression proved by imaging, and 59 patients (77.6%) were recorded dead. Both prognostic scores showed significance in predicting overall survival (MSKCC: p= 0.03; Heng model: p=0.003). However, both prognostic scores failed to reach statistical significance in predicting disease progression.

Conclusion:
Both the MSKCC and Heng prognostic scores could predict overall survival in Chinese patients with mRCC. However, both scores failed to predict disease progression in our cohort.

Cytoreductive Nephrectomy Plus Targeted Therapy Versus Targeted Therapy Alone in Metastatic Renal Cell Carcinoma: A Retrospective Cohort Study

SW Choi, CY Fok, JY Teoh, SM Hou, CF Ng.

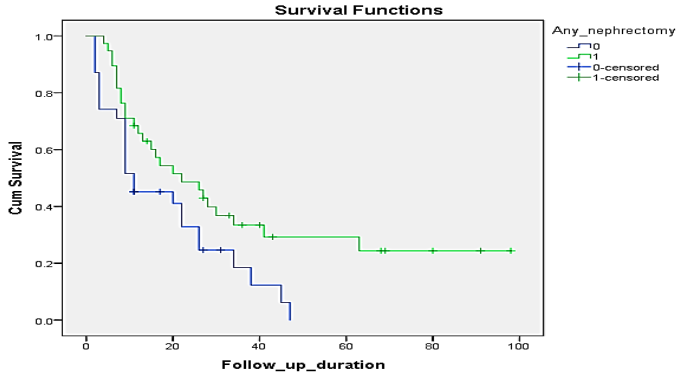
Division of Urology, Department of Surgery, Prince of Wales Hospital
The Chinese University of Hong Kong, Hong Kong

Objective: To investigate the role of cytoreductive nephrectomy (CN) in patients with metastatic renal cell carcinoma (mRCC) receiving targeted therapy.

Patients and Methods:
All patients with mRCC who received targeted therapy from year 2006 to 2015 were included. Patients' and disease characteristics were reviewed. We compared the overall survival in the CN group versus the non-CN group using Kaplan-Meier method. Further Cox regression analysis was performed to adjust for potential confounding factors.

Results:
A total of 69 patients received targeted therapy, which consisted of 38 patients in the CN group and 31 patients in the non-CN group. There were no significant differences in the baseline characteristics between the two groups. The CN group had a significantly better survival than the non-CN group (median survival 39 months vs 18 months). Upon multivariate analysis, CN was significantly associated with better overall survival (HR: 0.55, 95% CI 0.31- 0.99, p= 0.048). The Heng model was also significantly associated with overall survival (HR: 2.28, 95% CI 1.25-4.15, p=0.007).

Conclusion: Our study showed that cytoreductive nephrectomy could prolong overall survival in patients with mRCC receiving targeted therapy.



[OP.2-2]

Early Results of Using Cavitron Ultrasonic Surgical Aspirator (CUSA) in Laparoscopic Partial Nephrectomy

CWH Mak, RWH Chu, KW Chan, CL Cho, IC Law

Division of Urology, Department of Surgery
Kwong Wah Hospital, Hong Kong

Objective:
To evaluate the early postoperative outcome and efficacy of CUSA in laparoscopic partial nephrectomy.

Patients & Methods:
Patients who underwent laparoscopic partial nephrectomy from August 2010 to March 2016 in Kwong Wah Hospital were recruited. Pre and postoperative renal functions and clinical outcome were compared between the group using CUSA and other energy sources.

Results:
It was a retrospective study (n=33) with 10 patients having CUSA assisted surgery and 23 patients in non-CUSA group. Both groups had comparable RENAL-nephrometry scores. No major intraoperative complication was encountered. Hemoglobin drop (-1.48g/dL vs -1.51g/dL, p=0.955) and oncological control were comparable. A longer operation time was found in CUSA group (304 mins vs 262 mins, p=0.023).

Non-CUSA group had a larger decrease in first postoperative eGFR. (-15.7% vs -5.4%). Patients in non-CUSA group had significant difference between their preoperative and first postoperative renal function (p=0.00), while CUSA group had comparable pre and postoperative renal functions. (p=0.13).

One patient had embolization due to pseudo-aneurysm in non-CUSA group while there was no Clavien-Dindo grade 2 or above complication in CUSA group.

Conclusion:
Use of CUSA in laparoscopic partial nephrectomy is a safe technique and is associated with better early postoperative renal function.

Maintenance Intravesical Mitomycin C Efficacy in Intermediate Risk Non-Muscle Invasive Bladder Cancer: Prospective Cohort

TCF Li, CF Kan, WH Au

Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

Objective:
To review the efficacy of maintenance intravesical mitomycin C (MMC) in intermediate risk non-muscle invasive bladder cancer (NMIBC) in terms of recurrence free survival.

Patients & Methods:
58 patients with intermediate risk NMIBC was prospectively recruited from 1/2012 to 1/2016, subjecting to 1 year of intravesical MMC instilled every 3 months. Mean EORTC recurrence score was 3.72. Mean follow up was 23.3 months. This was compared to a historical cohort without adjuvant therapy as control (n=50).

Results:
Recurrence free survival (RFS) at 36 months for the MMC group was 57.7%, which was significantly better than control group (40.7%, p=0.000). All patients tolerated MMC well except one patient suffered from urinary tract infection which resolved with antibiotics.

Conclusion:
Maintenance MMC significantly improved RFS for intermediate risk NMIBC at 36 months as compared to no adjuvant therapy. It was well tolerated with minimal side effect.

[OP.2-4]

Transurethral En Bloc Resection Versus Standard Resection of Bladder Tumour: A Prospective Comparison on Early Operative and Pathological Outcomes

JY Teoh [1], ES Chan [1], BK Cheng [2,3], CL Cho [4], BS Ho [5], PK Chiu [1], WH Chan [2], RW Chu [4], CF Tsang [5], SW Choi [1], CH Yee [1], HS So [2], KM Lam [3], IC Law [4], MK Yiu [5], SM Hou [1], CF Ng [1].

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[5] *Division of Urology, Department of Surgery*
Queen Mary Hospital, The University of Hong Kong, Hong Kong.

Objective:
To compare the early operative and pathological outcomes of transurethral en bloc resection (EBR) versus standard resection (SR) of bladder tumour.

Patients & Methods:
All patients who underwent EBR for bladder tumour in 4 local hospitals from May to August 2016 were included. Early operative and pathological outcomes were compared to a prospective SR cohort from May 2012 to December 2015 in Prince of Wales Hospital.

Results:
During the study period, 29 patients underwent EBR and 107 patients underwent SR. There were no significance differences in age, hospital stay, 30-day complications, tumour size, T-stage and tumour grading between the two groups. EBR had a longer mean operative time (41.2±29.5 vs 28.1±26.2min, p=0.030) and less post-operative mitomycin C instillation than SR (55.2% vs 82.2%, p=0.002). EBR had a higher detrusor sampling rate than SR (93.1% vs 64.5%, p=0.003). In the EBR group, a total of 51 bladder tumours were resected. Successful en bloc resection rate was 98.0%. Clear circumferential and deep margins were achieved in 94.7% of them. None experienced bladder perforation in our series.

Conclusion:
EBR achieved a higher detrusor sampling rate than SR, but had a longer operative time and a lower rate of post-operative mitomycin C instillation.

Ten-Year Experience on Re-Transurethral Resection of Non-Muscle-Invasive Bladder Cancer. Are We Doing on the Right Patients?

KW Wong, TCT Lai, CF Tsang, B Ho, ATL Ng, WK Ma, JHL Tsu, MK Yiu

Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong

Objective:
To examine the outcomes of re-transurethral resection (re-TUR) in patients with non-muscle invasive bladder cancer (NMIBC).

Patients & Methods:
We retrospectively reviewed data from Jan 2004 to Dec 2014 in Queen Mary and Tung Wah Hospitals. One-hundred-and-eight patients underwent re-TUR for NMIBC. Exclusion criteria included histology other than transitional cell carcinoma (TCC), history of upper tract TCC and macroscopic incomplete initial resection.

Results:
Fifty-five patients (51%) had T1 tumor and 93 patients (86.1%) had high-grade (HG) disease on the initial resection. Muscularis propria was included in 38 patients (35.2%) on the initial resection. After re-TUR, 8 patients (7.4%) had upstaged to muscle-invasive disease while 6 patients (5.6%) still had T1HG tumor in the resection specimen. This resulted in a change of management to radical treatment in ten percent of patients. All patients with upstaged muscle-invasive disease after re-TUR had HG tumor, 87.5% had tumor larger than 3 cm and 75% had T1 tumor on the initial resection. All 15 patients with low grade disease on the initial resection did not show any upstaging after re-TUR.

Conclusion:
Re-TUR remains an important treatment strategy to detect upstaging in bladder cancer especially in those patients with T1HG disease and with tumor larger than 3cm.

[OP.2-6]

Second Look Transurethral Resection of Bladder Tumours – Why to Look Once More

WC Lam[1], KC Cheng[1], LF Lee[1], CC Chan[2], HC Chan[1], MH Cheung[2], H Chau[1], KM Lam[2], HS So[1]

[1]*Division of Urology, Department of Surgery*
United Christian Hospital, Hong Kong
[2]*Division of Urology, Department of Surgery*
Tseung Kwan O Hospital, Hong Kong

Objective:
To Review the Pathological and Oncological Outcomes of Second Transurethral Resection of Bladder Tumour (TURBT).

Patients & Methods:
Patients undergoing first and second look TURBT were retrospectively reviewed from year 2010 to 2014. Pathological Ta, T1 urothelial carcinomas were included. Endoscopic findings and pathology were studied. Comparisons of oncological outcomes were made between those with and without second resection, in terms of early recurrence, time to recurrence and survival.

Results:
Total 188 cases were included. 46 cases had second TURBT arranged. Primary tumours were larger (3.09cm vs 1.97cm, $p<0.01$), higher grade (51% vs 18% Grade 3, $p<0.01$) and higher stage (61% vs 39% T1, $p<0.01$) in second TURBT group. Median time to second TURBT was 60 days. 61% has pathological proven residual disease. Upstaging occurred in 9.8%. There were no difference in early recurrence and recurrence in one year. There was a trend toward longer time to recurrence in patients received second TURBT. There was no difference in cancer specific survival.

Conclusion:
Significant numbers of patients were identified with residual diseases in second TURBT. There were no differences in terms of recurrence and cancer specific survival.

Magnetic Resonance Imaging (MRI)/ Ultrasound (US) Fusion Guided Prostate Biopsy with an Elastic Fusion Platform: Is it Useful in The Chinese Population?

WK Ma[1], BSH Ho[1], JKW Wong[1], ASH Lai[2], KC Lam[2], CKW Wong[1], YS Chan[1], LKC Yip[2], TCT Lai[1], CF Tsang[1], ATL Ng[1], JHL Tsu[1], MK Yiu[1]

[1]*Division of Urology, Department of Surgery*
[2]*Department of Diagnostic Radiology*
The University of Hong Kong, Queen Mary Hospital, Hong Kong

Objective:
To compare a new modality of MRI/US fusion guided prostate biopsy with conventional TRUS biopsy in a Chinese cohort.

Patients & Methods:
From July 2015 to July 2016, 94 Chinese men with elevated serum prostate-specific antigen (PSA) of 4-20 ng/mL underwent pre-biopsy MRI prostate. Those with suspicious lesion(s) underwent fusion biopsy (targeted + 12-core template biopsy) using the Artemis^{TM} fusion platform. The biopsy outcomes were compared with a matched cohort of 250 patients with conventional TRUS guided 12-core systematic biopsy.

Results:
An average of 1.7±1.0 MRI lesions/patient was detected in 81 patients. In 58 patients having lesions of intermediate to high suspicion, the overall cancer detection rate was significantly higher than conventional biopsy group (41.4 vs 17.6%, $p < 0.0001$). Targeted biopsy alone detected more clinically significant cancers (24.1% vs 10.4%, $p = 0.005$) and yielded significantly longer mean cancer core length (5.8±4.2 mm vs 3.6±3.1 mm, $p = 0.03$). Targeted biopsy alone would have avoided diagnosis of 75% (6/8) of the clinically insignificant cancers at the expense of missing 12.5% (2/16) of the clinically significant cancers. The complication rates were similar between the two groups.

Conclusion:
MRI/US fusion guided prostate biopsy is promising in improving the diagnostic yield in Chinese men with elevated PSA.

[OP.3-2]

Diagnostic Value Of Prostate Imaging – Reporting and Data System (PI-RADS) Version 2 in the Chinese Population: A Correlation Study with Magnetic Resonance Imaging (MRI)/Ultrasound (US) Fusion Targeted Biopsy

WK Ma[1], ASH Lai[2], KC Lam[2], LKC Yip[2], BSH Ho[1], JKW Wong[1], CKW Wong[1], TCT Lai[1], CF Tsang[1], ATL Ng[1], JHL Tsu[1], MK Yiu[1]

[1]*Division of Urology, Department of Surgery*
[2]*Department of Diagnostic Radiology*
The University of Hong Kong, Queen Mary Hospital, Hong Kong

Objective:
To evaluate the diagnostic value of Prostate Imaging – Reporting and Data System (PI-RADS) version 2 in MRI prostate in a Chinese cohort.

Patients & Methods:
From July 2015 to July 2016, 94 Chinese men with elevated serum prostate-specific antigen (PSA) of 4-20 ng/mL underwent pre-biopsy multiparametric MRI prostate with a 1.5T MRI scanner. A panel of 3 genitourinary radiologists assigned regions of interests (ROIs) according to the PI-RADS v2. Those having PI-RADS Grade 2 to 5 lesion(s) underwent MRI/US fusion targeted biopsy using the Artemis™ fusion platform.

Results:
A total of 132 PI-RADS 2-5 lesions were detected in 81 patients (mean 1.7±1.0 lesions per patient). Cancer detection rates (CDRs) for PI-RADS 2, 3, 4 and 5 lesions were 0% (0/44), 9.8% (5/51), 34.5% (10/29) and 50.0% (4/8) respectively. For PI-RADS 3-5 lesions, 34.1% (30/88) and 65.9% (58/88) were located at the transition and peripheral zones respectively, with no difference in CDRs at the two sites (30% vs 17.2%, p =0.18). CDR of clinically significant cancers was significantly higher for PI-RADS 4-5 lesions compared with PI-RADS 3 lesions (35.1% vs 7.8%, p = 0.002).

Conclusion:
PI-RADS v2 has good correlation with biopsy outcomes and can be used as risk-stratification tool for selecting patients for targeted biopsy.

Prostate Health Index(PHI) Reference Range Specific for Chinese Men with PSA 4-20 Ng/Ml

PK Chiu[1], JY Teoh[1], SY Yip[1], CH Yee[1], SM Hou[1], CF Ng[1,2]

[1]*Division of Urology, Department of Surgery, Prince of Wales Hospital*
[2]*SH Ho Urology Centre, The Chinese University of Hong Kong, Hong Kong*

Objective: To define an appropriate PHI reference range in Chinese men with PSA 4-20ng/mL in predicting prostate cancer (PCa).

Patients & Methods: We included consecutive men with PSA 4-20ng/mL and normal DRE with 10-core TRUS biopsy done in 2008-2015. The performances of PSA, %fPSA, and PHI were compared using receiver operating characteristics(ROC), and decision curve analyses(DCA).

Results: 569 men with PSA 4-10ng/mL and 312 men with PSA 10-20ng/mL were included.

Table 1:PHI for ***PSA 4-10ng/mL***

PHI	<25	25-35	35-55	>55	Total
PCa	7/192 (3.6%)	17/225 (7.6%)	30/131 (22.9%)	8/21 (38.1%)	569
Gleason ≥7 PCa	1/192 (0.5%)	2/225 (0.9%)	9/131 (6.9%)	4/21 (19.0%)	
Caucasian reference range (PCa)	11.0%	18.1%	32.7%	52.1%	

In men with PSA 4-10ng/mL, The Area-under-curve(AUC) for prediction of PCa was 0.52(PSA), 0.61(%fPSA), and 0.74(PHI).

Table 2:PHI for ***PSA 10-20ng/mL***

PHI	<35	35-55	>55	Total
PCa	12/178(6.7%)	23/10 (22.8%)	18/33(54.5%)	312
Gleason ≥7 PCa	4/178(2.2%)	8/101(7.9%)	12/33(36.4%)	

In decision curve analyses, PHI provided the best net clinical benefit. 67.5%(595/881) biopsies could be avoided using PHI 35 as cutoff at the cost of delaying diagnosis of 1.2%(7/595 with PHI<35) Gleason ≥7 PCa.

Conclusion: PHI was effective in reducing unnecessary biopsies. A PHI reference range specific for Chinese men should be used.

[OP.3-4]

The Application of Prostate Health Index Improves Positive Prostate Biopsy Rate

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Objective:
Prostate specific antigen (PSA) is a widely used biochemical marker for early detection of prostate cancer. However, the major drawback of PSA is relative low specificity. Prostate health index (PHI) testing has been used since 2013 in our center for better patient selection for biopsy. We aim to review the outcome since the application of PHI testing.

Patients and methods:
Patients with transrectal ultrasound guided biopsy (TRUS biopsy) of prostate in 2012 to July 2016 were retrospectively reviewed. Patient characteristics, detection rate for prostate cancer and complications from biopsy were analyzed

Results:
1449 patients had TRUS biopsy from 2012 to July 2016. The detection rate for prostate cancer was 77 (20.4%) in 2012, 72 (19.0%) in 2013, 78 (30.5%) in 2014, 105 (39.5%) in 2015 and 76 (44.4%) in 2016. The post TRUS biopsy complication rate was 38 (10.1%) in 2012, 51 (13.5%) in 2013, 34 (13.3%) in 2014 and 17 (6.4%) in 2015.

Conclusion:
The use of PHI could improve patient selection for TRUS biopsy by stratifying patient with increased risk of prostate cancer.

A Prospective Evaluation of The Impact Of Prostate Health Index (PHI) In The Public Health System In Hong Kong – A Real-Life Scenario

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Objective: To audit the impact of Prostate Health Index (PHI) on biopsy decisions in the public health system in Hong Kong

Patients & Methods:
PHI was available since April 2016 for men with PSA 4-10ng/mL and normal DRE. PHI samples were processed in one centralized laboratory. After counselling by a Urologist, the biopsy decisions were divided into proceeding to prostate biopsy or not.

Results: 396 men had blood for PHI from May-July 2016, among which 175 had been reviewed by a Urologist before 1st September 2016. Mean PSA was 6.2+/-2.5ng/mL. Mean PHI was 29.5+/-13.7. 75% men had PHI<35, and among them only 15.3%(20/131) decided for biopsy.(Table 1)

Table 1:PHI and proportion of men who decided for biopsy

PHI	<25	25-35	35-55	>55
Proportion in cohort	45.1% (79/175)	29.7% (52/175)	21.7% (38/175)	3.4% (6/175)
Decision for biopsy	10.1% (8/79)	23.1% (12/52)	47.4% (18/38)	50.0% (3/6)

In the whole cohort, only 23.4%(41/175) men decided for biopsy, while 69.1%(121/175) opt for PSA monitoring, 4.0%(7/175) opt for MRI prostate, and 1.7%(3/175) opt for BPH surgery.

Conclusion: In real-life application, most men with PSA 4-10 ng/mL had a low PHI score. The use of PHI reduced 75% biopsies

[OP.3-6]

How Accurate are Transrectal Ultrasound Guided Biopsy and Magnetic Resonance Imaging in Staging Prostate Cancer and Will We Advise the Wrong Patient for Active Surveillance? A Retrospective Review In Hong Kong

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Objectives
To evaluate the accuracy of transrectal ultrasound guided (TRUS) biopsy and magnetic resonance imaging (MRI) on staging prostate cancer (PCa) and to investigate any predictors of upstaging of PCa in low risk patients.

Patient and methods
158 consecutive series of robotic assisted laparoscopic radical prostatectomy during September 2011 to October 2015 was retrospectively reviewed.

Results
Total 134 patients with available report were analysed. The accuracy of laterality for 12 core systematic TRUS biopsy, MRI and combination were 46.6%, 58.6% and 64.1%. The concordance of TRUS biopsy, MRI and combination as indicated by the Cohen Kappa coefficient were 0.21 ± 0.45, 0.14 ± 0.46 and 0.31 ± 0.68. In addition, the PPV, NPV, sensitivity, specificity and accuracy were 25%, 80.2%, 7.4%, 94.4% and 76.9% for prediction of extra-capsular extension by MRI scan.
PSA density was a predictor of clinical upstage of disease in low risks patient with odd-ratio of 2.337 (p=0.024).

Conclusion
TRUS biopsy, MRI and in combination had limited predictive value in evaluating the laterality of tumour and MRI was a specific but not a sensitive tools in assessment of extra-capsular extension. In Chinese patients diagnosed with low risks PCa and high PSA density, avoid active surveillance as the choice of treatment.

Minimally Invasive Radical Prostatectomy: Transition, Transformation, and Transcendence

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Objective:
To review the outcome of minimally invasive radical prostatectomy during the transition from pure laparoscopy to robotic assisted laparoscopy.

Patients & Methods:
Retrospective review of clinical parameters of 222 continuous patients who underwent minimally invasive radical prostatectomy from January 2011 to June 2016. Pentafecta outcome measures were compared between pure laparoscopic approach (LRP) and robotic assisted laparoscopic approach (RaLRP).

Results:
111 patients underwent LRP and 111 patients underwent RaLRP. Mean blood loss was 750ml and 420ml respectively for LRP and RaLRP ($p<0.000$). Mean duration of operation was 307minutes and 287minutes for LRP and RaLRP respectively ($p=0.022$). Grade III or above surgical complications occurred in 9.9% in LRP and 8.1% in RaLRP ($p=0.639$). 59.5% of LRP and 85.6% of RaLRP were nerve-sparing procedures ($p<0.000$). The T2-specific positive surgical margin rates were 19.1% and 15.8% respectively for LRP and RaLRP ($p=0.599$). Specifically for nerve-sparing procedures, the 3-month continence rates were 60.3% & 65.3% ($p=0.974$), and 12-month continence rates were 87.3% & 90.9% ($p=0.821$) for LRP & RaLRP respectively. At 12-months post-operation, potency was preserved in 37.8% & 55% respectively for LRP & RaLRP ($p=0.112$).

Conclusion:
During the 5-year transition from pure laparoscopic to robotic assisted laparoscopic radical prostatectomy, the transformation of surgical approach was accompanied by transcendence in all pentafecta outcome measures.

[OP.4-2]

Seven-year Experience Of Robot-Assisted Laparoscopic Radical Prostatectomy In A Single Centre - Review Of 240 Cases

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Objective:
To report the outcome of all robot-assisted laparoscopic radical prostatectomy (RaLRP) performed in a single centre

Patients & Methods:
The outcome of all RaLRP performed in our centre from 5/2009-5/2016 were prospectively evaluated.

Results:
There were 240 patients underwent RaLRP in the study period. Mean age was 66.7. Mean pre-operative PSA and prostate volume were 10.8ng/ml and 41.6ml respectively. The mean operating time and blood loss were 297mins and 262ml respectively. Mean hospital stay was 5 days. Regarding the oncological outcome, overall margin positive rate was 28%. Biochemical failure was noted in 13 patients. Regarding the functional outcome, continence rate (defined as dry or 1 protective pad) was 80.7% and erection rate was 42% at 12 months. Trifecta rate was 31.6% at 12 months. Complication rate (grade 3 or above) was 3.6%. There were no mortality and open conversion.

Conclusion:
Our 7 year experience of RaLRP was reported and the outcome appears to be similar to other series of RaLRP in Hong Kong.

Analysis of 627 Patients with Hematuria - Predictors for Malignancy in Flexible Cystoscopy

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Objective:
To identify predictors for malignancy in hematuria work up with flexible cystoscopy

Patients & Methods:
All patients assessed with flexible cystoscopy for hematuria from 1/6/2015-31/5/2016 in a single centre were retrospectively reviewed. Patients with previous urological malignancy were excluded.

Results:
627 patients were identified. 38 patients (6.1%) were diagnosed with urological malignancy, 35 cases were bladder cancer (92.1%). Anemia (OR 10.2), unexplained irritative lower urinary tract symptoms (LUTS) (OR 5.5) and smoking (OR 2.6) were the only factors that had significant association with malignancy.

Conclusion:
In patient with hematuria, presence of anemia, unexplained irritative LUTS and smoking are risk factors for malignancy. Patients with these risk factors should have high priority for investigation with flexible cystoscopy.

[OP.4-4]

Endoscopic Intervention of Ureteric Stricture: How Have We Been Doing in the Past 10 Years?

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Objective:
To examine the outcome of endoscopic intervention of ureteric stricture and identify the factors affecting operative outcomes.

Patients & Methods:
We retrospectively reviewed data of patients underwent endoscopic intervention of ureteric stricture in the period between January 2006 and June 2016 in Queen Mary and Tung Wah Hospitals. Primary endpoint was stricture recurrence, defined as radiological evidence of persistent obstruction, and/or the need of drainage of the obstructed system.

Results:
During the studied period, endoscopic intervention was performed on 83 renal units in 64 patients. Majority (60%) of strictures were urolithiasis-related. Balloon dilatation was most commonly used (61%). Outcome was not significantly different among serial dilatation, balloon dilatation, laser stricturotomy and combination of techniques. The overall 1-year and 5-year recurrence-free survival (RFS) was 50% and 44% respectively. Second or more attempts had poorer outcome than first attempt (5-year RFS 24% vs. 59%, p=.03). Urolithiasis-related stricture had lower recurrence rate than stricture of other aetiology (5-year RFS 66% vs. 28%, p=.00); while stricture length, stricture level, endoscopic intervention technique, or pre-operative renal unit differential function had no association with recurrence.

Conclusion:
It is reasonable to first attempt endoscopic intervention for urolithiasis-related ureteric strictures. Strictures of other aetiology, however, had poor outcome if managed endoscopically.

Effects of Delay Graft Function and Cold Ischemic Time on Renal Allograft; A Single Centre Review

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Objectives
To evaluate the effect of cold ischemic time and the risks factors of delay graft functioning and poor renal allograft survival.

Patient and methods
183 adult patients who underwent deceased donor kidney transplantation between years 2005 to 2016 in a single renal transplant centre were reviewed retrospectively. The risk factors for delay graft function and graft survival were analysed.

Results
The mean recipient age was 45 years old and cold ischemic time was 633 minutes. The incidence of delay graft function was 26.8% and associate with poor graft function at 1 year (eGFR $\leq$15) with OR 3.67; p = 0.003. In addition, delay graft function was found to affect the overall survival of renal allograft on survival analysis (Log rank = 7.176; p = 0.007).
Cold ischemic time of 11 hours were shown to independently affects the delay graft function (OR 2.54; p = 0.007) while histocompatibility, surgical complications, donors and recipient's age did not affect the development of delay graft function.

Conclusion
Delay graft function was associated with poor renal allograft outcome with independent predictors of cold ischemic time. Measures to shorten cold ischemic time may have protective effects of allograft survival.

[OP.4-6]

Prostatic Artery Embolization for Benign Prostatic Hyperplasia with or without Acute Urinary Retention

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Objective:
To evaluate the safety and efficacy of PAE for BPH with or without AUR.

Patients & Methods:
This is a prospective study on 37 men with prostates ≥40g. 18 had AUR on foley, and 19 had moderate to severe IPSS. All patients had urodynamic obstruction. Patients with CT angiogram (CTA) evidence of significant stenosis along the prostate artery access path were excluded. Bilateral PAE was performed with microspheres (100μ) under local anaesthesia. Outcome assessment included weaning off catheter in 2 weeks, complications, change of IPSS and uroflowmetry at 1 month as compared to baseline.

Results:
6 men were excluded due to arterial pathology. Mean prostate size was 71.5ml. Embolization of bilateral prostate arteries was achieved in all patients in both groups (16 AUR, 15 BPH). There was no procedural complication. 87.5%(14/16) AUR weaned off catheter in 14 days. 71.4% AUR and 66.7% BPH men had IPSS reduction of ≥50% at 1 month. Mean peak flow rate (Qmax) improved from 5 to 12ml/s in BPH men at 1 month. There was no worsening of ejaculatory function.

Conclusion:
PAE under local anaesthesia was a safe and effective treatment for men with BPH.

Outcome of Tubeless PCNL Compared with Conventional PCNL

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Objective:
To look at the outcome of patients undergoing tubeless PCNL compared with conventional PCNL in terms of length of hospital stay, infective and non-infective complications and length of operation

Patients & Methods:
Between Jan 2015 and Jun 2016, 12 tubeless PCNL were performed in a local hospital. These were compared to a cohort of 36 patients with comparable age, co-morbidities, stone size in whom conventional PCNL were performed. All patients had complete stone clearance as confirmed by postop KUB. Patients in need of second-look PCNL were excluded. Post operative data are compared between the 2 groups.

Results:
Length of hospital stay was 2.6 days for tubeless PCNL vs 4.9 days for conventional PCNL ($p<0.05$). There were no significant differences between the incidence of infective or non- infective complications or length of operation between the 2 groups.

Conclusion:
Tubeless PCNL is a safe procedure and reduces length of hospital stay and has no impact on length of operation.

[MP.1-2]

A Novel Technique for the Insertion of Double J Stents in Laparoscopic Ureterolithotomy

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Objective:
We describe a simple and economical technique of double J stent placement during laparoscopic ureterolithotomy.

Patients & Methods:
Retroperitoneal laparoscopic ureterolithotomy (LU) is performed in the usual fashion. After ureterotomy and removal of the stone, a double J stent (DJ) is placed. Instead of the usual 2 guidewire technique, we use the inner stylet of an 8F Foley catheter to straighten out the pigtail curve. Two stylets are used, one for each end, with the side hole entry point determined by the level of the ureterotomy. The bladder end is inserted first, then the renal pelvic end.

Results:
Between January 2013 and December 2015, 30 patients underwent LU using this novel stent placement technique. All patients are evaluable, with follow-up periods up to 24 months (median 17 months). There was no prolonged urine drainage in the immediate postoperative period, with the suction drain removed within a median of 2 days (1-4).

Conclusions:
We described an easy and economical technique for placement of the D-J in LU.

Figure I : Foley Stylet and stent

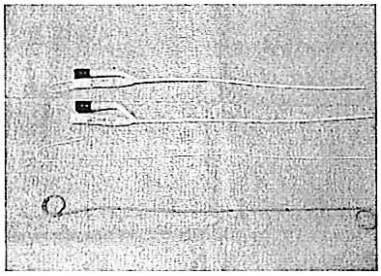
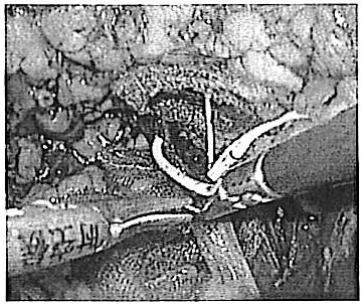


Figure 2 : Placement of stent



Ultra-Mini Percutaneous Nephrolithotomy: Another Arsenal at Our Disposal

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Pamela Youde Nethersole Eastern Hospital, Hong Kong

Objective:
We aim to assess the efficacy and safety profile of ultra-mini PCNL in management of 10-25mm sized renal stones

Patients & Methods:
Eighteen patients received ultra-mini PCNL in a single institution in Hong Kong from April 2015 to August 2016 were retrospectively analyzed. The mean stone size was 18.3mm with attenuation level of 1365. The majority of stone were at lower pole (44%), followed by renal pelvis (28%), mixed (22%) and middle pole (6%). We used 20-gauge thin needle for puncture under fluoroscopic or ultrasound guidance and dilated our PCN tract up to 13Fr. Stone fragmentation was achieved with Holmium:YAG laser with fragments evacuated by turbulence using saline jet injection through the side port. Clinical outcome of stone clearance, complication rate, operation time, hospital stay, auxiliary procedure rate were assessed.

Results:
Stone free rate of 88% was achieved. Mean operation time was 123 minutes, with 55% being tubeless PCNL. Median post operation length of stay was 2 days. Two auxiliary procedures with Extracorporeal Shock Wave Lithotripsy were required. One post-operative transfusion and one urinary tract infection were encountered.

Conclusion:
Ultra-mini PCNL maintains promising stone clearance without the need to compromise patient safety in managing 10-25mm renal stones.

[MP.1-4]

Clinical Experience in Diagnosis and Therapy of Emphysematous Pyelonephritis

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Objective:
Report our experience in the management of emphysematous pyelonephritis.

Patients & Methods:
The records of 3 patients who were diagnosed with emphysematous pyelonephritis from July 2014 to July 2016 were retrospectively analysed.

All 3 patients, 2 of them diabetic, were admitted with febrile UTI. Culture showed Coliform organisms. CT-IVP was obtained when they did not respond to intravenous antibiotics. All showed gas within the collecting system, with peri-renal changes compatible with emphysematous pyelonephritis.

Both diabetic patients underwent emergency nephrectomy with suturing of the subcutaneous layer secondarily. In the third patient with polycystic kidney, a double-J stent was placed. Intravenous antibiotics were combined for 7-10 days.

Results:
All improved post-operatively without further intervention and discharged within 2 weeks.

Conclusion:
Emphysematous pyelonephritis is an acute, severe, rapidly progressing and potentially fatal disease. Early recognition and treatment are essential for a favorable outcome.

Hong Kong Paediatric Renal Transplantation: The Past Ten Years' Experience

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Objective:
To review the surgical outcomes for paediatric patients who underwent renal transplantation in Hong Kong from 2006 to 2016.

Patients & Methods:
We retrospectively reviewed all paediatric patients who received renal transplantation in Hong Kong from 2006 to 2016. Patient's demographics, surgical and medical outcomes were studied.

Results:
From 2006 to 2016, there were 58 paediatric patients (female =29, male =29) received renal transplantation in Hong Kong. Mean age was 15 year-old (range: 5-25). 10 patients had living related renal transplant and 48 patients had cadaveric renal transplantation. Mean operative time was 3 hours and 20 minutes, mean cold ischemic time was 9 hours and mean second warm ischemic time was 40 minutes. 35 (60%) patients had surgical complications: 18 (31%) had infection, 9 (16.7%) had vascular complications, 6 (10.3%) had delayed graft function, 2 (3.4%) had lymphocele requiring drainage, and no mortality was recorded. In the mean follow-up time of 59 +/- 25 months, there were 5 (8.6%) graft failures in the cadaveric renal transplantation group, and 0 (0%) in the living related renal transplantation group.

Conclusion:
Renal transplantation is a safe and effective mode of renal replacement therapy for paediatric patients with end-stage renal disease.

[MP.1-6]

Correlations among Penile Length, Prostate Size, Testicular Volume and PSA in Chinese Men

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Objective:
There are numerous studies on the correlation of penile length with different body parameters published worldwide, but none of these studies are based on Chinese men. In this study, we analyzed the correlations among penile length, prostate size, testicular volume and PSA in Chinese men.

Patients & Methods:
From April 1 to July 31, 2016, 120 patients were recruited into the study. Their flaccid and stretched penile lengths were measured from tip to base of penis. Ultrasound was used to calculate the testicular volume and prostate size. PSA would be also taken on the same day.

Results:
Two patients with suspected prostate cancer were excluded from the analysis. The average patient's age was 66.9 years (Range: 47-88 years) with a mean PSA of 3.7 ng/ml (Range: 0.2-12.7 ng/ml). The average flaccid penile length was 8.4 cm (SD: 2.1 cm) whereas the mean stretched penile length was 10.3 cm (SD: 2.3 cm). The mean testicular volume was 8.9 cm^3 (SD: 3.4 cm^3). There were some positive correlations identified: prostate size and flaccid penile length (R=0.376), prostate size and stretched penile length (R=0.323), prostate size and PSA (R=0.286).

Conclusion:
There were positive correlations between prostate size and penile length or PSA.

Results of Artificial Urinary Sphincter (Aus) Implantation on Patients with Post Prostatectomy Urinary Incontinence

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Objective:
To review the outcome of AUS implantation on patients with post prostatectomy urinary incontinence

Patients & Methods:
The operative details and pad test results before and after the installation of AUS were reviewed and analyzed prospectively.

Results:
From 10/2013 to 04/2016, 21 patients, mean age 70.4 years (range 61-80), underwent AUS implantation for post prostatectomy urinary incontinence. The mean time between radical prostatectomy and implantation of AUS was 45 months. The mean follow-up time was 10.7 months. 1 patient required removal of implant due to infection. The mean result of preoperative 1-hour pad test was 106grams. At 3-month post implantation, 88.9% (16/18) were negative for pad test and the mean result of 1-hour pad test was 6grams only. At 9-month post implantation, 84.6% (11/13) were negative for pad test.

Conclusion:
AUS is an effective operation to restore the continence of patient suffering from post-prostatectomy urinary incontinence.

[MP.1-8]

Outcome of Mid-Urethral Sling for Stress Urinary Incontinence

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Objective:
To review the results of mid-urethral sling for stress urinary incontinence

Patients & Methods:
The operative details and pad test results before and after the operation were analyzed prospectively.

Results:
From 10/2012 to 04/2016, 20 patients, mean age 59.0 years (range 44-81), underwent mid-urethral sling for stress urinary incontinence. The mean operation time was 32 minutes and no complications were reported. 15 were implanted with inside-out approach and 5 were implanted with outside-in approach. The mean follow-up time was 9.7months. The mean result of 1-hour pad test before operation was 25grams. At 3-month post-op, 68.4% (13/19) were negative for pad test and the mean result of 1-hour pad test of patient with incontinence was 15grams. At 6-month post-op, 70.6% (12/17) were negative for pad test. At 9-month post-op, 81.8% (9/11) were negative for pad test.

Conclusion:
Mid-urethral sling is an effective and safe operation to restore the continence and the results of our center are comparable with European centers.

Transobturator Adjustable Tape for Female Stress Urinary Incontinence

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Objective:
To review the efficacy and safety of transobturator adjustable tape (TOA) for the treatment of female stress urinary incontinence (SUI).

Patients and Methods:
Data of patients with TOA inserted from January 2011 to June 2016 in Tuen Mun Hospital were retrospectively reviewed. Clinical and urodynamic parameters were analyzed for efficacy, with success being defined as using 1 pad per day or less. Complications were analyzed.

Results:
14 female patients with SUI were included. Mean age was at 57.1 years (range 40-71), and mean follow up period was 35.8 months (range 2-60). 57.1% had storage symptoms. 71.4% had genuine SUI and 7.1% had detrusor overactivity demonstrated on urodynamic studies. All were discharged without a urinary catheter. 42.9% required postoperative adjustment of tape tension, and the mean number of adjustment per patient was 0.64 (range 0-2). There were no decline in peak flow rate (average 25.6ml/s at 1 year), or increase in post-void residual volume (average 25.2ml at 1 year). Success rate was 92.3% at 1 year. De novo storage symptoms occurred in 14.3% of the patients, and none of them required anticholinergic medication.

Conclusion:
TOA is an effective and safe treatment for female SUI.

[MP.1-10]

Adjustable Male Sling (ATOMS® System) for Male Stress Urinary Incontinence

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Tuen Mun Hospital, Hong Kong

Objective:
To review the efficacy and safety of the ATOMS® system for the treatment of male stress urinary incontinence (SUI).

Patients and Methods:
Data of patients with ATOMS® inserted from January 2010 to December 2014 in Tuen Mun Hospital were retrospectively reviewed. Clinical and urodynamic parameters were analyzed for efficacy, with success being defined as using 1 pad per day or less. Complications were analyzed.

Results:
9 male patients with SUI were included. Mean age was at 72.6 years (range 67-78), and mean follow up period was 46.1 months (range 23-68). 8 patients had radical prostatectomy and 1 patient had TURP done. 22.2% had storage symptoms. 77.8% had genuine SUI and 11.1% had detrusor overactivity demonstrated on urodynamic studies. Success rate was 85.7% at 1 year and 71.4% at 2 years. 44.4% required postoperative adjustment, and the mean number of adjustment per patient was 1.29 (range 0-5). De novo storage symptoms occurred in 11.1%, which was self-limiting. 2 patients were complicated with infection that required explantation of the device.

Conclusion:
ATOMS® is an effective treatment for male SUI.

Initial Experience with Sacral Neuromodulation for The Treatment of Overactive Bladder Symptoms in Hong Kong

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Objective:
We report on the short-term outcomes of our first two cases of sacral neuromodulation (InterStim Therapy) for treatment of idiopathic lower urinary tract dysfunction.

Patients & Methods:
The two patients underwent urological assessment included a focused medical history and physical examination, measurement of post-void residual volumes, urodynamics and bladder diaries. A successful test phase has been defined by improvement of at least 50% of the symptoms, based on bladder diaries. Implantation of the pulse generator was performed in the two patients who had significant symptoms improvement observed during the test phase.

Results:
Both patients showed significant improvement in symptoms and were pad-free in post-operative 3 months' time.

Conclusion:
Sacral neuromodulation is safe and effective and results in improved outcomes in subjects with overactive bladder symptoms.

[MP.1-12]

A Single Center Experience In Memokath① Prostatic Stent Insertion on Frail Elderlies with Prostatic Obstruction

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Objective:
To review the outcome of Memokath® prostatic stent insertion on frail elderlies with prostatic obstruction and refractory urinary retention

Method:
The comorbidities of patients (i.e. Diabetes, hypertension, history of stroke, cardiovascular event and chronic obstructive pulmonary disease (COPD)), operative findings, outcome and complications were collected and analyzed prospectively.

Results:
From 11/2010 to 07/2016, 110 patients, mean age 83.3 years (range 61-100), underwent Memokath® prostatic stent insertion under local anesthesia. 85 (76.5%) patients got two or more comorbidities. 63(56.8%) patients were on anticoagulant. The commonest length of stent used was 35mm. 96 (88.2%) patients could be discharged without catheter on the same day of admission. However, 36 (32.7%) developed acute retention of urine, requiring suprapubic catheterization. 61 (55.5%) patients died with stent in-situ. The mean time from stent insertion to death was 23.3 months.

Conclusions:
Memokath® prostatic stent insertion is a good alternative to relieve obstruction in frail elderlies with refractory retention of urine. However, it is not without complications. Most patients could be catheter-free and enjoy a good quality of life.

Pattern of Use of Prostate-Specific Antigen (PSA) Among Different Clinical Specialties: Retrospective Study in a Tertiary Hospital

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Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong.

Objective:
The Urology Clinic at our unit receives many referrals for raised PSA. The study focused on why PSA was checked initially, whether it was clinically indicated or affected patient management.

Patients & Methods:
This was a single center cross-sectional study on all whose PSA were checked from January 2014 to March 2014. Patient demographics, requesting specialty, indications of checking PSA were extracted from clinical records. PSA results and patients' clinical outcomes were followed up.

Results:
2104 PSA requests of whose mean age 69.6 years old were reviewed. Mean PSA was 36.37ng/ml(median2.7ng/ml). 429(20.4%,/2014) had elevated PSA(>4ng/ml). 386(90%,/429) were subsequently managed at the Urology Clinic. 128 patients(29.8%,/429) underwent trans-rectal ultrasound guided prostate biopsy. 49 patients(38%,/128) were diagnosed with prostate cancer, of which 23(46.9%,/49) opted for radical treatment - 10(43.5%,/23) underwent radical prostatectomy, 13(56.5%,/23) had radiotherapy. Logistic analysis showed that age and stage of disease were significantly higher in whom underwent radiotherapy. Age was the only statistically significant predictor for prostate cancer(p=0.001). Others factors, like PSA level, requesting specialty and clinical indications were not predictors for prostate cancer detection.

Conclusion:
Inappropriate PSA testing is widespread at our institute. Patient counselling is important prior to its checking as to understand the implications of raised PSA levels.

[MP.2-2]

MRI USG Fusion Prostate Biopsy , PYNEH Experience

ESK Li, NH Chan, TK Lo, TC Pun, CM Li, CW Fan, CN Tang

Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

Objectives:
To evaluate the use of MRI USG Fusion prostate biopsy in improving prostate cancer detection.

Patients and Methods:
MRI USG Fusion Prostate biopsy was introduced since May 2015. Patients demographic, complication rate and tumor detection rate are evaluated.

Results:
26 patients had undergone MRI USG Fusion Target + systemic Biopsy with mean age of 66 and mean PSA of 12.42 ng/ml. 50% of them had previously undergone one negative systemic biopsy, 37% had two and 13% had three previous systemic biopsies. Detection rate of Systemic biopsy alone is 15.38%. With addition of Target biopsy, tumor detection rate was improved to 23.07%. However Target biopsy alone had missed 7.69% of the tumor.

Conclusion:
MRI USG Fusion prostate biopsy improved tumor detection. However target biopsy alone cannot replace systemic biopsy.

Review of Post TRUS Biopsy Sepsis

HF Wong, KL Lo, HY Cheung, SM Hou, HT Leong

Division of Urology, Department of Surgery
North District Hospital, Hong Kong

Objective:
To review the incidence of post-transrectal ultrasound guided biopsy(TRUS biopsy) sepsis , bacteriology and the effectiveness of on call antibiotics use

Patients & Methods:
All patients with TRUS biopsy done in North District Hospital and Alice Ho Miu Ling Nethersole Hospital between 1 May 2011 and 30 April 2016 were identified. Since September 2012, all patients with TRUS biopsy were given intravenous augmentin and gentamicin on call to the procedure. Electronic patient records were retrieved and reviewed.

Results:
Total 1252 TRUS biopsy were done in the above period. The median age was 67. Overall there were 47 cases of post-TRUS sepsis. The post TRUS sepsis rate before and after the use of on call antibiotics was 6% & 2.8% respectively (p=0.007). Most common causative organism of post TRUS sepsis was ESBL-producing E. Coli.

Conclusion:
Use of on call antibiotics may decrease incidence of post TRUS biopsy sepsis. The choice of antibiotics should be reviewed and change according to the local bacteriology to improve the efficacy of antibiotics prophylaxis.

[MP.2-4]

MR PET Scan with ^{68}Ga PSMA in Prostate Cancer

RK Lo[1], CS Lo[2], JK Chan[3], WS Cheung[3], GG Lo[3]

[1] *Department of Surgery, The University of Hong Kong*
[2]*Department of Radiology, Queen Mary Hospital, Hong Kong*
[3]*Department of Diagnostic and Interventional Radiology*
Hong Kong Sanatorium & Hospital, Hong Kong

Objective:
Report on our preliminary experience on "Ga PSMA MR PET in prostate cancer (CaP) patients.

Patients & Methods:
From October 2015 to July 2016, 41 "Ga PSMA MR PET scans were performed on 39 patients. 14 were prostate scan only, to evaluate clinical suspicion of CaP. 25 scans were on patients with known prostate cancer, for follow-up of their disease. 2 patients had serial scans. In these follow-up scans, improvement was documented, in concordance with PSA improvement. In other staging studies, metastatic lesions can be identified by this method. In patients with documented metastasis, treated with hormonal therapy and PSA near zero, the scans normalized.

Results:
Preliminary results showed general agreement of clinical status and scan results.

Conclusion:
^{68}Ga PSMA MR PET scan combines anatomical and metabolic evaluations and is a complementary examination in CaP.

Active Surveillance: You Think You Know the Beast You Are Taming?

RWM Kan, CM Ng, CF Kan, HY Ngai, LY Ho, SWH Chan, WH Au

Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

Objective:

1. To determine the proportion of unfavourable pathology in patients who underwent radical prostatectomy (RP), and were otherwise eligible for active surveillance (AS).
2. To determine the usefulness of PSA density in addition to existing EAU selection criteria for AS.

Patients & Methods:

We reviewed the oncological outcomes of patients who underwent RP from January 2011 to June 2016, whose pre-operative parameters were otherwise eligible for AS. With an additional criterion of PSA density <0.15ng/ml/g, we determined the risk reduction in unfavourable pathological outcome.

Results:

84 patients who underwent RP were otherwise eligible for AS according to EAU selection criteria. 33.7% had Gleason core upstaging in the final pathology. 3.5% and 11.6% had pT3 disease and peri-neural invasion respectively. 3.5% had ultimate biochemical recurrence. With an additional criterion of PSA density <0.15ng/ml/g, the proportion of Gleason score upstaging was reduced to 23.9%. pT3 disease was entirely eliminated, and peri-neural invasion was reduced to 4.3%. 2.2% had ultimate biochemical recurrence.

Conclusion:

Among the low-risk patients who were otherwise eligible for AS, a significant one third of patients turned out to be intermediate risk with Gleason score upstaging. The additional criterion of PSA density <0.15ng/ml/g was able to reduce the proportion of Gleason score upstaging, and eliminate pT3 disease.

[MP.2-6]

Androgen Deprivation Therapy (ADT) Plus Docetaxel Versus ADT Alone in Chinese Men with High Volume Metastatic Prostate Cancer

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Prince of Wales Hospital, The Chinese University of Hong Kong
[2]*Department of Oncology, Prince of Wales Hospital*
The Chinese University of Hong Kong, Hong Kong

Objective:
To investigate the treatment outcomes of androgen deprivation therapy (ADT) plus docetaxel versus ADT alone in Chinese men with high volume metastatic prostate cancer.

Patients & Methods:
All Chinese men with high volume metastatic prostate cancer treated between 2012 and 2015 were included. Patient and disease characteristics in the combination group and the ADT-alone group were reviewed. Time to castration resistance and overall survival were compared. The safety profile of the use of ADT plus docetaxel was also presented.

Results:
Thirty one patients with high volume metastases were included; 8 received ADT plus docetaxel and 23 received ADT only. There were no significant difference in time to castration resistance and overall survival. Grade 1 and 2 AE were found in all 8 patients but none required hospital admissions.

Conclusion:
ADT plus docetaxel is safe for Chinese men with high volume metastatic prostate cancer. Combination therapy did not result in better treatment outcomes, which however may be limited by the small sample size in this study.

Alternation of Renal Function in Patients with Open Partial Nephrectomy Done in Tuen Mun Hospital

YH Tang, YK Lee, PSK Chu, CW Man

Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

Objective:
Nephron sparing surgery is a well-established modality with excellent oncological control. We have retrospectively reviewed all the open partial nephrectomies in our centre in the past 5 years, to look at how well it preserves renal function.

Patients & Methods:
All patients who underwent partial nephrectomy (PN) between 2011 and 2015 were included. Among the 57 partial nephrectomies done, 2 were excluded. One had defaulted follow up and the other was complicated with bleeding with completion nephrectomy done. Apart from renal function, other parameters such as ischaemic time, clamping technique and complications were also studied.

Results:
Among the 55 patients, the mean age was 62. Mean tumour size was 4.3cm. 41 specimens were renal cell carcinoma (RCC), 2 had a positive surgical margin but none had demonstrated evidence of recurrence in subsequent follow up. 8 underwent non-clamp zero ischaemia approach and 47 had vascular clamping. Mean cold ischemic time was 41.2 minutes. Drop in estimated glomerular filtration rate (eGFR) in non-clamp and clamping group were 6.4 and 18 ml/min/1.73m^2 respectively.

Conclusion:
Open partial nephrectomy is a safe modality for renal mass excision, it achieves good oncological control, and preserves renal function well, especially if zero ischaemia is feasible.

[MP.2-8]

Epithelioid Angiomyolipoma of the Kidney: A Case Series with Literature Review

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Objectives:
To describe four rare cases of epithelioid angiomyolipoma (PEComa) and to discuss the tumour entity and its clinical behavior.

Patients and methods:
Histopathology reports on partial or total nephrectomy specimens from 2001 to 2016 were reviewed. Patient data, presentation and treatment outcomes on patients with pathological diagnosis of PEComa were reviewed.

Results:
Three of the patients presented with incidental finding of renal mass, while the fourth patient presented with painful abdominal mass. The first three cases were managed as small renal mass based on CT findings with partial nephrectomy performed. CT of the last case showed large and locally advanced tumour. Radical nephrectomy, right adrenalectomy and wedge resection of the liver were performed. There was no renal biopsy for all 4 cases. The former three patients remained disease-free during subsequent follow-up and the last patient died of liver metastasis in 6 months despite chemotherapy.

Conclusion:
PEComa is a rare entity sharing common presentation as renal tumours, with malignant potential in some of the cases.

Retrospective Review of Robotic-assisted Vs Laparoscopic Radical Nephroureterectomy – Sharing of a Simplified Approach Requiring No Patient Repositioning or Robot Redocking

CY Ng, CH Ip, CF Li, Y Chiu, TY Chu, FK Cheung

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Princess Margaret Hospital, Hong Kong

Objective:
To introduce our initial experience of a simplified approach of robotic-assisted nephroureterectomy (RNU) for treatment of upper tract transitional cell carcinoma (TCC). The operative and oncological outcomes were compared with laparoscopic nephroureterectomy (LNU).

Patients & Methods:
This was a retrospective review of patients undergoing LNU and RNU from 12/2011 to 3/2016. We also described our technique of RNU without intra-operative repositioning or redocking.

Results:
11 patients underwent RNU and 14 patients underwent LNU during the studied period. Mean follow-up period was 8.3 months and 30.3 months respectively. There was no significant difference between the RNU and LNU group in operation time (290 minutes vs 334 minutes, $p = 0.14$), estimated blood loss (342ml vs 345ml, $p = 0.98$), complication rate (9% vs 7.1%, $p = 0.86$), hospital stay (7.0 days vs 5.8 days, $p = 0.09$) and number of positive surgical margin (0 vs 3, $p = 0.10$). There is also no difference in recurrence rate (25% vs 58.3%, $p = 0.17$) and time to recurrence (3 months vs 5.7 months, $p = 0.27$).

Conclusion:
Our preliminary results with RNU are shown to be non-inferior to LNU. With more experience, we believe this is a promising approach to treat upper tract TCC.

[MP.2-10]

A Giant Chromophobe Renal Cell Carcinoma in a Young Female

ZQ Lu, Y Yuan, XB Cheng, RK Lo

Division of Urology, Department of Surgery
The University of Hong Kong, Shenzhen Hospital, China

Objective:
Report of a case of a giant Chromophobe Renal Cell Carcinoma in a young woman resected successfully.

Patients& Methods:
A 46 year-old female was referred for an incidental finding of an asymptomatic, large abdominal mass. MRI of the abdomen showed a large upper pole renal mass, measuring 16 x 14 x 11 cm, with areas of necrosis. The normal lower pole of the left kidney was displaced caudally. Metastatic workup was negative. She underwent laparotomy and en bloc resection of the left kidney.

Results:
Histopathology showed the kidney measuring 21 x 17 x 12 cm. The upper pole mass was 17 x 16 x 12 cm. Histologic studies showed a chromophobe renal cell carcinoma. There were no lymph node or vascular involvement, and no lymphovascular permeation. Resection margins were negative. The patient is NED using the usual surveillance protocol.

Conclusion:
We described the successful single-modality management of a giant chromophobe renal cell carcinoma by surgical extirpation.

Laparoscopic Resection of Adrenal Tumor in A Pregnant Woman with Cushing's Syndrome

ZQ Lu, BF Luo, Y Yuan, XB Cheng, RK Lo

Division of Urology, Department of Surgery
The University of Hong Kong, Shenzhen Hospital, China

Objective:
Report of a case of a left adrenal tumor in a pregnant woman with Cushing's syndrome.

Patients & Methods:
A 31-year-old female, at 19 weeks' gestation, presented with bipedal edema for 1 month. Examination was pathognomonic for Cushing's disease. Weight gain was about 5kg within 1 week.

The labs showed elevated 24-h urine free cortisol (3292 µg/24h), and hypokalaemia (2.79 mmol /L). Adrenocorticotrophic hormone (ACTH) (< 1 pg/ml) was suppressed. Ultrasound and MRI showed a 3×2.5cm tumor of the left adrenal gland. Pheochromocytoma and hyperaldosteronism were excluded. A cortisol-secreting adrenal adenoma was suspected. Because of the weight gain and excessive shortness of breath, surgery was considered. Obstetrical consult felt there was probably no adverse effect of the cortisol on the fetus, and abortion was not necessary. Laparoscopic resection of the left adrenal tumor was performed at 20 weeks' gestation, with removal of a 2.5x3cm well-circumscribed adrenal mass.

Results:
Histopathology showed an adrenal cortical adenoma. The patient recovered well and was being monitored closely in the prenatal period.

Conclusion:
Laparoscopic resection of adrenal tumor is a feasible and safe procedure for treatment of Cushing's syndrome in pregnant women. Termination of the pregnancy is not necessary.

[UNS-2.1]

A Pilot Urinary Catheter Program for Patients with Urinary Retention – a shift from Inpatient Care Service Model to Outpatient Care Service Model

KK Leung, MK Lam, SY Lau, HS So, TL Chow

Division of Urology, Department of Surgery
United Christian Hospital, Hong Kong

Introduction :
Urinary retention is common among elderly patients. Traditionally, the patients require readmission to the urology ward for TWOC. A pilot Urinary Catheter Program has been established to avoid the unnecessary hospitalization.

Objectives:
(1) To design a protocol to manage TWOC in outpatient setting;
(2) To reduce bed occupancy in surgery ward.

Patients & Methods:
Patients with indwelling urethral catheter required to TWOC were recruited. The urology nurse will conduct a comprehensive assessment, follow the TWOC protocol and provide quality urological nursing care and intervention in urology nurse clinic.

Results:
December 2015 to July 2016, there were 220 male and 27 female were recruited in this program. The mean age of the patient was 74 years. 162 (65.6%) patients were successful in TWOC in 1st consultation. The 30-day unplanned AED attended were 10(6.2%). 23(9.3%) & 4(1.6%) patients had successful TWOC by 2nd & 3rd consultation. 19 (7.7%) patients shifted to perform the CISC. 39(15.8%) patients needed to continue using the indwelling urethral catheter with further investigation provided. More than 500 patient's bed days was saved to relief the workload and bed occupancy in surgery ward.

Conclusion:
The Urinary Catheter Program is effective for the patients with urinary retention to have successful TWOC in the outpatient setting. It is successful to reduce bed occupancy in surgery ward.

Nurse-Led Specialty Clinic for Managing Patient with Nocturia

MS Yim, JCYLeung, WKLi, TYCLam

Division of Urology, Department of Surgery
Princess Margaret Hospital, Hong Kong

Objectives*:*
Nocturia has significant impact on sleeping and quality of life. Also, nighttime frequency may increase risk of fall. Nurse-led nocturia in PMH aims to provide professional patient assessment, education and lifestyle modification for nocturia patients. Those patients appropriate for medical therapy would be referred to urologist for further management.

Materials & Methods:
Patients are referred from nurses, doctors and family doctors in Kowloon West Cluster. The clinic is designed to handle patients who are

- Nocturnal void at least 2 times in consecutive three days
- Able and willing to complete bladder diary

For those patients who are suffering from urinary tract infection, chronic pelvic pain syndrome or other urological diseases, they will be managed by doctors in urology special out-patient clinic instead.

Urology specialty nurse would assess each patient with interval assessment including

- 1st week- education on drinking pattern, bladder training and lifestyle modification
- 2nd week- assessment on patient's symptoms improvement, initiation of medical therapy for suitable patient with concurrent urologist assessment
- 5th week- monitoring on patient's symptoms progress and drug compliance

Results:
Between January to August 2016, there are total 50 new cases and over 150 patient visits. More than 50% of patients get symptoms improvement after counselling and behavioural modification. For the rest of the patients, they show good compliance in medication with significant reduction of nocturnal void volume and number of void.

Conclusion:
Nurse-led nocturia clinic provides holistic and individualized patient care for nocturia patients with significant positive effect on relieving their symptoms.

[UNS-2.3]

Reducing Unnecessary Hospital Readmissions with Enhanced Patient Education and Support on Percutaneous Nephrostomy Care.

SL Ng, L Yeung, YB Tse, B Ho, MK Yiu

Division of Urology, Department of Surgery
Queen Mary Hospital, Hong Kong.

Objective:
To reduce unnecessary hospital readmission through AED by enhancement of patient's education and support on common and manageable percutaneous nephrostomy problems.

Patients & Methods:
Percutaneous nephrostomy (PCN) catheter insertion is the most common procedure to relieve urinary obstruction. Patients with PCN in-situ usually encounter complications such as bleeding and dislodgement. Published reports quoted varying rates of catheter dislodgement, from 4.8-11.6%. In our hospital, there were 17% of urological admissions due to bleeding, blockage and dislodgement of PCN in 2014. In order to prevent unnecessary readmission, all urological patients with PCN were assessed upon discharge since Feb 2015. Enhanced patient education and support on PCN care were given. A standardize dressing protocol of PCN was conducted

Results:
From Feb 2015 to July 2016, there were 31 patients with either unilateral or bilateral PCNs under the care of urology nurse-led clinic. However, there were 24 episodes of walk-in patients with PCN blockage or bleeding that require further management in nurse clinic. Only 3 patients that required hospitalization due to fever and PCN dislodgement. There was a significant reducing readmission rate (17% versus 4%).

Conclusion:
Enhancement on patient education and support together with a dressing protocol of PCN could significantly reduce unnecessary hospital readmissions.

Evidence-Based Practice: Can Drinking Habit Modification Therapy Help to Reduce Urinary Frequency and Nocturia for Patients with or without Urinary Incontinence?

ASW Wong, JWS Wong, SYK Ng, HY Cheung, HT Leong

Division of Urology, Department of Surgery
North District Hospital, Hong Kong

Objective:
To review the clinical outcomes of patients who had undergone drinking habit modification therapy in Surgical Nurse Clinic (Urology), NDH

Patients & Methods:
From Jan 2015 to May 2016, the patients who had suffered from urinary problems such as urinary incontinence, nocturia, frequency and urgency were recruited. With introduction of drinking habit modification as the primary behavioral therapy to those patients, the data were collected and reviewed retrospectively. Patient's day and night voiding interval, voided volume and subjective improvement rate were measured and analyzed by SPSS Version 20.0.

Results:
Total 122 patients with mean age 58.7 suffering from the mentioned urinary symptoms were reviewed (57% had urinary incontinence, 7.3 % had nocturia, 27 % had urgency and frequency and 8.2% had other symptoms such as suprapubic discomfort and sense of incomplete emptying, average year of suffering is 4.8). After the treatment, total number of day time urinary frequency was reduced from 10.7 to 7.9 and night time urinary frequency was reduced from 2.7 to 1.4 significantly (Paired sample t-test, p-value <0.001). Average voided volume was statistically increased from 135.9 ml to 309.9 ml and voiding interval increased from 1.6 hours to 2.6 hours. Overall patient's subjective improvement rate had been increased 43 %.

Conclusion:
Drinking habit modification is an effective, non-invasive and easily coordinated therapy to patients who are suffering from urinary irritative symptoms**.** It can help to reduce patient's urinary frequency and increase voided volume. In term of increasing bladder capacity and time of urine holding tolerance, it helps to achieve purpose of bladder re-training for urology patients.

[UNS-2.5]

Evaluation of The Treatment Outcomes of Urinary Retention by Clean Intermittent Catheterization

KK Leung, MK Lam, SY Lau, HS So, TL Chow

Division of Urology, Department of Surgery
United Christian Hospital, Hong Kong

Introduction:
Urinary retention is common among elderly patients. If the patients failed to wean off catheters, the indwelling urethral catheter will be reinserted. Clean Intermittent Catheterization is one of the alternative of managing bladder drainage.

Objectives:
To evaluate the outcomes of CIC for patients with Urinary retention.

Patients & Methods:
From January 2016 to July 2016, male patients suffering from Urinary retention and failed in TWOC program were recruited into study. The urology nurse will conduct a comprehensive assessment, follow the CISC protocol and provide quality urological nursing care and intervention in urology nurse clinic.

Results:
A total 17 male patients were recruited age between 39-85 (mean 72). 39 were refused to try CIC and prefer continue using the indwelling urethral catheter with further investigation or surgery. 2 patients were withdraw from CIC due to urethral bleeding. 12 patient resumed self-void after few days of CIC and returned to his previous voiding pattern less than 2 weeks. 3 patients need to continue CIC with further investigation. The 30-day AED attended in CIC group was zero and the indwelling urethral catheter group was 10 (25%)

Conclusion:
The CIC is effective management for the patients with urinary retention. Most of patients resumed self-void after a short period of CIC. The complication rate much less than the patients with indwelling urethral catheter.

Evaluation of Treatment Outcomes in Pelvic Floor Muscle Training with Biofeedback Versus Intra-Vaginal Electrical Stimulation in Women with Urinary Incontinence in Hong Kong Pamela Youde Nethersole Eastern Hospital

WKW Yeung , KL Lui, WF Ho, CM Li, CW Fan, CN Tang

Division of Urology, Department of Surgery
Pamela Nethersole Eastern Hospital, Hong Kong.

Introduction:
Female urinary incontinence is around 18% (~60,000 female) suffered from serve incontinence in Hong Kong. Few studies have compared the effectiveness of biofeedback pelvic floor muscle training against intra-vaginal electrical stimulation in treating urinary incontinence.

Objectives:
To evaluate the treatment outcomes and effectiveness of biofeedback pelvic floor muscle training against intra-vaginal electrical stimulation for female patients with urinary incontinence.

Methodology:
All patients who attended the female urinary incontinence clinic from January 2014 to December 2015 were recruited into the study and the outcomes were analyzed. Patients choose either using biofeedback pelvic floor training or intra-vaginal stimulation. Symptom scores were reassessed after therapy.

Results:
During the study period, 1896 patients were recruited into the study. 107 patients (5.6%) failed to show any significant improvement despite three months of initial treatment, of which 62 patients (57.9%) were then proceeded to the intra-vaginal electrical stimulation group and 45 patients (42.1%) to the biofeedback pelvic floor muscle group. After a further 12 weeks of treatments, the intra-vaginal stimulation group, had decreased UDI-6 of 1.4 ($P<0.05$) and IIQ7 decreased of 1.2 ($P<0.05$). The biofeedback pelvic floor muscle group had decreased UDI-6 of 2.2 ($P<0.05$) and IIQ7 of 2.3 ($P<0.05$). The no. of pad used per day reduced from 2.4 to 1.2($P<0.05$) in intra-vaginal stimulation group; 2.3 to 2.1 ($P< 0.05$) for the biofeedback pelvic floor muscle group.

Conclusion:
The results of this study showed that the intra-vaginal stimulation and biofeedback were both equally effective for poor responding patients. For the biofeedback group, the symptom scores and quality of life scores showed better improvement comparing to the intra-vaginal group. The drawback of this study is that the treatment options were patient driven and not randomized.

EXHIBITIORS & EXHIBITION FLOOR PLAN

Ballroom A&B / Pre-function Area
Sheraton Hong Kong Hotel, 3/F

SD (1) Astellas Pharma HK Co. Ltd.
SD (2) Olympus Hong Kong & China Ltd.
SD (3) Janssen Hong Kong and Johnson & Johnson (HK) Ltd.
SD (4) GlaxoSmithKline Ltd.

(1) Tronda Electronics Ltd.
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(4) Bard HK Ltd.
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(6) Allergan Hong Kong Ltd.
(7) Karl Storz Endoscopy China Ltd.
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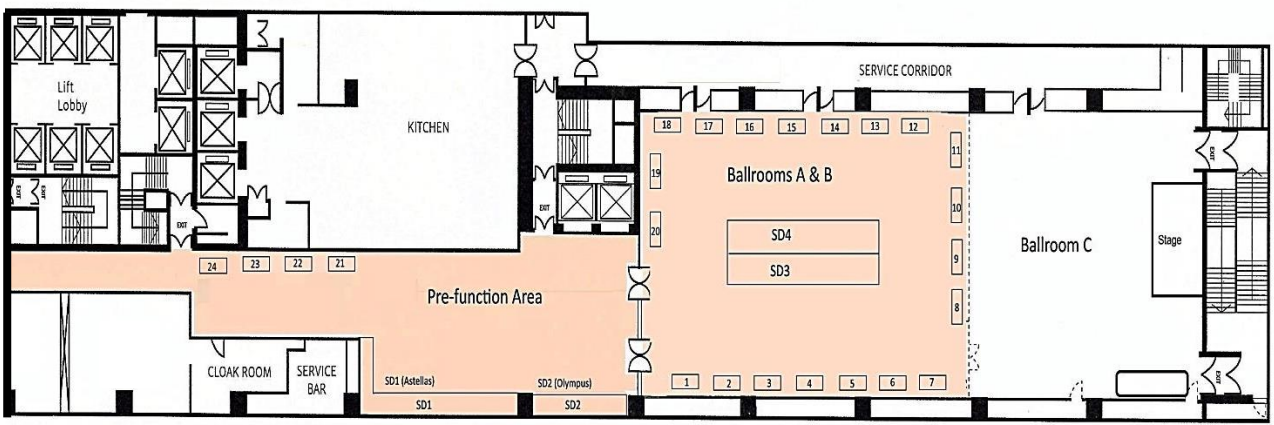
20 November 2016, Sunday

3/F SHERATON HONG KONG HOTEL & TOWER
20 NATHAN ROAD
TSIM SHA TSUI, KOWLOON
HONG KONG

— Exhibition Floor Plan —



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