

Read all a-BAUS it... For this special post-BAUS issue, we are ditching the usual format and looking instead at some the standout posters and papers from the BAUS meeting that have the potential to inform, change and influence your practice in the near future. Whilst we cannot detail all of the ground-breaking scientific work that was presented, these projects stood out as ones that were important for the average 'core' urologist to catch up on.

A genome-wide association study of kidney stone disease

Best Academic Paper Session – Monday 25 June 2018

As mentioned in the full BAUS event report, one of the highlight pieces of work from the conference was the prize-winning paper evaluating the link between genetics and nephrolithiasis / stone disease. This is important work as stone disease rates are slowly climbing and there is a huge economic burden from the number of treatments these patients are likely to require.

The team behind this work examined a huge number of patients for this study – 6537 patients with stone disease and 388,509 healthy controls. Genetic analysis of these patients with information from the UK Biobank identified nine significant

genetic loci related to stone disease. Of these, five were newly identified. Whilst it is not entirely clear, as yet, what role these genetic loci all play in stone disease, it is clear that over the next few years we are probably on the verge of a very big breakthrough in terms of stone disease screening. Whilst a 'standard' screening for patients with stones at the moment tends to just be urine collection and pH testing, we are moving towards a future where genomics will play a larger role in identifying true root causes of this disease, as opposed to a lot of the current testing regime – which simply aims to identify some of the biochemical signs of a condition.

The CALIBER study

Bladder Cancer Poster Session – Monday 25 June 2018

This is an interesting one to discuss; although it is a relatively small study, the ingenuity and relevance of the topic should be applauded. This phase II feasibility study, spearheaded by the Institute of Cancer Research, has looked at the management of small, low-risk bladder tumours (pTa G1 and pTa G2 [low grade]) using only 'chemoablation'. Chemoablation is essentially a short course of intravesical

mitomycin (four doses over four weeks). At three months post-treatment, 37% of patients had 'clear' bladders as compared to 80% of those who underwent conventional transurethral resection of bladder tumour (TURBT). Clearly, it is not a replacement for surgery – but with an increasingly elderly population, it is excellent to have some real data for alternative management options for those unfit to go the operating theatre.

Local anaesthetic flexible ureterorenoscopy: painful for all involved?

Stones and Upper Tract Poster Session – Tuesday 26 June 2018

As discussed previously in this section – we are faced with looking after an increasingly elderly and infirm population. Graham Watson's team at Eastbourne presented their experience of carrying out flexible ureteroscopy (URS) for stone and tumour clearance under local anaesthetic in patients for whom general anaesthetic

was deemed high risk. Their 100 patient review showed excellent outcomes and the procedures seemed generally well tolerated. I think most upper tract surgeons would prefer to avoid such procedures if at all possible, but the next time I am faced with one of these tricky cases – this evidence will certainly be in my mind.

The MIMIC study

Best Academic Paper Session – Monday 25 June 2018

The MIMIC study is a fantastic contribution to the wealth of evidence growing against medical expulsive therapy (MET) for ureteric stones. As mentioned in the BAUS report, this multicentre study showed very high stone passage rates (80%) for all patients, regardless of the use of MET. This data, combined with the previous excellent work of the SUSPEND study is ample evidence that there really is no longer any role for the routine usage of alpha-blocker medications in patients with ureteric colic.

Discharge of low-risk non-muscle invasive bladder cancer

Bladder Cancer Poster Session – Monday 25 June 2018

In a beautifully simple and incredibly relevant survey, a multicentre survey was carried out to look at whether urologists are adhering to the National Institute for Health & Care Excellence (NICE) guidance to discharge patients at 12 months following successful follow-up of low-risk, superficial bladder cancers. The results showed that only 45% of respondents were adhering to the guidance, with the majority choosing to follow up patients for longer. Clearly, there will always be exceptions to the rule – but this is a lot of exceptions! Interestingly, adverse outcomes following a 12-month discharge (i.e. recurrences) were very low (less than 5%).

Certainly, we cannot expect practice to change overnight, but there is very solid evidence backing up this guidance and in the current economic climate, we perhaps have to think carefully before booking these patients for further follow-up.

Risk Factors for blood transfusion following PCNL

Stones and Upper Tract Poster Session – Tuesday 26 June 2018

Adam Althaus presented data from the BAUS percutaneous nephrolithotomy (PCNL) Registry with regards the specific risk factors for patients requiring blood transfusion post-procedure. Whilst some of the findings

were not overly surprising (increased stone size, tract size, etc. seem to all confer higher risk) it was interesting to note that low BMI conferred a higher bleeding risk as compared to patients with raised BMI or normal body habitus.

The WATER study

General Urology Poster Session – Wednesday 27 June 2018

If the WATER study has flown under your radar thus far – these results from a phase III, blinded, multicentre trial are a must-read. This is a study of the efficacy and safety of aquablation of the prostate as an alternative to transurethral resection of the prostate (TURP) or holmium laser enucleation of the prostate (HoLEP). A high-velocity water jet, controlled robotically by a mapping computer resects tissue from the prostate via a cystoscope. I'm told it is quite disconcerting to use at first, as much of the procedure is 'hands-off'

whilst you supervise the robot, but the results at one year seem encouraging. Aquablation appears safer than TURP with near identical improvements in symptom scores and flow rates at one year.

Further results are expected at three years. However, given the learning curve (even for experienced TURP surgeons) to learn HoLEP, I can see the possibility of widespread usage for this technique in the future. How I feel about letting a computer do the operation for me is another matter though.

Outcomes of transperineal prostate biopsy under local anaesthetic

Prostate Cancer Poster Session – Tuesday 26 June 2018

The team at Guy's shared their data for 176 'freehand' transperineal (TP) prostate biopsies in the outpatient clinic under local anaesthetic. Their data very clearly shows that outpatient local anaesthetic TP biopsy is on par with and probably superior to conventional transrectal ultrasound guided (TRUS) biopsy in terms of detection rates. The big take-home message from their series though: no episodes of sepsis in any of these patients. It only begs the question: why are we still using TRUS biopsy?



SECTION EDITOR

Jordan Durrant,

Jordan Durrant, ST6
Urology Specialist Registrar,
Addenbrooke's Hospital,
Cambridge.

E: jordandurrant@gmail.com