

## AB096. Precision medicine and urological oncology

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**Abstract:** Precision medicine (PM) is a medical model that proposes the customization of healthcare—with medical decisions, practices, and/or products being tailored to the individual patient. In this model, diagnostic testing is often employed for selecting appropriate and optimal therapies based on the context of a patient's genetic content or other molecular or cellular analysis. Tools employed in PM can include molecular diagnostics, imaging, and analytics/software. Oncology is the clear choice of PM. Cancers are common diseases, although cancers are largely a consequence of accumulating genomic damage during life, inherited genetic variations contribute to cancer risk, sometimes profoundly. This new understanding of oncogenic mechanisms has begun to influence risk assessment, diagnostic categories, and therapeutic strategies, with increasing use of drugs and antibodies designed to counter the influence of specific molecular drivers. In the field of urology oncology, some new progresses are making contribution to the PM, we summaries some of them from this year's ASCO and EAU conference. Also, in our institution, some our research work are also push forward the PM in urology. PM of urological oncology is actually coming.

**Keywords:** Precision medicine (PM); urological oncology; diagnose

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## AB097. Treatment of long segment stenosis of ureter

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**Objective:** To summarize the clinical experience of treatment of long segment stenosis of ureter with the use of peritoneum.

**Methods:** Clinical data of two patients with stenosis of ureter was analyzed retrospectively. One female, aged 19, with bilateral stenosis of upper ureters, and one female, aged 58, with stenosis of right-side upper ureters were treated. Both of the patients had received ureteroscopy procedure but failed. The length of stenosis was 6 cm, 6 cm and 8 cm respectively. Ureter reconstruction was performed with the use of peritoneum.

**Results:** The operations were performed successfully. The patient with unilateral stenosis of upper ureter had no hydronephrosis during the follow up of 3 years. The patient with bilateral stenosis had no hydronephrosis after removal of D-J stent of one side and is still followed up.

**Conclusions:** Treatment of long segment stenosis of ureter with the use of peritoneum can be performed in some complicated patients, and long term effects need to be further conformed.

**Keywords:** Stenosis; ureter; peritoneum

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