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Abstract 57 Establishment of a national cancer specific outcomes registry and initial data

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Introduction & Objectives: A National prostate cancer outcomes registry (IPCOR) has been established by the authors in Ireland in collaboration with the national cancer registry of Ireland. An expanded clinical dataset and patient reported outcomes (PROM) are collected in a prospective manner, on a longitudinal basis at a population level. The aims of IPCOR are to produce reports that will influence decision makers to improve prostate cancer care and to ensure decisions about prostate cancer care in Ireland are transparent and based on high quality data.

Methods: Registration officers collect clinical and PROM data across 15 public and private hospitals representing over 80% of all men diagnosed with prostate cancer annually in Ireland. Medical records are interrogated and PROMs are updated once a year.

Results: We present a first look at the complete IPCOR dataset, both clinical and PROMs data on 6816 men newly diagnosed with prostate cancer from 2016 to 2019. Mean age of diagnosis is 65 years (range 31 to 94), with 20% of men <50s and two-thirds of men <70 years. Most men (76%) were diagnosed due to opportunistic screening, while just over 8% presented with symptoms. Three quarters of all men had a MRI and 40% of these were performed before the prostate biopsy to allow for a targeted biopsy. Private patients are more likely to be seen quicker, have MRI scans before their biopsy and undergo a targeted biopsy. High grade cancers are more common as men age, however most low grade disease is in men under 65 years.

Conclusions: This data is being collected prospectively across Ireland and is generating important national data on a population level. The IPCOR recommendations will inform healthcare providers and patients, and allow for the intelligent use of limited resources to achieve better patient outcomes.

Abstract 58 Dynamic sentinel node biopsy for penile cancer: Introduction of a new regional service in Northern Ireland

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Introduction: The correct staging and management of regional lymph nodes is paramount in treating penile cancer. EAU guidelines recommend invasive lymph node staging in patients \geq pT1b penile cancer by either bilateral modified inguinal lymphadenopathy or DSNB (dynamic sentinel node biopsy)¹. DSNB is a minimally invasive technique in cN0 patients and has been newly introduced in Northern Ireland in 2019.

Method: All regional penile cancer referrals undergoing DSNB for penile cancer were included (n = 19) from July 2019 to March 2021. Preoperative ultrasonography and fine-needle aspiration cytology of suspicious nodes was performed in all patients. Intradermal injection

of Technetium-99m nanocolloid was performed on the morning of surgery followed by SPECT-CT lymphoscintigraphy², and patente bleu injection pre-operatively. Sentinel nodes were identified by intra-operative radiotracer activity³.

Results: Mean age (range) of patients at initial presentation was 59 years (45–79). 33 groins were sampled in 19 patients: 15 bilateral and 3 unilateral. 48 nodes were removed in total, with a mean of 1.5 nodes per groin. Non-visualisation occurred in 3 patients, 2 of whom attended for repeat DSNB. Overall 3 patients subsequently proceeded to groin lymphadenectomies. Complications were minimal, with one wound infection requiring admission for intravenous antibiotics. During a median follow-up of 11 (range 1–21) months one false-negative case was found.

Conclusion: The introduction of DSNB is an important development in Northern Ireland's penile cancer service, minimising morbidity and allowing early detection of metastatic disease. Longer follow up and larger numbers will augment these initial findings.

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Abstract 59 The impact of COVID-19 on acute urinary stone presentations: A single centre experience

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Introduction: The COVID-19 pandemic has seen a change in the numbers of patients presenting to the emergency department (ED) with non-COVID symptoms, resulting in delayed presentations of many medical and surgical conditions. The aim of this study was to examine the impact of COVID-19 on acute urolithiasis presentations to the ED.

Methods: In this retrospective, single-centre observational study we reviewed all CT KUBs (and their corresponding cases) ordered in ED for possible urolithiasis in a 100-day period immediately prior to COVID-19 and in a 100-day period afterwards. We sought to establish the number of CT KUBs performed and the number confirming urolithiasis. We recorded patients' age, gender, stone size and location. We also analysed CRP, WCC and Creatinine as well as the duration of patients' pain and the management strategy adopted for each case.

Results: 198 CT KUBs were performed, 94 pre-COVID and 104 intra-COVID. 70.2% (n = 66) and 66.3% (n = 69) were positive for urolithiasis pre-COVID and intra-COVID respectively (p = 0.56). There was a significantly higher percentage of females pre-COVID compared to intra-COVID (54% vs 36%, p = 0.012). There was no difference in median ureteric stone size seen between the groups (4.7 mm pre-COVID vs 4.0 mm intra-COVID, p = 0.179). There were no significant differences in WCC, CRP or creatinine levels. One patient in the pre-COVID group and two in the intra-COVID group required percutaneous nephrostomies.

Conclusion: The COVID-19 pandemic *did not* result in fewer or sicker patients presenting with acute ureteric colic cases to the ED.