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**Introduction & Objectives:** Neoadjuvant chemotherapy (NAC) in patients with muscle-invasive bladder cancer remains underutilized. Morbidity and mortality associated with NAC has been considered as one of the main obstacles. To compare perioperative outcomes between patients receiving NAC and those treated with Robot-assisted radical Cystectomy RARC allo.

**Material & Methods:** Between 2004 and 2014, a total of 1247 patients who underwent RARC were enrolled in IRCC with completed data on chemotherapy. 179 patients (14.4%) had undergone NAC. Clinical, pathological and perioperative data up to their latest follow-up were assessed. Patients who were lost to follow-up were censored at the excluded. Perioperative outcomes such as operative time, hospital stay and complications, overall (OS), cancer specific (CS) and recurrence-free survivals (RFS) were the primary outcomes and plotted using the Kaplan Meir Survival. Univariante and multivariate analyses were performed to identify prognostic factors after NAC.

**Results:** Overall, 179 (14.4%) patients received NAC. Patients who underwent NAC had higher ASA score (51 vs. 45%), tumor grade (93 vs. 86.7%). Meanwhile age and gender were similar.

**Conclusions:** Neoadjuvant chemotherapy is associated with longer lymph node dissection times but not with higher morbidity or mortality. Use of neoadjuvant chemotherapy is encouraged in patients who undergo Robot-assisted radical cystectomy.

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**Introduction & Objectives:** Subjective and generic assessment of surgical competency is inadequate in objectively evaluating technical competence. A surgical competency measurement tool may be useful for robot-assisted surgery training and certification. We present the development and validation of a novel measurement instrument for urethra-vesical anastomosis (UVA) during Robot-assisted surgery (RAS).

**Material & Methods:** A panel of 5 experienced robotic surgeons (Delphi methodology without inter-expert consultations) developed a novel 6 domain scoring system, for assessing surgical skills at performing urethra-vesical anastomosis. Each domain comprised of a 5 point score (1: least optimal to 5: best). Higher score (range 5–30) reflects better performance. The final scoring system was construct validated using three participant groups; Expert (>100 robotic cases), Intermediate (<25 robotic console hours) and Novice (no robotic console hour) surgeons. All participants performed the UVA on an inanimate model, using the da-Vinci Surgical System™. The video recordings of the performances were evaluated by 4 blinded experienced robotic surgeons. Comparisons were made between the expert and intermediate groups and expert and novice groups respectively to establish the construct validity of the scoring system. Wilcoxon-Rank sum test were used utilized to compare outcomes.

**Results:** Following two rounds of Delphi methodology performed to develop the novel scoring system 100% consensus was achieved on the assessment, language and content. 7 experts, 10 intermediates and 10 novices participated in our validation study. The mean overall score for the expert group was significantly higher than the intermediate and novice groups (27.3 vs. 19.5 and 13.6, p=0.004 and p<0.001 respectively). Additionally, significant differences were noted in the mean overall scores between the intermediate and the novice groups (19.5 vs. 13.6, p<0.01).

**Conclusions:** Robotic Anastomosis Competency Evaluation (RACE)
PE70

Robot-assisted radical prostatectomy after previous prostate surgery: Clinical and functional outcomes

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Introduction & Objectives: The objective of this study was to clarify the effect of previous TURP or open prostatectomy (OP) on surgical, oncological, and functional outcomes after robot assisted radical prostatectomy (RARP).

Material & Methods: The records of 380 patients who underwent RARP between August 2009 and March 2013 were retrospectively reviewed. A total of 25 men had undergone surgery for primary bladder outlet obstruction (20 TURP and 5 OP) before RARP (Group I). A match-paired analysis was performed using our database to identify 36 additional men without a history of prostate surgery with equivalent clinicopathologic characteristics to serve as a control group (Group II). Patients characteristics, complications and functional outcomes followed up for 12 months were assessed.

Results: Both groups were similar with respect to peroperative characteristics as age, BMI, PSA, prostate volume, clinical stage, Gleason score, D’Amico risk, ASA, IPSS, continence and potency status. RARP resulted in longer console time and higher blood loss compared to surgery naive patients. No difference were found in the pathological stage, positive surgical margin and nerve sparing procedure between the groups. We noted a greater rate of urinary leakage (pelvic drainage >4 days) in Group I (12% vs 2.8%). Biochemical recurrence developed in 12% and 11.1% of patients, respectively. No significant difference was found in the anastomotic stricture, continence and potency rates.

Conclusions: RARP after TURP or open prostatectomy is a challenging but oncologically promising procedure with a longer dissection time, and greater blood loss. Patients with incidental prostate cancer found at the time of TURP or had previously undergone TURP as well as OP should be considered for RARP.

PE71

Robotic assisted radical cystectomy with intracorporeal ileal conduit; results from a single center study

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Introduction & Objectives: Since the introduction of robotic assisted minimally invasive surgery, complicated operations are feasible after a relatively short learning curve. Also totally intracorporeal robotic assisted radical cystectomy (RARC) has become an acceptable alternative to open cystectomy. The authors present the results of RARC with intracorporeal ileal conduit (ICIC) diversion in our center.

Material & Methods: From November 2010 until March 2014, 69 patients a RARC-ICIC was performed. In 5 patients only a ICIC was performed because of unreseactable malignancy at the time of the operation. These were not included in the analysis. In the RARC-ICIC group in total 15 women and 54 men. In 68 cases was an oncological indication for surgery, these patient underwent a pelvic lymph node dissection (PLND). In 1 case no PLND was performed, the indication was therapy resistant interstitial cystitis. Mean (skin to skin) operation time was 318 minutes. Mean blood loss was 218 cc. Mean hospital stay was 13 days. The 30-day readmission rate was 13%, mostly because of fever by a urinary tract infection. Complication rate (Clavien grade 1–5) was 55%, in 43% a grade 1 or 2 complication, in 12% a serious complication (Clavien grade 3–5), in which 0% grade 5 complications.

Conclusions: RARC with ICIC diversion is complex surgery but with this results we can conclude that it is a save procedure, even in the learning curve. A complete minimally invasive RARC-ICIC seems to have advantages, however, prospective randomized controlled trials comparing RARC-ICIC with open cystectomy with identical perioperative protocols are required to proof the benefits of minimally invasive surgical techniques.

PE72

Body Mass Index (BMI) has no effect on perioperative parameters in robot assisted partial nephrectomy patients


Introduction & Objectives: To analyze the factors for PSA recurrence in patients treated with Robot Assisted Radical Prostatectomy (RARP) and extended pelvic lymph node dissection (ePLND).

Material & Methods: Between March 2005 and May 2014, 878 RARPs were performed in our department. Patients with intermediate or high risk factors according to D’Amico criteria had undergone pelvic lymph node dissection (PLND). Extended template was used after June 2007. The patients with limited PLND were excluded from study. Extended PLND was performed in 381 patients. There were 323 patients with a minimum follow up of 12 months. Age, preoperative PSA, postoperative Gleason score, positive surgical margin rate and tumor volume were analyzed for PSA progression. Two consecutive PSA values above 0.2 ng/ml were defined as PSA recurrence.

Results: The characteristic patients are summarized in Table 1. The PSA recurrence rate was 51.5% (49/323). There were 43 (13.3%) patients with lymph node invasion (LNI). The age was similar in both groups.