Navigating the mCRPC landscape: Exploring key clinical decision points

Bayer HealthCare-sponsored satellite symposium:

Sunday 22 March 2015 at 17:45–19:15
Room N105–106
Visit the Bayer HealthCare booth (F02) in Hall 9

Essential Information

This medicinal product is subject to additional monitoring.

Este medicamento está sujeto a seguimiento adicional, es prioritaria la notificación de sospechas de reacciones adversas asociadas a este medicamento.

Xofigo 1000 kBq/mL solution for injection (Refer to full Summary of Product Characteristics before prescribing).

Composition: Active ingredient: radium Ra 223 dichloride (radium-223 dichloride, 1000 kBq/mL, corresponding to 0.53 ng radium-223 at the reference date). Each vial contains 6 mL of solution (6.0 MBq radium-223 dichloride at the reference date).

Indication: Treatment of adults with castration-resistant prostate cancer, symptomatic bone metastases and no known visceral metastases. Xofigo should be administered only by persons authorised to handle radiopharmaceuticals in designated clinical settings.

Contraindications: There are no known contraindications.

Warnings and Precautions: Bone marrow suppression, notably thrombocytopenia, neutropenia, leukopenia and pancytopenia, has been reported. Haematological evaluation of patients must be performed at baseline and prior to every dose. In case there is no recovery in values for absolute neutrophil count (ANC) and haemoglobin within 6 weeks after the last administration of Xofigo despite receiving standard of care, further treatment with Xofigo should only be continued after careful benefit/risk evaluation. Patients with evidence of compromised bone marrow reserve e.g. following prior cytotoxic chemotherapy and/or radiation treatment (EBRT) or patients with advanced diffuse infiltration of the bone (EO14c: “superscan”), should be treated with caution as an increased incidence of haematological adverse reactions such as neutropenia and thrombocytopenia has been observed. Limited available data indicates that patients receiving chemotherapy after Xofigo had a similar haematological profile compared to patients receiving chemotherapy after placebo. Crohn’s disease and ulcerative colitis: due to the faecal excretion of Xofigo, radiation may lead to aggravation of acute inflammatory bowel disease, therefore Xofigo should only be administered to these patients after a careful benefit-risk assessment. In patients with untreated imminent or established spinal cord compression, treatment with standard of care, as clinically indicated, should be completed before starting or resuming treatment with Xofigo. In patients with bone fractures, orthopaedic stabilisation of fractures should be performed before starting or resuming treatment with Xofigo. In patients treated with bisphosphonates and Xofigo, an increased risk of development of osteonecrosis of the jaw (ONJ) cannot be excluded. In the phase III study, cases of ONJ have been reported in 0.67% patients (4/600) in the Xofigo arm compared to 0.33% patients (1/301) in the placebo arm. However, all patients with ONJ were also exposed to prior or concomitant bisphosphonates and prior chemotherapy. Xofigo contributes to a patient’s overall long-term cumulative radiation exposure and therefore may be associated with an increased risk of cancer and hereditary defects. No cases of Xofigo-induced cancer have been reported in clinical trials in follow-up of up to three years. Depending on the volume administered, this medicinal product can contain up to 2.35 mmol (54 mg) sodium per dose. Undesirable effects: Very common: thrombocytopenia, diarrhoea, vomiting, nausea; Common: neutropenia, pancytopenia, leukopenia, injection site reactions; Uncommon: lymphopenia.

Classification for supply: Medicinal product subject to restricted medical prescription. No general reimbursement. ATC-code: V10XX03.

Marketing Authorisation Holder: Bayer Pharma AG. 13342 Berlin, Germany. Date of revision of the underlying Prescribing Information: 15 November 2013

Please see full Prescribing Information available at the Bayer HealthCare booth (F02) in Hall 9.

La ficha técnica del producto está disponible en el stand de Bayer HealthCare (F02) en el pasillo 9.

As of the time of printing (1 February 2015), this medicinal product is not marketed in Spain.

En el momento de imprimir este material (1 de Febrero de 2015) este medicamento no está comercializado en España.

L.E.S.SM.02.2015.0330
EAU Member
Benefits at EAU 2015!

**EAU members** are kindly invited to collect the following complementary items:

**EAU Pocket Guidelines**
The Pocket Guidelines can be collected at **BAYER HEALTHCARE booth F02.**
The distribution is supported by BAYER HEALTHCARE

**EAU members** are kindly invited to the **EAU booth A42** to collect the following complementary items:

**EAU Extended Guidelines**

**De Historia Urologiae Europaeae Vol. 22**
This year marks the 22nd edition of *De Historia Urologiae Europaeae*, the EAU History Office’s annual edited volume of Europe’s urological history. Beside the regular contributors from the History Office, newcomers tackle a broad range of fascinating topics.

The EAU-ICUD Consultation on Minimally Invasive Surgery in Urology (2015)
The results of the 2014 International Consultation on Urological Diseases Consensus Meeting, held at the 29th Annual EAU Congress in Stockholm, presented as a fully updated volume. It acts as a comprehensive reference on all commonly-performed minimally invasive urological procedures. *(Available in digital form, free of charge for EAU members attending the congress, also available for purchase)*

30 Milestones of Urology
This field-spanning overview commemorates some of the biggest breakthroughs and developments in the history of Urology. Thirty milestones were selected to reflect the thirty Annual Congresses organised by the European Association of Urology. *(Available free of charge for EAU members attending the congress, on a first-come, first-served basis)*

Congress delegates are kindly invited to collect the following complementary items:

**EAU Abstract CD 2015**
A CD containing all presented abstracts during the 30th Anniversary Congress can be collected at the **FERRING booth B20.**
Supported by an educational grant from FERRING

**ESU Courses DVD 2015**
A DVD including all presentations and course materials of the ESU Courses given during the congress can be collected at the **ESU booth, North Building (level 1).**
Supported by an educational grant from TAKEDA ONCOLOGY

**EAU Posters DVD 2015**
A DVD containing posters presented during the 30th Anniversary Congress. The EAU Posters DVD can be collected at the **AMGEN booth C22.**
Supported by an educational grant from AMGEN
The EAU Scientific Congress Office is responsible for the scientific congress programme (with the exception of the Industry Sessions). However, the opinions and recommendations expressed by the presenters and planners of educational content in this programme are their own and do not necessarily represent the viewpoint of the EAU.
Welcome to Madrid

By the EAU Secretary General

Dear friends and colleagues,

Welcome to the 30th Anniversary Congress in Madrid, the second time Spain’s premier city is hosting Europe’s biggest urological event and the fourth Annual EAU Congress to be held in this country.

For the next five days, our Scientific Congress Office will present a programme that does not only respond to the needs of urological professionals but also covers many issues, challenges and controversies in medical science, healthcare and the industry. You will experience this in the line-up of plenary sessions, lectures, courses, debates, section meetings, abstract presentations, live surgeries and a comprehensive Technical Exhibit, to name a few.

The EAU’s first congress took place in 1974 and switched to an annual format since 1998. This year, and as we begin the fourth decade of the Annual Congress, we take note of the steady progress in research and how many of us have directly contributed to the treatment strategies for urological diseases. This week, we will again participate in active discussions and knowledge sharing which are vital in improving current diagnostic and risk-assessment strategies.

As many of you already know, this year is my last congress as EAU Secretary General. The privilege to lead the EAU has given me many remarkable moments not only professionally, but also as a person. It is during this congress that I have met healthcare experts, research scientists and many of our members with their unique stories, brilliant ideas and inspiring commitment. I thank them for the support and their dedication to medicine has encouraged me to focus on the EAU’s core objective– to ensure optimal patient care.

Certainly, you will find many insights in the next few days which are relevant to your daily practice and medical career. Make the most of the many activities and welcome to our Annual Congress!

Per-Anders Abrahamsson
EAU Secretary General
We would like to thank our Industry Partners

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ANNA TECHNOLOGIES
BIOBOT SURGICAL
D&K TECHNOLOGIES
INTUITIVE
KARL STORZ
KOELIS
MIM SOFTWARE
OLYMPUS

EAU Awards and Prizes
EAU Crystal Matula Award 2015 - LABORIE
EAU Hans Marberger Award 2015 - KARL STORZ
Prize for the Best Scientific Paper published in European Urology in the year 2014 - ELSEVIER
Best Scientific Paper published on Fundamental Research in European Urology in 2014 by a young urologist - ELSEVIER
EAU Prostate Cancer Research Award 2015 - FHS FOUNDATION
ESUI Vision Award - HITACHI MEDICAL SYSTEMS
EAU Willy Gregoir Medal 2015
For a significant contribution to the development of the urological specialty in Europe
L. Boccon-Gibod, Paris, France

EAU Frans Debruyne Life Time Achievement Award 2015
For a longstanding and important contribution to the activities and development of the EAU
H. Villavicencio, Barcelona, Spain

EAU Crystal Matula Award 2015
For a young promising European urologist
M. Rouprêt, Paris, France

EAU Hans Marberger Award 2015
For the best European paper published on Minimally Invasive Surgery in Urology
S. Tyritzis, Athens, Greece
Oncologic, Functional, and Complications Outcomes of Robot-assisted Radical Cystectomy with Totally Intracorporeal Neobladder Diversion
European Urology 64 (2013); published online ahead of print on June 6, 2013

EAU Innovators in Urology Award 2015
For inventions and clinical contributions which have had a major impact on influencing the treatment and/or diagnosis of a urological disease
S. Horenblas, Amsterdam, The Netherlands

EAU Prostate Cancer Research Award 2015
For the best paper published on clinical or experimental studies in prostate cancer
M. Spahn, Bern, Switzerland
Survival in Patients with High-Risk Prostate Cancer Is Predicted by miR-221, Which Regulates Proliferation, Apoptosis, and Invasion of Prostate Cancer Cells by Inhibiting IRF2 and SOCS3
Cancer Res 2014; 74:2591-2603. Published OnlineFirst March 7, 2014; DOI: 10.1158/0008-5472.CAN-13-1606

Prize for the Best Paper published on Fundamental Research in the Urological Literature
P. Uvin, Leuven, Belgium
Chronic Administration of Anticholinergics in Rats Induces a Shift from Muscarinic to Purinergic Transmission in the Bladder Wall
P. Uvin, M. Boudes, A. Menigoz, J. Franken, S. Pinto, T. Gevaert, J. Tytgat, R. Vennekens, T. Voets, D. De Ridder (Leuven, Belgium)
European Urology 64 (2013) 502 – 510; http://dx.doi.org/10.1016/j.eururo.2013.05.031

Prize for the Best Paper published on Clinical Research in the Urological Literature
R. Karlsson, Stockholm, Sweden
A population-based Assessment of Germline HOXB13 G84E Mutation and Prostate Cancer Risk

Prize for the Best Scientific Paper published in European Urology®
C. Rentsch, Basel, Switzerland
Bacillus Calmette-Guérin Strain Differences Have an Impact on Clinical Outcome in Bladder Cancer Immunotherapy
C. Rentsch, F. Birkhäuser, C. Biot, J. Gsponer, A. Bisiaux, C. Wetterauer, M. Lagranderie, G. Marchal, M. Orgeur, C. Bouchier, A. Bachmann, M. Ingersoll, R. Brosch, M. Albert, G. Thalmann (Basel, Bern, Switzerland; Paris, France)
European Urology, Volume 66 Issue 1, October 2014, Pages 677-688
Prize for the Best Scientific Paper published on Fundamental Research in European Urology® by a urologist in training (max. 40 years)

E. Bancroft, London, United Kingdom

Targeted Prostate Cancer Screening in BRCA1 and BRCA2 Mutation Carriers: Results from the Initial Screening Round of the IMPACT Study

E. Bancroft, et al.
European Urology, Volume 66 Issue 1, September 2014, Pages 489-499

Prize for the Best Scientific Paper on Clinical Research in European Urology® by a urologist in training (max. 40 years)

E. Scosyrev, Rochester, United States of America

Renal Function After Nephron-sparing Surgery Versus Radical Nephrectomy: Results from EORTC Randomized Trial 30904

E. Scosyrev, E. Messing, R. Sylvester, S. Campbell, H. Van Poppel (Rochester, Cleveland, United States of America; Brussels, Leuven, Belgium)
European Urology, Volume 65 Issue 1, February 2014, Pages 372-377

First Prize for the Best Abstract (Oncology)

C. Ruf, M. Port, C. Matthies, V. Meineke, B. Müller-Myhsok, W. Wagner, H.-U. Schmelz, M. Abend (Koblenz, Munich, Hamburg, Germany) – Abstract 594

Discriminating metastasized from non-metastasized seminoma using small RNA-expression in tumour tissue and peripheral blood

Second Prize for the Best Abstract (Oncology)


Epigenomics of penile squamous cell carcinoma

Third Prize for the Best Abstract (Oncology)

J. Lestingi, J. Pontes Jr, L. Borges, J. Ravanini, G. Guglielmetti, M. Cordeiro, R. Coelho, W. Nahas (Sao Paulo, Brazil) – Abstract 904

Extended vs limited pelvic lymphadenectomy during radical prostatectomy for intermediate- and high-risk prostate cancer: A prospective randomized trial

First Prize for the Best Abstract (Non-Oncology)

T. Cai, P. Verze, A. Brugnolli, D. Tiscione, G. Malossini, L. Luciani, C. Echher, F. Wagenlehner, V. Mirone, T. Bjerkland Johansen, R. Pickard, R. Bartolletti (Trento, Naples, Verona, Florence, Italy; Giessen, Germany; Oslo, Norway; Newcastle, United Kingdom) – Abstract 136

Adherence to European Association of Urology guidelines on prophylactic antibiotics: An important step in antimicrobial stewardship

Second Prize for the Best Abstract (Non-Oncology)

E. Weyne, J. Hannan, X. Liu, D. De Ridder, F. Van Der Aa, T. Bivalacqua, M. Albersen (Leuven, Belgium; Baltimore, United States of America) – Abstract 40

Neurite outgrowth of pelvic neurons is stimulated by the neurotrophic peptide galanin

Third Prize for the Best Abstract (Non-Oncology)

Y. Wang, T. Kunit, F. Strittmatter, B. Rutz, A. Ciotkowska, R. Waidelich, C. Liu, C. Stief, C. Gratzke, M. Hennenberg (Munich, Germany; Salzburg, Austria; Guangzhou, China) – Abstract 891

Inhibition of prostate smooth muscle contraction and prostate stromal cell growth by NSC23766 and EHT1864, two novel inhibitors of the small GTPase Rac

The European Urology® Platinum Award 2015

S. Freedland, Durham, United States of America
A. Heidenreich, Aachen, Germany
F. Montorsi, Milan, Italy
K. Parsons, Liverpool, United Kingdom
EAU Award Winners

First Prize for the Best Abstract by a resident
Role of magnetic resonance imaging in prostate cancer screening; results from a pilot study within the Gothenburg randomized screening trial

Second Prize for the Best Abstract by a resident
T. Arends, O. Nativ, M. Maffezzini, O. De Cobelli, A. Van Der Heijden, J. Witjes (Nijmegen, The Netherlands; Haifa, Israel; Genova, Milan, Italy) - Abstract 944
Results of the first randomized controlled trial comparing intravesical radiofrequency induced chemohyperthermia with mitomycin-C versus BCG for adjuvant treatment of patients with intermediate- and high-risk non-muscle invasive bladder cancer

Third Prize for the Best Abstract by a resident
Y. Wang, T. Kunit, F. Strittmatter, S. Rutz, A. Giotkowska, R. Waidelich, C. Liu, C. Stief, C. Gratzke, M. Hennenberg (Munich, Germany; Salzburg, Austria; Guangzhou, China) - Abstract 891
Inhibition of prostate smooth muscle contraction and prostate stromal cell growth by NSC23766 and EHT1864, two novel inhibitors of the small GTPase Rac

Resident's Corner Award for the Best Scientific Paper published in European Urology® by a resident (2 awards)
J. Leow, S. Reese, W. Jiang, S. Lipsitz, J. Bellmunt, Q-D. Trinh, B. Chung, A. Kibel, S. Change (Boston, Stanford, United States of America)
Propensity-Matched Comparison of Morbidity and Costs of Open and Robot-Assisted Radical Cystectomies: A Contemporary Population-Based Analysis in the United States
European Urology, Volume 66, Issue 3, Pages 569 - 576

N. Kroeger, T. Choueiri, J-L. Lee, G. Bjarnason, J. Knox, M. MacKenzie, L. Wood, S. Srinivas, U. Vaishamayan, S-Y. Rha, S. Pal, I. Yuasa, F. Donskov, N. Agarwal, M-H. Tan, A. Bannias, C. Kollmannsberger, S. North, B. Rini, D. Heng (Calgary, Toronto, Ontario, Halifax, Vancouver, Edmonton, Canada; Boston, Stanford, Detroit, Duarte, Salt Lake City, Cleveland, United States of America; Asan, Seoul, South Korea; Tokyo, Japan; Aarhus, Denmark; Singapore; Athens, Greece)
Survival Outcome and Treatment Response of Patients with Late Relapse from Renal Cell Carcinoma in the Era of Targeted Therapy
European Urology, Volume 65, Issue 6, Pages 1086 - 1092

First Video Prize
S. Secco, A. Galfano, D. Di Trapani, G. Petralia, E. Strada, A. Bocciardi (Milan, Italy) – Video: V31
Much beyond the learning curve of Retzius-sparing robotic-assisted radical prostatectomy

Second Video Prize
R. Papalia, G. Simone, M. Ferriero, R. Mastroianni, S. Guaglianone, M. Gallucci (Rome, Italy) – Video: V29
Totally intracorporeal robot-assisted vesica ileale padovana (vip) using staplers: A stepwise approach

Third Video Prize
A. Hoznek, P. Castellan, M. Chiaradia, B. Parier, M. Khan, A. De La Taille (Creteil, France; Chieti, Italy; Keighley, United Kingdom) – Video: V30
Micropercutaneous nephrolithotomy in Galdakao modified supine Valdivia position

EUSP Best Scholar Award
C. Rönna, Greifswald, Germany
Establishing a panel of microRNAs for the detection and monitoring of prostate cancer in bodily fluids, and unraveling the microRNAs functions to better understand prostate cancer biology

The 30th Anniversary Congress features an EAU Award Gallery. Here you can find a complete overview of all EAU Awards that will be handed out during the Congress. It will also list the past winners of the most prestigious urology prizes. The EAU Award Gallery provides a great opportunity to take in all the important developments and breakthroughs in recent years. The Award Gallery is located in the foyer of the eURO Auditorium - be sure to visit it!
Acknowledgement of Abstract reviewers

The abstract sessions have been composed by and under the responsibility of the members of the EAU Scientific Congress Office & Video Committee (see page 446) who wish to acknowledge the following reviewers for their important contribution to the 30th Anniversary Congress.

<table>
<thead>
<tr>
<th>Reviewers</th>
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<tr>
<td>A.A.B. Adeyoju, Wilmslow (GB)</td>
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P.Y. Wüthrich, Berne (CH)  
S. Zastrow, Dresden (DE)  
P.C. Zehnder, Berne (CH)  
P.E. Zimmer, Dallas (US)
Opening and welcome by Professor P-A. Abrahamsson, EAU Secretary General

Announcement of the new EAU Honorary Members

Special EAU Award presentations

- EAU Willy Gregoir Medal 2015
  For a significant contribution to the development of the urological specialty in Europe

- EAU Frans Debruyne Life Time Achievement Award 2015
  For a longstanding and important contribution to the activities and development of the EAU

- EAU Crystal Matula Award 2015
  For a young promising European urologist
  Supported by an unrestricted educational grant from LABORIE

- EAU Hans Marberger Award 2015
  For the best European paper published on Minimally Invasive Surgery (in Urology)
  Supported by an unrestricted educational grant from KARL STORZ GMBH & CO.KG

- EAU Innovators in Urology Award 2015
  For inventions and clinical contributions which have had a major impact on influencing the treatment and/or diagnosis of a urological disease

- EAU Prostate Cancer Research Award 2015
  For the best paper published on clinical or experimental studies in prostate cancer
  Supported by an unrestricted educational grant from the FRITZ H. SCHRODER FOUNDATION

The Opening Ceremony will be closed by a Networking Reception, giving delegates a chance to renew ties with colleagues from all over the world.
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**Programme Friday, 20 March**

**Synopsis**

- **Room Stockholm**
- **Room Paris**
- **Room Visera**
- **Room Barcelona**
- **Room N201-102**
- **Room N203**
- **Room N204**
- **Room R219-126**
- **Room Istanbul**

**09.45-11.15 Special session**

2nd ESO Prostate Cancer Observatory: Innovation and care in the next 12 months

**10.30-13.00 Special Session**

Round table on personalised medicine

**11.30-13.00 Special session**

Special session of the Prostate Cancer Prevention Group

**13.15-15.45 Special session**

European Urological Scholarship Programme (EUSP) Session

**13.15-15.45 Special session**

European Urological Scholarship Programme (EUSP) Session

**14.00-18.00 Special Session**

Meeting of the Young Academic Urologists (YAU)
Programme Saturday, 21 March, Morning

08.30 - 10.00  Extended lymph node dissection in bladder cancer - New data from the LEA trial

10.15 - 11.30  State-of-the-art lecture

11.45 - 12.15  Case discussion Controversies in the management of the renal mass

12.00 - 13.30  Poster Session 1

13.45 - 14.05  Hands-on training on ESWL: Still a role?

14.15 - 14.45  Poster Session 2

14.45 - 15.15  Hands-on training on HOT 3: Robot-assisted prostatectomy

15.15 - 15.45  Hands-on training on HOT 4: Urodynamics - Suturing and Anastomosis - A course 1

15.45 - 16.15  Hands-on training on HOT 5: Imaging - An introduction to course 1

16.15 - 16.45  Hands-on training on HOT 6: Robotics - Robotic surgery - A course 1

16.45 - 17.15  Hands-on training on HOT 7: ESU Hands-on training on course 1

17.15 - 17.45  Special Session Residents and Young Urologists Day - Organised by the Young Urologists Office (YUO) in collaboration with the European Society of Residents in Urology (ESRU) and the Young Academic Urologists Working Parties (YAU)
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**Synopsis**

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**Programme Sunday, 22 March, Morning**

**8.00**
- Panel discussion: Better ways to identify the low-risk patient

**8.45**
- Hot topic lecture: Chemotherapy in hormone sensitive patients
  - Video Session 3
  - Complex mini invasive surgery
  - RCC: Outcome prediction
  - Prostate cancer: Early detection with serum and urine markers

**9.00**
- Panel discussion: Surgery or radiotherapy: Treatment decisions for the high-risk patient

**9.15**
- Panel discussion: Video Lecture: Why does anti-androgen therapy fail?
  - Page 175
  - Page 176
  - Page 178
  - Page 180

**9.30**
- State-of-the-art lecture: Why does anti-androgen therapy fail?

**9.45**
- State-of-the-art lecture: Why does anti-androgen therapy fail?
  - Page 175
  - Page 176
  - Page 178
  - Page 180

**10.00**
- State-of-the-art lecture: Why does anti-androgen therapy fail?

**10.15**
- Video Lecture: Why does anti-androgen therapy fail?
  - Page 175
  - Page 176
  - Page 178
  - Page 180

**10.30**
- Video Lecture: Why does anti-androgen therapy fail?
  - Page 175
  - Page 176
  - Page 178
  - Page 180

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- Video Lecture: Why does anti-androgen therapy fail?
  - Page 175
  - Page 176
  - Page 178
  - Page 180

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- Video Lecture: Why does anti-androgen therapy fail?
  - Page 175
  - Page 176
  - Page 178
  - Page 180

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- Video Lecture: Why does anti-androgen therapy fail?
  - Page 175
  - Page 176
  - Page 178
  - Page 180

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- Video Lecture: Why does anti-androgen therapy fail?
  - Page 175
  - Page 176
  - Page 178
  - Page 180

**11.45**
- Video Lecture: Why does anti-androgen therapy fail?
  - Page 175
  - Page 176
  - Page 178
  - Page 180

**12.00**
- Video Lecture: Why does anti-androgen therapy fail?
  - Page 175
  - Page 176
  - Page 178
  - Page 180

**12.15**
- Video Lecture: Why does anti-androgen therapy fail?
  - Page 175
  - Page 176
  - Page 178
  - Page 180

**12.30**
- Video Lecture: Why does anti-androgen therapy fail?
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Additional courses and sessions include:
- ESU Course 30: Advanced course on upper tract reconstruction, abdominal and stones.
- ESU Course 31: Focal treatment in prostate cancer.
- ESU Course 32: How to write a manuscript and get it published in European Urology.
- ESU Course 33: How to proceed with an hemorrhoid.
- ESU Course 34: Diagnosis and management of non-muscle invasive bladder cancer.
- ESU Course 35: Advanced vaginal reconstruction.

Session times and locations are as follows:
- **08.30-10.15**
- **10.30-12.00**
- **11.00-12.00**
- **12.00-13.00**

**Page 368**
## Programme Sunday, 22 March, Afternoon

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**Synopsis**

- **12.30-14.00:** UTSU: Diagnosis and management
- **12.00-14.00:** ESU Course 17
- **12.00-14.00:** ESU Course 21
- **12.00-14.00:** ESU Course 20
- **12.00-14.00:** ESU Course 48
- **12.00-13.45:** HOT: ESU/ESUT Hands-on training in Urothelial tumours
- **13.30-15.00:** HOT: ESU/ESUT Hands-on training GreenLight Laser Vaporisation - course 2
- **13.30-15.00:** HOT: ESU/ESUT Hands-on training GreenLight Laser Vaporisation - course 3
- **14.00-15.15:** ESU Course 20
- **14.00-15.15:** ESU Course 21
- **14.30-16.15:** ESU Course 24
- **15.00-16.30:** ESU Course 26
- **15.30-17.00:** ESU Course 28
- **16.00-17.30:** ESU Course 29
- **16.30-18.00:** ESU Course 30
- **17.00-18.30:** ESU Course 32
- **17.30-19.00:** ESU Course 33
- **18.00-19.30:** ESU Course 34
- **19.00-20.30:** ESU Course 35
- **20.00-21.30:** ESU Course 36
- **21.00-22.00:** ESU Course 37
- **22.00-23.00:** ESU Course 38
- **23.00-24.00:** ESU Course 39
- **00:00-25:** ESU Course 40

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Programme Monday, 23 March, Morning

8.45  | State-of-the-art lecture  Management of recurrent UTI: Running out of antibiotics
9.00  | EAU Guidelines update: Perioperative antibiotic prophylaxis
9.30  | Case discussion: Renal Prostatic Obstruction (RPO)
10.00 | American Urological Association (AUA) lecture: Erection: definition and future treatment options
10.30 | Panel discussion: Modern treatment of penile diseases
10.45 | Session 4
10.55 | Session 5
11.00 | Session 6
11.15 | Session 7
11.30 | Session 8
11.45 | Session 9

**Synopsis**

**Programme Book**
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<td>ESU Course 33: The incontinent couple – Urological aspects</td>
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**Synopsis**

- **ESU Course 28**: Prostate cancer – Screening, diagnosis and staging
- **ESU Course 29**: Modern management of BPO
- **ESU Course 30**: Advanced course on urethral stricture surgery
- **ESU Course 31**: Infection diseases
- **ESU Course 32**: Urinary tract and genital trauma
- **ESU Course 33**: The incontinent couple – Urological aspects

EAU Madrid 2015
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<tr>
<td>12.00</td>
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<td>ESU Course 37: Management of advanced cancer and metastatic disease and orthotopic nephrectomy</td>
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**Synopsis**

- **ESU Course 34**: Chronic pelvic pain in men and women
- **ESU Course 35**: Ultrasound for the urologist - TRUS and TRUS guided biopsies
- **ESU Course 37**: Pre-surgical urinary continence in men
- **ESU Course 38**: Management and outcome in invasive and locally advanced bladder cancer
- **ESU Course 39**: Testicular cancer
- **Social Media Hands-on Training**: 14.30 - 15.50
- **HOT 34**: 15.00 - 15.30
- **HOT 35**: 15.30 - 16.00
- **HOT 36**: 16.00 - 16.30
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<td><strong>08.00-08.15</strong>&lt;br&gt;<strong>EAU Guidelines snapshot</strong>&lt;br&gt;Standardised reporting and grading of complications in stone surgery</td>
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<td><strong>Point-counterpoint session</strong>&lt;br&gt;Has ESWL had its day?</td>
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<td><strong>State-of-the-art lecture</strong>&lt;br&gt;Redefining stone free</td>
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<td>09.05</td>
<td><strong>Round table</strong>&lt;br&gt;Optimal surgical approach to Percutaneous Nephrolithotomy (PCNL)</td>
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<td><strong>Confederación Americana de Urología (CAU) lecture</strong>&lt;br&gt;Pushing the boundaries in laparoscopic surgery for stones</td>
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<td><strong>State-of-the-art lecture</strong>&lt;br&gt;Metabolic evaluation of stone formers: Does it change anything?*</td>
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<td><strong>The latest on prostate and PCa</strong></td>
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<td><strong>Late breaking news</strong>&lt;br&gt;Development of a standardized set of patient-centered outcomes for advanced prostate cancer: An international effort for a unified approach</td>
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<td><strong>Late breaking news</strong>&lt;br&gt;Enzalutamide in men with chemotherapy-naive metastatic Castration-Resistant Prostate Cancer (mCRPC): Final overall survival analysis of the Phase 3 PREVAIL study</td>
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<td><strong>Late breaking news</strong>&lt;br&gt;A randomized, double-blind, Phase II, efficacy and safety study of Enzalutamide vs. Bicalutamide in Metastatic Castrate Resistant Prostate Cancer: TERRAIN trial</td>
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<td><strong>Late breaking news</strong>&lt;br&gt;What are currently the best decision markers for biopsy and re-biopsy of the prostate?</td>
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<td><strong>Souvenir session by the EAU Scientific Committee</strong></td>
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webcasts
30th Anniversary Congress
www.eaumadrid2015.org

All sessions showing the webcast symbol in the programme book will be available online
### Industry Sessions

#### Friday, 20 March

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<tr>
<td>Industry Session</td>
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<tr>
<td>Innovations in clinical urology</td>
<td>Optimizing survival in advanced prostate cancer</td>
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#### Saturday, 21 March

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<td>Treatment decisions in a new therapeutic landscape: Taking direct action</td>
<td>How, why, when-risk stratification in newly diagnosed BPH patients with moderate symptoms</td>
<td>Alternative approaches to individualise care in prostate and bladder cancers</td>
<td>The truth about TRT (Testosterone Replacement Therapy) for the treatment of hypogonadism</td>
<td>A new approach for the patient with ED</td>
<td>Chemotherapy and radiotherapy induced urinary side effects: The role of Glycosaminoglycans (GAGs)</td>
<td>Managing patients with NMIBC: Therapeutic strategies in times of BCG shortage</td>
<td>Making sense of endoscopic enucleation for BPH: A paradigm shift</td>
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<td>IPSEN</td>
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<td>IBSA INSTITUT BIOCHIMIQUE SA</td>
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<td>OAB: Who is in control? A patient-centric approach</td>
<td>The good, the bad and the ugly of testosterone? The relevance of proper treatment of hypogonadism</td>
<td>Industry Session Heart and ADT: Managing benefit/risk ratio</td>
<td>Industry Session Inflammation and prostatic diseases: From bench to bedside</td>
<td>Industry Session Rationale for more targeted management of BPH patients</td>
<td>Industry Session Navigating the mCPRC landscape: Exploring key clinical decision points</td>
<td>Industry Session Pharmacological treatment of BPH symptoms</td>
<td>Industry Workshop</td>
<td>Making sense of endoscopic enucleation for BPH: A paradigm shift</td>
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#### Monday, 23 March

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<td>Modern thinking in the management of male LUTS - but don’t forget the history</td>
<td>Cracking the code of refractory OAB: When, who and how?</td>
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Plenary Opening Session
The future of urological nursing - The need for a common framework: Time is running out

Workshop 5
Intravesical instillation in non-muscle invasive bladder cancer - With presentation of the new EAUN guideline

Video Session
Inside the body - surgery in motion

Workshop 13
Pelvic floor rehabilitation for lower urinary tract symptoms: What's new?

Workshop 12
Nursing solutions in difficult cases & case discussions

Workshop 2
Nursing challenges in urodynamics

Workshop 1
Contemporary issues in patient pathways and cancer treatment

State-of-the-art lecture
BCG treatments for superficial bladder cancer

Workshop 6
Troubleshooting and quality of life in indwelling catheterisation

State-of-the-art lecture
PSA, is it a Patient Stress Amplifier?

EAUN-ESU Course 2
Part 1
Female sexual assessment and rehabilitation

EAUN Nursing Research Competition

Workshop 3
Ongoing challenges in health and sexuality in male patients

Workshop 8
Living with prostate cancer: Daily issues and quality of life

Poster Session 2

State-of-the-art lecture
Not only instillation: BCG perfusion for kidney and urethra

Poster Session 1

State-of-the-art lecture
Or efficiency - the robotic dance for patients and surgery

EAUN-ESU Course - 1 Part 1
Practical management of urological emergencies

Poster Session 1

Workshop 9
Urinary tract infection (UTI) in Clean Intermittent Catheterisation (CIC): What's new?

Workshop 10
Market Place Session
Rehabilitation in urology cancer care

Workshop 11
Clean intermittent catheterisation and self dilatation: Quality of life and success factors

European Association of Urology Nurses
Programme Overview, 21-23 March 2015

The extensive EAUN programme is available in the special EAUN programme book and EAUN 2015 App

EAU Madrid 2015
Alphabetical list of Exhibitors

Please note that this list and the floorplan on the previous pages will not be comprehensive due to the printing date of this Programme Book (list and floorplan are updated through 3 February 2015).

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<td>BESINS HEALTHCARE</td>
<td>C44</td>
</tr>
<tr>
<td>BIOBOT SURGICAL PTE LTD</td>
<td>I18</td>
</tr>
<tr>
<td>BIOLITEC BIOMEDICAL TECHNOLOGY GMB</td>
<td>A54</td>
</tr>
<tr>
<td>BIONORICA SE</td>
<td>C68</td>
</tr>
<tr>
<td>BK ULTRASOUND</td>
<td>G20</td>
</tr>
<tr>
<td>BOSTON SCIENTIFIC INTERNATIONAL</td>
<td>B16</td>
</tr>
<tr>
<td>BOWA</td>
<td>H28</td>
</tr>
<tr>
<td>CANADIAN UROLOGICAL ASSOCIATION (CUA CANADA)</td>
<td>I16</td>
</tr>
<tr>
<td>CARESONO TECHNOLOGY CO., LTD</td>
<td>H64</td>
</tr>
<tr>
<td>CATERING</td>
<td>A02</td>
</tr>
<tr>
<td>CAU (CONFEDERACIÓN AMERICANA DE UROLOGÍA)</td>
<td>I22</td>
</tr>
<tr>
<td>CHARGE &amp; CONNECT AREA</td>
<td>G74</td>
</tr>
<tr>
<td>CHINESE UROLOGICAL ASSOCIATION (CUA CHINA)</td>
<td>I20</td>
</tr>
<tr>
<td>COLOPLAST – PORGÈS</td>
<td>F75</td>
</tr>
<tr>
<td>COMBAT MEDICAL LTD</td>
<td>G06</td>
</tr>
<tr>
<td>CONCILE GMB</td>
<td>A34</td>
</tr>
<tr>
<td>COOK MEDICAL</td>
<td>F66</td>
</tr>
<tr>
<td>CURAN MEDICAL BV</td>
<td>D69</td>
</tr>
<tr>
<td>DIREX GMB</td>
<td>H20</td>
</tr>
<tr>
<td>Exhibitors</td>
<td>Page</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>DORNIER MEDTECH EUROPE GMBH</td>
<td>G52</td>
</tr>
<tr>
<td>DYNAMESH BY FEG TEXTILTECHNIK MBH</td>
<td>A31</td>
</tr>
<tr>
<td>E</td>
<td></td>
</tr>
<tr>
<td>EAU BOOTH</td>
<td>A42</td>
</tr>
<tr>
<td>EAU HISTORICAL EXHIBITION</td>
<td>A42</td>
</tr>
<tr>
<td>EAU MUNICH 2016</td>
<td>A42</td>
</tr>
<tr>
<td>EAU RESEARCH FOUNDATION</td>
<td>A42</td>
</tr>
<tr>
<td>EAU VIDEO LIBRARY</td>
<td>A20</td>
</tr>
<tr>
<td>EDAP TMS</td>
<td>C46</td>
</tr>
<tr>
<td>ELMED MEDICAL SYSTEMS</td>
<td>H08</td>
</tr>
<tr>
<td>ELMEDICAL</td>
<td>B76</td>
</tr>
<tr>
<td>ELSEVIER</td>
<td>A13</td>
</tr>
<tr>
<td>ELVATION MEDICAL GMBH</td>
<td>C65</td>
</tr>
<tr>
<td>EMEC                          S. Z O. O. SP. K.</td>
<td>A11</td>
</tr>
<tr>
<td>EMS ELECTRO MEDICAL SYSTEMS S.A.</td>
<td>F86</td>
</tr>
<tr>
<td>ENDOCARE, INC.</td>
<td>G04</td>
</tr>
<tr>
<td>ENDOCONTROL</td>
<td>D61</td>
</tr>
<tr>
<td>EPONA</td>
<td>A102</td>
</tr>
<tr>
<td>ERASMUS MC</td>
<td>G100</td>
</tr>
<tr>
<td>ERBE ELEKTROMEDIZIN GMBH</td>
<td>H40</td>
</tr>
<tr>
<td>ESSM</td>
<td>A21</td>
</tr>
<tr>
<td>EU-ACME</td>
<td>A42</td>
</tr>
<tr>
<td>EUROMEDICAL GMBH</td>
<td>H51</td>
</tr>
<tr>
<td>EUROPA UOMO</td>
<td>I39</td>
</tr>
<tr>
<td>EUROPEAN BOARD OF UROLOGY</td>
<td>A42</td>
</tr>
<tr>
<td>EUROPEAN UROLOGY</td>
<td>A01</td>
</tr>
<tr>
<td>EXACT IMAGING (FORMERLY IMAGISTX)</td>
<td>G02</td>
</tr>
<tr>
<td>F</td>
<td></td>
</tr>
<tr>
<td>FERRING INTERNATIONAL CENTER S.A.</td>
<td>B20</td>
</tr>
<tr>
<td>G</td>
<td></td>
</tr>
<tr>
<td>GALIL MEDICAL</td>
<td>B04</td>
</tr>
<tr>
<td>GE HEALTHCARE</td>
<td>H66</td>
</tr>
<tr>
<td>GENOMIC HEALTH, INC.</td>
<td>C63</td>
</tr>
<tr>
<td>GRENA LTD</td>
<td>G79</td>
</tr>
<tr>
<td>GRUPO TAPER</td>
<td>H28</td>
</tr>
<tr>
<td>GSK</td>
<td>E20</td>
</tr>
<tr>
<td>H</td>
<td></td>
</tr>
<tr>
<td>HITACHI MEDICAL SYSTEMS EUROPE</td>
<td>C38</td>
</tr>
<tr>
<td>I</td>
<td></td>
</tr>
<tr>
<td>IBSA INSTITUT BIOCHIMIQUE SA</td>
<td>I02</td>
</tr>
<tr>
<td>INTERMEDIC</td>
<td>I35</td>
</tr>
<tr>
<td>INTUITIVE SURGICAL</td>
<td>D20</td>
</tr>
<tr>
<td>INVIDIA MEDICAL GMBH &amp; CO.KG</td>
<td>I32</td>
</tr>
<tr>
<td>INVIVO</td>
<td>G30</td>
</tr>
<tr>
<td>IPSEN PHARMA</td>
<td>E08</td>
</tr>
<tr>
<td>ISTEM MEDIKAL</td>
<td>C69</td>
</tr>
<tr>
<td>Exhibit</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>J</td>
<td>JANSSEN PHARMACEUTICAL COMPANIES</td>
</tr>
<tr>
<td>J</td>
<td>JENA SURGICAL</td>
</tr>
<tr>
<td>K</td>
<td>KARL STORZ GMBH &amp; CO.KG</td>
</tr>
<tr>
<td>K</td>
<td>KITALPHA MED LTD</td>
</tr>
<tr>
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<tr>
<td>K</td>
<td>KOELIS</td>
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<td>LABORIE</td>
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<tr>
<td>L</td>
<td>LASER PERIPHERALS</td>
</tr>
<tr>
<td>L</td>
<td>LENUS PHARMA</td>
</tr>
<tr>
<td>L</td>
<td>LISA LASER PRODUCTS</td>
</tr>
<tr>
<td>L</td>
<td>LUMENIS (GERMANY) GMBH</td>
</tr>
<tr>
<td>L</td>
<td>LUT GMBH</td>
</tr>
<tr>
<td>M</td>
<td>M.A.S. MEDICAL S.R.L</td>
</tr>
<tr>
<td>M</td>
<td>M4 PHARMA S.L.</td>
</tr>
<tr>
<td>M</td>
<td>MAVIG GMBH</td>
</tr>
<tr>
<td>M</td>
<td>MCUBE TECHNOLOGY CO., LTD.</td>
</tr>
<tr>
<td>M</td>
<td>MEDIA CO., LTD.</td>
</tr>
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<td>M</td>
<td>MEDAC GMBH</td>
</tr>
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<td>M</td>
<td>MEDCOM GMBH</td>
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<tr>
<td>M</td>
<td>MEDICA S.P.A.</td>
</tr>
<tr>
<td>M</td>
<td>MEDICAL MEASUREMENT SYSTEMS B.V.</td>
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<td>M</td>
<td>MEDIISPEC LTD</td>
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<td>MEDI-TATE LTD.</td>
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<td>MEDPRO MEDICAL</td>
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<tr>
<td>M</td>
<td>MEDTRONIC INTERNATIONAL TRADING SÀRL</td>
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<td>M</td>
<td>MENARINI</td>
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<td>M</td>
<td>MIANYANG MEIKE</td>
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<tr>
<td>M</td>
<td>MIM SOFTWARE INC.</td>
</tr>
<tr>
<td>M</td>
<td>MIMIC</td>
</tr>
<tr>
<td>M</td>
<td>MONTAVIT GMBH</td>
</tr>
<tr>
<td>M</td>
<td>MTS EUROPE GMBH</td>
</tr>
<tr>
<td>M</td>
<td>MYRIAD GENETICS GMBH</td>
</tr>
<tr>
<td>N</td>
<td>NANOVIBRONIX</td>
</tr>
<tr>
<td>N</td>
<td>NEOメディックインターナショナル</td>
</tr>
<tr>
<td>N</td>
<td>NEOTRACT, INC.</td>
</tr>
<tr>
<td>N</td>
<td>NOVAMEDTEK</td>
</tr>
<tr>
<td>O</td>
<td>OCEANA THERAPEUTICS LTD</td>
</tr>
<tr>
<td>O</td>
<td>OLYMPUS EUROPA SE &amp; COKG</td>
</tr>
<tr>
<td>O</td>
<td>OPKO DIAGNOSTICS</td>
</tr>
<tr>
<td>O</td>
<td>OPTIMUM MEDICAL</td>
</tr>
<tr>
<td>Exhibitor</td>
<td>Page</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>OVERTOOM MEDICAL SOLUTIONS</td>
<td>A50</td>
</tr>
<tr>
<td>P</td>
<td></td>
</tr>
<tr>
<td>PAJUNK GMBH</td>
<td>G10</td>
</tr>
<tr>
<td>PHYSION SRL</td>
<td>B82</td>
</tr>
<tr>
<td>PIERRE FABRE MÉDICAMENT</td>
<td>E36</td>
</tr>
<tr>
<td>POLYDIAGNOST GMBH</td>
<td>A35</td>
</tr>
<tr>
<td>PROFOUND MEDICAL INC.</td>
<td>B02</td>
</tr>
<tr>
<td>PROMEDON</td>
<td>B52</td>
</tr>
<tr>
<td>Q</td>
<td></td>
</tr>
<tr>
<td>QUANTA SYSTEM SPA</td>
<td>G44</td>
</tr>
<tr>
<td>R</td>
<td></td>
</tr>
<tr>
<td>R-ACTION DISTRIBUTION SÀRL</td>
<td>I33</td>
</tr>
<tr>
<td>REALTON</td>
<td>A37</td>
</tr>
<tr>
<td>RECORDATI</td>
<td>F14</td>
</tr>
<tr>
<td>RICHARD WOLF GMBH</td>
<td>F42</td>
</tr>
<tr>
<td>ROCAMED</td>
<td>H52</td>
</tr>
<tr>
<td>RSU (RUSSIAN SOCIETY OF UROLOGY)</td>
<td>I36</td>
</tr>
<tr>
<td>S</td>
<td></td>
</tr>
<tr>
<td>SANDOZ INTERNATIONAL GMBH</td>
<td>B44</td>
</tr>
<tr>
<td>SIEMENS HEALTHCARE</td>
<td>F54</td>
</tr>
<tr>
<td>SIMBIONIX PRODUCTS, 3D SYSTEMS</td>
<td>G98</td>
</tr>
<tr>
<td>SIU SOCIETÀ ITALIANA DI UROLOGIA</td>
<td>A23</td>
</tr>
<tr>
<td>SMU (SOCIEDAD MEXICANA DE UROLOGIA)</td>
<td>I24</td>
</tr>
<tr>
<td>SOCIETÉ INTERNATIONALE D’UROLOGIE (SIU)</td>
<td>D86</td>
</tr>
<tr>
<td>SONACARE</td>
<td>I08</td>
</tr>
<tr>
<td>SONY PROFESSIONAL EUROPE</td>
<td>H01</td>
</tr>
<tr>
<td>SPECIALITY EUROPEAN PHARMA</td>
<td>H04</td>
</tr>
<tr>
<td>STORZ MEDICAL AG</td>
<td>E46</td>
</tr>
<tr>
<td>SURGIQUEST, INC.</td>
<td>C34</td>
</tr>
<tr>
<td>SYNERGO RITE MEDICAL ENTERPRISES EURO B.V.</td>
<td>B12</td>
</tr>
<tr>
<td>SYSMEX EUROPE GMBH</td>
<td>C64</td>
</tr>
<tr>
<td>T</td>
<td></td>
</tr>
<tr>
<td>TAEWOONG MEDICAL, CO. LTD</td>
<td>D65</td>
</tr>
<tr>
<td>TAKEDA</td>
<td>F63</td>
</tr>
<tr>
<td>TAU (TURKISH ASSOCIATION OF UROLOGY)</td>
<td>F91</td>
</tr>
<tr>
<td>TELEFLEX</td>
<td>B78</td>
</tr>
<tr>
<td>TIME RESEARCH LIMITED</td>
<td>A12</td>
</tr>
<tr>
<td>TRISTEL SOLUTIONS LIMITED</td>
<td>D88</td>
</tr>
<tr>
<td>U</td>
<td></td>
</tr>
<tr>
<td>UEG MEDICAL</td>
<td>C62</td>
</tr>
<tr>
<td>UPCOMING MEETINGS AREA</td>
<td>I03</td>
</tr>
<tr>
<td>URACYST® / UROPOL®</td>
<td>C02</td>
</tr>
<tr>
<td>UROMED KURT DREWS KG</td>
<td>D01</td>
</tr>
<tr>
<td>UROTECH &amp; UROVISION</td>
<td>G66</td>
</tr>
<tr>
<td>Page</td>
<td>Company/Association</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>A19</td>
<td>VERATHON MEDICAL EUROPE B.V.</td>
</tr>
<tr>
<td>I28</td>
<td>VISION-SCIENTES, INC.</td>
</tr>
<tr>
<td>A17</td>
<td>WCE 2015/BAUS</td>
</tr>
<tr>
<td>F78</td>
<td>WELLSPECT HEALTHCARE</td>
</tr>
<tr>
<td>G62</td>
<td>WILEY</td>
</tr>
<tr>
<td>G56</td>
<td>WISEPRESS MEDICAL BOOKSHOP</td>
</tr>
<tr>
<td>I43</td>
<td>WORLD FEDERATION OF INCONTIENT PATIENTS - WFIP</td>
</tr>
<tr>
<td>I40</td>
<td>WYMEDICAL LTD</td>
</tr>
<tr>
<td>H03</td>
<td>Xodus Medical Inc</td>
</tr>
<tr>
<td>A42</td>
<td>YOUNG UROLOGISTS / RESIDENTS CORNER</td>
</tr>
<tr>
<td>A08</td>
<td>ZSI (ZEPHYR SURGICAL IMPLANT SÀRL)</td>
</tr>
</tbody>
</table>
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WALK IN THE FOOTPRINTS OF OUR FORMER PRESIDENTS THROUGH THE INTERACTIVE TIMELINE AND READ ALL ABOUT THE HIGHLIGHTS THAT 30 ANNUAL EAU CONGRESSES HAVE BROUGHT US; ONLINE OR AT THE EAU BOOTH A42.

MADRID, SPAIN
20 - 24 MARCH 2015

30
Annual EAU Congresses

European Association of Urology

YEARS | AWARDS | PRESIDENTS | HIGHLIGHTS
--- | --- | --- | ---
1999 | 2006 | 2010 | 2000
Disclaimer
During the 30th Anniversary EAU Congress, the “Exhibition Booths” and “Industry Sessions” related to “prescription-only medicines” are only accessible to certified healthcare professionals, qualified to prescribe medicines, and pharmacists. Based on information provided by the registering party, the EAU will indicate on the congress badges if the bearer has accreditation to access the “Exhibition Booths” and “Industry Sessions” related to prescription-only medicines. The accredited delegates will have the letter “P” on their badges. It is the responsibility of the registering party to provide correct information and the EAU holds no responsibility with regards to the information provided. This measure is in accordance with the national and international pharmaceutical guidelines.

Abstracts
More than 1,100 abstracts have been accepted for presentation during poster and video sessions in Madrid. The EAU Abstract CD 2015 will be distributed to all congress delegates by FERRING (booth B20 in the exhibition). The EAU Poster DVD 2015 will be distributed to all congress delegates by AMGEN (booth C22 in the exhibition). All abstracts and posters are available online at www.eaumadrid2015.org/scientific-programme. They are also available through the Congress App.

The EAU Abstract CD 2015 is supported by an educational grant from FERRING. The EAU Poster DVD 2015 is supported by an educational grant from AMGEN.

Access to the Session Rooms
Only congress delegates, with a valid badge, have access to session rooms. Seating is regulated on a first-come, first-served basis. We recommend delegates to go to the session room well in advance. Due to safety regulations, the organisers will close the session room when all seats are taken. It is not allowed to stand in the aisles of the rooms.

Address and Accessibility
Congress Centre
Address:
IFEMA – Feria de Madrid
Avenida del Partenón 5
28042 Madrid, Spain
T +34 91 722 3000
W www.ifema.es

30th Anniversary Congress website
As part of the celebration of the European Association of Urology’s 30th Anniversary Congress, the History Wall - last seen in Vienna in 2011 - will receive a digital makeover. Thirty EAU Congresses, going back to the very first in 1972, will be included in the interactive overview. You can visit the special Congress History website at: www.eaucongresshistory.org. You can also access the interactive timeline in the EAU15 app. At the Congress in Madrid, you can use the interactive screens to browse through the history of the EAU’s congresses at the EAU Booth.

App - Your smart congress companion
With the EAU15 App you have instant access to the most important information of the 30th Anniversary EAU Congress via your smartphone. You will be able to browse the complete scientific programme by day, topic, speaker, and create your own personal programme thanks to the planner. You can easily find the rooms and exhibitor booths on the floor plans and receive daily news. In your personal congress bag you can save all relevant information, which you can email after the congress so you can easily review all scientific content at a later stage. You do not need constant internet access and can use the App offline. Download the “EAU15” App from the App Store (iOS) or Play Store (Android). Once installed you can access the content with your congress registration log-in (MyEAU) or your EAU member log-in (MyEAU).
General information

Award Gallery
At the EAU Award Gallery located in Hall 10, you will find a complete overview of all awards that are handed out by the EAU during this congress (see page 6-8 for an overview of the award winners). It also features information on past winners of the most prestigious EAU prizes.
The EAU Award Gallery provides a great opportunity to take in all the important developments and breakthroughs in recent years.

Badge Tracking System
Congress delegates have a barcode on their badge which enables them to leave their contact details with exhibitors in a quick and easy way. The barcode will also be scanned at the entrance of the session rooms to gather CME points and statistical information.
EAU bears no responsibility for data scanned by third-parties.

Badge classification

<table>
<thead>
<tr>
<th>Badge</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue</td>
<td>EAU member</td>
</tr>
<tr>
<td>White</td>
<td>Delegate</td>
</tr>
<tr>
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<td>Nurse</td>
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<td>Exhibitor</td>
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<td>Red</td>
<td>Press</td>
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<td>Yellow</td>
<td>Organising staff</td>
</tr>
<tr>
<td>P</td>
<td>Entitled to prescribe medicines/Pharmacist</td>
</tr>
</tbody>
</table>

Bank and Exchange
The national currency in Spain is the Euro (€). ATM machines at the congress centre are available in the North Building, the South Building and on the Avenida at the two banks next to Hall 3 and Hall 4 (Bankia & Santander).
For foreign exchange services, our recommendation would be that you use the foreign exchange centres located in the arrivals halls of Madrid-Barajas International Airport or in the historic city centre: Change Express S.l.
Gran Vía 16, 28013, Madrid

Exact Change
Pl. Puerta del Sol 12, 28013, Madrid

Best Posters
The Best Posters Wall features the best scientific posters presented at the 30th Anniversary EAU Congress. This high-tech plasma wall is accessible during congress hours in the foyer of the eURO Auditorium. The best posters can also be viewed at the e-poster stations and through the congress website during and after the congress. See also “e-Poster Area”.

Business Centre
The Post office on the Avenida (between Hall 5 and 7) offers copy and print facilities. For more information on copy and print shops near the congress centre please go to the EAU Information desk in the North Building (level 0).

Certificate of Attendance
A Certificate of Attendance for the Madrid Congress will be available to print at www.eaumadrid2015.org as of Wednesday, 25 March 2015. Before obtaining your Certificate of Attendance, you will be requested to enter the number under the barcode on your badge to log in (type the number without the *) as well as complete the evaluation questionnaire. It is therefore important to retain the delegate badge for this purpose. Information on CME accreditation is available in this programme book on page 60.

Cloakroom / Luggage
The cloakroom is located in the North Building (level -1) and open during congress hours. Please be sure to collect all personal belongings at the end of each day.

CME Accreditation
The 30th Anniversary EAU Congress is accredited by the UEMS/EACCME through the European Board of Urology. More information on national credit systems and credits recognition is available in this programme book on page 60-61. See also “EU-ACME Desk”.

Congress Bag
Each delegate can collect a congress bag in the registration area in Hall 8.
Congress Hours

<table>
<thead>
<tr>
<th>Speaker Service Centre</th>
<th>Registration</th>
<th>Sessions</th>
<th>Industry Sessions</th>
<th>Exhibition</th>
<th>Cloakroom</th>
<th>North Building</th>
<th>South Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, 19 March</td>
<td>14.00-19.00</td>
<td>08.00-20.00</td>
<td>08.30-21.00</td>
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Daily Congress Newsletter: European Urology Today Special Edition

Special daily congress newsletters will be published on Saturday, Sunday and Monday during the congress. The newsletters cover on-site news, session and background information on a variety of subjects. The first edition also contains the Exhibition Guide; including an exhibition floor plan and an overview of all exhibitors with their company outline. Distribution at several points within the congress centre. The newsletters will also be available online at www.eaumadrid2015.org during and after the congress.

EAU Education Office (European School of Urology)

The European School of Urology (ESU), working with European faculties, aims to provide high quality international educational courses in urology. The ESU has a special booth in the North Building (level 1) with extensive information on its activities. Registration for the courses can be made at the ESU registration desks in the registration area in Hall 8. The ESU Courses DVD 2015 will be distributed at the ESU Booth (North Building, level 1) to all congress delegates. The ESU Courses DVD 2015 is supported by an educational grant from TAKEDA ONCOLOGY.

Fees ESU Courses (for congress registered delegates only)

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<td>EAU members</td>
<td>€ 34</td>
<td>€ 50</td>
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<td>Non-EAU members</td>
<td>€ 50</td>
<td>€ 74</td>
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<td>Residents and nurses (members/non-members)</td>
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Prices are excl. 21% VAT

Hands-on Training Courses

Hands-on Training courses on Ureterorenoscopy, Bipolar TURP, Robotic surgery, Urodynamics, Advanced Suturing, Women’s Health, Green Light Laser and OnabotulinumtoxinA administration for OAB are organised by the ESU in cooperation with the EAU Robotic Urology Section (ERUS), the EAU Section of Uro-Technology (ESUT) and the EAU Section of Urolithiasis (EULIS). The registration fee is € 40,- and € 26,- (nurses and residents) per hands-on training (excl. 21% VAT).

Registration for hands-on trainings and courses can be made at the ESU registration desks and in the Self Service Area in the registration area.
E-BLUS (European training in Basic Laparoscopic Urological Skills)

One of the main goals of the EAU is to establish and introduce common standards for training and European urological practice in order to improve patient care. The E-BLUS exam certifies a basic level of laparoscopic urological skills. The exercises address bimanual dexterity, depth perception, suturing, clipping and cutting skills. Clinical application is found in such procedures as partial nephrectomy, total nephrectomy, pyeloplasty and radical prostatectomy. To aid in the training of these skills and to prepare for this E-BLUS exam, the exercises to be performed can be found in the instructional videos at http://hot.uroweb.org/exercises.

At the 30th Anniversary EAU Congress several exam sessions will be organised where you can demonstrate your skills and be awarded with a certificate if you pass the defined criteria. Interest usually exceeds the number of available positions; participation in the exam is therefore by invitation. The registration fee is € 50,- per E-BLUS exam (excl. 21% VAT).

More information at http://hot.uroweb.org or at the ESU booth in the North Building on level 1.

EAU Policy on Live Surgery

The EAU established an official policy on Live Surgery Events, offering organising centres a clear framework within which to plan and perform live surgeries. It outlines a set of guidelines in which the overriding principle is that patient safety must take priority over all other considerations in the conduct of live surgery. Read more on: http://www.uroweb.org/events/eaupolicy-livesurgery/

EAU Research Foundation

The EAU Central Research Office initiates and coordinates, as well as refines investigator initiated and other clinical research protocols. It also acts to facilitate all aspects of clinical research and expand the current network of active research centres and investigators - basic and clinical - both within the EAU member states and its international affiliates. The office coordinates clinical and translational research in close liaison with the EAU Research Foundation. The EAU Research Foundation can be visited at the EAU Booth (booth A42 in the exhibition).

EAU Square

The EAU Square (booth A42 in the exhibition) consists of the EAU Membership Booth, EBU Corner, EU-ACME Desk, Young Urologists / Residents Corner, EAU Munich 2016 Information Counter, EAU Research Foundation and the EAU Historical Exhibition.

There is also information on European Urology and other EAU publications. The EAU Membership Booth provides information on membership status and membership benefits. Non-members are welcome to visit the EAU Booth for further information and to apply for EAU membership.

Education & Innovation

The EAU Education & Innovation Booths in the exhibition, represent a joint effort of the European School of Urology, the EAU Section of Uro-technology, the EAU Section on Urolithiasis and the EAU Robotic Urology Section, which offers urologists a hands-on experience with notable technological innovations in urological treatment and training.

Electricity

The electricity in Spain runs on 220 volts and the frequency is 50 Hz. Plugs have two round pins. A plug adaptor will be required if incompatible electronic devices are used.

Emergency Phone Numbers

In case of an emergency please call 112 for police, fire brigade or ambulance service. In case of an emergency in the congress centre please call +34 917 22 54 00 or contact a security guard immediately. See also “First Aid”.

To file a police complaint (for example cases of pickpocketing or theft, etc.) you can call the following number for assistance in several languages: +34 902 102 112.

e-Poster Area

The 30th Anniversary EAU Congress will mark the introduction of e-Posters: A new medium to translate science to the congress delegates. e-Posters will explain the science in a new way: They can include oral explanations, videos, additional statistics, PowerPoint presentations etc. The added value of the e-Poster format will make this a more immersive and interactive experience.

In addition to the Abstract Poster Sessions, where data will be presented by the authors themselves, all e-Posters will be made available at the e-Poster Area in Hall 10.
EU-ACME Desk
Information on the EU-ACME programme, CME/CPD credits, membership status & benefits, accredited CME activities and national CME credits systems can be obtained at the EU-ACME information desk at the EAU Square (booth A42 in the exhibition). For more information see page 61.

European Association of Urology Nurses (EAUN)
The 16th International Meeting of the European Association of Urology Nurses (EAUN) is a 3-day scientific meeting that will be held in conjunction with the 30th Anniversary EAU Congress on 21-23 March in Room Berlin and Room Istanbul (Hall 7), in support of their goal to continually upgrade the nursing skills of urology nurses. Scheduled are for example abstract sessions and panel discussions. Expert nurses and urologists will give lectures, workshops and courses. See page 33 for the EAUN programme. Download the “EAUN15” App from the App Store (iOS) or Play Store (Android).

European Board of Urology (EBU)
The European Board of Urology (EBU) is a section of the UEMS (European Union of Medical Specialists) and responsible for regulatory matters. Visit the EBU Corner at the EAU Booth (booth A42 in the exhibition) to obtain more information on EBU’s core activities:
• European Board Examinations in Urology (FEBU) and Assessments
• Certification of Sub-Specialty Centres and Residency Training Programmes in Urology
• European Curriculum

European Urology
European Urology, the official journal of the EAU, has been a respected urological forum for over 30 years and is currently read by more than 10,000 urologists across the globe. With an impact factor of 12.480 the Platinum Journal remains the leading scientific publication in the field of urology. To keep up with the rapidly evolving world of medicine, technology and surgical techniques, European Urology is constantly updating and innovating its features and layout in order to provide the best clinical guidance, research and education for urologists across Europe and the world. The recently implemented electronic features and platforms make reading the articles and viewing the videos even more interesting! Come see European Urology for yourself - visit either the European Urology (booth A01) or the EAU Booth (booth A42) in the exhibition.

Exhibition
An extensive technical exhibition will be held jointly with the congress in Hall 9. The exhibition is open to technical equipment manufacturers, pharmaceutical companies and scientific publishers.

Exhibition Hours
Saturday, 21 March 09.15-18.15 hrs
Sunday, 22 March 09.15-18.15 hrs
Monday, 23 March 09.15-18.15 hrs

First Aid
There is a medical unit present for first aid above Hall 7 on level 1, indicated on the directional signs with . In case of emergency, contact a security guard immediately or call +34 917 22 54 00. See also “Emergency Phone Numbers”.

Food & Beverage
Coffee corners
At the following coffee corners you can enjoy a coffee, tea, snacks or pastries.
Eat’n Go Norte Avenida
Coffee Stations North Building - level 1
Coffee Corner Hall 9 - level 0 booth A02

Restaurants
If you are looking for an ideal communication point, or if you just want to take a short break, the restaurants in the back of the exhibition hall will suit you best indicated with the following logo on the floor plans.
Quixote Hall 9 - level 0 (back of the hall)
Non Stop restaurant Hall 9 - level 0 (back of the hall)
Plaza Mayor North Building - level 0
Pacific Blue North Building - level 0

At the different restaurants you will be able to pay with Euro or by credit card.

Guidelines
EAU Extended Guidelines
EAU members can collect a copy of the EAU extended urological guidelines, edn. 2015, free of charge, at the EAU Booth (booth A42 in the exhibition). This publication is also available for purchase.

EAU Pocket Guidelines
EAU members can collect a copy of the EAU pocket
General information

Programme Book

guidelines, edn. 2015, free of charge, at the BAYER HEALTHCARE booth (booth F02 in the exhibition). This publication is also available for purchase at the EAU Booth (booth A42 in the exhibition). The distribution of the EAU Pocket Guidelines 2015 is supported by BAYER HEALTHCARE.

Historical Exhibition
The EAU History Office has set up an historical exhibit located at the EAU Booth (booth A42 in the exhibition). The exhibit will present "Revolutionizing urology".

Hospitality Suites Companies
ABBVIE A9.13 Hall 9 - level 1
AMS A9.11 Hall 9 - level 1
ASTELLAS N1.0 North Building - level 0
ASTELLAS Colón North Building - level 2

Hotel Accommodation
The EAU has contracted the company K.I.T. Group GmbH to take care of the housing for the congress. K.I.T. staff will be available at the Hotel Desk in the registration area.

Insurance
The organisers do not accept responsibility for any personal damage. Participants are strongly recommended to arrange their own personal insurance.

Language
All presentations during the EAU Congress will be conducted in English, the official language of the EAU. Translation to other languages is not available.

Learning Objectives EAU Congress
The EAU congress provides a forum for presenting original unpublished data and sharing ideas for urological innovation as well as disseminating evidence-based knowledge of primary clinical relevance. Urologists and affiliated professionals attending the EAU Congress will be able to:

- Review innovative techniques and scientific advances in the field of urology and its sub-specialties
- Review the latest data and emerging trends from studies in clinical and translational research
- Enhance their knowledge of evidence-based approaches to the management of urological disease
- Gain new knowledge on emerging diagnostic and risk-assessment strategies in the management of urological disease
- Enhance their practical knowledge and skills by educational activities, including hands-on-training and courses
- Gain exposure to new developments in drugs and new cutting edge technology in the field of pharmaceutical research and medical technology through visiting the EAU exhibition
- Communicate, collaborate and network with representatives of a large international audience – medical professionals, national urological societies, patient groups, medical industry and the media.

Lost and Found
Found items should be returned to the EAU Information Desk at the North Building. If you lose or find something, please report to this desk for assistance.

Madrid Information
Information on Madrid will be available at the Madrid Information Desk in the registration area in Hall 8.

Media Policy
Registered press representatives may attend all scientific sessions, but are not allowed to attend the EAU “Exhibition Booths” and “Industry Sessions” related to “prescription-only medicines”, as these are only accessible to certified healthcare professionals qualified to prescribe medicines and pharmacists. Photographing during sessions is allowed for personal and non-commercial use only, i.e. photos cannot be published or reproduced in any way. Outside of the scientific session, you need written permission by the EAU for Photography, filming, and interviews at any location within the congress venue. Filming of the congress sessions is only possible for a few minutes (news coverage). Video recording of the congress sessions is subject to authorisation by the EAU Press Office. A written request must be submitted prior to the congress to Ms. Ivanka Moerkerken i.moerkerken@uroweb.org or during the congress at the EAU Press Centre. Requests will be approved on a case-by-case basis. Filming crews will have to be accompanied by a representative of the EAU Press Office.

Mobile Phones
The sound and flash light of mobile phones must be switched off during all sessions.
Opening Ceremony and Awards
Participants and exhibitors attending the congress are welcome to attend the official Opening Ceremony on Friday, 20 March 2015, between 18.00 and 19.30 hrs. in the eURO Auditorium. During the Opening Ceremony the following EAU Awards will be delivered: Willy Gregoir Medal, Frans Debruyne Life Time Achievement Award, Crystal Matula Award, Hans Marberger Award, Innovators in Urology Award, Prostate Cancer Research Award 2015, announcement New Honorary Members 2015. See page 6-8 for details on the EAU Awards. The Opening Ceremony will be followed by a Networking Reception in the foyer of the eURO Auditorium until 21.00 hrs.

Press Centre
Journalists and medical/science writers can obtain free registration to the congress. Journalists receive a press pack, to be collected at the EAU Press Centre (1st floor). All press are invited to report to the EAU Press Centre to obtain the assistance and information they require. Internet access, printer and photocopier are provided.

Resource Centre EAU15
Urology Science and Learning
All of the congress’s scientific content, including abstracts, (e-)posters, videos and webcasts will be available online in the Resource Centre (www.eaumadrid2015.org). Content is constantly updated over the course of the congress and afterwards. Watch scientific sessions you may have missed, or re-read the data of the latest research. You have access to the Resource Centre with your congress registration log-in (MyEAU), your EAU member log-in (MyEAU) or with the number below the barcode on your congress badge (type the number without the *).

Restaurant Reservations
The choices for eating out in Madrid are endlessly varied. Traditional Spanish cooking is made up of unpretentious but tasty dishes offered in numerous restaurants. Paella, Cocido Madrileño (stew of lam and vegetables, or the typical tapas (manchego cheese, Albondigas) you name it and it’s there. Please be aware that in Spain it is common to start eating dinner around 22.00 hrs.

For restaurant suggestions, kindly visit the Madrid Information Desk in the registration area. Please note that the convention bureau cannot make any restaurant reservations, only provide suggestions and contact information.

Security and safety
The safety of all congress attendees is of utmost importance to the European Association of Urology. The IFEMA and EAU have taken security precautions to ensure the maximum possible safety for all EAU 2015 participants. All bags may be subject to inspection. Please take all personal effects with you when leaving a session room.

Smoking Policy
The Anniversary EAU Congress and the concomitant exhibition have been designated as non-smoking events throughout the entire venue, including all meeting halls, functions, registration and catering.
areas. All the participants are kindly requested to respect the no-smoking policy.

Social Media
We are using social media at the congress to encourage an open discussion on urology science and experiences at the congress. EAU congress speakers, opinion leaders, delegates and media share their ideas, commentary and photos on Facebook and Twitter. You can follow the EAU on Facebook via www.facebook.com/eaupage and on Twitter via @uroweb. Use #EAU15 to discuss the Congress, and join the conversation!

Speaker Service Centre
For extensive speaker information see page 46.

Taxi
Official Taxi ranks are located outside the North Building. On the airport the taxis are available in the taxi rank outside by the terminal exists. There are several taxi consortions working in the city of Madrid, three of which are Radio-Taxi Asociación Gremial: (+34) 91 447 51 80, Radio Teléfono Taxi / Euro Taxi (Wheelchair Accessible Taxis): (+34) 91 547 82 00 and Teletaxi: (+34) 91 371 21 31.

For detailed information on taxi’s please see page 55.

Transportation Pass
Congress delegates may collect a complimentary transportation pass in the registration area which is valid on 20-24 March 2015. The pass covers underground, tram and bus within the city limits of Madrid. It is recommended to travel by metro. The metro station at IFEMA congress venue is called “Campo de las Naciones”. For more information about the Madrid Metro, check their website: http://www.metromadrid.es
See also page XXX for detailed travel information.

Upcoming Meetings
Posters and other information on upcoming meetings can be displayed in the “Upcoming Meetings” promotion area in the exhibition (booth I03). It is strictly forbidden to put up promotional material at any other location in the building.

Video Library
The EAU Video Library is located in the exhibition (booth A20). A wide choice of EAU videos, including all videos presented in Madrid and at previous EAU Congresses, can be viewed on individual monitors. All videos can be copied to a DVD which can be collected at the ASTELLAS booth during exhibition hours (booth D02 in the exhibition), a service that is provided free of charge to all congress delegates. On Tuesday, 24 March DVD’s can be collected in the registration area at the “Support Desk”.

The Video Library is supported by ASTELLAS

Webcasts (WiFi) & Live Streams
Many sessions will be webcasted via www.eaumadrid2015.org. The webcasted sessions are indicated with a special logo in the synopsis and will be online within several hours after the session. The webcasts have not been edited and are exactly as presented. The statements and the opinions featured in the webcasts are solely those of the individual presenters and not of the EAU. Webcasts are not accredited and no CME credits can be obtained by watching the webcasts. In addition to the webcasts there will be live streams of several sessions available at the congress website: www.eaumadrid2015.org. These sessions are also indicated in the synopsis with a special logo.

Wi-Fi / Charge and Connect Area
Free wireless internet, provided by the congress centre, will be available in all areas and session rooms. Please connect to the “EAU15” network, after which you will be prompted to fill in an individual username and password. You will receive your username and password when you pick up your congress badge at the registration area.

A special “Charge and Connect Area” with tables and power outlets is available in the exhibition (booth G74). Here you can charge your mobile devices.
Travel information

Congress Centre
IFEMA - Feria de Madrid
Avenida del Partenón 5
28042 Madrid, Spain
T +34 91 722 3000
W www.ifema.es

Accessibility Congress Centre
The Anniversary EAU Congress takes place at the IFEMA Feria de Madrid, which is located 30 minutes from the city centre, with-in walking distance from the underground station (line 8) and just a 10-minute drive from the airport. The closest metro to the congress venue is “Campo de las Naciones” station on Line 8, the station exit is at the South Entrance of the venue (the Anniversary EAU Congress takes place in Halls 7 to 10 and the North Building). Line 8 connects the venue with the city centre and the different terminals of Madrid-Barajas International Airport.

By Car
IFEMA is linked to Madrid’s major access routes and ring roads. The entrances to IFEMA provide direct access to the various parking areas.

Shuttle bus IFEMA
Shuttle buses will drive from the South Entrance (Metro station Campo de las Naciones) to the North Entrance regularly during the EAU Congress days. The drive between South and North takes about 3 - 4 minutes. Please note that the bus will depart when enough people are on board.

How to get from the Airport to IFEMA?
IFEMA is located 4 km away from Madrid-Barajas International Airport.

Metro
From Terminal 1, Terminal 2 and Terminal 3 take line L8. Get off at Campo de las Naciones (first stop). Journey time: Approx. 5 minutes. Journey fare: € 1.50
From Terminal 4 also take line L8 and get off at Campo de las Naciones (second stop). Journey time: Approx. 10 minutes. Journey fare: Approx. € 4.50

If travelling to/from the airport, without a transporta-
tion pass, travellers will have to pay a supplemental € 3.00 fare before exiting into the airport terminal. Travellers in possession of transportation pass should not be required to pay this supplement.

For more information about the Madrid Metro, check their website: http://www.metromadrid.es

Taxi
On the airport the taxis are available in the taxi rank outside by the terminal exits. Please be aware to take the first taxi in line. Journey time: About 10 minutes. Journey fare: Approx. € 10.

For hotels located close to the venue, tip: Please check with your hotel to see if there is a shuttle service to and from the airport.

How to get from the City Centre to IFEMA?
IFEMA is located 16 km away from the city centre at Gran Via.

Metro
From Gran Via, take L5 to Alonso Martines (two stops). Transfer to L10 and get off at Nuevos Ministerios (two stops), then transfer to L8 and get off at Campo de las Naciones (four stops). Journey time: About 30 minutes. Journey fare: Approx. € 1.50.

For more information about the Madrid Metro, check their website: http://www.metromadrid.es

Taxi
Taxi fare to IFEMA from the city centre is between € 10 and € 15. Journey time: 20 to 25 minutes.

Bus
A wide bus network provides access to IFEMA - Feria de Madrid from different points in the city:
Route 112 - Mar de Cristal-Feria de Madrid-Bº Aeropuerto.
Route 122 - Avda. de América-Campo de las Naciones-Feria de Madrid.
Route 828 - Universidad Autónoma-Alcobendas-Canillejas-Feria de Madrid.

Taxi Madrid
Official Taxi ranks are located outside the North Building where the Annual EAU Congress takes place. There are several taxi consortiums working in the city of Madrid, three of which are Radio-Taxi Asociación Gremial: (+34) 91 447 51 80, Radio Teléfono Taxi / Euro Taxi (Wheelchair Accessible Taxis): (+34) 91 547 82 00 and Teletaxi: (+34) 91 371 21 31.
• Bear in mind the surcharge for taxi transfers to IFEMA Congress Centre and Chamartin or Atocha train stations which is € 3.00. The surcharge to and from Adolfo Suarez Madrid Barajas Airport is € 5.50.

• The fixed price for a taxi transfer from the airport to the city centre (all city locations that fall within the M30 ring-road highway) is € 30. If this fare is applicable, the € 5.50 airport supplement will NOT be charged.

• The minimum price for a taxi transfer within 10km from the airport (for example IFEMA Congress Centre and nearby hotels) is € 20. Any transfers that are less than € 20 will automatically be increased to this amount if this fare is applicable, the € 5.50 airport supplement will NOT be charged.

• Taxi transfers that exceed 10km and do not fall within the M30 ring-road will be charged at the corresponding rate (depends on distance and time of day) that appears on the taxi meter plus a € 5.50 airport supplement will be charged.

• The average price for a taxi transfer from the IFEMA congress centre to the city centre is € 20.

Please note that if you call a taxi specifically, rather than waiting for one at an official stop, you will pay the costs of the transfer of the driver from when he receives the call to the pickup location.
YOU’VE ONLY JUST ARRIVED & ALREADY WE’RE THINKING OF YOUR NEXT TRIP

As the official airline network for the EAU15 – 30th Anniversary Congress, we’d like to thank you for choosing the Star Alliance network and hope that all goes really well for you here today.

Whilst you concentrate on the day’s events, we hope you’ll consider us the next time you need to attend a conference.

With over 18,500 flights a day to 1,316 airports across 192 countries, our 27 member airlines will extend a wide choice of flights to any future conference you’re planning to attend. And no matter which of those airlines’ frequent flyer programmes you belong to, you can earn and redeem miles across all of them.

So the next time you want to concentrate all your energies on your conference, we hope you’ll decide to leave the travel arrangements to us.
Speaker guidelines

**Speaker Service Centre**
Only digital presentations will be accepted during the congress and all **presentations should be handed in at least three hours prior to the start of the session** at the Speaker Service Centre. Failure to do so could result in presentations not being available for projection when required. **If you have an early presentation, please hand in your presentation the previous day!**

**Opening hours**
- Thursday, 19 March: 14.00 - 19.00 hrs.
- Friday, 20 March: 08.00 - 19.00 hrs.
- Saturday, 21 March: 07.00 - 19.30 hrs.
- Sunday, 22 March: 07.00 - 19.30 hrs.
- Monday, 23 March: 07.00 - 19.30 hrs.
- Tuesday, 24 March: 07.00 - 12.30 hrs

**If you are a chair person**
Locate your session room in time. Please be in your session room at least 15 minutes prior to the start of the session.
Kindly note that:
- Speakers should strictly observe timing.
- Discussants should first clearly state their name, institution and country of origin.

**If you are presenting a poster**
Posters must be put up in the room 15 minutes prior to the start of the session. The poster boards are numbered and your poster should be mounted on the board which corresponds with your abstract number. Pushpins are available in the session room. Please remove your poster immediately at the end of the session. A maximum of 5 PowerPoint slides is allowed during extended poster presentation. For standard poster presentations, a maximum of 2 PowerPoint slides is allowed.

**Disclose links to the industry**
The EAU Scientific Congress Office requests that you disclose to the audience any links you may have with the industry related to the topic of your lecture at the beginning of your session. A link can be: Being a member of an advisory board or having a consultancy agreement with a specific company.

**Presentation Training Centre**
Mr. Paul Casella (Iowa, USA) gives Individual Presentation Skills Training Sessions to help improve presentation and delivery skills. The one-on-one half hour sessions are free of charge and available to all speakers. Please go to the Speaker Service Centre to make an appointment for this popular training session.
Accreditation of the EAU Congress

The 30th Annual EAU Congress is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net.

The 30th Annual EAU Congress is designated for a maximum of 27 hours of European external CME credits. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

EACCME credits

Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

EACCME credits

Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity. The EACCME credit system is based on 1 ECMEC per hour with a maximum of 3 ECMECs for half a day and 6 ECMECs for a full-day event.

Please scan your EAU congress badge when entering the lecture room to register your presence automatically.

CME credits outside Europe

Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME credit to AMA credit can be found at www.ama-assn.org/go/internationalcme.

If you attended a conference in Europe and received a certificate for EACCME credit you can convert it to the AMA PRA Category 1 Credit™. To receive the credit, the conference must appear on the list of approved activities posted in the EACCME section of the UEMS Website.
The EU-ACME Programme - the initiative resulting from a close collaboration between the European Board of Urology (EBU) and the European Association of Urology (EAU) - stands for European Urology - Accredited Continuing Medical Education. Its primary task is assistance in the implementation, promotion and organization of Continuing Medical Education (CME) and Continuing Professional Development (CPD) among European urologists. Urologists have access to an online system - in compliance with the EBU/UEMS regulations - which helps them to keep track of their educational activities, irrespective of the country they practice in or where they have participated in accredited CME/CPD activities.

CME/CPD activities are generally geared towards practising physicians and are designed to provide information that is both relevant and essential to medical practice.

The EU-ACME office acts as a central ‘institution’ where all information forwarded by urologists, (inter) national urological associations and CME organisers/providers is kept.

As a service institution the EU-ACME office offers:
- registration of credit points for members of the urological societies participating in the EU ACME programme,
- access to the online CME/CPD credit system via webpage www.eu-acme.org,
- the EU ACME membership card for urologist participating in the programme,
- yearly Credit Registry Report listing all collected CME/CPD credit points,
- registration of accredited on national and/or European level CME events,
- assistance in obtaining European Accreditation.

The international urological societies as European Association of Urology, European Society of Paediatric Urology and International Continence Society as well as national urological societies from: Austria, Czech Republic, Cyprus, Denmark, Egypt, Estonia, Greece, Hungary, Italy, Latvia, Malta, The Netherlands, Poland, Portugal, Romania, Serbia, Slovenia, Turkey have already joined the programme. For more information, please visit the website: www.eu-acme.org.

Information on the EU-ACME programme, your acquired CME/CPD credits and membership cards can be obtained at the EU-ACME information desk at the EAU Square (booth A42 in the exhibition).
### Congress hotels

<table>
<thead>
<tr>
<th>Hotel</th>
<th>Address</th>
<th>Phone Numbers</th>
<th>Website</th>
</tr>
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<tbody>
<tr>
<td><strong>AC Aitana</strong></td>
<td>Paseo de la Castellana, 152</td>
<td>+34 91 458 4970</td>
<td><a href="http://www.marriott.com">www.marriott.com</a></td>
</tr>
<tr>
<td></td>
<td>28046 Madrid</td>
<td>F +34 91 458 4971</td>
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<tr>
<td></td>
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<td>Metro line 10 from Cuzco to Nuevos Ministerios (end of line: Puerta del Sur). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td><strong>AC Atocha</strong></td>
<td>Calle Delicias, 42</td>
<td>+34 91 506 2221</td>
<td><a href="http://www.marriott.com">www.marriott.com</a></td>
</tr>
<tr>
<td></td>
<td>28045 Madrid</td>
<td>F +34 91 506 2222</td>
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<tr>
<td></td>
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<td>Commuter train Cercanías C2 from Atocha to Nuevos Ministerios (end of line: Segovia). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td><strong>AC Avenida de America</strong></td>
<td>Calle de Cartagena, 83</td>
<td>+34 91 724 4240</td>
<td><a href="http://www.marriott.com">www.marriott.com</a></td>
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<tr>
<td></td>
<td>28028 Madrid</td>
<td>F +34 91 724 4241</td>
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<td>Metro line 4 from Avenida de America to Mar de Cristal (end of line: Pinar de Chamartín). At Mar de Cristal change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td><strong>AC Carlton</strong></td>
<td>Paseo de las Delicias, 26</td>
<td>+34 91 527 8510</td>
<td><a href="http://www.marriott.com">www.marriott.com</a></td>
</tr>
<tr>
<td></td>
<td>28045 Madrid</td>
<td>F +34 91 527 8510</td>
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<td>Commuter train Cercanías C2 from Atocha to Nuevos Ministerios (end of line: Segovia). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td><strong>AC Cuzco</strong></td>
<td>Paseo de la Castellana, 133</td>
<td>+34 91 556 0600</td>
<td><a href="http://www.marriott.com">www.marriott.com</a></td>
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<tr>
<td></td>
<td>28046 Madrid</td>
<td>F +34 91 556 0372</td>
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<td>Metro line 10 from Cuzco to Nuevos Ministerios (end of line: Puerta del Sur). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td><strong>AC Los Vascos</strong></td>
<td>Los Vascos, 27</td>
<td>+34 91 598 6220</td>
<td><a href="http://www.marriott.com">www.marriott.com</a></td>
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<tr>
<td></td>
<td>28045 Madrid</td>
<td>F +34 91 598 6221</td>
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<tr>
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<td></td>
<td>Metro line 6 direction Circular Andén 2 from Guzmán el Bueno to Nuevos Ministerios. At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td><strong>AC Madrid Feria</strong></td>
<td>Vía de los Poblados, 3</td>
<td>+34 91 382 4781</td>
<td><a href="http://www.marriott.com">www.marriott.com</a></td>
</tr>
<tr>
<td></td>
<td>28033 Madrid</td>
<td>F +34 91 382 4782</td>
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<td>Metro line 4 from San Lorenzo to Mar de Cristal (end of line: Argüelles). At Mar de Cristal change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td><strong>Axor Barajas</strong></td>
<td>Calle Campezo, 4</td>
<td>+34 91 312 1960</td>
<td><a href="http://www.axorbarajas.com">www.axorbarajas.com</a></td>
</tr>
<tr>
<td></td>
<td>28022 Madrid</td>
<td>F +34 91 312 1960</td>
<td></td>
</tr>
<tr>
<td><strong>Axor Feria</strong></td>
<td>Calle Campezo, 4</td>
<td>+34 91 312 2379</td>
<td><a href="http://www.axorferiahotel.com">www.axorferiahotel.com</a></td>
</tr>
<tr>
<td></td>
<td>28022 Madrid</td>
<td>F +34 91 312 2379</td>
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<tr>
<td><strong>Ayre Gran Hotel Colón</strong></td>
<td>Calle del Pez Volador, 1</td>
<td>+34 91 400 9900</td>
<td><a href="http://www.ayrehoteles.com">www.ayrehoteles.com</a></td>
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<tr>
<td></td>
<td>28007 Madrid</td>
<td>F +34 91 400 9900</td>
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<td>Metro line 9 from Sainz de Baranda to Colombia (end of line: Mirasierra). At Colombia change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td><strong>Confortel Alcalá Norte</strong></td>
<td>Calle de San Romualdo, 30</td>
<td>+34 91 754 8400</td>
<td><a href="http://www.confortelalcalanorte.com">www.confortelalcalanorte.com</a></td>
</tr>
<tr>
<td></td>
<td>28037 Madrid</td>
<td>F +34 91 754 8400</td>
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<td>Metro line 5 from Suanzes to Alonso Martínez (end of line: Casa de Campo). At Alonso Martínez change to line 10 to Nuevos Ministerios (end of line: Tres Olivos). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td><strong>Confortel Atrium</strong></td>
<td>Calle de Emilio Vargas, 3 and 5</td>
<td>+34 91 398 3870</td>
<td><a href="http://www.confortelatrium.com/">www.confortelatrium.com/</a></td>
</tr>
<tr>
<td></td>
<td>28043 Madrid</td>
<td>F +34 91 398 3870</td>
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<td>Metro line 4 from Avenida de la Paz to Mar de Cristal (end of line: Pinar de Chamartín). At Mar de Cristal change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td>Confortel Suites</td>
<td>Calle López de Hoyos, 143, 28002 Madrid</td>
<td>+34 91 744 5000, en.confortelsuitesmadrid.com</td>
<td>Metro line 4 from Alfonso XIII to Mar de Cristal (end of line: Pinar de Chamartin). At Mar de Cristal change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td>Eurostars Madrid Tower</td>
<td>Paseo de la Castellana, 259-B, 28046 Madrid</td>
<td>+34 91 334 2700, <a href="http://www.eurostarsmadridtower.com">www.eurostarsmadridtower.com</a></td>
<td>Metro line 10 from Chamartín to Nuevos Ministerios (end of line: Puerta del Sur). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td>Holiday Inn Madrid – Bernabeu</td>
<td>Plaza de Carlos Trias Bertrán, 4, 28020 Madrid</td>
<td>+34 91 456 8000, +34 91 456 8000, <a href="http://www.holidayinnmadrid.es">www.holidayinnmadrid.es</a></td>
<td>Metro line 8 from Nuevos Ministerios (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td>Hotel Emperador</td>
<td>Gran Vía, 53, 28013 Madrid</td>
<td>+34 91 547 2800, +34 91 457 2817, <a href="http://www.emperadorhotel.com">www.emperadorhotel.com</a></td>
<td>Metro line 2 from Santo Domingo to Cuatro Caminos (end of line). At Cuatro Caminos, change to line 6 direction Circular Andén 2 to Nuevos Ministerios. At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td>Hotel Urban</td>
<td>Carrera de San Jerónimo, 34, 28014 Madrid</td>
<td>+34 91 787 7770, +34 91 787 7799, <a href="http://www.hotelurban.com">www.hotelurban.com</a></td>
<td>Commuter train Cercanías C4 from Puerta del Sol to Nuevos Ministerios (end of line: Alcobendas S. Sebastián de los Reyes). At Nuevos Ministerios change to Metro line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td>Hotel Paseo del Arte</td>
<td>Calle de Atocha, 123, 28012 Madrid</td>
<td>+34 91 298 4800, +34 91 298 4850, <a href="http://www.hotelpaseodelartemadrid.com">www.hotelpaseodelartemadrid.com</a></td>
<td>Commuter train Cercanías C2 from Atocha to Nuevos Ministerios (end of line: Segovia). At Nuevos Ministerios change to Metro line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td>Husa Princesa</td>
<td>Princesa, 40, 28008 Madrid</td>
<td>+34 91 541 2100, +34 91 542 7328, <a href="http://www.hotelhusaprincesa.com">www.hotelhusaprincesa.com</a></td>
<td>Metro line 6 direction Circular Andén 2 from Argüelles to Nuevos Ministerios. At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td>Innsdie Génova</td>
<td>Plaza Alonso Martínez, 3, 28004 Madrid</td>
<td>+34 91 206 2100, +34 91 206 2161, <a href="http://www.melia.com">www.melia.com</a></td>
<td>Metro line 10 from Alonso Martínez to Nuevos Ministerios (end of line: Tres Olivos). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td>Innsdie Luchana</td>
<td>Calle de Luchana, 22, 28010 Madrid</td>
<td>+34 91 292 2940, <a href="http://www.melia.com">www.melia.com</a></td>
<td>Metro line 10 from Alonso Martínez to Nuevos Ministerios (end of line: Tres Olivos). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td>Innsdie Suecia</td>
<td>Calle de Marqués de Casa Riera, 4, 28014 Madrid</td>
<td>+34 91 200 0570, +34 91 200 0571, <a href="http://www.melia.com">www.melia.com</a></td>
<td>Metro line 2 from Sevilla to Cuatro Caminos (end of line). At Cuatro Caminos, change to line 6 direction Circular Andén 2 to Nuevos Ministerios. At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<th>Hotel Name</th>
<th>Address</th>
<th>City</th>
<th>Phone</th>
<th>Fax</th>
<th>Website</th>
<th>Information</th>
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<tr>
<td><strong>InterContinental Madrid</strong></td>
<td>Paseo de la Castellana, 49</td>
<td>28046 Madrid</td>
<td>+34 91 700 7300</td>
<td><a href="http://www.ihg.com">www.ihg.com</a></td>
<td>Metro line 10 from Gregorio Marañón to Nuevos Ministerios (end of line: Tres Olivos). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td><strong>Meliá Galgos</strong></td>
<td>Calle de Claudio Coello, 139</td>
<td>28006 Madrid</td>
<td>+34 91 562 6600</td>
<td>+34 91 562 7519</td>
<td><a href="http://www.melia.com">www.melia.com</a></td>
<td>Metro line 4 from Diego de León to Mar de Cristal (end of line: Pinar de Chamartín). At Mar de Cristal change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td><strong>Mercure Plaza de España</strong></td>
<td>Calle de Tutor, 1</td>
<td>28008 Madrid</td>
<td>+34 91 541 9880</td>
<td>+34 91 542 5736</td>
<td><a href="http://www.mercure.com">www.mercure.com</a></td>
<td>Metro line 10 from Plaza de España to Nuevos Ministerios (end of line: Tres Olivos). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td><strong>Meliá Avenida America</strong></td>
<td>Calle de Juan Ignacio Luca de Tena, 36</td>
<td>28027 Madrid</td>
<td>+34 91 423 2400</td>
<td>+34 91 320 1440</td>
<td><a href="http://www.melia.com">www.melia.com</a></td>
<td>Bus line 104 from Gta. Ricardo Velázquez Bosco to Gta. Don Juan de Borbón - Ribera del Sena (end of line: Mar de Cristal). Exit at Gta. Don Juan de Borbón - Ribera del Sena.</td>
</tr>
<tr>
<td><strong>Meliá Madrid Princesa</strong></td>
<td>Calle de la Princesa, 27</td>
<td>28008 Madrid</td>
<td>+34 91 541 8200</td>
<td>+34 91 541 1988</td>
<td><a href="http://www.melia.com">www.melia.com</a></td>
<td>Metro line 10 from Plaza de España to Nuevos Ministerios (end of line: Tres Olivos). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td><strong>NH Abascal</strong></td>
<td>Calle José Abascal, 47</td>
<td>28003 Madrid</td>
<td>+34 91 441 0015</td>
<td><a href="http://www.nh-hotels.com">www.nh-hotels.com</a></td>
<td>Metro line 10 from Gregorio Marañón to Nuevos Ministerios (end of line: Tres Olivos). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td><strong>Meliá Barajas</strong></td>
<td>Avenida de Logroño, 305</td>
<td>28042 Madrid</td>
<td>+34 91 747 7700</td>
<td>+34 91 747 8717</td>
<td><a href="http://www.melia.com">www.melia.com</a></td>
<td>Metro line 8 from Barajas (end of line: Nuevos Ministerios) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td><strong>ME Madrid Reina Victoria</strong></td>
<td>Plaza de Santa Ana, 14</td>
<td>28012 Madrid</td>
<td>+34 91 701 6000</td>
<td>+34 91 522 0307</td>
<td><a href="http://www.melia.com">www.melia.com</a></td>
<td>Commuter train Cercanías C4 from Puerta del Sol to Nuevos Ministerios (end of line: Alcobendas S. Sebastián de los Reyes). At Nuevos Ministerios change to Metro line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td><strong>NH Eurobuilding</strong></td>
<td>Padre Damián, 23</td>
<td>28036 Madrid</td>
<td>+34 91 353 7300</td>
<td><a href="http://www.nh-hotels.com">www.nh-hotels.com</a></td>
<td>Metro line 10 from Cuzco to Nuevos Ministerios (end of line: Puerta del Sur). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td><strong>NH La Habana</strong></td>
<td>Paseo de la Habana, 73</td>
<td>28036 Madrid</td>
<td>+34 91 443 0720</td>
<td><a href="http://www.nh-hotels.com">www.nh-hotels.com</a></td>
<td>Metro line 8 from Colombia (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td><strong>Meliá Castilla</strong></td>
<td>Calle del Capitán Haya, 43</td>
<td>28020 Madrid</td>
<td>+34 91 567 5000</td>
<td>+34 91 567 5051</td>
<td><a href="http://www.melia.com">www.melia.com</a></td>
<td>Metro line 10 from Cuzco to Nuevos Ministerios (end of line: Puerta del Sur). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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</table>
NH Nacional
Paseo del Prado, 48
28014 Madrid
T + 34 91 429 6629
www.nh-hotels.com
Commuter train Cercanías C2 from Atocha to Nuevos Ministerios (end of line: Segovia). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.

NH Paseo del Prado
Plaza Cánovas del Castillo, 4
28014 Madrid
T + 34 91 330 2400
www.nh-hotels.com
Metro line 2 from Sevilla to Cuatro Caminos (end of line). At Cuatro Caminos, change to line 6 direction Circular Andén 2 to Nuevos Ministerios. At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.

NH Príncipe de Vergara
Príncipe de Vergara, 92
28006 Madrid
T + 34 91 563 2695
www.nh-hotels.com
Metro line 4 from Diego de León to Mar de Cristal (end of line: Pinar de Chamartín). At Mar de Cristal change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.

Novotel Campo de las Naciones
Calle Amsterdam, 3
28042 Madrid
T + 34 91 721 1818
F + 34 91 721 1122
www.novotel.com
Walking distance

Novotel Puente de la Paz
Albacete, 1
Esquina Avenida de Badajoz
28027 Madrid
T + 34 91 724 7600
F + 34 91 724 7610
www.novotel.com
Bus line 122 from Av. Badajoz – Tanatorio to Campo de las Naciones (end of line). Exit at Campo de las Naciones.

Nüevu Boston
Avenida de Aragón, 332
28022 Madrid
T + 34 91 748 1613
F + 34 91 748 1606
www.novotel.com

Osuna Hotel
Luis de la Mata, 18
28014 Madrid
T + 34 91 741 8100
F + 34 91 742 8077
www.osuna.es
Longer walking distance (25 min.)

Pullman Madrid Airport & Feria
Avenida Capital de España, 10
28042 Madrid
T + 34 91 721 0070
F + 34 91 721 0515
www.pullmanhotels.com
Walking distance

Rafaelhoteles Atocha
Méndez Alvaro, 30
28045 Madrid
T + 34 91 468 8100
www.rafaelhoteles.com
Commuter train Cercanías C2 from Atocha to Nuevos Ministerios (end of line: Segovia). At Nuevos Ministerios change to Metro line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.

Ritz Madrid
Plaza de la Lealtad, 5
28014 Madrid
T + 34 91 701 6767
www.ritzmadrid.com
Metro line 2 from Banco de España to Cuatro Caminos (end of line). At Cuatro Caminos, change to line 6 direction Circular Andén 2 to Nuevos Ministerios. At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.

Sheraton Mirasierra
Alfredo Marquerie, 43
28034 Madrid
T + 34 91 727 7900
www.sheratonmadridmirasierra.com
Metro line 9 from Herrera Oria to Colombia (end of line: Puerta de Arganda). At Colombia change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.

Silken Puerta America
Avda América, 41 or Corazón de María, 10
28002 Madrid
T + 34 91 744 5400
F + 34 91 744 5401
www.hotels-silken.com
Metro line 4 from Prosperidad to Mar de Cristal (end of line: Pinar de Chamartín). At Mar de Cristal change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.
# Congress hotels

<table>
<thead>
<tr>
<th>Hotel Name</th>
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<th>Additional Information</th>
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<tr>
<td>TRYP Alameda Aeropuerto T4</td>
<td>Avenida de Logroño, 100</td>
<td>T + 34 91 747 4800, F + 34 91 747 8928</td>
<td><a href="http://www.tryhotels.com">www.tryhotels.com</a></td>
<td>Metro line 8 from Barajas (end of line: Nuevos Ministerios) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td>TRYP Ambassador</td>
<td>Cuesta de Santo Domingo, 5</td>
<td>T + 34 91 541 6700, F + 34 91 559 1040</td>
<td><a href="http://www.tryhotels.com">www.tryhotels.com</a></td>
<td>Metro line 10 from Plaza de España to Nuevos Ministerios (end of line: Tres Olivos). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
</tr>
<tr>
<td>TRYP Chamartin</td>
<td>Calle de Mauricio Ravel, 10</td>
<td>T + 34 91 733 3400, F + 34 91 314 6047</td>
<td><a href="http://www.tryhotels.com">www.tryhotels.com</a></td>
<td>Metro line 10 from Chamartín to Nuevos Ministerios (end of line: Puerta del Sur). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<td>TRYP Chamberi</td>
<td>Calle de José Abascal, 8</td>
<td>T + 34 91 447 4000, F + 34 91 593 8800</td>
<td><a href="http://www.tryhotels.com">www.tryhotels.com</a></td>
<td>Metro line 10 from Gregorio Marañón to Nuevos Ministerios (end of line: Tres Olivos). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td>TRYP Cibeles</td>
<td>Calle de Mesonero Romanos, 13</td>
<td>T + 34 91 532 1552, F + 34 91 532 6570</td>
<td><a href="http://www.tryhotels.com">www.tryhotels.com</a></td>
<td>Commuter train Cercanías C4 from Puerta del Sol to Nuevos Ministerios (end of line: Alcobendas S. Sebastian de los Reyes). At Nuevos Ministerios change to Metro line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td>TRYP Gran Via</td>
<td>Calle Gran Vía, 25</td>
<td>T + 34 91 522 1121, F + 34 91 521 2424</td>
<td><a href="http://www.tryhotels.com">www.tryhotels.com</a></td>
<td>Commuter train Cercanías C4 from Puerta del Sol to Nuevos Ministerios (end of line: Alcobendas S. Sebastian de los Reyes). At Nuevos Ministerios change to Metro line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td>TRYP Madrid Airport Suites</td>
<td>Calle Lola Flores, 4-17</td>
<td>T + 34 91 329 7050, F + 34 91 329 7059</td>
<td><a href="http://www.tryhotels.com">www.tryhotels.com</a></td>
<td>Commuter train Cercanías C2 or C7 from San Fernando Henares to Nuevos Ministerios (end of line: P.Pio). At Nuevos Ministerios change to Metro line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td>TRYP Menfis</td>
<td>Calle Gran Vía, 74</td>
<td>T + 34 91 547 0900, F + 34 91 547 5199</td>
<td><a href="http://www.tryhotels.com">www.tryhotels.com</a></td>
<td>Metro line 10 from Plaza de España to Nuevos Ministerios (end of line: Tres Olivos). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<td>TRYP Washington</td>
<td>Calle Gran Vía, 72</td>
<td>T + 34 91 541 7227, F + 34 91 547 5199</td>
<td><a href="http://www.tryhotels.com">www.tryhotels.com</a></td>
<td>Metro line 10 from Plaza de España to Nuevos Ministerios (end of line: Tres Olivos). At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td>Vincci Soho</td>
<td>Calle de Prado, 18</td>
<td>T + 34 91 141 4100, F + 34 91 141 4101</td>
<td><a href="http://www.vinccihoteles.com">www.vinccihoteles.com</a></td>
<td>Metro line 2 from Puerta del Sol to Cuatro Caminos (end of line). At Cuatro Caminos, change to line 6 direction Circular Andén 2 to Nuevos Ministerios. At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<tr>
<td>Westin Palace</td>
<td>Plaza de las Cortes, 7</td>
<td>T + 34 91 360 8000</td>
<td><a href="http://www.westinpalacemadrid.com">www.westinpalacemadrid.com</a></td>
<td>Metro line 2 from Sevilla to Cuatro Caminos (end of line). At Cuatro Caminos, change to line 6 direction Circular Andén 2 to Nuevos Ministerios. At Nuevos Ministerios change to line 8 (end of line: Aeropuerto T4) and exit at Campo de las Naciones.</td>
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<td>Time</td>
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<tr>
<td>09.45</td>
<td>Introduction</td>
<td>F. Calvo, Madrid (ES)</td>
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<td>09.50</td>
<td>The researcher’s perspective</td>
<td>F. Claessens, Leuven (BE)</td>
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<td>09.55</td>
<td>The urologist’s perspective</td>
<td>K. Touijer, New York (US)</td>
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<tr>
<td>10.00</td>
<td>The medical oncologist’s perspective</td>
<td>M. De Santis, Vienna (AT)</td>
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<td>10.05</td>
<td>The radiation oncologist’s perspective</td>
<td>G. De Meerleer, Ghent (BE)</td>
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<tr>
<td>10.10</td>
<td>The radiologist’s perspective</td>
<td>G. Villeirs, Ghent (BE)</td>
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<tr>
<td>10.15</td>
<td>The patient’s perspective</td>
<td>K. Mastris, Clayhall Ilford (GB)</td>
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<td>10.20</td>
<td>Discussion</td>
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<td>10.50</td>
<td>Take home messages</td>
<td>R. Valdagni, Milan (IT)</td>
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<tr>
<td>11.15</td>
<td></td>
<td>H. Van Poppel, Leuven (BE)</td>
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</table>

**Aims and objectives of this session**

ESO Observatories are high-level sessions organised during major international congresses with the aim of providing the audience with updated and unbiased information on a given topic. An ESO Observatory lasts about one hour and concentrates on a forecast given by panel of experts of what it is expected to happen in their own field in the coming 12 months. The Panel includes distinguished clinicians and/or scientists and a patient advocate. The forecast by each Panel Member is given in the form of take-home concise messages with 5-minute presentation of 3-4 slides. The forecast will be discussed by the panel.

Under the auspices of EUROPA UOMO
**Special Session**

**10.15 - 11.15**  
**Round table on personalised medicine**

**Room Vienna (Hall 10)**

*Supported by the European Alliance for Personalised Medicine (EAPM)*

**Moderator:**  
A. Stenzl, Tübingen (DE)

- **10.15 - 10.20**  
  Personalised medicine: Definitions!  
  D. Jacqmin, Strasbourg (FR)

- **10.20 - 10.30**  
  Precision medicine: The example of lung cancer and RCC  
  M. Schwab, Stuttgart (DE)

- **10.30 - 10.40**  
  Genetic tests in prostate cancer: Which impact?  
  To be confirmed

- **10.40 - 10.50**  
  Patient information in personalised medicine: Positive and negative aspects  
  T. Bach, Hamburg (DE)

- **10.50 - 11.00**  
  Clinical trial design adapted to personalised medicine  
  F.C. Hamdy, Oxford (GB)

- **11.00 - 11.05**  
  Medico-economic impact of personalised medicine: Will cost increase or not?  
  D. Jacqmin, Strasbourg (FR)
**Special Session**

**11.30 - 16.15 Special session of the Prostate Cancer Prevention Group**

**Room Vienna (Hall 10)**

*Chairs:* J. Cuzick, London (GB)  
A. Stenzl, Tübingen (DE)

**11.30 - 11.35**  
**Welcome and Introduction**

J. Cuzick, London (GB)  
A. Stenzl, Tübingen (DE)

**11.35 - 13.15**  
**Session I: Prognostic factors for outcome in early prostate cancer**

*Moderator:* F.C. Hamdy, Oxford (GB)

11.35 - 12.00  
**Cell-Cycle progression score**

J. Cuzick, London (GB)

12.00 - 12.25  
**Role of methylation profiles**

A. Lorincz, London (GB)

12.25 - 12.50  
**How to read prognostic factors from the histology**

S. Loeb, NY (US)

12.50 - 13.15  
**Will regular screening of men with genetic mutations lead to a better survival in prostate cancer?**

D. Crawford, Aurora (US)

**13.15 - 13.45**  
**Break**

**13.45 - 15.50**  
**Session II: Update on PSA-based screening**

*Moderator:* J. Cuzick, London (GB)

13.45 - 14.10  
**Modelling studies for prostate cancer screening**

H.J. De Koning, Rotterdam (NL)

14.10 - 14.35  
**The current North American prospective on PSA-based prostate cancer screening**

A.J. Vickers, New York (US)

14.35 - 15.00  
**Update on PRIAS**

C.H. Bangma, Rotterdam (NL)

15.00 - 15.25  
**News from the PROTECT study**

F.C. Hamdy, Oxford (GB)

15.25 - 15.50  
**Update from the ERSCCP**

J.E. Hugosson, Göteborg (SE)

**15.50 - 16.15**  
**Final discussion round: Is PSA here to stay in the year 2020?**

P-A. Abrahamsson, Malmö (SE)  
C.H. Bangma, Rotterdam (NL)  
H.J. De Koning, Rotterdam (NL)  
F.C. Hamdy, Oxford (GB)  
J.E. Hugosson, Göteborg (SE)  
A.J. Vickers, New York (US)
## Urology beyond Europe

**Friday, 20 March - EAU Programme**

**Room N104 (North building, level 1)**

**Chairs:**  
P-A. Abrahamsson, Malmö (SE)  
D.M. Castro-Díaz, La Laguna Santa Cruz Tenerife (ES)  
H. Davila Barrios, Caracas (VE)

### 08.30 - 13.00  
**Joint Session of the European Association of Urology (EAU) and the Confederación Americana de Urología (CAU)**

#### 08.30 - 08.35  
**Welcome and introduction**  
P-A. Abrahamsson, Malmö (SE)  
D.M. Castro-Díaz, La Laguna Santa Cruz Tenerife (ES)  
H. Davila Barrios, Caracas (VE)

#### 08.35 - 10.50  
**Update on uro-oncology**  
*Moderators:*  
A. Alcaraz, Barcelona (ES)  
H. Villavicencio Mavrich, Barcelona (ES)

- **08.35 - 09.00**  
  **Early detection of prostate cancer: EAU recommendation**  
P-A. Abrahamsson, Malmö (SE)

- **09.00 - 09.25**  
  **New concepts and controversies in prostate cancer**  
  M. Srougi, Sao Paulo (BR)

- **09.25 - 09.50**  
  **Is it true that robotic cystectomy is not better than open surgery**  
  N.P. Wiklund, Stockholm (SE)

- **09.50 - 10.15**  
  **Current options in the management of metastatic renal cancer**  
  M.P. Laguna, Amsterdam (NL)

- **10.15 - 10.40**  
  **Cost-efficiency management of bladder cancer**  
  J. Palou, Barcelona (ES)

- **10.40 - 10.50**  
  **Conclusions**  
P-A. Abrahamsson, Malmö (SE)  
D.M. Castro-Díaz, La Laguna Santa Cruz Tenerife (ES)  
H. Davila Barrios, Caracas (VE)

#### 10.50 - 13.00  
**Update on stone management and functional urology**  
*Moderators:*  
C. Hernández Fernández, Madrid (ES)  
M. Plata, Bogota (CO)

- **10.50 - 11.15**  
  **Minimising the caliber in percutaneous nephrolithotomy**  
  F. Ramon De Fata Chillon, Madrid (ES)

- **11.15 - 11.40**  
  **Site-specific repair of prolapse for urologists**  
  P. Palma, Campinas (BR)

- **11.40 - 12.05**  
  **Post-prostatectomy incontinence: What and whom?**  
  R. Bauer, Munich (DE)

*Simultaneous translation from English to Spanish will be provided*
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>12.05 - 12.30</td>
<td><strong>Minimally invasive surgery in the management of genitourinary fistulas</strong>&lt;br&gt;R. Sotelo Noguera, Caracas (VE)</td>
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<tr>
<td>12.30 - 12.55</td>
<td><strong>Botulinum toxin in Urology: Where are we now?</strong>&lt;br&gt;A. Apostolidis, Thessaloniki (GR)</td>
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<tr>
<td>12.55 - 13.00</td>
<td><strong>Close and conclusions</strong>&lt;br&gt;P-A. Abrahamsson, Malmö (SE)&lt;br&gt;D.M. Castro-Diaz, La Laguna Santa Cruz Tenerife (ES)&lt;br&gt;H. Davila Barrios, Caracas (VE)</td>
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</table>

**Aims and objectives of this session**
The educational objective of this joint meeting is to achieve greater integration between European and Latin American urology sharing and updating current knowledge in the specialty and also promoting joint research projects.
**Friday, 20 March - EAU Programme**

### Urology beyond Europe

**09.30 - 13.00 Joint Session of the European Association of Urology (EAU) and World Chinese Urologists**

**Room N101-102 (North building, level 1)**

**Chairs:**  
W. Artibani, Verona (IT)  
F.R. Cruz, Porto (PT)  
H-C. Kuo, Hualien (TW)  
L-P. Xie, Hangzhou (CN)

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Chair(s)</th>
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<tbody>
<tr>
<td>09.30 - 09.35</td>
<td>Welcome and introduction</td>
<td>W. Artibani, H-C. Kuo, L-P. Xie</td>
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<tr>
<td>09.35 - 10.25</td>
<td>Male LUTS</td>
<td>C-S. Chen, M.J. Drake, K-X. Xu</td>
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<td>09.35 - 09.45</td>
<td>The selection of appropriate initial medication for male LUTS</td>
<td>C-H. Liao</td>
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<td>09.45 - 09.55</td>
<td>Preferred medical treatment of male LUTS in China</td>
<td>L.M. Liao</td>
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<td>09.55 - 10.05</td>
<td>Pharmacotherapy for male LUTS: How can we adapt treatment to patient?</td>
<td>M.J. Drake</td>
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<td>10.05 - 10.25</td>
<td>Discussion</td>
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<td>10.25 - 11.15</td>
<td>What is new in OAB?</td>
<td>F.R. Cruz, H-C. Kuo</td>
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<td>10.25 - 10.35</td>
<td>Biomarkers in OAB: Have they come of age?</td>
<td>T. Lopes</td>
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<td>10.35 - 10.45</td>
<td>Will Botulinum toxin carried in liposomes be the future of toxin administration?</td>
<td>Y-C. Chuang</td>
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<td>10.45 - 10.55</td>
<td>Contemporary treatment of refractory OAB in China</td>
<td>Y. Zhang</td>
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<tr>
<td>10.55 - 11.15</td>
<td>Discussion</td>
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<tr>
<td>11.15 - 12.05</td>
<td>Prostate cancer</td>
<td>C-S. Chen, A. Villers, L-P. Xie</td>
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*Programme Book*
11.15 - 11.25  Prostate cancer detection in China  
R. Shancheng, Shanghai (CN)

11.25 - 11.35  How can we improve prostate biopsy cancer detection?  
A. Villers, Lille (FR)

11.35 - 11.45  Current treatment of prostate cancer in Taiwan  
C-T. Wu, Keelung (TW)

11.45 - 12.05  Discussion

12.05 - 12.55  Urinary diversion following radical cystectomy  

Moderators:  
W. Artibani, Verona (IT)  
T-J. Pan, Wuhan (CN)

12.05 - 12.15  The preferred urinary diversion after radical cystectomy in China  
J. Huang, Guangzhou (CN)

12.15 - 12.25  The preferred urinary diversion after radical cystectomy in Taiwan  
C-C. Wang, New Taipei City (TW)

12.25 - 12.35  Decision-making on urinary diversion after radical cystectomy  
F. Liedberg, Malmö (SE)

12.35 - 12.55  Discussion

12.55 - 13.00  Conclusion  
F.R. Cruz, Porto (PT)  
H-C. Kuo, Hualien (TW)  
L-P. Xie, Hangzhou (CN)

Aims and objectives of this session  
The EAU and World Chinese Urologists session combines urologists from mainland China, Taiwan and Europe to join together and discuss important urological issues. This session provides valuable information and consensus between different regions where Chinese urologists can share their different experience. The EAU and World Chinese Urologists session should be extended to enrol more Chinese participants worldwide.
# Urology beyond Europe

### Joint Session of the European Association of Urology (EAU) and the Federation of ASEAN Urological Associations (FAUA)

**Friday, 20 March**

**Room N105-106 (North building, level 1)**

**Chairs:**  
C.R. Chapple, Sheffield (GB)  
V.G. Mirone, Naples (IT)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
<th>Location</th>
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<tbody>
<tr>
<td>09.30</td>
<td>Welcome and introduction</td>
<td>C.R. Chapple, Sheffield (GB)</td>
<td>N105-106</td>
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<td>V.G. Mirone, Naples (IT)</td>
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<td>09.40</td>
<td>Prostate cancer</td>
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<td>09.40</td>
<td>Androgen deprivation therapy in organ confined prostate cancer: Indonesian perspective</td>
<td>R. Umbas, Jakarta (ID)</td>
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<tr>
<td>09.55</td>
<td>Role of surgery in the multimodal treatment of metastatic prostate cancer</td>
<td>C. Stief, Munich (DE)</td>
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<td>10.10</td>
<td>Non-muscle invasive bladder cancer</td>
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<td>10.10</td>
<td>Non-muscle invasive bladder cancer: Malaysian perspective</td>
<td>R. Malek, Kuala Lumpur (MY)</td>
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<td>10.25</td>
<td>Non-muscle invasive bladder cancer: EAU guidelines perspective</td>
<td>M.J. Ribal, Barcelona (ES)</td>
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<td>10.40</td>
<td>Management of stress urinary incontinence</td>
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<td>10.40</td>
<td>Pubovaginal sling: An effective option for SUI</td>
<td>W. Kochakarn, Bangkok (TH)</td>
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<td>10.55</td>
<td>Dealing with the complications of synthetic slings</td>
<td>C.R. Chapple, Sheffield (GB)</td>
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<td>11.10</td>
<td>Urinary stones</td>
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<td>11.10</td>
<td>Philippine perspectives in the management of stone disease</td>
<td>D. Serrano, Manila (PH)</td>
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<td>11.25</td>
<td>Is there still an indication for open stone surgery? The European perspective</td>
<td>J. Rassweiler, Heilbronn (DE)</td>
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<td>11.40</td>
<td>Kidney cancer</td>
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<td>11.40</td>
<td>Partial nephrectomy for RCC: Intraoperative frozen section and safety margins</td>
<td>J. Yuen, Singapore (SG)</td>
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<td>11.55</td>
<td>Integration of surgery and systemic therapy in renal cell carcinoma</td>
<td>P.F.A. Mulders, Nijmegen (NL)</td>
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</table>
12.10 - 12.40  Male sexual dysfunctions

12.10 - 12.25  Erectile dysfunction in Vietnamese ageing males
V.L. Chuyen, Ho Chi Minh City (VN)

12.25 - 12.40  New horizons in male sexual dysfunctions
V.G. Mirone, Naples (IT)

12.40 - 13.00  Questions, answers and conclusions
Friday, 20 March - EAU Programme

Urology beyond Europe

10.30 - 13.00 Joint Session of the European Association of Urology (EAU) and the Arab Association of Urology (AAU)

Room Stockholm (Hall 10)

Chairs:  
H. Abol-Enein, Mansoura (EG)  
L. Martínez-Piñeiro, Madrid (ES)

10.30 - 10.35 Welcome and introduction

H. Abol-Enein, Mansoura (EG)  
L. Martínez-Piñeiro, Madrid (ES)

10.35 - 11.20 Session 1: Testicular cancer

Moderators:  
W. Albrecht, Mistelbach (AT)  
A. Jad, Riyadh (SA)

10.35 - 10.55 Treatment options in stage I testicular cancer
P. Albers, Düsseldorf (DE)

10.55 - 11.15 Laparoscopic surgery or chemotherapy in high risk stage I disease?
To be confirmed

11.15 - 11.20 Discussion

11.20 - 11.55 Session 2: BPH surgical treatment

Moderator:  
B. Geavlete, Bucharest (RO)

11.20 - 11.35 Lasers: The new standard for the surgical treatment of BPH
A. Bachmann, Basel (CH)

11.35 - 11.50 TURP is still the golden standard
Y. Nouira, Ariana (TN)

11.50 - 11.55 Discussion

11.55 - 12.55 Session 3: Urolithiasis

Moderators:  
M.Y. Elgammal, Cairo (EG)  
J.M. Reis Santos, Lisbon (PT)

11.55 - 12.10 Microureteroscopy: A new technique for treating distal ureteral stones
A. Galan, Playa De San Juan (ES)

12.10 - 12.30 Treatment of staghorn calculi nowadays in the Arab world. Future challenges
K. Al-Kohlany, Sana’a (YE)

12.30 - 12.50 Evidence based management of upper urinary tract stone disease
P.J. Oster, Fredericia (DK)

12.50 - 12.55 Discussion
12.55 - 13.00 Conclusions and closing remarks

H. Abol-Enein, Mansoura (EG)
L. Martínez-Piñeiro, Madrid (ES)

Aims and objectives of this session
To provide an updated view of hot and interesting issues in the field of testicular cancer, surgical treatment of BPH and urolithiasis. Recognised experts in these fields working in different Arab Countries and Europe will make updated reviews and be available to clarify the most conflicting areas.
Friday, 20 March - EAU Programme

Urology beyond Europe

10.30 - 13.00 Joint Session of the European Association of Urology (EAU) and the Korean Urological Association (KUA)

Room Paris (Hall 10)

Chairs:  E. Chartier-Kastler, Paris (FR)
         G.T. Sung, Busan (KR)

10.30 - 10.35 Welcome and introduction

M-S. Choo, Seoul (KR)
E. Chartier-Kastler, Paris (FR)

10.35 - 11.25 Session 1: Rehabilitation programs after radical prostatectomy

Moderator:  G.T. Sung, Busan (KR)

10.35 - 10.55 Erectile dysfunction

J.H. Hong, Seoul (KR)

10.55 - 11.15 Post-prostatectomy incontinence

E. Chartier-Kastler, Paris (FR)

11.15 - 11.25 Clinical cases

Case presenter:
S.I. Jung, Gwangju (KR)

11.20 - 11.25 Discussion

11.25 - 12.05 Session 2: Functional aspects of pelvic organ prolapse

Moderators:
E. Chartier-Kastler, Paris (FR)
K-S. Lee, Seoul (KR)

11.25 - 11.45 Issues related to voiding function including urinary incontinence

E. Chartier-Kastler, Paris (FR)

11.45 - 12.05 Quality of life including sexual dysfunction

J.B. Choi, Suwon (KR)

12.05 - 12.55 Session 3: Urinary diversion after radical cystectomy

Moderators:
M. Babjuk, Prague (CZ)
W.J. Kim, Chungbuk (KR)

12.05 - 12.25 Which type for which patient?

J.Y. Lee, Seoul (KR)

12.25 - 12.45 Management of long-term complications

M. Babjuk, Prague (CZ)
12:45 - 12:55  Clinical cases

12:45 - 12:50  Case presenter:
    B.C. Jeong, Seoul (KR)

12:50 - 12:55  Discussion

12:55 - 13:00  Closing remarks

M-S. Choo, Seoul (KR)
E. Chartier-Kastler, Paris (FR)
Friday, 20 March - EAU Programme

**Urology beyond Europe**

**10.30 – 13.00 Joint Session of the European Association of Urology (EAU) and the Iranian Urological Association (IUA)**

**Room N103 (North building, level 1)**

*Chairs:*  
B. Djavan, Vienna (AT)  
S.J. Hosseini, Teheran (IR)

**10.30 – 11.20 Bladder tumors**

10.30 - 10.45 **New diagnostic and endoscopic tools for bladder cancer diagnosis**  
B. Djavan, Vienna (AT)

10.45 - 11.00 **Radical cystectomy in the elderly/octogenerians**  
M. Ayatí, Tehran (IR)

11.00 - 11.20 **Questions and answers**

**11.20 – 12.10 Reconstructive urology surgeries**

11.20 - 11.35 **State-of-the-art Female urethral stricture surgery**  
S.J. Hosseini, Teheran (IR)

11.35 - 11.50 **Are orthotopic bladder diversions suitable for all patients?**  
M. Brausi, Modena (IT)

11.50 - 12.10 **Questions and answers**

**12.10 – 13.00 Prostate cancer**

12.10 - 12.25 **Is active surveillance a safe and reliable strategy?**  
A. Heidenreich, Aachen (DE)

12.25 - 12.40 **Multimodality treatment in high risk prostate cancer**  
To be confirmed

12.40 - 13.00 **Questions and answers**
# Urology beyond Europe

**13.15 - 15.45 Joint Session of the European Association of Urology (EAU) and the Maghreb Union Countries**

**Room Stockholm (Hall 10)**

*Chairs:* P. Coloby, Cergy Pontoise (FR)  
A. Joual, Casablanca (MA)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>13.15</td>
<td>Welcome and introduction</td>
</tr>
<tr>
<td>13.20</td>
<td>K. Atallah, Tunis (TN)</td>
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</tbody>
</table>
| 13.20 - 14.00 | Urinary stones                             
|        | *Moderators:* S.E. Bensmail Guetitcha, Constantine (DZ)                                    |
|        | H. El Sayegh, Rabat (MA)                                                                   |
|        | M. Jaidane, Sousse (TN)                                                                    |
|        | J. Masood, London (GB)                                                                     |
| 13.20 - 13.30 | Is PCNL in the way out in Maghreb countries?     |
|        | M. Lezrek, Meknes (MA)                                                                     |
| 13.30 - 13.40 | Are flexible ureteroscopy and laser a real alternative to ESWL?                           |
|        | Z. Belahnech, Rabat (MA)                                                                   |
| 13.40 - 13.50 | Which place for open surgery in 2015 in Maghreb countries?                                 |
|        | C. Djeffal, Annaba (DZ)                                                                    |
| 13.50 - 14.00 | Questions and answers                                                                     |
| 14.00 - 14.10 | Conservative treatment of kidney tumours                                                   |
|        | *Moderators:* M. Ounnoughene, Tizi Ouzou (DZ)                                               |
|        | M. Sfaxi, Ariana (TN)                                                                      |
|        | K. Touijer, New York (US)                                                                  |
| 14.00 - 14.10 | Conservative treatment: Why?                                                               |
|        | W. Smaoui, Sfax (TN)                                                                       |
| 14.10 - 14.20 | Tumorectomy: New limits                                                                    |
|        | A. Joual, Casablanca (MA)                                                                   |
| 14.20 - 14.30 | Radiofrequency / cryotherapy: Indications and limits                                        |
|        | Y. Nouira, Ariana (TN)                                                                     |
| 14.30 - 14.50 | Case presentations                                                                       |
|        | A. Derouiche, Tunis (TN)                                                                    |
| 14.50 - 15.00 | Questions and answers                                                                     |
| 15.00 - 15.40 | Non-muscle infiltrating bladder tumours                                                    |
|        | *Moderators:* M. Benotmane, Alger (DZ)                                                     |
|        | P. Coloby, Cergy Pontoise (FR)                                                             |
|        | A. Derouiche, Tunis (TN)                                                                    |
15.00 - 15.10  **TURBT: What are the criteria of good resection?**
K. Hachi, Alger (DZ)

15.10 - 15.20  **BCG protocol: Which is the most suitable for Maghreb countries?**
K. Benakila, Alger (DZ)

15.20 - 15.30  **Multicentre study protocol in Maghreb countries: Is it feasible?**
W. Hmida, Sousse (TN)

15.30 - 15.40  **Questions and answers**

15.40 - 15.45  **Conclusion**
## Urology beyond Europe

**Joint Session of the European Association of Urology (EAU) and the Société Internationale d’Urologie (SIU)**

**Room Paris (Hall 10)**

*Chairs: L. Valiquette, Montreal (CA)  
  M. Wirth, Dresden (DE)*

<table>
<thead>
<tr>
<th>Time</th>
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<td>13.15 - 13.20</td>
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</tr>
</tbody>
</table>
|            | L. Valiquette, Montreal (CA)  
  M. Wirth, Dresden (DE)                                             |
| 13.20 - 14.40 | Metastatic Renal Cell Carcinoma (mRCC)                                  |
| 13.20 - 13.40 | Proper use of prognostic tools in metastatic RCC                      |
|            | T. Klatte, Wien (AT)                                                   |
| 13.40 - 14.00 | Is there an optimal sequence of systemic therapy?                     |
|            | G. Ploussard, Paris (FR)                                               |
| 14.00 - 14.20 | Can surgery improve outcomes in metastatic RCC?                       |
|            | S. Tanguay, Quebec (CA)                                                |
| 14.20 - 14.40 | Treatment strategies in 2015 and beyond                               |
|            | V. Ficarra, Padova (IT)                                                |
| 14.40 - 15.40 | Metastatic castration-resistant prostate cancer (mCRPC)               |
| 14.40 - 15.00 | Definition, diagnostic and prognostic tools for mCRPC                 |
|            | P. Black, Vancouver (CA)                                               |
| 15.00 - 15.20 | Review of the therapeutic alternatives                                |
|            | M. Roupret, Paris (FR)                                                 |
| 15.20 - 15.40 | Treatment strategies in 2015 and beyond                                |
|            | F. Saad, Montreal (CA)                                                 |
| 15.40 - 15.45 | Closure                                                                |
|            | L. Valiquette, Montreal, Quebec (CA)  
  M. Wirth, Dresden (DE)                                             |
## Urology beyond Europe

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>13.15-15.45</td>
<td>Joint Session of the European Association of Urology (EAU) and the Pan-African Urological Surgeons’ Association (PAUSA)</td>
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### Room N101-102 (North building, level 1)

**Chairs:** M. Eissa, Cairo (EG)  
J. N’Dow, Aberdeen (GB)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 13.15-13.20 | Welcome and introduction  
E.O. Olapade-Olaopa, Ibadan (NG) |
| 13.20-13.30 | Management of posterior urethral valves  
E.O. Olapade-Olaopa, Ibadan (NG) |
| 13.30-14.10 | Management of complex urinary stones  
Moderator: S. McClinton, Aberdeen (GB) |
| 13.30-13.45 | What's new on complex stone treatment  
C. Türk, Vienna (AT) |
| 13.45-14.00 | Metabolic evaluation and recurrence prevention for urinary stones  
A. Skolarikos, Athens (GR) |
| 14.00-14.10 | Discussion |
| 14.10-14.50 | Complex vaginal conditions  
Moderators: M. Eissa, Cairo (EG)  
J.M. Nijman, Groningen (NL) |
| 14.10-14.25 | Female genital mutilation  
H.A. Abolella, Assiut (EG) |
| 14.25-14.40 | Vaginal reconstruction  
I. Vaz, Maputo (MZ) |
| 14.40-14.50 | Discussion |
| 14.50-15.40 | Management of common paediatric conditions  
Moderators: M. Eissa, Cairo (EG)  
S. Tekgül, Ankara (TR) |
| 14.50-15.10 | Vesico-ureteric reflux: What’s new from the EAU Guidelines  
S. Tekgül, Ankara (TR) |
| 15.10-15.30 | Cryptorchidism  
M. Eissa, Cairo (EG) |
| 15.30-15.40 | Discussion |
| 15.40-15.45 | Conclusion  
E.O. Olapade-Olaopa, Ibadan (NG) |
Friday, 20 March - EAU Programme

Urology Beyond Europe

13.15 - 15.45 Joint Session of the European Association of Urology (EAU) and Caucasus/Central Asia

Room N103 (North building, level 1)

Coordinator: A. Akilov, Tashkent (UZ)
S. Javad-Zada, Baku (AZ)
J.W. Thüroff, Mainz (DE)
N. Turmanidze, Tbilisi (GE)

13.15 - 15.45 Introduction – Caucasus and Central Asia Session – 5-years anniversary

J.W. Thüroff, Mainz (DE)
N. Turmanidze, Tbilisi (GE)

13.20 - 14.05 Prostate cancer screening and diagnosis

Moderators: A.B. Chkhotua, Tbilisi (GE)
B.A. Hadaschik, Heidelberg (DE)

13.20 - 13.35 The concept of symptomatic screening of prostate cancer yields good results
R. Hovhannisyan, Yerevan (AM)

13.35 - 13.50 Inculcation of the standards of diagnosis and staging of prostate cancer in Uzbekistan
B. Ayubov, Tashkent (UZ)

13.50 - 14.05 Prostate biopsy strategies using MRI/ultrasound fusion techniques
B.A. Hadaschik, Heidelberg (DE)

14.05 - 14.50 Management of local prostate cancer

Moderator: D.O.N Nikoleishvili, Tbilisi (GE)

14.05 - 14.20 Experience of the National Research Center of Urology of the Kyrgyz Republic in the treatment and diagnosis of local prostate cancer
N. Monolov, Bishkek (KG)

14.20 - 14.35 Management of local prostate cancer in the Republic of Kazakhstan
B.U. Shalekenov, Almaty (KZ)

14.35 - 14.50 Radical prostatectomy for locally-advanced prostate cancer
M. Wirth, Dresden (DE)

14.50 - 15.35 Management of locally advanced and metastatic prostate cancer

Moderators: Y.S. Harutyunyan, Yerevan (AM)
C. Thomas, Mainz (DE)

14.50 - 15.05 Surgical management of oligometastatic prostate cancer
G. Karazanashvili, Tbilisi (GE)

15.05 - 15.20 Management of locally-advanced and metastatic prostate cancer in baijan
F. Guliyev, Baku (AZ)
15.20 - 15.35  **Sequencing strategies in mCRPC**
C. Thomas, Mainz (DE)

**15.35 - 15.45 Case discussion**

*Moderators:*  J.W. Thüroff, Mainz (DE)
*Panel:*  F. Guliyev, Baku (AZ)
G. Karazanashvili, Tbilisi (GE)
Z. Khakimkhodzhaev, Bishkek (KG)
Friday, 20 March - EAU Programme

Urology beyond Europe

13.15 - 15.45 Joint Session of the European Association of Urology (EAU) and the Japanese Urological Association (JUA)

Room N104 (North building, level 1)

Chairs: S. Egawa, Tokyo (JP)
         H. Van Poppel, Leuven (BE)

13.15 - 13.20 Welcome and introduction

S. Egawa, Tokyo (JP)
H. Van Poppel, Leuven (BE)

13.20 - 14.00 Prostate cancer: Focal therapy

Moderators: N. Nonomura, Osaka (JP)
            J.A. Witjes, Nijmegen (NL)

13.20 - 13.35 Evolving concept and technique in focal therapy, reality or myth?

M. Emberton, London (GB)

13.35 - 14.00 Which technique is the best to accurately target GS6 and how to assess efficacy?

C.H. Bangma, Rotterdam (NL)
M. Emberton, London (GB)
T. Kimura, Tokyo (JP)
T. Kobayashi, Kyoto (JP)

14.00 - 14.55 Carcinoma of the urinary bladder/upper urinary tract

Moderators: H. Nishiyama, Tsukuba (JP)
            H. Van Poppel, Leuven (BE)

14.00 - 14.15 Evolving technology in the diagnosis of UC-NBI/PDD

J. Walz, Marseille (FR)

14.15 - 14.30 How to prevent intravesical recurrence after radical nephroureterectomy for upper urinary tract UC?

A. Ito, Sendai (JP)

14.30 - 14.55 Panel discussion: Defining the role and extent of lymphadenectomy in UC. Is it necessary?

M. Araki, Okayama (JP)
Y. Kawano, Kumamoto (JP)
J. Walz, Marseille (FR)
J.A. Witjes, Nijmegen (NL)

14.55 - 15.35 Female urology

Moderators: D. Pushkar, Moscow (RU)
            S. Takahashi, Tokyo (JP)

14.55 - 15.10 Female LUTS guidelines

S. Takahashi, Tokyo (JP)
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
</table>
| 15.10 - 15.35 | **Panel Discussion: Prolapse repair, what is wrong with the transvaginal approach? Is the laparoscopic approach almighty?**  
E. Costantini, Perugia (IT)  
D.J.M.K. De Ridder, Leuven (BE)  
M. Kinjo, Tokyo (JP)  
M. Nomura, Chiba (JP) |
| 15.35 - 15.45 | **Conclusion**  
S. Naito, Fukuoka (JP) |

**Aims and objectives of this session**
This program is built to nurture mutual interaction and further strengthen relationships between JUA and EAU on an individual basis. This is also to understand and discuss the cutting-edge knowledge and controversial issues in urology. Topics on urologic oncology and voiding dysfunction will be discussed by world experts.
Urology beyond Europe

**Joint Session of the European Association of Urology (EAU) and the Urological Society of India (USI)**

Room N105-106 (North building, level 1)

**Chairs:**  
J.W.F. Catto, Sheffield (GB)  
P. Chibber, Mumbai (IN)

**13.15 - 13.20**  
Welcome and introduction  
J.W.F. Catto, Sheffield (GB)  
P. Chibber, Mumbai (IN)

**13.20 - 13.40**  
Robotic kidney transplant: Has it arrived?  
R. Ahlawat, New Delhi (IN)

**13.40 - 14.00**  
Focal therapy for prostate cancer  
H.U. Ahmed, London (GB)

**14.00 - 14.20**  
Neurogenic bladder: An Indian perspective  
S. Sinha, Hyderabad (IN)

**14.20 - 14.40**  
Less in urology: Cost effective modifications and current status  
D. Dubey, Bangalore (IN)

**14.40 - 15.00**  
Renal cancer and the IVC: Perspectives and future challenges  
T.S. O’Brien, London (GB)

**15.00 - 15.20**  
PCNL for staghorn calculi: Lessons learnt over thirty years  
P. Chibber, Mumbai (IN)

**15.20 - 15.40**  
Social media, Twitter, Facebook and the urologist  
M.R. Cooperberg, San Francisco (US)

**15.40 - 15.45**  
Conclusions and closing remarks

**Aims and objectives of this session**  
To gain insight into similarities and differences between disease patterns and preferred treatment options between Europe and India.
Special Session

13.15 - 15.15 European Urological Scholarship Programme (EUSP) Session

Room Barcelona (Hall 10)

Chair: V.G. Mirone, Naples (IT)

13.15 - 13.30 What EUSP can offer young urologists today
V.G. Mirone, Naples (IT)

13.30 - 13.55 EUSP Scholar Presentation

13.30 - 13.35 Introduction
J.A. Schalken, Nijmegen (NL)

13.35 - 13.55 Presentation by best scholar
C.G.H. Ronnau, Greifswald (DE)

13.55 - 15.15 Where to go for a research fellowship in Europe: Presentations from top European EUSP Host Research Centres

Moderators: V.G. Mirone, Naples (IT)
P.F.A. Mulders, Nijmegen (NL)

13.55 - 14.15 University of Tubingen
W.K. Aicher, Tuebingen (DE)

14.15 - 14.35 Montsouris institute
R.E. Sanchez Salas, Paris (FR)

14.35 - 14.55 Karolinska University Hospital
N.P. Wiklund, Stockholm (SE)

14.55 - 15.15 University of Sheffield
C.R. Chapple, Sheffield (GB)
**Friday, 20 March - EAU Programme**

### Special Session

#### Meeting of the Young Academic Urologists (YAU)

**Room Istanbul (Hall 10)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
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| 14.00 - 14.10 | **YAU overview**  
F. Sanguedolce, London (GB) |
| 14.10 - 14.30  | **YAU Cancer Groups reports**                                        |
| 14.10 - 14.15  | **Renal Cancer**  
S.D. Brookman-May, Munich (DE) |
| 14.15 - 14.20  | **Prostate cancer**  
G. Giannarini, Udine (IT) |
| 14.20 - 14.25  | **Urothelial Cancer**  
E.N. Xylinas, Paris (FR) |
| 14.25 - 14.30  | **Open questions** |
| 14.30 - 15.00  | **YAU – Sections: A matched pair alliance (part 1)**  
| 14.30 - 14.40  | **Pair 1:**  
N.M. Buffi, Milano (IT)  
A. Mottrie, Aalst (BE) |
| 14.40 - 14.50  | **Pair 2:**  
P. Verze, Naples (IT)  
To be confirmed |
| 14.50 - 15.00  | **Pair 3:**  
S. Deger, Ostfildern (DE)  
M.S. Silay, Istanbul (TR) |
| 15.00 - 15.30  | **YAU – Sections: A matched pair alliance (part 2)**  
| 15.00 - 15.10  | **Pair 1:**  
C. De Nunzio, Rome (IT)  
J. Rassweiler, Heilbronn (DE)  
F. Sanguedolce, London (GB) |
| 15.10 - 15.20  | **Pair 2:**  
P.H. Honeck, Sindelfingen (DE)  
K. Sarica, Istanbul (TR) |
| 15.20 - 15.30  | **Pair 3:**  
F. Van Der Aa, Leuven (BE)  
J-N.L. Cornu, Vincennes (FR) |
| 15.30 - 16.00  | **The YAU vision**  
| 15.30 - 15.40  | **The perspective of the EAU Secretary General**  
C.R. Chapple, Sheffield (GB) |
| 15.40 - 15.50  | **The perspective of the European Urology Chief Editor**  
J.W.F. Catto, Sheffield (GB) |
| 15.50 - 16.00  | **Open discussion** |
| 16.00 - 18.00  | **YAU working groups brainstorming** |
Friday, 20 March - EAU Programme

Special Session

18.00 - 19.30  EAU Opening Ceremony

**eEURO Auditorium (Hall 10)**

**Opening addresses**
Per-Anders Abrahamsson, Malmö (SE), EAU Secretary General

**Announcement of the new EAU Honorary Members**
Citation by P-A. Abrahamsson, Malmö (SE)
New Honorary Members:  
- G. Badlani, Winston-Salem (NC) (USA)
- K.T. Foo, Singapore (SG)
- L. Jarolim, Prague (CZ)

**Presentation of the EAU Willy Gregoir Medal 2015**
Citation by P-A. Abrahamsson, Malmö (SE)
Presented to: L. Boccon-Gibod, Paris (FR)
The EAU is proud to present the Willy Gregoir Medal to an important senior urologist who contributed in an extraordinary way to the development of the urological specialty in Europe

**Presentation of the EAU Frans Debruyne Life Time Achievement Award 2015**
Citation by P-A. Abrahamsson, Malmö (SE)
Presented to: H. Villavicencio, Barcelona (ES)
The EAU wishes both to honour and acknowledge the important and longstanding contribution by a distinguished colleague to the activities and development of the EAU

**Presentation of the EAU Crystal Matula Award 2015**
Citation by P-A. Abrahamsson, Malmö (SE)
Presented to: M. Rouprêt, Paris (FR)
This prestigious prize is granted to a promising young European urologist

**Presentation of the EAU Hans Marberger Award 2015**
Citation by P-A. Abrahamsson, Malmö (SE)
Presented to: S. Tyritzis, Athens (GR)
The EAU Hans Marberger Award is awarded for the best European paper published on Minimally Invasive Surgery in urology

**Presentation of the EAU Innovators in Urology Award 2015**
Citation by P-A. Abrahamsson, Malmö (SE)
Presented to: S. Horenblas, Amsterdam (NL)
The Innovators in Urology Award is to acknowledge and highlight inventions and clinical contributions which have had a major impact on influencing the treatment and/or diagnosis of a urological disease

**Presentation of the EAU Prostate Cancer Research Award 2015**
Citation by P-A. Abrahamsson, Malmö (SE)
Presented to: M. Spahn, Berne (CH)
The EAU Prostate Cancer Research Award is awarded for the best paper published on clinical or experimental studies in prostate cancer

19.30 - 21.00  EAU Networking Reception

**Foyer eEURO Auditorium**
Special Session

07.30 - 08.30  EAU General Assembly

Room Stockholm (Hall 10)

Welcome by the EAU Secretary General

Approval minutes General Assembly of 12 April 2014, Stockholm, Sweden

General report by the EAU Secretary General
P-A. Abrahamsson, Malmö (SE)

Report by the EAU Treasurer
M. Wirth, Dresden (DE)

Specific reports on the EAU Offices by the EAU Executive

Approval of the election of Adjunct Secretary General – Science
Prof. F. Montorsi, Milan (IT)

Report by the Secretary General on the EAU Membership Office
- Approval new EAU members
- Approval new Honorary members
- Approval new membership category for medical students

Other business

Announcement of the 31st Annual EAU Congress in Munich, 11-15 March 2016

Introduction by Prof. Abrahamsson of Prof. Chapple as the new EAU Secretary General

The EAU General Assembly is only accessible for EAU Members
# Plenary Session 1

**08.30 - 11.00** *Controversies in surgical oncology in bladder and kidney*

### eURO Auditorium

**Chairs:**  
J. Palou, Barcelona (ES)  
H. Van Poppel, Leuven (BE)

**Aims and objectives of this plenary session**

This plenary session will focus on controversial issues in urological oncology of bladder and kidney tumours. Regarding the bladder, the latest results of the randomised phase III trial of extended versus limited lymph node dissection will be presented and critically discussed by an expert in the field. The issue of lymph node resection in upper tract urothelial tumours, not only as a staging tool but also with therapeutic intent, will be presented with new data on oncological outcome. This will be followed by a presentation of the breakthrough molecular sequencing of the Cancer Genome Analysis of clinically relevant gene mutations and altered molecular pathways in the pathogenesis of urothelial cancer. Another interesting debate on robotic cystectomy will highlight the pros and cons of this approach. The session will end with a case discussion on how to treat challenging renal tumours with partial nephrectomy.

### 08.30 - 08.55 Hot topic lecture *Extended lymph node dissection in bladder cancer – What is the evidence?*

**Presenter:**  
J.E. Gschwend, Munich (DE)

**Discussant:**  
G.N. Thalmann, Berne (CH)

**Aims and objectives**

This presentation focuses on the available information from published retrospective and prospective studies on extended versus limited lymph node dissection during radical cystectomy in bladder cancer. Updated information from the LEA trial will be discussed.

### 08.55 - 09.10 Société Internationale d’Urologie (SIU) lecture *Lymphadenectomy in urothelial upper tract tumours*

S.F. Shariat, Vienna (AT)

### 09.10 - 09.30 Hot topic lecture *Molecular profiling in bladder cancer – The Cancer Genome Atlas (TCGA) project*

S.P. Lerner, Houston (US)

**Aims and objectives**

The TCGA project in muscle invasive bladder cancer reported the integrated analysis of the first 131 patients (Nature 507:315, 2014). An additional 282 tumours are in the pipeline and integrative analysis of the complete data is forthcoming. 38 significantly mutated genes (SMGs) have been identified from 238 tumours analyzed to date and several have previously not been described in bladder cancer. Unsupervised clustering of mRNA, miRNA and RPPA suggests unique subsets distinguished by papillary morphology, luminal and basal molecular phenotypes with a diverse mutational landscape stratified by luminal and basal phenotypes. These data provide a rich opportunity for translational science to enhance our understanding of the biology and to translate these genomic findings towards the goal of personalised therapy.

### 09.30 - 10.00 Debate *Is robotic cystectomy the future standard?*

**Moderator:**  
U.E. Studer, Berne (CH)

**Pro:**  
N.P. Wiklund, Stockholm (SE)
Con:
B. Bochner, New York (US)

**Aims and objectives**
Advantages, disadvantages and specific problems to robotic-assisted or open cystectomy will be discussed in order to attempt to define subgroups of patients who might be preferably treated with one or the other procedure.

**10.00 - 10.15** State-of-the-art lecture *What would Charles Darwin make of Renal Cell Carcinoma (RCC)?*
M. Gerlinger, London (GB)

**10.15 - 11.00** Case discussion *Controversies in the management of the renal mass*

*Moderator:* H. Van Poppel, Leuven (BE)

**Biopsy: Whom and how?**
A. Volpe, Novara (IT)

**What are the limits of partial nephrectomy?**
M. Kuczyk, Hanover (DE)

**The role of ischaemia**
F. Porpiglia, Turin (IT)
Abstract Poster Session 1

Room Milan (Hall 10)

Chairs:  R. Cathomas, Chur (CH)
        I. Duran, Seville (ES)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 1 Everolimus for renal angiomyolipoma associated with tuberous sclerosis complex (TSC) from EXIST-2: Continued efficacy and diminishing adverse events after ~3.5 years of treatment
J.J. Bissler, J.C. Kingswood, E. Radzikowska, B.A. Zonnenberg, M. Frost, E. Belousova, M. Sauter, N. Nonomura, S. Brakemeier, P.J. De Vries, N. Berkowitz, S. Peyrard, K. Budde (Memphis, St. Paul, East Hanover, United States of America; Brighton, United Kingdom; Warsaw, Poland; Utrecht, The Netherlands; Moscow, Russia; Munich, Berlin, Germany; Osaka, Japan; Cape Town, South Africa; Rueil-Malmaison, France)

2 Survival comparison analysis of two historical cohorts of metastatic renal cell carcinoma patients (cytokine therapy vs. targeted agents) - a European single center experience over 26 years
G.C. Hutterer, S. Gollebeck, E. Mrsic, D. Krieger, A. Bezan, J. Jesche, K. Pummer, R. Zigeuner, M. Pichler (Graz, Austria)

3 Identification of plasma proteins predictive for second-line therapy response in metastatic renal cell carcinoma

4 The role of metastasectomy for metastatic renal cell carcinoma in the era of targeted therapy

5 Prognostic impact of intensive local therapy to bone lesions in renal cell carcinoma patients with bone metastasis
H. Fukushima, F. Koga, Y. Nakanishi, K. Tobisu (Tokyo, Japan)

* 6 Survival data from patients with advanced or metastatic renal cell carcinoma in routine practice differs significantly compared to clinical trial data - analyses from the German clinical RCC Registry
P.J. Goebell, L. Müller, M. Staehler, A. Nusch, M. Münz, M. Koska, M. Jänicke, N. Marschner (Erlangen, Leer, Munich, Ratingen, Freiburg, Germany)

7 Characterizing the impact of lymph node metastases on survival outcome of metastatic renal cell carcinoma patients treated with targeted therapies
N. Kröger, A. Pantuck, C. Wells, N. Lawrence, R. Broom, J. Kim, S. Srinivas, J. Yim, G. Bjarnason, A. Templeton, J. Knox, E. Bernstein, M. Smoragiewicz, J. Lee, B. Rini, U. Vaishampayan, B. Beuselinck, F. Donskov, T. Choueiri, D. Heng (Greifswald, Germany; Los Angeles, Baltimore, Stanford, Cleveland, Detroit, Boston, United States of America; Calgary, Toronto, Vancouver, Canada; Auckland, New Zealand; Seoul, South Korea; Leuven, Belgium; Aarhus, Denmark)

8 Association of pharmacokinetics of axitinib with treatment outcome and adverse events in advanced renal cell carcinoma patients
The impact of change in serum C-reactive protein level on the prediction of effects of molecular targeted therapy in metastatic renal cell carcinoma patients


Bladder metastasis from renal cell carcinoma: Retrospective analysis of 65 reported cases


Evolution in treatment and survival of primary metastatic renal cell carcinoma (mRCC) patients in Norway (2002–2011)


Phase II study of lutetium-177-labeled anti carbonic anhydrase IX monoclonal antibody girentuximab in patients with advanced renal cell carcinoma


Summary

R. Cathomas, Chur (CH)
Abstract Poster Session 2

08.30 – 10.00 Identification of men at high risk for PCa

Room Paris (Hall 10)

Chairs: C. Arsov, Düsseldorf (DE)  
M.J. Roobol, Rotterdam (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

13 Polymorphisms in genes of the glucose- and energy-metabolism pathways and prostate cancer: Interplay with metformin

14 Does aspirin effect the risk of prostate cancer - a population-based study
C. Skriver, S. Benzon, C. Dehliendorff, K. Brasso, M. Borre, A. Pottegaard, J. Hallas, H.T. Sørensen, K.K. Andersen, S. Friis (Copenhagen, Århus, Odense, Denmark)

15 Association of metformin use on prostate cancer incidence in a prospective screening trial
M. Randazzo, T. Hermanns, B. Josef, C. Poyet, A. Huber, R. Grobholz, L. Manka, S. Wyler, F. Recker, M. Kwiatkowski (Zürich, Aarau, Switzerland; Braunschweig, Germany)

16 Comparison of clinicopathological features and prognosis in prostate cancer between atomic bomb survivors and control patients

17 Genetic variations in the androgen receptor gene in relation to PSA and prostate cancer diagnosis
M. Bentmar Holgersson, Y. Ruhayel, A. Bjartell, A. Giwercman, Y. Lundberg Giwercman (Malmö, Lund, Sweden)

18 The influence of physician recommendation on PSA screening
D.T. Pucheril, D. Dalela, J. Sammon, A. Sood, M. Sun, Q.D. Trinh, M. Menon, F. Abdollah (Detroit, Boston, United States of America; Montreal, Canada)

19 The creation and internal validation of a novel risk stratification tool for the early diagnosis of prostate cancer
R.W. Foley, K. Murphy, D.J. Galvin, K.J. O’Malley, T.B. Murphy, R.W. Watson (Dublin, Ireland)

20 Creation of the Toronto Biopsy Avoidance Tools (T-BAT) with clinical parameter-only and adipokine biomarker-augmented versions

21 PCA3 and PCA3/TERG add further predictive value to the PCPT risk calculator amongst non-African American men, but not amongst African Americans in the Early Detection Research Network (EDRN)
22 The ERSPC risk calculator outperforms the PCPC-2.0 risk calculator in prostate cancer risk prediction in a contemporary tertiary center in Europe
C. Poyet, D. Nieboer, C. Wiederkehr, T. Sulser, T. Hermanns (Zürich, Switzerland; Rotterdam, The Netherlands)

23 The German risk-adapted PCA Screening Trial (PROBASE) – first results
C. Arsov, N. Becker, K. Herkommer, J.E. Gschwend, F. Imkamp, M. Kuczyk, B. Hadaschik, M. Hohenfellner, R. Siener, G. Kristiansen, G. Antoch, P. Albers (Düsseldorf, Heidelberg, Munich, Hanover, Bonn, Germany)

24 Risk of prostate cancer after PSA screening: Results from the Finnish section of ERSPC
T.J. Pakarainen, T. Tammela, J. Raitanen, L. Määttänen, A. Auvinen (Tampere, Helsinki, Finland)

* 25 PSA based screening for prostate cancer: Starting too late and non-compliance, limiting the number of screening visits, negatively affect PC mortality reduction
M.J. Roobol (Rotterdam, The Netherlands)

Summary
M.J. Roobol, Rotterdam (NL)
Abstract Poster Session 3

08.30 - 10.00 Urothelial tumours basic research: Experimental therapies

Room Vienna (Hall 10)

Chairs: M. Knowles, Leeds (GB)
       M. Sanchez-Carbaya, Madrid (ES)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

26 Intravesical treatment of IL-15 analogue and BCG reduces tumor burden in an orthotopic non-muscle invasive bladder cancer rat model: A role for cytokine production and NK cell expansion
M. Miyake, E. Gomes-Gioaca, H. Wong, Y. Tatsumi, S. Anai, K. Fujimoto, C. Rossler (Kashiwara-Shi, Japan; Orlando, Miramar, Honolulu, United States of America)

27 The anti-tumour activity of miR-99a through targeting to mTOR that facilitates dual inhibition of mTORC1 and mTORC2 in human bladder cancer cells
K-Y. Chou, J-F. Lin, T-F. Tsai, H-E. Chen, Y-C. Lin, T. Hwang (Taipei, Taiwan)

28 Treating bladder cancer with T cells expressing anti-EMP2 chimeric antigen receptors
W. Liu, J. Jin, L. Zhou, D. Wang, W. Li, L. Liang, Z. Xin, Y. Guo (Beijing, Chongqing, Henyang, China)

29 Tumour-suppressive function of microRNA-144-5p through targeting cyclin E1/E2 as potential prognostic markers in bladder cancer

30 CD56 bright natural killer cells primed by innate immune cytokines dominate the immune response stimulated by BCG to non-muscle invasive bladder cancer
E.M. García Cuesta, G. Esteso, O. Ashiro, J. Rodríguez-Alcázar, M. Alvarez-Maestro, S. Lopez-Cobo, E. Linares Espinosa, H. Reyburn, A. Linares, M. Ho, L. Martín-Piñeiro, M. Valés-Gómez (Madrid, Spain; Hertfordshire, United Kingdom)

31 Natural killer cell-based immunotherapy: A novel therapeutic approach for targeting bladder cancer stem cells
M. Ferreira-Teixeira, O. Chijioke, B. Parada, C. Münz, P. Rodrigues-Santos, F. Reis, C. Gomes (Coimbra, Portugal; Zurich, Switzerland)

32 Treatment of bladder cancer with YB-1 dependent oncolytic adenovirus: Preliminary in vitro studies

33 Androgen deprivation therapy prevents recurrence of bladder cancer
K. Izumi, M. Taguri, H. Miyamoto, Y. Ito, Y. Miyoshi, M. Moriyama, T. Murai, H. Hayashi, Y. Inayama, Y. Nagashima, S. Morita, H. Uemura (Yokohama, Tokyo, Kyoto, Japan; Baltimore, United States of America)

34 Innovative drug discovery for bladder cancer: Targeting miR-130 family molecules using locked nucleic acids
M. Uemura, H. Egawa, W. Nakata, K. Fujita, K. Jingushi, K. Tsuji, N. Nonomura (Suita, Japan)

35 Autocrine Wnt signaling regulates cell proliferation in bladder cancer

36 Inhibition of autophagy enhances everolimus (RAD001)-induced cell death in human bladder cancer cells
T. Hwang, J-F. Lin, Y-C. Lin, T-F. Tsai, H-E. Chen, K-Y. Chou (Taipei, Taiwan)
37  **NAFT inhibitors suppress urothelial tumorigenesis and cancer progression**
   T. Kawahara, H. Uemura, E. Kashiwagi, Y. Li, Y. Zheng, K. Izumi, H. Ishiguro, M. Yao, H. Miyamoto
   (Baltimore, Rochester, United States of America; Yokohama, Japan)

38  **Signaling adaptor protein CRK promotes epithelial-mesenchymal transition and metastasis of bladder cancer cells via HGF-Met signaling**
   R. Matsumoto, M. Tsuda, N. Shinohara, T. Abe, S. Tanaka, K. Nonomura (Sapporo, Japan)

39  **GPNMB promotes invasive properties of bladder cancer cells**
   T. Kimura, Y. Okita, M. Kato, J. Miyazaki, H. Nishiyama (Tsukuba, Japan)

**Summary**
M. Sanchez-Carbayo, Madrid (ES)
**Abstract Poster Session 4**

**08.30 - 10.00  Preclinical innovation: Latest news in future treatment of erectile dysfunction**

**Room Barcelona (Hall 10)**

**Chairs:**  M. Albersen, Leuven (BE)
              C.S.R. Costa, Rio Tinto (PT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 40  Neurite outgrowth of pelvic neurons is stimulated by the neurotrophic peptide galanin
    E. Weyne, J.L. Hannan, X. Liu, D. De Ridder, F. Van Der Aa, T.J. Bivalacqua, M. Albersen (Leuven, Belgium; Baltimore, United States of America)

41  Preload of mesenchymal stem cells via intravenous infusion prevents erectile dysfunction in a rat model of cavernous nerve injury

42  Synergistic effects of the Rho kinase inhibitor Y-27632 and vardenafil on relaxation of corpus cavernosum tissue of patients with erectile dysfunction and clinical phosphodiesterase type 5 inhibitor failure
    P. Uvin, M. Albersen, I. Bollen, M. Falter, L. Linsen, H. Tinel, P. Sandner, T. Bivalacqua, D. De Ridder, F. Van Der Aa, B. Bröne, K. Van Renterghem (Leuven, Hasselt, Belgium; Wuppertal, Wuppertal/Hanover, Germany; Baltimore, United States of America)

43  BAY 41-2272 inhibited migration of smooth muscle cells from rat corpus cavernosum tissue for study of erectile dysfunction
    H.S. Kim, H. Chung, C.K. Sul, K.H. Song (Chungju, Daejeon, South Korea)

44  IGF-1 alternative splicing gene expression as a potential factor in the pathogenesis of Peyronie’s disease
    C. Thomas, C. Psarras, A. Gkekas, M. Koutsilieris (Athens, Patras, Greece)

45  Comparative study of autologous stromal vascular fraction and adipose-derived stem cells for erectile function recovery in a rat model of cavernous nerve injury

46  Early combined treatment with avanafil and adipose tissue-derived stem cells promotes recovery of erectile function in a rat model of postprostatectomy induced erectile dysfunction

47  Regeneration of rat corpus cavernosa tissue after transplantation of CD 133+ cells derived from human bone marrow and placement of biodegradable gel sponge sheet
    S. Inoue, K. Miyamoto, K. Shoji, A. Goriki, M. Kajiwara, J. Teishima, A. Matsubara (Hiroshima, Japan)

* 48  Intratunical injection of genetically modified adipose tissue-derived stem cells with human interferon α-2b for treatment of erectile dysfunction in a rat model of Peyronie’s disease
    A. Gokce, Z.Y. Abd Elmageed, G.F. Lasker, M. Boulijhad, H. Kim, P. Kadowitz, A.B. Abdel-Mageed, S. Sikka, W.J. Hellstrom (Sakarya, Turkey; New Orleans, United States of America)
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<tr>
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<th>Title</th>
<th>Authors</th>
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<tr>
<td>49</td>
<td>Molecular signaling mechanisms of low-intensity extracorporeal shockwave (LI-ESW) on penile erection in rat model</td>
<td>T-J. Chang, K-K. Chen (Taipei, Taiwan)</td>
</tr>
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<td>51</td>
<td>Virtual cavernoscopic classification of arteries within the corpus cavernosum</td>
<td>K. Izumi, Y. Kawanishi, T. Miyake, K. Yura, H. Fujisawa, T. Kishimoto, M. Yamanaka, T. Fukawa, H. Kanayama (Takamatsu, Tokushima, Japan)</td>
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**Summary**

M. Albersen, Leuven (BE)
Abstract Poster Session 5

**Room N101-102 (North building, level 1)**

*Chairs:* A. Tasca, Vicenza (IT)
PC. Zehnder, Sursee (CH)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

52 Withdrawn

53 **Laparoscopic nephrectomy for polycystic kidney disease: Comparison of the transperitoneal and retroperitoneal approaches**

54 **Clinical value of laparoscopic marsupialisation of mega renal cysts**
W.Y. Khoder, S. Therese, A. Becker, C. Stief, K. Alexander (Munich, Germany)

55 *Meeting the challenges of Retro Peritoneal Fibrosis (RPF) – lessons learnt from a multidisciplinary service*
A. Fernando, C. Horsfield, J. Pattison, T.S. O’Brien (London, United Kingdom)

56 **Crossing vessels and the anatomy of pelvi-ureteric junction obstruction (PUJO) in patients undergoing robotic pyeloplasty: A prospective 7 year, single-surgeon series**
N.R.T. Drinnan, P.A. James, A. Chetwood, A. Emara, R. Hindley, N. Barber (Frimley, United Kingdom)

57 *A prospective randomized comparison between the transperitoneal and retroperitoscoposcopic approaches for the robotic assisted pyeloplasty*
W.Y. Khoder, R. Waidelich, N. Kellhammer, A.M. Al Gamdi, A. Becker, C. Stief (Munich, Germany)

58 **Mini laparoscopic versus robotic assisted single site pyeloplasty: Analysis of perioperative, cosmetic and one-year functional results**

59 **Retroperitoseoscopic ureteroureterostomy for retrocaval ureter: Technique and results on 27 patients**
S. Ricciardulli, Q. Ding, H. Li, R. Napoli, D. Viola, G. Ruoppo, B. Wang, G. Yang, M. Spagni, S. Spatafora, F. Bergamaschi, X. Zhang (Reggio Emilia, Italy; Beijing, China)

60 **Initial experience of retroperitoneal robotic-assisted dismembered pyeloplasty: A prospective 3 year series**
N.R.T. Drinnan, P.A. James, A. Chetwood, A. Emara, R. Hindley, N. Barber (Frimley, United Kingdom)

61 **Sporadic renal angiomyolipomas that are less than 15mm at diagnosis are associated with a significantly lower growth rate and are suitable for less intensive surveillance**
K.E. Chan, E.C.P. Chedgy, R.K. Boud, K.J. Turner (Bournemouth, United Kingdom)

62 **The impact of renal angiomyolipoma on estimated glomerular filtration rate in patients with tuberous sclerosis complex**
R. Seyam, N. Bissada, S. Kattan, M. Alotaibi, W. Al-Khudair (Riyadh, Saudi Arabia; Oklahoma City, United States of America)
Erythropoietin accelerates the regeneration of ureteral function in a murine model of obstructive uropathy
C. Janssen, W. Jaeger, I. Moskalev, L. Fazli, J.W. Thüroff, D. Lange (Mainz, Germany; Vancouver, British Columbia, Canada)

Summary
A. Tasca, Vicenza (IT)
Abstract Poster Session 6

**Room N103 (North building, level 1)**

**Chairs:** S. Droupy, Nîmes (FR)
D.A.O. Waltregny, Liège (BE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

64 Two-year follow up outcomes for a novel single incision sling for the treatment of female stress urinary incontinence
E. Kocjančič, D. Van Drie, E. Gheiler, T. Erikson, L.M. Tu (Chicago, Grand Rapids, Hialeah, Idaho Falls, United States of America; Sherbrooke, Canada)

65 10 years follow-up after tension-free vaginal tapes for the treatment of female stress urinary incontinence: High rate of cure yet a re-occurrence of OAB-symptoms

66 Long term functional results after unilateral mid-urethral sling release for voiding dysfunction
F. Baekelandt, P. Van Oyen, C. Ghysele, J. Ampe (Bruges, Belgium)

67 Abdominal versus laparoscopic sacrocolpopexy: A randomized controlled trial
M. Di Biase, E. Costantini, A. Giannantoni, L. Mearini, M. Del Zingaro, A. Pietropaolo, E. Salvini, A. Zucchi, M. Porena (Perugia, Italy)

68 Long-term outcomes and complications of laparoscopic sacrocolpopexy in 452 cases
M. Oderda, C. Mugnier, R. Gaston, J-L. Hoepffner, L. Lopez, D. Rey, J. Rivière, J-B. Roche, R. Barbedo Pedrosa, S. Smelzo, P-T. Plechaud (Turin, Naples, Italy; Bordeaux, France)

69 Prolapse recurrence after transvaginal mesh removal
T. Rawlings, R. Lavelle, B. Coskun, F. Alhalabi, A. Christie, P. Zimmern (Dallas, United States of America)

70 Urgent incontinence after pelvic organ prolapse repair
N.V. Tupikina, G.R. Kasyan, M. Gvozdev, B. Godunov, D.Y. Pushkar (Moscow, Russia)

71 Uterine preservation in pelvic organ prolapse using robot assisted laparoscopic sacrohysteropexy: Quality of life and technique
R. Nucciotti, V. Pizzuti, F. Mengoni, F. Viggiani, A. Bragaglia, G. Passavanti, C. Brunettini (Grosseto, Italy)

72 Analysis of results, complications and risk factors in the treatment of pelvic organ prolapse with transvaginal mesh, with a median follow-up of 5.3 years

73 Pelvic organ prolapse surgery: The S.A.C.S. (Satisfaction–Anatomy–Continence–Safety) as outcome scoring system
E. Costantini, M. Di Biase, E. Salvini, E. Nunzi, A. Pietropaolo, L. Mearini (Perugia, Italy)

74 Three incisions or one incision: Who wins at 5 years? Comparison of outcomes of transobturator slings and single incision slings in a single-center surgical series
M. Tutolo, D. De Ridder, F. Montorsi, A. Briganti, J. Deprest, F. Van Der Aa (Milan, Italy; Leuven, Belgium)
Associated video presentations

Robot assisted colposacropexy
A. Pansadoro, S. Pohja, G. Cocheti, F. Barillaro, K. Ioannidou, E. Mearini (Terni, Perugia, Italy)

Surgical technique, surgical benchmarks and impact of team constancy on surgical duration in robot- assisted isolated sacrocolpopexy and sacrocolpopexy combined with modified Burch colposuspension procedure. Experience in one institution in 120 cases
A. Alexandrov, C. Hach, S. Buse (Essen, Germany)
Abstract Poster Session 7

Room N104 (North building, level 1)

Chairs: A.J. Figueiredo, Coimbra (PT)
C. Terrone, Novara (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

75 Effect of body mass index on delayed graft function, graft survival and patient survival after kidney transplantation: Analysis of the United Network of Organ Sharing 1998-2011
A. Sood, F. Abdollah, D.E. Klett, W. Jeong, J.O. Peabody, Q-D. Trinh, M. Menon, J.D. Sammon (Detroit, Boston, United States of America)

A. Sood, F. Abdollah, D.E. Klett, W. Jeong, J.O. Peabody, Q-D. Trinh, M. Menon, J.D. Sammon (Detroit, Boston, United States of America)

77 Randomized experimental study comparing non-oxygenated vs oxygenated hypothermic machine perfusion in a type III non-heart-beating donor pig model of autotransplantation

78 Prognostic value of resistance index during hypothermic pulsatile renal preservation of kidneys from uncontrolled deceased donors after cardiac arrest
X. Matillon, R. Codas, F. Danjou, C. Dagot, P. Petruzzo, E. Morelon, L. Badet (Lyon, France)

79 Is it possible to create a biobank of kidney precursors for successful transplantation?
C.D. Vera Donoso, J. García-Domínguez, S. Vicente-Ferrer, E. Jiménez-Trigos, J. Vicente-Antón, F. Marco-Jiménez (Valencia, Spain)

80 Characterization of mesenchymal stem cells from porcine adipose tissue and their effects on kidney graft recovery in a preclinical porcine model of renal auto-transplantation mimicking the deceased after cardiac arrest donor conditions
X. Matillon, E. Baulier, J. Rodriguez, O. Damour, J. Roumy, D. Bon, F. Favreau, T. Hauet, L. Badet (Lyon, Poitiers, Tours, France)

81 The effect of autologous bone marrow stem cell transplantation on graft function in kidney transplants obtained from deceased donors
R. Mahdavi Zafarghandi, D. Hamidi-Alamdar, M. Naghibi, F. Nazmian, M. Tavakkoli, A. Ghoreifi ( Mashhad, Iran)

82 Identification of miRNAs associated to kidney graft preservation in hypothermic machine perfusion and graft outcome

83 Serum BAFF levels and B cell subsets in secondary lymphoid organs after rituximab administration: Its association with clinical outcomes
| 84 | Predictive risk factors of post-transplant high-grade CMV reactivation in CMV-seropositive patients in the modern immunosuppressive era  
|---|---|
| 85 | Usefulness of kidney preimplantation biopsies from deceased donors for kidney transplant allocation  
E. Trilla, D. Lorente, C. Isalt, C. Gasanz, F. Moreso, D. Seron, C. García-Carro, M.A. Azancot, M. Salcedo, J. Morote (Barcelona, Spain) |
| 86 | Comparison of the clinical outcome and systemic inflammatory marker levels between standard laparoscopic surgery and reduced port surgery for living donor nephrectomy  
| 87 | Compensatory hypertrophy after living donor nephrectomy  

**Summary**  
A.J. Figueiredo, Coimbra (PT)
Abstract Poster Session 8

08.30 - 10.00  ESWL: Still a role?

Room N105-106 (North building, level 1)

Chairs: S. Sakamoto, Chiba (JP)
R.D. Smith, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

88 Reduction of respiratory motion by abdominal compression in SWL treatments
C. Bohris, C.G. Stief, F. Strittmatter (Wessling, Munich, Germany)

89 Is an increase in the number of shock waves per session effective and safe in extracorporeal lithotripsy? A randomized, prospective and comparative study
J.D. López-Acón, A. Budia, M. Trassierra, P. Bahilo, A. Álvarez, F. Boronat (Valencia, Spain)

90 Does a step-wise voltage ramping protect the kidney from injury during extracorporeal shockwave lithotripsy (ESWL)? Results of a prospective randomized trial
V. Skuginna, D.P. Nguyen, R. Seiler, G.N. Thalmann, B. Roth (Berne, Switzerland)

91 Comparison of extracorporeal shock wave lithotripsy versus ureteroscopy holmium laser lithotripsy in the management of ureteral stones: A cost-effectiveness analysis
A. Budia, V. Caballer, J.D. López-Acón, D. Vivas-Consuelo, M.A. Conca, P. Bahilo, M. Trassierra, F. Boronat (Valencia, Spain)

92 Optimising parameters of extracorporeal shock wave lithotripsy (ESWL) for ureteral stones results in excellent treatment outcomes. Results of a prospective, randomised trial
S. Hnilicka, D.P. Nguyen, R. Schmutz, B. Kiss, R. Seiler, G.N. Thalmann, B. Roth (Berne, Switzerland)

93 A randomized controlled trial for evaluating protective effects of antioxidants (selenium and vitamins A, C and E), calcium channel blocker (verapamil) and angiotensin receptor blocker (losartan) against extracorporeal shockwaves lithotripsy induced renal injury

94 Impact of colic pain as a significant factor for predicting the stone free rate of one-session shock wave lithotripsy for treating ureter stones: A Bayesian logistic regression model analysis

95 Immediate versus delayed shock wave lithotripsy for inaccessible stones after uncomplicated percutaneous nephrolithotomy

96 Extracorporeal shockwave lithotripsy - a multicentre UK snapshot study
R. Doherty, K. Manley, O. Wiseman (Norwich, Cambridge, United Kingdom)

97 Factors predicting success of second shock wave lithotripsy for upper urinary tract calculi
W. Shabana, M. Teled, T. Dawod, E. Elsayed, E. Desoky, A. Shahin, M. Eladl (Zagazig, Egypt)

98 The impact of extracorporeal shockwave lithotripsy on vascular structures in kidney stone patients
M. Hiroš, H. Spahović, M. Hasanbegović, S. Sadović, M. Selimović (Sarajevo, Bosnia and Herzegovina)
99 The efficacy of tamsulosin in stone clearance after shock wave lithotripsy for renal calculi
M. Teleb, T. Dawod, E. Salem, A. Ragab, W. Shabana, A. Fawzi, M. Kamel, A. Wagdy, E. Shalaby, H. Kamel,
A. Shahin (Zagazig, Egypt)

100 Diuresis and inversion therapy to improve clearance of lower caliceal stones after shock wave lithotripsy:
A prospective, randomized, controlled, clinical study
A-F. Ahmed, E. Shalaby, A. M. Maarouf, Y. Badran, M. Eladl, A. Gobish (Cairo, Ismailia, Zagazig, Egypt)

Summary
R.D. Smith, London (GB)
Abstract Session

**Room Retiro (Hall 10, level 1)**

*For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1*

**Chairs:**  M. Brausi, Modena (IT)  
B. Djavan, Vienna (AT)

**Best Poster Winners EAU 1st Baltic Meeting**

- Caffeic acid phenethyl ester (CAPE) ameliorates ischemia-induced renal mitochondrial injury in rats  
  S. Trumbeckait, Kaunas (LT)

- Comparison of three surgical approaches for the treatment of female recurrent stress urinary incontinence  
  M. Barisiene, Vilnius (LT)

- Impact of regional lymph node status on cancer-specific survival in muscle-invasive bladder cancer patients with high risk of progression  
  A. Minich, Minsk (BY)

- Analysis of single nucleotide polymorphisms in RNASEL, LEPR, CRY1, IL4 and CHI3L2 genes in a cohort of Lithuanian prostate cancer and benign prostatic hyperplasia patients  
  Ž. Kapustina, Vilnius (LT)

- Hormono-radiotherapy with or without concurrent chemotherapy in locally-advanced prostate cancer  
  S. Polyakov, Minsk (BY)

- The distribution and chemical coding of sympathetic chain neurons supplying the wall of the urinary bladder in normal female pigs and in the pigs after intravesical administration of botulinum toxin (BTX)  
  E. Lepiarczyk, Olsztyn (PL)

**Best Poster Winners EAU 14th Central European Meeting (CEM)**

- Laparoscopic adrenalectomy. 10-year experience of a single institution  
  I. Korzelik, Kielce (PL)

- Aesthetic reconstruction of the penis after tumor resection  
  Z. Bajory, Szeged (HU)

- Predictors of postoperative mortality after radical cystectomy  
  A. Minich, Minsk (BY)

- Genetic studies on Romanian prostate cancer patients confirm genetic risk variants for prostate cancer  
  A.S.C. Rascu, Bucharest (RO)

- New potential tumor markers for primary diagnosis of kidney tumors  
  R. Sobotka, Prague (CZ)

- Does cell phones radiation have a bad effect on semen quality?  
  O. Banyra, Lviv (UA)
Best Poster winners EAU 10th South Eastern European Meeting (SEEM)

Reversal surgery in regretful male to female transsexuals after sex reassignment surgery
V. Kojovic, Belgrade (RS)

Loupe – assisted varicocelectomy with testicular delivery and proximal spermatic cord occlusion with a tourniquet for primary infertility
M.H. Alkandari, Kuwait (KW)

The prostate tissue changes in patients with BPO after medical treatment
N. Shamrayev, Yasinovataya (UA)

Role of the urethral plate characters in the success of tubularized incised plate urethroplasty
H. Aboutaleb, Sharkia (EG)

Evaluation of two novel urodynamic parameters in the diagnosis of female obstructive voiding
K.V. Mytilekas, Thessaloniki (GR)

Microsatellite instability in urinary bladder cancer
S. Saidi, Tetovo (MK)

Effects of low-energy shockwave therapy on angiogenesis factors at the penile tissue of diabetic rats
M. Ortac, Istanbul (TR)

Surgery for incidental adrenal mass
S. Bajramovic, Sarajevo (BA)

Reconstruction of complicated urethral stricture in two stages using a buccal mucosal graft (video)
O. Ivanovski, Skopje (MK)
Special Session

09.00 - 10.00  History: Hispanic urological tales

Room N107-108 (North building, level 1)

Chairs:  L.A. Fariña-Pérez, Vigo (ES)
         D. Schultheiss, Giessen (DE)

09.00 - 09.20  Early History of Syphilis from the View of the Doctors visiting the New World (1492-1520)
               R. Vela Navarrete, Madrid (ES)

09.20 - 09.40  Urological problems in Spanish Royalty
               P.E. Van Kerrebroeck, Maastricht (NL)

09.40 - 10.00  Hypersexuality in the life and work of Picasso
               D. Schultheiss, Giessen (DE)
Saturday, 21 March - EAU Section Meetings

Meeting of the EAU Section of Urolithiasis (EULIS)

10.15 - 14.00 Management of stones: Recent developments, new concepts and definitions

Room Milan (Hall 10)

Chair: K. Sarica, Istanbul (TR)

10.15 - 10.20 Introduction
K. Sarica, Istanbul (TR)

10.20 - 11.05 Management of stones: Patient oriented issues are gaining more importance than ever!

Moderators: N.N-P. Buchholz, London (GB)
D.J. Kok, Rotterdam (NL)
C. C. Seitz, Vienna (AT)

10.20 - 10.35 Interventional stone treatment: What do the patients want?
T. Knoll, Sindelfingen (DE)

10.35 - 10.50 Patients Quality of Life in stone disease
K.H. Andreassen, Frederiksborg (DK)

10.50 - 11.05 Patient adherence to medical treatment: What can we do?
A. Galan, Playa De San Juan (ES)

11.05 - 11.50 Prevention of stone formation: Ways to individualised management

Moderators: G. Gambaro, Rome (IT)
I. Saltirov, Sofia (BG)
R.J. Unwin, London (GB)

11.05 - 11.20 Metabolic evaluation and reduction of stone recurrences: What is the evidence?
A. Skolarikos, Athens (GR)

11.20 - 11.35 Stone prevention: Understanding the critical role of metabolic syndrome
J.M. Reis Santos, Lisbon (PT)

11.35 - 11.50 Evidence-based dietary recommendations for stone formers
R. Siener, Bonn (DE)

11.50 - 12.20 “1-2 cm lower pole stone”: Should we change our established management concepts?

Moderators: E. Montanari, Milan (IT)
A.Y. Muslumanoglu, Istanbul (TR)
A. Papatsoris, Kolonaki Athens (GR)

11.50 - 12.00 SWL is not dead: Always try it first!
A. Trinchieri, Lecco (IT)

12.00 - 12.10 RIRS: Let’s go and smash the stone in situ!
O. Traxer, Paris (FR)

12.10 - 12.20 Invasiveness is no more a concern: Now we have mini-micro PNL
A. Hoznek, Creteil (FR)
12.20 - 13.05  Modern management modalities: Could be minimal invasive but not completely free

Moderators:  S. Hayek, Cambridge (GB)
             T. Knoll, Sindelfingen (DE)
             C. Türk, Vienna (AT)

12.20 - 12.35  Complications in ureteroscopy: Classification and management
P.A. Geavlete, Bucharest (RO)

12.35 - 12.50  Radiation exposure and protection during upper urinary tract endourological surgery
G. Wendt-Nordahl, Sindelfingen (DE)

12.50 - 13.05  “Stone-free status” after certain removal procedures: Is a new definition necessary in the era of endourology?
S. Lahme, Pforzheim (DE)

13.05 - 13.55  Recent advances in stone management and training: A critical analysis from the “Endurologists perspective”

Moderators:  K. Sarica, Istanbul (TR)
             C.M. Scoffone, Turin (IT)
             M. Straub, Munich (DE)

13.05 - 13.20  Miniaturization of PCNL: Marketing gag or step ahead?
T. Bach, Hamburg (DE)

13.20 - 13.40  Simulator training of endorological procedures
K. Ahmed, London (GB)

13.40 - 13.55  The robot for RIRS: What are the advantages, what are the limits?
J. Rassweiler, Heilbronn (DE)

13.55 - 14.00  Announcements and final remarks

K. Sarica, Istanbul (TR)

Aims and objectives of this session
Contemporary management concepts of stone disease have changed significantly as a result of the enormous technological developments in the last 10-15 years. Currently, fine instruments with better visualisation enable us to localise and manage the calculi in a minimally invasive, practical and effective manner. However, although “minimal invasive”, bringing the patients into a “stone free status” is the main aim of the management; stone prevention based on a well-planned metabolic evaluation coupled with the selection of most appropriate medical as well as dietary management for the right patient, derived from evidence-based outcomes has gained more importance. Moreover, evaluation of the stone removal procedures from “patient’s perspective” by focusing on their expectations and Quality of Life has become more important than ever. Thus, in this EULIS session we will take a close look at recent developments and changing concepts in both medical and surgical management of urolithiasis from both the endourologist’s and the patient’s perspective.
### Meeting of the EAU Section of Genito-Urinary Reconstructive Surgeons (ESGURS)

#### 10.15 - 16.00 Complex urogenital reconstruction

**Room Paris (Hall 10)**

*Chair: S. Deger, Ostfildern (DE)*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10.15</td>
<td><strong>Introduction</strong></td>
<td>S. Deger, Ostfildern (DE)</td>
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</tbody>
</table>
| 10.20 | **Complex urinary reconstruction**         | **Moderators:** H. Abol-Enein, Mansoura (EG)  
V. Pansadoro, Rome (IT) |
| 10.20 | **Robotic urinary reconstruction**         | N.P. Wiklund, Stockholm (SE)                                           |
| 10.35 | **Continent cutaneous diversion a.m. Lundiana 1992-2007 in 198 patients with median follow-up of 8 years** | F. Liedberg, Malmö (SE)                                               |
| 10.50 | **Transverse pouch in irradiated patients** | R. Dahlem, Hamburg (DE)                                                |
| 11.05 | **Quality of Life after urinary diversion: A critical review** | K.G.W. Månsson, Lund (SE)                                             |
| 11.20 | **Discussion**                             |                                                                        |
| 11.30 | **Complication management after complex reconstructive surgery** | **Moderators:** N. Lumen, Ghent (BE)  
M. Sohn, Frankfurt am Main (DE) |
| 11.30 | **Surgical treatment of complications after gender identity disorders** | C. Trombetta, Trieste (IT)                                        |
| 11.45 | **Epispadias-extrophy complex in adults**  | R.P. Djinovic, Belgrade (RS)                                          |
| 12.00 | **Management of Lichen Sclerosus**         | E. Palminteri, Arezzo (IT)                                             |
| 12.15 | **Failed urethral reconstruction**         | **Moderators:** D.E. Andrich, Kingston upon Thames (GB)  
M. Fisch, Hamburg (DE) |
<p>| 12.15 | <strong>Failed anterior urethroplasty/failed hypospadias</strong> | A. Zhivov, Moscow (RU)                                              |
| 12.30 | <strong>Failed bulbar urethroplasty</strong>            | D.E. Andrich, Kingston upon Thames (GB)                                |</p>
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<th>Session</th>
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<tr>
<td>12.45 - 13.00</td>
<td><strong>Failed posterior urethroplasty</strong>&lt;br&gt;S. Orabi, Alexandria (EG)</td>
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<td>13.00 - 13.15</td>
<td><strong>Discussion</strong></td>
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<td><strong>13.15 - 14.00</strong></td>
<td><strong>Long term effects after reconstruction</strong></td>
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<td>Moderators:</td>
<td>I. Moncada, Madrid (ES)&lt;br&gt;K.-D. Sievert, Lübeck (DE)</td>
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<tr>
<td>13.15 - 13.30</td>
<td><strong>30 year follow-up after cystoplasty combined with artificial sphincter implantation</strong>&lt;br&gt;A.R. Mundy, London (GB)</td>
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<tr>
<td>13.30 - 13.45</td>
<td><strong>Sexual outcome after hypospadias surgery</strong>&lt;br&gt;S. Sansalone, Rome (IT)</td>
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<td>13.45 - 14.00</td>
<td><strong>Conclusion</strong></td>
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<td>S. Deger, Ostfildern (DE)</td>
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**Aims and objectives of this session**
Management of complex urinary reconstruction or failures is getting more challenging. Frequently, several centres are involved in redo surgeries of single cases. We want to give an overview by experts in this field and facilitate an open discussion of these difficult cases.
Meeting of the EAU Section of Oncological Urology (ESOU) in cooperation with the European Organisation for Research and Treatment of Cancer Genito-Urinary Cancer Group (EORTC GUCG), The European Uro-Oncology Group (EUOG), The European Society of Surgical Oncology (ESSO) and the European Society for Radiotherapy & Oncology (ESTRO)

10.15 - 14.15 The role of lymphadenectomy in prostate and bladder cancer

Room Vienna (Hall 10)

Chairs: M. Brausi, Modena (IT)
B. Djavan, Vienna (AT)

10.15 - 10.45 The European Society of Surgical Oncology (ESSO)

10.15 - 10.35 State-of-the-art lecture Nationwide clinical audits catalyze quality improvement in surgical oncology
M.W.J.M. Wouters, Amsterdam (NL)

10.35 - 10.45 Discussion

10.45 - 11.15 The European Organisation for Research and Treatment of Cancer Genito-Urinary Cancer Group (EORTC GUCG)

Moderator: B. Tombal, Brussels (BE)

10.45 - 11.05 State-of-the-art lecture Neo Adjuvant and Adjuvant Chemotherapy in advanced bladder cancer: What’s now: what’s next
C.N. Sternberg, Rome (IT)

11.05 - 11.15 Discussion

11.15 - 13.15 Meeting of the EAU Section of Oncological Urology (ESOU)

11.15 - 11.20 Welcome and introduction
M. Brausi, Modena (IT)
B. Djavan, Vienna (AT)

11.20 - 11.50 New tools for lymph node detection in prostate and bladder cancer

11.20 - 11.28 PSMA-ligand based detection of lymph-node metastases: Last results
T. Maurer, München (DE)

11.28 - 11.36 Sentinel node detection: Is it enough?
G. Janetschek, Salzburg (AT)

11.36 - 11.44 Confocal laser endomicroscopy in lymph node assessment: A very new technology
M. Brausi, Modena (IT)
11.44 - 11.50 Discussion

11.50 - 12.30 Template, outcome and complications of lymph node dissection in prostate cancer

11.50 - 12.14 Debate Extended dissection in prostate cancer

11.50 - 12.02 Open lymph node dissection: Still the best
A. Heidenreich, Aachen (DE)

12.02 - 12.14 Robotic is becoming the new standard
B. Rocco, Milan (IT)

12.14 - 12.30 Discussion

12.30 - 13.10 Lymph node dissection in bladder cancer: Template, outcome and complications

12.30 - 12.42 Open lymph node dissection: Is still the standard
G.N. Thalmann, Bern (CH)

12.42 - 12.54 Robotic lymph node dissection is the new avenue
N.P. Wiklund, Stockholm (SE)

12.54 - 13.10 Discussion

13.10 - 13.15 Conclusions and closing remarks

13.15 - 13.45 The European Uro-Oncology Group (EUOG)

Moderator: S. Osanto, Leiden (NL)

13.15 - 13.35 State-of-the-art lecture Molecularly targeted precision surgery for prostate cancer
F.C. Hamdy, Oxford (GB)

13.35 - 13.45 Discussion

13.45 - 14.15 The European Society for Radiotherapy & Oncology (ESTRO)

13.45 - 14.05 State-of-the-art lecture Including pelvic lymph nodes in radiotherapy for prostate and bladder cancer
M. Høyer, Aarhus (DK)

14.05 - 14.15 Discussion

**Aims and objectives of this session**

The aim of the session is to evaluate the new diagnostic tools for lymphnode detection and to discuss the indication for lymph node dissection and the type of LND. Lymphadenectomy for Prostate Cancer and bladder cancer will be evaluated according to stage and the technique used: open vs robotic. Interactivity is a must of this session.
Saturday, 21 March - EAU Section Meetings

Joint meeting of the EAU Section of Andrological Urology (ESAU) and the EAU Section of Infections in Urology (ESIU)

10.15 - 14.00  Andrological implications of urogenital infections

**Room Barcelona (Hall 10)**

*Chairs:*  T.E. Bjerklund Johansen, Oslo (NO)
           W.H.-G. Weidner, Giessen (DE)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
</table>
| 10.15 - 10.20 | Welcome and introduction  
| T.E. Bjerklund Johansen, Oslo (NO)  
| W.H.-G. Weidner, Giessen (DE) |
| 10.20 - 11.20 | Basics and diagnostic work-up  
| *Moderators:*  F. Fusco, Naples (IT)  
| B. Wulff, Lund (SE) |
| 10.20 - 10.35 | The bacterial and viral spectrum  
| V. Smelov, St. Petersburg (RU) |
| 10.35 - 10.50 | The inflammatory response in the male accessory glands  
| R.S. Pickard, Newcastle (GB) |
| 10.50 - 11.05 | Diagnostic work-up of urogenital secretions and ejaculate  
| N. Sofikitis, Ioannina (GR) |
| 11.05 - 11.20 | Discussion |
| 11.20 - 12.50 | Fertility and sexual dysfunction  
| *Moderators:*  E.J.H. Meuleman, Amsterdam (NL)  
| P. Tenke, Budapest (HU) |
| 11.20 - 11.35 | MAGI and male fertility  
| G.R. Dohle, Zoetermeer (NL) |
| 11.35 - 11.50 | Azoospermia in urogenital infection and inflammation  
| F. Fusco, Naples (IT) |
| 11.50 - 12.05 | HIV-infections and reproductive activity  
| A. Pilatz, Gießen (DE) |
| 12.05 - 12.20 | Chronic prostatitis (NIH IIa, IIla) and male sexual dysfunction  
| P. Verze, Naples (IT) |
| 12.20 - 12.35 | Hypogonadism: Impact on male’s health  
<p>| C. Betocchi, Bari (IT) |
| 12.35 - 12.50 | Discussion |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Moderators</th>
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</thead>
<tbody>
<tr>
<td>12.50 - 13.25</td>
<td><strong>Case discussions and recent news from Urogenital infections</strong></td>
<td>R. Bartoletti, Pistoia (IT) D.J. Ralph, London (GB)</td>
</tr>
<tr>
<td>12.50 - 13.10</td>
<td><strong>Case presentations</strong></td>
<td>F.M.E. Wagenlehner, Gießen (DE)</td>
</tr>
<tr>
<td>13.25 - 13.53</td>
<td><strong>Recent news from Andrology (Snapshots)</strong></td>
<td>H.M. Çek, Istanbul (TR) E. Wespes, Charleroi (BE)</td>
</tr>
<tr>
<td>13.25 - 13.32</td>
<td><strong>Ejaculatory dysfunction</strong></td>
<td>C. Bettocchi, Bari (IT)</td>
</tr>
<tr>
<td>13.32 - 13.39</td>
<td><strong>Infertility</strong></td>
<td>G.R. Dohle, Zoetermeer (NL)</td>
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<td>13.39 - 13.46</td>
<td><strong>Priapism</strong></td>
<td>D.J. Ralph, London (GB)</td>
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<td>13.46 - 13.53</td>
<td><strong>New operative techniques</strong></td>
<td>A. Kadioglu, Istanbul (TR)</td>
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<td>13.53 - 14.00</td>
<td><strong>Adjourn</strong></td>
<td>T.E. Bjerklund Johansen, Oslo (N0) W.H-G. Weidner, Giessen (DE)</td>
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**Aims and objectives of this session**

This joint ESAU and ESIU section session will provide a comprehensive update on topics common to both specialist sections; inflammation, infection, sexual dysfunction, and fertility.

The session offers state-of-the-art presentations of the most common andrological and infectious disorders, including new operative techniques. Delegates will be given deep insight into the bacterial and viral spectrum in male genital infection, the inflammatory response in the male accessory glands and diagnostic work-up of urogenital secretions and ejaculate. The session is organised in three parts and includes interactive case discussions and updates on guidelines on andrology and infection. All topics will be addressed by key international experts and opinion leaders and separate moderators will ensure that important questions from the audience are thoroughly discussed and answered.

Upon the completion of this joint ESAU -ESIU session, the delegates will know the role of viruses and bacteria in MAGI, and how to diagnose and treat. They will be updated on the impact of hypogonadism on male health, diagnostic work-up and treatment of prostatitis, ejaculatory dysfunction and infertility as well as azoospermia, priapism and HIV-infections.
Saturday, 21 March - EAU Section Meetings

Joint meeting of the EAU Section of Uropathology (ESUP) and the EAU Section of Urological Research (ESUR)

10.15 - 14.00 Experimental pathology in chemoresistance studies in urological cancers

Room N101-102 (North building, level 1)

Chairs: Z. Culig, Innsbruck (AT)
A. Hartmann, Regensburg (DE)
K. Junker, Homburg (DE)

10.15 - 10.20 Welcome and introduction
A. Hartmann, Regensburg (DE)

10.20 - 11.50 Morphological and molecular basis of prostate and bladder cancer therapy
Moderator: A. Hartmann, Regensburg (DE)

10.20 - 10.50 Pathology and prostate cancer therapy
S. Perner, Bonn (DE)

10.50 - 11.20 Pathology and bladder cancer therapy
A. Hartmann, Regensburg (DE)

11.20 - 11.50 Paris system for reporting urinary cytopathology
G.A. Barkan, Maywood, IL (US)

11.50 - 12.50 Biological basis of chemoresistance in urological cancers
Moderator: Z. Culig, Innsbruck (AT)

11.50 - 12.20 Understanding docetaxel resistance in prostate cancer
A. Chauchereau, Paris (FR)

12.20 - 12.50 New insights into chemotherapy sensitivity and resistance in bladder cancer
J.E. Rosenberg, New York (US)

12.50 - 13.50 Chemotherapy resistance in urological cancers
Moderator: K. Junker, Homburg (DE)

12.50 - 13.20 Mechanisms of resistance in kidney cancer
R. Pili, Buffalo (US)

13.20 - 13.50 ESOU guest lecture: Bladder cancer and chemoresistance
M. Colombel, Lyon (FR)

13.50 - 14.00 Conclusion
Z. Culig, Innsbruck (AT)
Aims and objectives of this session

Resistance to chemotherapy in urological cancers is a subject of intensive investigation. The mechanisms are heterogenous and may include alterations in miRNA, compensatory up-regulation of oncogenic pathways, or increased stemness. These findings may have implications for the development of drugs and clinical trials. Experimental pathology studies are important for understanding the mechanism of resistance. This topic will be presented in the joint Section meeting by basic scientists, pathologists and clinicians.
Meeting of the EAU Section of Transplantation Urology (ESTU) in cooperation with the EAU Section of Urological Imaging (ESUI)

10.15 - 14.00 Advances in imaging

Room N103 (North building, level 1)

Chair: A.J. Figueiredo, Coimbra (PT)

10.15 - 10.20 Welcome and introduction
A.J. Figueiredo, Coimbra (PT)
E. Lledo García, Madrid (ES)

10.20 - 11.00 Imaging in therapy

Moderators: A. Breda, Barcelona (ES)
C. Terrone, Turin (IT)

10.20 - 10.35 Intervention radiology in management of kidney transplant complications
J.J. Futterer, Nijmegen (NL)

10.35 - 10.50 Local treatment of tumours in the transplant kidney
M. Giessing, Düsseldorf (DE)

10.50 - 11.00 Discussion

11.00 - 12.35 Imaging in diagnosis

Moderators: A.B. Chkhotua, Tbilisi (GE)
M. Musquera Felip, Barcelona (ES)

11.00 - 11.20 Anatomical and vascular study in transplantation
G. Schneider, Homburg/Saar (DE)

11.20 - 11.35 Anatomical prediction of kidney function
M. Silva Ramos, Porto (PT)

11.35 - 11.50 Optimisation of pre-donation renal scintigraphy by determination of the geometric mean value
S. Weinberger, Berlin (DE)

11.50 - 12.05 Post-transplant imaging for rejection: Classic options and innovations
A. Tejedor-Jorge, Madrid (ES)

12.05 - 12.20 Graft hydronephrosis: Always obstructive?
C. Taylor, London (GB)

12.20 - 12.35 Discussion

12.35 - 13.35 Update corner

Moderators: F.J. Burgos Revilla, Madrid (ES)
A.J. Figueiredo, Coimbra (PT)
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.35 - 13.50</td>
<td><strong>Advances in organ procurement</strong></td>
<td>E. Lledo Garcia, Madrid (ES)</td>
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<tr>
<td>12.50 - 13.05</td>
<td><strong>Advances in preservation</strong></td>
<td>V. Gomez Dos Santos, Madrid (ES)</td>
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<td>13.05 - 13.20</td>
<td><strong>Advances in immunosuppression</strong></td>
<td>J.M. Morales, Madrid (ES)</td>
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<td>13.20 - 13.35</td>
<td><strong>Best abstracts presented in ESOT and ASTS</strong></td>
<td>P. Di Tonno, Bari (IT)</td>
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<tr>
<td>13.55 - 14.00</td>
<td><strong>Conclusion</strong></td>
<td>A.J. Figueiredo, Coimbra (PT)</td>
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<td>E. Lledo Garcia, Madrid (ES)</td>
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**Aims and objectives of this session**

Transplantation is no different from other areas of urology in getting advantage from the extraordinary advances in imagiology.

In this session, organised in cooperation with the Imaging Section, participants will be presented with the recent advances in anatomical and functional evaluation of the kidneys with imaging techniques, as well as with the application of imagiology in renal tumours and complications, including obstructed vessels of ureters.

An “update corner” will address the most relevant advances in transplantation hot-topics.

The session also includes the “Rene Kuss lecture”, honouring the great urologist and transplant surgeon, and based on the best research paper on transplantation presented at the EAU Congress 2014.
Saturday, 21 March - EAU Section Meetings

Meeting of the EAU Section of Female and Functional Urology (ESFFU)

10.15 – 16.00 Developments in functional urology

Room N104 (North building, level 1)

Chair: J.P.F.A. Heesakkers, Nijmegen (NL)

10.15 - 10.20 Opening and welcome
J.P.F.A. Heesakkers, Nijmegen (NL)

10.20 - 10.40 Parasympathetic and sympathetic system and the lower urinary tract: Can they fail, separately, alone and how does it look like?
K-E. Andersson, Lund (SE)

10.40 - 10.55 Adolescent Urology: Transition from child into adulthood
S. Tekgül, Ankara (TR)

10.55 - 11.15 OAB & BPS: Married or single?
D.M. Castro-Díaz, La Laguna Santa Cruz Tenerife (ES)

11.15 - 11.35 LUTS therapy: Single or married?
M. Lazzeri, Florence (IT)

11.35 - 11.55 Surgical options for BPH: What is best for the bladder and prostate (open, TURP, GLL)
P. Radziszewski, Warsaw (PL)

11.55 - 12.15 Minimal invasive options for BPH (botox, achors etc): How good is it?
F.R. Cruz, Porto (PT)

12.15 - 12.30 Break

12.30 - 12.50 ICS lecture: The good, bad and ugly of pelvic floor aging: Can we preserve its function?
A. Digesu, London (GB)

12.50 - 13.05 Prize winner 3rd International Neuro-Urology Meeting

12.50 - 12.55 Introduction
T.M. Kessler, Zürich (CH)

12.55 - 13.05 Foxp3 as a tumour tissue marker in neurological patients with urothelial carcinomas of the bladder
V. Phé, Lieusaint (FR)

13.05 - 14.00 The polypropylene blues – How to deal with:

Moderator: D.J.M.K. De Ridder, Leuven (BE)

13.05 - 13.15 Vaginal exposure of mesh
E. Costantini, Perugia (IT)

13.15 - 13.25 Urethral exposure of mesh
E. Kocjancic, Chicago (US)
13.25 - 13.35  **Intravesical exposure of mesh**  
J.E. Robles, Pamplona (ES)

13.35 - 13.45  **Pain after mesh implant**  
S. Charalampous, Limassol (CY)

13.45 - 14.00  **Discussion**

**Closure**

**Aims and objectives of this session**

The programme of the ESFFU in 2015 includes a variety of functional urological items that are presenting as realistic medical problems in clinical practice.

Firstly a basic scientific topic will be discussed about the contribution of the sympathetic and parasympathetic system in LUT disorders. The transition from child to adulthood, a difficult topic for patients and parents, will follow. Then the relation between bladder and prostate, the effect on the LUT, and various treatment options will be discussed by experts in the field. The new and annual ICS lecture, as well as the lecture given by the prize winner of the 3rd International Neuroulogy Congress in Switzerland 2014, will mark our relationship with this international society. A panel discussion about various types of complications of tape and mesh surgery and how to deal with that will finalise the ESFFU meeting of 2015.
Meeting of the EAU Section of Urological Imaging (ESUI)

10.15 - 16.00 Image guided diagnosis, staging and therapy for prostate cancer: Is the train gathering speed?

Room Retiro (Hall 10, level 1)
For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1

Chair: J. Walz, Marseille (FR)

10.15 - 10.20 Introduction
J. Walz, Marseille (FR)

10.20 - 11.35 Multiparametric MRI in the management of prostate cancer

Moderators:
- M.X. Ferreira Coelho, Lisbon (PT)
- T. Loch, Flensburg (DE)
- G. Villeirs, Ghent (BE)

10.20 - 10.28 Standards and quality control for prostate MRI: How to get there?
B.M. Carey, Leeds (GB)

10.28 - 10.32 Discussion

10.32 - 10.40 Critical assessment of MRI targeted biopsies vs. randomised biopsies
V. Scattoni, Milan (IT)

10.40 - 10.44 Discussion

10.44 - 10.52 PIRADS 2.0: How to report and how to draw clinical conclusions?
J.J. Futterer, Nijmegen (NL)

10.52 - 10.56 Discussion

10.56 - 11.04 To fuse or not to fuse: How to get the target?
L. Budäus, Hamburg (DE)

11.04 - 11.08 Discussion

11.08 - 11.35 Debate Controversies in prostate imaging: MRI as a screening tool for prostate cancer?
- Yes
  M.J. Roobol, Rotterdam (NL)
- No
  J. Walz, Marseille (FR)

11.28 - 11.35 Discussion

11.35 - 12.40 Innovative ultrasound in the management of prostate cancer

Moderators:
- J.J. Futterer, Nijmegen (NL)
- C. Trombetta, Trieste (IT)
- H. Wijkstra, Amsterdam (NL)
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Moderator</th>
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</thead>
<tbody>
<tr>
<td>11.35 - 11.43</td>
<td>Contrast enhanced ultrasound, ANNA / C-TRUS and elastography</td>
<td>T. Loch, Flensburg (DE)</td>
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<tr>
<td>11.43 - 11.47</td>
<td>Discussion</td>
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<td>11.47 - 11.55</td>
<td>Multiparametric ultrasound</td>
<td>G. Salomon, Hamburg (DE)</td>
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<td>11.55 - 11.59</td>
<td>Discussion</td>
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<tr>
<td>11.59 - 12.07</td>
<td>Future developments in ultrasound based techniques: Molecular imaging, 3D, quantification</td>
<td>M. Mischi, Eindhoven (NL)</td>
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<td>12.07 - 12.11</td>
<td>Discussion</td>
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<td>12.11 - 12.40</td>
<td>Debate Controversies in prostate imaging: mpMRI vs. enhanced ultrasound</td>
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<td>12.11 - 12.21</td>
<td>MRI is the solution</td>
<td>A. Villers, Lille (FR)</td>
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<tr>
<td>12.21 - 12.31</td>
<td>Ultrasound is the best imaging tool</td>
<td>H. Wijkstra, Amsterdam (NL)</td>
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<td>12.31 - 12.40</td>
<td>Discussion</td>
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<tr>
<td>12.40 - 12.50</td>
<td>ESUI Vision Award 2015</td>
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<tr>
<td>12.50 - 13.14</td>
<td>PET and molecular imaging for prostate cancer</td>
<td>P.A. Geavlete, Bucharest (RO)</td>
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<td>R. Schiavina, Bologna (IT)</td>
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<td>J. Walz, Marseille (FR)</td>
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<tr>
<td>12.50 - 12.58</td>
<td>Is PET/CT helpful in diagnosis and initial staging of prostate cancer?</td>
<td>S. Fanti, Bologna (IT)</td>
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<td>12.58 - 13.02</td>
<td>Discussion</td>
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<td>13.02 - 13.10</td>
<td>Critical assessment of PET/CT in the staging of prostate cancer recurrence</td>
<td>A. Briganti, Milan (IT)</td>
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<td>13.10 - 13.14</td>
<td>Discussion</td>
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<td>G. Salomon, Hamburg (DE)</td>
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<td>A. Villers, Lille (FR)</td>
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<td>13.22 - 13.26</td>
<td>Discussion</td>
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<td>13.26 - 13.34</td>
<td>Which energy is ready for prime time?</td>
<td>R.E. Sanchez Salas, Paris (FR)</td>
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</tbody>
</table>
13.34 - 13.38  Discussion

13.38 - 13.46  Follow-up and real time monitoring of focal therapy for prostate cancer
R. Renard Penna, Paris (FR)

13.46 - 13.50  Discussion

13.50 - 14.00  Summary

J. Walz, Marseille (FR)

Aims and objectives of this session
The 2015 meeting of the ESUI addresses the hottest topic in urological imaging, that of prostate cancer imaging. The aim of the session is to provide an extensive and critical overview on the evolution and developments in the different imaging tools available for prostate cancer imaging such as multiparametric MRI and “ultrasound-based” imaging techniques. Important and essential issues such as standardisation and quality control will be addressed. Moreover, current controversies such as mpMRI as a screening or triage test or mpMRI vs. ultrasound will be debated in point and counterpoint sessions followed by interactive discussions. The next hot topic in prostate cancer imaging that will be addressed is PET imaging for initial and recurrent prostate cancer staging. Detailed knowledge of the performance of this imaging tool as well as its limitations seems mandatory when using this tool in clinical practice. Finally, a session on image guided therapy for prostate cancer will concentrate on practical issues of prostate cancer focal therapy such as target identification, the best ablative energy and follow-up after focal therapy. During the session, the ceremony for the 2015 ESUI vision award will be held, followed by the presentation of the awarded study. The aim of the ESUI Vision Award is to highlight the most innovative imaging study published in urology during the last year.
## Joint meeting of the EAU Robotic Urology Section (ERUS) and the EAU Section of Uro-Technology (ESUT)

### 11.15 - 14.00 Maximizing minimally invasive surgery in 2015

**eURO Auditorium (Hall 10)**

**11.15 - 12.15** Outcomes

*Moderators:*  
R.E. Sanchez Salas, Paris (FR)  
R.F. Van Velthoven, Brussels (BE)

**11.15 - 11.45** Robotic surgery outcomes

- **11.15 - 11.25** Kidney  
A. Mottrie, Aalst (BE)

- **11.25 - 11.35** Bladder  
N.P. Wiklund, Stockholm (SE)

- **11.35 - 11.45** Prostate  
F. Montorsi, Milan (IT)

**11.45 - 12.15** Current outcomes of focal therapy in urology

- **11.45 - 12.00** Prostate cancer  
M. Emberton, London (GB)

- **12.00 - 12.15** Renal cancer  
M.P. Laguna, Amsterdam (NL)

**12.15 - 13.15** Evolution

*Moderators:*  
A. Breda, Barcelona (ES)  
M. Graefen, Hamburg (DE)

- **12.15 - 12.25** Image guided robotics  
P. Dasgupta, London (GB)

- **12.25 - 12.35** Classic laparoscopy evolution and future trends  
J. Rassweiler, Heilbronn (DE)

- **12.35 - 12.45** The future of classic LESS  
A. Rane, Redhill (GB)

- **12.45 - 12.55** Robotic kidney transplantation  
R. Ahlawat, New Delhi (IN)

- **12.55 - 13.10** Minimally invasive surgery for BPH: Robotics, laparoscopy, endoscopy, and energies

**12.55 - 13.00** Prostatic laser enucleation versus robotic and laparoscopic Millin - what is the easiest and safest method?  
E. Barret, Paris (FR)

**13.00 - 13.05** ThulEP vs HoLEP  
T. Bach, Hamburg (DE)
<table>
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<th>Time</th>
<th>Session</th>
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<tr>
<td>13.05 - 13.10</td>
<td>Laser or bipolar enucleation of the prostate: Are there new technical steps to improve the learning curve?</td>
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<td>T.R.W. Herrmann, Hanover (DE)</td>
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<td>13.10 - 13.15</td>
<td>Discussion</td>
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<td>13.15 - 14.00</td>
<td>Innovation</td>
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<td>Moderators: J. Rassweiler, Heilbronn (DE)</td>
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<td>H.G. Van Der Poel, Amsterdam (NL)</td>
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<td>13.15 - 13.25</td>
<td>Robotic single port in urology</td>
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<td>J.H. Kaouk, Cleveland (US)</td>
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<td>13.25 - 13.35</td>
<td>Novel approaches in treatment and diagnosis of NMIBC and UUTUC</td>
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<td>O. Traxer, Paris (FR)</td>
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<td>13.35 - 13.45</td>
<td>Novel approaches to PCNL: Access, imaging and complications</td>
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<td>A. Skolarikos, Athens (GR)</td>
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<td>13.45 - 13.55</td>
<td>Novel approaches to URS</td>
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<td>G. Giusti, Basiglio (IT)</td>
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<td>13.55 - 14.00</td>
<td>Discussion</td>
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Special Session

Residents and Young Urologists Day - Organised by the Young Urologists Office (YUO) in collaboration with the European Society of Residents in Urology (ESRU) and the Young Academic Urologists Working Parties (YAU)

Room N105-106 (North building, level 1)

**Chairs:**
- F. Sanguedolce, London (GB)
- J.P.M. Sedelaar, Nijmegen (NL)
- J.L. Vasquez, Copenhagen (DK)

**10.15 - 10.30 Introduction**

J.P.M. Sedelaar, Nijmegen (NL)
J.L. Vasquez, Copenhagen (DK)

**10.30 - 11.30 What residents need to know about the EAU organisation**

*Moderators:* D. Duijvesz, Rotterdam (NL)
M. Stepanchenko, Chernivtsi (UA)

**10.30 - 10.40**

**European School of Urology**
M. Babjuk, Prague (CZ)

**10.40 - 10.50**

**EAU Regional Office**
B. Djavan, Vienna (AT)

**10.50 - 11.00**

**European Board of Urology**
S.C.M. Müller, Bonn (DE)

**11.00 - 11.15**

**EAU Patient Information project**
T. Bach, Hamburg (DE)

**11.15 - 11.30**

**EAU Research Foundation**
P.F.A. Mulders, Nijmegen (NL)

**11.30 - 12.30**

**YAU session 1**

**11.30 - 11.45**

**YAU overview**
F. Sanguedolce, London (GB)

**11.45 - 12.30**

**“How to conduct a scientific research: the best from the best”**
RCC, BPH and Mens’ health groups will present their best projects to give insights on how a topic is identified, how a study is designed, how data are managed, etc. taking example from a project already published or ongoing.

*Moderator:* F. Sanguedolce, London (GB)

**11.45 - 12.00**

**The Surface-Intermediate-Base (SIB) Margin Score, a standardised reporting of resection technique during nephron-sparing surgery**
A. Minervini, Florence (IT)

**12.00 - 12.15**

**Mens health checklist: A quick-guide for daily clinical practice**
M. Margreiter, Wien (AT)
<table>
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<tr>
<th>Time</th>
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| 12.15 - 12.30| The diagnosis of benign prostatic obstruction: Development of a clinical nomogram  
C. De Nunzio, Rome (IT) |
| 12.30 - 13.30| YUO/EUSP joint session  
*Moderators:* V.G. Mirone, Naples (IT)  
J.P.M. Sedelaar, Nijmegen (NL) |
| 12.30 - 12.45| A great research opportunity for young urologists  
M.J. Ribal, Barcelona (ES) |
| 12.45 - 13.00| How to write a successful EUSP application  
S. Larré, Reims (FR) |
| 13.00 - 13.15| How YAU can assist in increasing young urologists’ interest in research  
F. Sanguedolce, London (GB) |
| 13.15 - 13.30| Partnership between EUSP and EAU Research Foundation  
P.F.A. Mulders, Nijmegen (NL)  
W.P.J. Witjes, Arnhem (NL) |
| 13.30 - 14.15| Campbell Team Challenge Quiz  
*Quizmasters:* M. Čechová, Prague (CZ)  
Á. Rosecker, Szeged (HU)  
*Panel:* O.W. Hakenberg, Rostock (DE) |
| 14.15 - 15.55| Surgery: Tips and tricks  
*Moderators:* P. Uvin, Leuven (BE)  
S. Sarikaya, Ankara (TR) |
| 14.15 - 15.55| Surgical training in Europe  
G. Patruno, Rome (IT) |
|              | TURBT  
J. Bjerggaard Jensen, Århus (DK) |
|              | Pelvic lymphadenectomy  
S.G. Joniau, Leuven (BE) |
|              | Circumcision  
M. Fisch, Hamburg (DE) |
|              | Robotic setup  
V.A.C. Ramani, Manchester (GB) |
|              | URS  
O. Traxer, Paris (FR) |
| 15.55 - 16.15| YAU Session 2: The other face of the coin  
*Current approach to neurogenic bladder: Adult perspective vs. paediatric perspective*  
J.-N.L. Cornu, Vincennes (FR)  
M.S. Silay, Istanbul (TR) |
16.15 - 17.00  Challenge the Expert(s)

Moderators:  J.A. Gómez Rivas, Madrid (ES)
             R. Pereira e Silva, Lisbon (PT)

16.15 - 16.30  Negative prostate biopsy with rising PSA
Resident:     G. Patruno, Rome (IT)
Professor:    C. Kastner, Duxford, Cambridge (GB)
YAU member:   G. Giannarini, Udine (IT)

16.30 - 16.45  Lymph node dissection in penile cancer
Resident:     A.S. Parnham, Manchester (GB)
Professor:    A. Muneer, London (GB)
YAU member:   A. Necchi, Milan (IT)

16.45 - 17.00  Infected stones
Resident:     J.L. Vasquez, Copenhagen (DK)
Professor:    P.J. Osther, Fredericia (DK)
YAU member:   P. Kallidonis, Cholargos-Athens (GR)

17.00 - 17.25  Prizes and awards

J.L. Vasquez, Copenhagen (DK)
**Special Session**

**Room Stockholm (Hall 10)**

*Panel:*
- J.W.F. Catto, Sheffield (GB)
- M. Graefen, Hamburg (DE)
- A. Mottrie, Aalst (BE)

**12.00 - 12.05**
**Introduction**
- J.W.F. Catto, Sheffield (GB)
- A. Mottrie, Aalst (BE)

**12.05 - 12.25**
**Robot-assisted sacrocolpopexy for pelvic organ prolapse: Surgical technique and outcomes at a single high-volume institution**
- A. Ploumidis, Athens (GR)

**12.25 - 12.45**
**A hybrid radioactive and fluorescent tracer for sentinel node biopsy in penile carcinoma as a potential replacement for blue dye**
- O.R. Brouwer, Amsterdam (NL)

**12.45 - 13.05**
**Transvesical Robotic Simple Prostatectomy: Initial clinical Experience**
- S. Leslie, Hollywood (US)

**13.05 - 13.25**
**Robotic nephroureterectomy: A simplified approach requiring no patient repositioning or robot redocking**
- H. Zargar, Cleveland (US)

**13.25 - 13.45**
**A new robot for flexible ureteroscopy: Development and early clinical results**
- R. Saglam, Ankara (TR)

**13.45 - 14.00**
**Discussion**
- J.W.F. Catto, Sheffield (GB)
- A. Mottrie, Aalst (BE)
Abstract Video Session 1

Saturday, 21 March - EAU Programme

14.15 - 15.45 Training or failing?

Room Stockholm (Hall 10)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

Chairs: Y. Ahallal, Meknes (MA)
F. Gómez Veiga, Salamanca (ES)

V1 Hands-on training in endoscopic treatment of urologic stones on a glove model

V2 Use of a novel radiation-free fluoroscopy emulator (iPERC) to improve surgical skills in percutaneous nephrolithotomy
E. Maldonado Alcaraz, J. Moreno, G. Montoya, L. Torres-Mercado, V. López, E. Serrano-Brambilla (Mexico City, Mexico)

V3 MRI-TRUS fusion guided transperineal prostate biopsy according to the Ginsburg protocol
G. Patruno, K. Wadhwa, D. Swallow, G. Gaziev, R. Miano, S. Germani, G. Vespasiani, C. Kastner (Rome, Italy; Cambridge, United Kingdom)

V4 Modified vaginaefixatio sacrospinalis vaginalis - a minimal invasive surgical procedure with an innovative suture technique
A. Tzavaras, M. Mehlhose, R. Bächle, H. Loertzer (Kaiserslautern, Germany)

V5 Associated techniques to onabotulinumtoxin A intradetrusor injections performed as ambulatory protocol
R. Gil Ugartebru, L. Rodríguez Villamil, B. Díaz Mendez, M. Rivas Del Fresno, I. González Rodríguez, S. Fernández-Pello Montes, A. Medina González, J. Mosquera Madera (Gijon, Spain)

V6 Urologic surgery laparoscopic access: Vascular complications
A.W. Branco, L. Stunitz, S. Nichele, J.D. Scheffer, M. Gatti, D. Pessutti (Curitiba, São José do Rio Preto, Brazil)

V7 Laparoscopic resolution of vascular complications in retroperitoneal laparoscopic nephrectomy
S. Zhang, L. Ma, K. Liu, Y. Tian (Beijing, China)

V8 Malfunction of linear cutting stapler in kidney surgery
R. Sotelo Noguera, E. Castle, R. De Andrade, L. Medina, L. Brunacci, O. Martin, I. Kislinger, N. Ramirez-Troche, D. Canes, P. Andrews, C. Giedelman, H. Aponte (Caracas, Venezuela; Scottsdale, Burlington, United States of America; Bogota, Colombia)
Abstract Poster Session 9

14.15 – 15.45 RCC: Epidemiology and outcome research

Room Milan (Hall 10)

Chairs: U. Capitanio, Milan (IT)
A. Gvoorov, Moscow (RU)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

101 Trends in the use of partial nephrectomy for cT1 renal tumours: Analysis of a 10-yr European multicenter dataset
G. Simone, C. De Nunzio, I. Sperduti, L. Cindolo, D. Collura, S. Brookman-May, R. Papalia, M. Ferriero,
A. Carbone, O. De Cobelli, A. Tubaro, L. Schips, R. Zigeuner, G. Muto, M. Gallucci (Turin, Rome, Vasto,
Bolzano, Latina, Benevento, Milan, Italy; Munich, Germany; Graz, Austria)

A. Larcher, Z. Tian, S.P. Kim, L. Valiquette, M. McCormack, A. Briganti, G. Guazzoni, F. Saad, P.1. Karakiewicz,
M. Sun (Montreal, Canada; New Haven, United States of America; Milan, Italy)

103 Cancer of the kidney in elderly in Denmark, 2008-2012
N.H. Azawi, S.M. Joergensen, N.V. Jensen, L. Lund (Roskilde, Odense, Denmark)

104 Age-dependent association between gender and renal cell carcinoma mortality: A population-based analysis
Y.Y. Qu, Y. Zhu, D.W. Ye (Shanghai, China)

105 Comparison of long-term renal function outcomes after either partial or radical nephrectomy
M. Meskawi, A. Larcher, K. Bohm, R. Valdivieso, M. Sun, S. Shariat, P. Karakiewicz (Montreal, Canada;
Milan, Italy; Hamburg, Germany; Vienna, Austria)

106 Partial nephrectomy does not improve cardio-specific survival in patients with localized renal cell carcinoma
M.I. Volkova, I. Skvortcov, A.V. Klimov, V.A. Chernyaev, M.I. Komarov, V.B. Matveev (Moscow, Russia)

107 Nephron-sparing surgery protects from chronic kidney disease relative to radical nephrectomy but does not impact on other-causes mortality: Long-term (more than 10 years) survival and functional outcomes in patients with a T1a-T1b renal mass
U. Capitanio, C. Terrone, A. Antonelli, A. Minervini, F. Poppiglia, A. Di Domenico, M. Furlan, E. Di Trapani,
A. Salonia, M. Carini, C. Simeone, F. Montorsi, R. Bertini (Milan, Novara, Brescia, Florence, Turin, Italy)

108 The analysis of predictive factors of renal function after partial nephrectomy: How do host and surgical factors affect the post-operative stable period?
T. Sejima, N. Yamaguchi, H. Iwamoto, T. Masago, S. Morizane, M. Honda, A. Takenaka (Yonago, Japan)

109 Prospective analysis of complications and their predictive factors after partial nephrectomy in a multicenter comparative Italian study (RECORd1)
A. Minervini, A. Mari, A. Antonelli, R. Bertolo, B. Bianchi, A. Borghesi, A. Cocc, C. Fiori, N. Longo,
G. Martorana, V. Mirone, G. Morgia, G. Novara, F. Poppligia, B. Rovereto, R. Schiavina, S. Serni, C. Simeone,
M. Sodano, C. Terrone, M. Carini (Florence, Brescia, Orbassano-Turin, Modena, Bologna, Naples, Padua,
Pavia, Novara, Italy)
110  PADUA score, Fuhrman grade and positive surgical margin (PSM) are factor related with local and distant recurrence after partial nephrectomy (PN): A retrospective multicenter study on 768 patients

111  Partial versus radical nephrectomy for clinically organ confined clear cell RCC
G. Simone, R. Papalia, M. Ferriero, S. Guaglianone, R. Mastroianni, M. Costantini, M. Gallucci (Rome, Italy)

112  Progression of hypertension after partial nephrectomy in Japanese patients with renal tumors

113  Phase 3 randomized trial of intravenous mannitol versus placebo prior to renal ischemia during partial nephrectomy: Impact on renal functional outcomes

Summary
U. Capitanio, Milan (IT)
Abstract Poster Session 10

**Prostate biopsy and outcomes**

**Room Paris (Hall 10)**

*Chairs:* N. Suardi, Milan (IT)  
J. Walz, Marseille (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**114**  
* 5-alpha reductase inhibitor use and prostate cancer survival in the Finnish Prostate Cancer Screening Trial  
T.J. Murto, E.K. Karpaa, K. Taari, T.L.J. Tammela, A. Auvinen (Tampere, Helsinki, Finland)

**115**  
Gleason score reclassification of men with classical Gleason score ≤6 who eventually died of prostate cancer in the ERSPC Rotterdam  

**116**  
Family history as a risk factor for prostate cancer in a contemporary screening trial – results of the Swiss ERSPC (Aarau)  
M. Randazzo, J. Beatrice, C. Poyet, T. Hermanns, S. Carlsson, A. Huber, R. Grobholz, L. Manka, L.A. Kluth, F. Recker, M. Kwiatkowsk (Zürich, Aarau, Switzerland; New York, United States of America; Braunschweig, Germany)

**117**  
Natural history of HGPIN and ASAP  

**118**  
The presence of intraductal carcinoma of the prostate in needle biopsy is a significant prognostic parameter for prostate cancer patients with distant metastasis  
M. Kato, T. Tsuzuki, K. Kimura, A. Fukatsu, R. Ishida, Y. Matsukawa, Y. Funahashi, M. Gotoh (Nagoya, Komaki, Japan)

**119**  
The absence of bladder outlet obstruction is an independent risk factor for prostate cancer detection  
L. Cormio, G. Lucarelli, O. Selvaggio, G. Di Fino, P. Massenio, F. Troiano, F. Sanguedolce, P. Bufo, G. Carrieri (Foggia, Italy)

**120**  
Systematic transperineal prostate (TP-B) biopsies – the first prospective evaluation of patient reported complications, symptoms and experience  

**121**  
Spatial distribution pattern of tumor foci is an independent predictor for biochemical recurrence in organ-confined prostate cancer  
O. Eminaga, R. Hinkelammert, F. Wöltze, E. Eltze, O. Bettendorf, A. Semjonow (Cologne, Münster, Saarbrücken, Schüttorf, Germany)

**122**  
Targeted prophylaxis using rectal swabs before transrectal prostate biopsy reduce infectious complications and cost of care  
J.V. Baldissera Aradas, L. Rodríguez Villamil, R. Blanco Fernández, C. Pérez García, B. Díaz Méndez, G. Viejo, R. Gil Ugartebru, I. González Rodríguez, J. Cuervo Calvo (Gijón, Spain)
123  Nurse led prostate biopsy: Is it safe and cost-effective?
I.B. Vieira, M.K.M. Sheriff (Gillingham, United Kingdom)

Associated video presentations

EAU13-V62  Multiparametric MRI–US fusion targeted prostate biopsies with Varian brachytherapy software: Precision prostate cancer diagnostics

V3  MRI-TRUS fusion guided transperineal prostate biopsy according to the Ginsburg protocol
G. Patruno, K. Wadhwa, D. Swallow, G. Gaziev, R. Miano, S. Germani, G. Vespasiani, C. Kastner (Rome, Italy; Cambridge, United Kingdom)

Summary
J. Walz, Marseille (FR)
Abstract Poster Session 11

Men’s sexual health: Focus on erectile dysfunction and Peyronie’s disease

Room Barcelona (Hall 10)

Chairs: J.I. Martínez Salamanca, Majadahonda (ES)
Y. Reisman, Amstelveen (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 124 Erectile dysfunction shock wave therapy (EDSWT) improves hemodynamic parameters in patients with vasculogenic erectile dysfunction (ED): A triplex-based sham-controlled trial
D.G. Hatzichristou, D.E. Kalyvianakis (Thessaloniki, Greece)

125 Efficacy of tadalafil 5 mg once daily (OaD) for the treatment of erectile dysfunction (ED) during a 6 month observational study (EDATE): Impact of patient characteristics and comorbidities
J. Buvat, D. Hatzichristou, H. Porst, H. Büttner, K. Hamidi, A. Rossi, C. Henneges, G. D’Anzeo (Lille, Neuilly-Sur-Seine, France; Thessaloniki, Greece; Hamburg, Bad Homburg, Germany; Florence, Italy)

126 Phosphodiesterase type 5 use in men with type 2 diabetes is associated with reduction in all-cause mortality
G. Hackett (Sutton Coldfield, United Kingdom)

127 Treatment of erectile dysfunction (ED) with tadalafil 5 mg once daily (OaD) during a 6 month observational study (EDATE): Impact of baseline characteristics and comorbidities on treatment continuation
D. Hatzichristou, J. Buvat, H. Porst, H. Büttner, K. Hamidi, A. Rossi, C. Henneges, G. D’Anzeo (Thessaloniki, Greece; Lille, Neuilly-Sur-Seine, France; Hamburg, Bad Homburg, Germany; Florence, Italy)

128 Recovery of erectile function after unilateral nerve-sparing radical prostatectomy with vardenafil on a daily base - does dosage matter?
A. Bannowsky, S. Ückert, H. Van Ahlen (Osnabrück, Hanover, Germany)

129 Sexuality after radical prostatectomy – 5 years follow up of patients and their partners who performed sexual intercourse 1 year after surgery
K. Herkommer, T.B. Jordan, A. Dinkel, R. Ernst, G. Hatzichristodoulou, T. Kloker, C. Beyerle, J.E. Gschwend (Munich, Germany)

130 Recovery of sexual function after radical cystectomy with orthotopic neobladder
C. Gingu, V. Olaru, C. Baston, A. Dick, M. Crasneanu, C. Surcel, S. Voinea, L. Domnisor, M. Harza, I. Sinescu (Bucharest, Romania)

* 131 Do PDE5 inhibitors increase the risk of malignant melanoma?
S. Loeb, Y. Folkvalljon, M. Lambe, H. Garmo, C. Ingvar, P. Stattin (New York, United States of America; Uppsala, Stockholm, Lund, Umeå, Sweden; London, United Kingdom)

132 The association of tadalafil and intralesional verapamil injection is an effective therapy in the medical treatment of Peyronie’s disease
L. Dell’Atti, C. Ippolito, G. Ughi, G.R. Russo (Ferrara, Italy)

133 Long-term results after partial plaque excision and grafting with collagen fleece in Peyronie’s disease
G. Hatzichristodoulou, S. Fiechtner, J.E. Gschwend, S. Lahme (Munich, Pforzheim, Germany)
134 Peyronie’s disease symptom bother reduction is related to penile curvature improvement in response to treatment with collagenase clostridium histolyticum: Results from two large double-blind, randomized, placebo-controlled phase 3 studies

135 Penile prosthesis and albuginea incision is an easy and valuable option in Peyronies disease surgery
C.L.A. Negro, M. Paradiso, A. Rocca, F. Bardari (Asti, Italy)

Summary
Y. Reisman, Amstelveen (NL)
Abstract Poster Session 12

Room N101-102 (North building, level 1)

Chairs: M.J. Grabe, Malmö (SE)  
N. Mondaini, Florence (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 136 Adherence to European Association of Urology guidelines on prophylactic antibiotics: An important step in antimicrobial stewardship
T. Cai, P. Verze, A. Brugnoli, D. Tiscione, G. Malossini, L. Luciani, C. Echher, F. Wagenlehner, V. Miron, T. Bjerklund Johansen, R. Pickard, R. Baroletti (Trento, Naples, Verona, Florence, Italy; Giessen, Germany; Oslo, Norway; Newcastle, United Kingdom)

137 Six out of ten women seeking medical help for recurrent urinary tract infections suffer from distressful sexual function impairment – worrisome picture from the real-life setting
L. Boeri, A. Pecoraro, M. Paciotti, P. Capogrosso, E. Ventimiglia, A. Serino, G. La Croce, G. Castagna, R. Scano, D. Kuehner, R. Damiano, F. Montorsi, A. Salonia (Milan, Catanzaro, Italy)

138 Neutrophil-lymphocyte ratio and platelet-lymphocyte ratio are more effective than Fournier’s gangrene severity index for predicting the dismal prognosis in Fournier’s gangrene

139 Viral epididymitis and orchitis – myth or reality?
A. Pilatz, R. Kaiser, A. Mankertz, H-C. Schuppe, W. Weidner, F. Wagenlehner (Giessen, Cologne, Berlin, Germany)

140 Estrogen and hBD2 in the innate defence of the female uro-genital tract
A. Stanton, A.S.M. Ali, R.S. Pickard, J. Hall (Newcastle upon Tyne, United Kingdom)

141 The role of chlamydia trachomatis infection treatment on nocturia in men with chronic bacterial prostatitis: Results from a longitudinal cohort study
T. Cai, N. Mondaini, P. Verze, S. Mazzoli, V. Miron, R. Baroletti (Trento, Florence, Naples, Italy)

142 Investigation of oligospermic men with respect to chlamydia – mycoplasma – ureaplasma infection and correlation with sexual behavior
A. Gerovassili, O. Marcandona, V. Ntala, V. Karavasilis, E. Koutsianis, B. Asimakopoulos, M. Panopoulou, Nikas T., A. Ikonomidou (Volos, Larissa, Athens, Alexandroupolis, Greece)

143 Healthcare-associated urinary tract infections after endourological surgery: Risk factors, microbiological features and patterns of antibiotics resistance

144 Penetration of piperacillin-tazobactam into human prostate tissue and dosing considerations for prostatitis based on site-specific pharmacokinetics and pharmacodynamics
145  Minimal inhibitory concentrations for a novel anti-bacterial peptide eluting urethral catheter
   J.H. Kim, M.S. Kim, S.Y. Lee, J.K. Kwon (Seoul, South Korea)

* 146  Intravesical administration of combined hyaluronic acid and chondroitin sulphate vs standard of care for
       the treatment of female recurrent urinary tract infections (RUTIs): What did we learn from a multicentre
       European real life setting case-control study?
   O. Cianè, E. Arendsen, M. Romancik, R. Lunik, E. Costantini, M. Di Biase, G. Morgia, E. Fragalà, R. Tomaskin,
   M. Bernat, G. Guazzoni, R. Tarricone, M. Lazzari (Milan, Perugia, Catania, Italy; Leiden, The Netherlands;
       Bratislava, Prešov, Martin, Nové Zámky, Slovakia)

147  Urinary uroplakin II expression in cyclophosphamide induced rat cystitis model
   G. Lee, D. Kim (Cheonan, Daegu, South Korea)

   Summary
   M.J. Grabe, Malmö (SE)
Abstract Poster Session 13

14.15 – 15.45 Invasive treatment of LUTS in the female

Room N103 (North building, level 1)

Chairs: E. Chartier-Kastler, Paris (FR)
        F.R. Cruz, Porto (PT)

Posters viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

148 Onabotulinumtoxin A improves the symptoms of urgency and incontinence and provides treatment benefit in patients with overactive bladder regardless of incontinence severity at baseline
M. Drake, D. Ginsberg, J. Gruezenfelder, C. Moore, A. Kaufmann, B. Jenkins, A. Magyar, S. Herschorn (Bristol, United Kingdom; Los Angeles, Laguna Hills, Cleveland, Irvine, Bridgewater, United States of America; Mönchengladbach, Germany; Toronto, Canada)

149 Durable duration of effect and positive treatment response with long-term onabotulinumtoxinA treatment in patients with over-active bladder syndrome: Final results of 3.5 years study
D. De Ridder, V. Nitti, D. Sussman, P. Sand, K-D. Sievert, S. Radomski, B. Jenkins, Y. Zheng, C. Chapple (Leuven, Belgium; New York, Stratford, Evanston, Irvine, Bridgewater, United States of America; Tübingen, Germany; Toronto, Canada; Sheffield, United Kingdom)

150 Long-term follow-up of intravesical botulinum toxin-A injections in women with idiopathic overactive bladder syndrome
T. Marcelissen, S. Rahnama’i, A. Snijkers, P. De Vries (Heerlen, The Netherlands)

151 Cost-effectiveness of onabotulinumtoxinA vs. mirabegron for the treatment of overactive bladder from the UK national health perspective
N. Freemantle, K. Khalaf, Z. Hepp, Q. Ni, K. Fleetwood, S. Stanisic, J. Lister, C. Loveman, M. Drake (London, Edinburgh, Marlow, Bristol, United Kingdom; Palm Harbor, Irvine, Bedminster, United States of America; Verona, Italy; Lörrach, Germany)

152 InSite randomized controlled trial on sacral neuromodulation versus standard medical therapy for overactive bladder. Does it reflect real life practice in Europe?
E. Chartier-Kastler, S. Siegel, P-P. Luyet (Paris, France; Woodbury, United States of America; Tolochenaz, Switzerland)

* 153 Predicting treatment outcome of sacral neuromodulation: The value of screening for depression and anxiety in patients with storage or voiding dysfunction

154 Therapeutic effect of transurethral resection and coagulation of Hunner’s lesion in interstitial cystitis/bladder pain syndrome patients

155 Prospective study of the effect of laparoscopic sleeve gastrectomy for morbid obesity on overactive bladder symptoms
G. Palleschi, A.L. Pastore, L. Silvestri, G. Cavallaro, G. Silecchia, M. Rizzello, A. Carbone (Latina, Italy)

156 Outcomes of urethroplasty for stricture in females
B.M.B. Mukhtar, J.L. Ockrim, T.J. Greenwell (London, United Kingdom)
157  Fifteen-year follow-up of sacral neuromodulation implanted patients for lower urinary tract dysfunction  
P. Roulette, E. Castel-Lacanal, J. Guillotreau, E. Braley-Berthoumieux, P. Rouvillat, B. Malavaud, P. Marque,  
M. Soulié, P. Rischmann, X. Game (Toulouse, France)

158  Effectiveness of Percutaneous Tibial Nerve Stimulation (PTNS) in the treatment of lower urinary tract  
dysfunctions and infections  
T. Pastor Navarro, F. Cárdenas Bruque, C. Reig Ruiz, R. Piñango Montes, F. Mazcuñán Fuentes, G. García  
Fadrique, A. Soto Poveda, Y. Pallás Costa (Manises, Spain)

159  Surgical revision in patients treated with sacral neuromodulation for urinary disorders: A 15-year follow-  
up  
P. Roulette, E. Castel-Lacanal, J. Guillotreau, E. Braley-Berthoumieux, P. Rouvillat, B. Malavaud, P. Marque,  
M. Soulié, P. Rischmann, X. Gamé (Toulouse, France)

160  Comparison of efficacy and safety between the generic and original tamsulosin for treating lower urinary  
tract symptoms in patients with benign prostatic hyperplasia: Non-inferiority trial  
M.S. Kim, S.Y. Lee, J.K. Kwon, J.S. Hyun (Seoul, South Korea)

161  Long-term results of repeated onabotulinumtoxinA intradetrusor injections for refractory overactive  
bladder  
M. Gubbiotti, S. Proietti, J.A. Rossi De Vermandois, A. Boni, G. Giusti, A. Giannantoni (Perugia, Milan, Italy)
**Abstract Poster Session 14**

**Room N104 (North building, level 1)**

*Chairs:* G. Jenster, Rotterdam (NL)
M. Puhr, Innsbruck (AT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**Circulating tumour cells in prostate cancer diagnostics**
G. Jenster, Rotterdam (NL)

*162* **Patient-derived first generation xenografts of prostate cancers: Promising tools for predicting drug responses for personalised chemotherapy**
R. Beekharry, M. Labarthe-Last, P. Berry, V. Mann, M. Simms, N. Maitland, A. Collins (York, Cottingham, United Kingdom)

*163* **Generation of patient-derived three-dimensional spheroid cultures for in vitro studies on localized prostate cancer**
J. Linxweiler, M. Kohn, A. Hasenfus, K. Junker, M. Stöckle, D.M. Peehl, G. Unteregger, M. Saar (Homburg, Germany; Stanford, United States of America)

*164* **Prostate-derived ETS factor represses cell proliferation, invasion, tumorigenesis potential via downregulation of epithelial-mesenchymal transition in human prostate carcinoma cells**
H-H. Juang, Y-H. Lin, K-H. Tsui (Kwei-shan, Taiwan)

*165* **Recurrent SKIL-activating rearrangements in ETS-negative prostate cancer**

*166* **Prostate cancer associated fibroblasts exhibit a distinctive gene expression signature as compared against normal and BPH-derived prostate fibroblasts**
J. Linxweiler, M. Saar, A. Hasenfus, G. Vitale, M. Caraglia, M. Stöckle, K. Junker, G. Unteregger, V. Jung (Homburg, Germany; Milan, Naples, Italy)

*167* **The pivotal role of TET enzymes in epigenetic inactivation of the tumor suppressor RASSF10 in prostate cancer**
U. Schagdarsurengin, N. Nesheim, K. Steger, F. Wagenlehner, W. Weidner, T. Dansranjavin (Giessen, Germany)

*168* **Evolution of copy number aberrations with time and Gleason grade in localised prostate cancer**
T. Mitchell, K. Dawson, P. Van Loo, D. Wedge (Hinxton, United Kingdom)

*169* **Role of laminin receptors for perineural invasion in prostate cancer**
T. Yoneyama, N. Fujita, Y. Tobisawa, S. Hatakeyama, T. Koie, M. Fukuda, C. Ohyama (Hirosaki, Japan; La Jolla, United States of America)

*170* **Concomitant down-regulation of the tumor-suppressive miR-224 and its host gene GABRE in prostate cancer**
F. Bienert, K. Erdmann, S. Füssel, P. Wirth (Dresden, Germany)
171 Castration-induced acceleration of bone metastasis prevented by RANK inhibitor osteoprotegerin in murine castration-resistant prostate cancer model
K. Takayama, T. Inoue, S. Narita, M. Huang, H. Tsuruta, M. Saito, N. Tsuchiya, T. Habuchi (Akita, Japan)

172 RNA interference-mediated knock-down of CHD1 in human prostate xenograft tumours alters tumour growth and metastatic behaviour
S.J. Oh, D. Tilki, H. Sirma, R. Simon, T. Lange (Hamburg, Germany)

173 Reduced autophagy levels are associated with a higher Gleason score, tumour stage and an increased rate of prostate cancer specific death
A. Mortezavi, S. Salemi, T. Hermanns, N. Rupp, T. Sulser, P.J. Wild, D. Eberli (Zurich, Switzerland)

Summary
M. Puhr, Innsbruck (AT)
Abstract Poster Session 15

14.15 - 15.45  Male infertility: Basic to clinical

**Room Retiro (Hall 10, level 1)**
*For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1*

**Chairs:**  A. Kadioglu, Istanbul (TR)
D.A. Ohl, Ann Arbor (US)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

*174*  In vitro spermatogenesis with a novel organ culture system using microfluidic technology
M. Komeya, T. Yokonishi, T. Sato, K. Katagiri, M. Yao, H. Kimura, T. Fujii, T. Ogawa (Yokohama, Hiratsuka, Tokyo, Japan)

175  The effect of dietary fatty acids on male mouse urogenital system: The role of AGE–RAGE axis

176  Unilateral cryptorchidism induces testicular cells’ DNA oxidative damage and apoptosis bilaterally in the rat; the effects of antioxidants administration

177  Minimally invasive imaging in andrology – potential of OCT and pCLE
M. Trottmann, S. Kölle, C. Homann, D. Döring, R. Leeb, S. Reese, C.G. Stief, R. Sroka (Munich, Germany; Dublin, Ireland)

178  Identification of spermatogenically active regions in rat testis by using narrow band imaging system
T. Fukuda, H. Miyake, N. Enatsu, K. Sumii, K. Matsushita, M. Fujisawa (Kobe, Japan)

*179*  Percutaneous epididymal sperm aspiration in the treatment of obstructive azoospermia; analysis of factors predicting treatment outcome

180  Clinical outcomes of sperm cryopreservation in oncological patients: A comparison of germ cell tumours and hematological disorders

181  Low birth weight is associated with a higher rate of health–significant comorbidities and worse seminal parameters – results of a cross-sectional study in primary infertile patients

182  The application of real-time testicular touch print smear in testicular sperm extraction – intracytoplasmic sperm injection treatment for non-obstructive azoospermia
I-S. Huang (Taipei, Taiwan)

183  The influence of the selective serotonin re-uptake inhibitors on spermatogenesis in fertile men with depression
M.N. Korshunov, E.S. Korshunova, M.Y. Gabriya, Y.A. Shtyrya, I.V. Vinogradov (Moscow, Russia)
184 Perinatal and/or postnatal high-fat diet alters testicular morphology and sperm parameters in wistar rats’ offspring

185 Validation of the American society for reproductive medicine guidelines/recommendations in Caucasian-European men presenting for couple’s infertility

Summary
D.A. Ohl, Ann Arbor (US)
# Abstract Video Session 2

**16.00 - 17.30 Reconstructive urethral surgery**

**eURO Auditorium**

**Chairs:** S.G. Joniau, Leuven (BE)  
F. Van Der Aa, Leuven (BE)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

| V9 | Use of the ohmmeter to identify leak site during artificial urinary sphincter revision surgery  
M. Belsante, J. Selph, J. Lloyd, D. Ajay, G.D. Webster, N.B. Le, A.C. Peterson (Durham, United States of America) |
|---|---|
| V10 | A dorsal approach to meatal stenosis in patients with lichen sclerosus: Long term experience from three centres across Europe with the Malone肉oplasty  
J. Kranz, A. Birmie, P. Anheuser, J. Bhatt, P. Navalon, J. Steffens, P. Malone (Eschweiler, Germany; Reading, United Kingdom; Valencia, Spain) |
| V11 | Double-tube stents device for neo-urethra reconstruction of severe type or re-do hypospadias repair  
J-T. Chen, J. Lin (Taichung City, Taiwan) |
| V12 | Urethrolysis and synthetic bulking agent collection removal post peri-urethral injection for stress urinary incontinence  
T. Nimiem, W. Kobak, W. Halgrimson, E. Kocjancic (Chicago, United States of America) |
| V13 | Robotic repair for rectourethral fistula: A new technique  
R. Sotelo Noguera, O. Carmona, R. De Andrade, D. Canes, V. Machuca, L. Nuñez, E. Saenz, L. Medina, C. Marrugo, M. Cabrera (Caracas, Venezuela; Burlington, United States of America) |
| V14 | Double buccal graft in non traumatic bulbar urethral strictures  
A.K. Chawla, P. Hegde (Manipal, India) |
| V15 | Technique of non transecting urethroplasty for short segment non traumatic bulbar urethral strictures  
A.K. Chawla, P. Hegde (Manipal, India) |
| V16 | The use of tunica vaginalis as a graft on the corporal head bodies after glansectomy for penile carcinoma  
I. Vlachiotis, D. Petsis, S. Nannos, P. Christopoulos (Piraeus, Greece; Manchester, United Kingdom) |
Abstract Poster Session 16

16.00 - 17.30 Minimally-invasive radical prostatectomy: A real step forward?

Room Stockholm (Hall 10)

Chairs:  R. Autorino, Cleveland (US)
         C. Stief, Munich (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

What's new in minimally invasive radical prostatectomy
R. Autorino, Cleveland (US)

186 Does surgical approach impact on the risk of positive surgical margin at radical prostatectomy in patients with clinically localized prostate cancer? A single institution analysis
N. Suardi, A. Gallina, M. Bianchi, G. Gandaglia, V. Scattoni, F. Dehò, R. Colombo, M. Freschi, A. Salonia, G. Lughezzani, N.M. Buffi, G. Guazzoni, F. Montorsi, A. Briganti (Milan, Italy)

187 Predicting pathologic outcomes in patients undergoing robot-assisted radical prostatectomy for high risk prostate cancer: A preoperative nomogram
F. Abdollah, D.E. Klett, A. Sood, J.D. Sammon, D. Pucheril, D. Deepansh, D. Mireya, J.O. Peabody, Q-D. Trinh, M. Menon (Detroit, Boston, United States of America)

188 Intra-operative frozen section analysis to increase the rate of nerve-sparing procedures without compromising cancer control: Results from a contemporary population of patients treated with robotic assisted radical prostatectomy

189 RARP allows for improved apical dissection in comparison to LRP: A retrospective analysis of 2 volume and experience matched surgeons
D.W. Good, G.D. Stewart, D. Cahill, S.A. McNeill (Edinburgh, United Kingdom)

190 The Australian laparoscopic non robotic radical prostatectomy experience – analysis of 2943 cases

191 Cancer-control outcomes in patients with clinically high-risk prostate cancer (PCa) treated with robotic-assisted laparoscopic radical prostatectomy (RALP): A multi-institutional database analysis

192 Wisdom of the crowds: Use of crowdsourcing to assess surgical skill of robot-aided radical prostatectomy in a statewide surgical collaborative
J.O. Peabody, D.C. Miller, S. Linsell, T. Lendvay, B. Comstock, B. Lane, R. Sarle, A. Brachulis, T-K. Kim, D. Deepansh, J. Montie, K.R. Ghani (Detroit, Ann Arbor, Seattle, Grand Rapids, Dearborn, United States of America)

193 Validation of the European Association of Urology Robotic Training Curriculum: Pilot study II
G. Novara, A. Volpe, K. Ahmed, P. Dasgupta, H. Van Der Poel, A. Mottrie (Padua, Novara, Italy; London, United Kingdom; Amsterdam, The Netherlands; Aalst, Belgium)
| 194 | A novel surgical technique for preserving bladder neck during robotic-assisted laparoscopic radical prostatectomy: Preliminary results  
| 195 | Validity of an institutional preceptor education program for surgeon training and quality control of surgical outcomes during robot-assisted radical prostatectomy  
| 196 | Intermediate 2 year pentafecta outcomes after robot assisted radical prostatectomy in “all comers”  
A. Kumar, S. Samavedi, A.S. Bates, R. Coelho, B. Rocco, K.J. Palmer, V.R. Patel (Celebration, United States of America) |
| 197 | Perioperative, oncological and functional outcomes of salvage robot assisted radical prostatectomy – a propensity score matched analysis  
A.S. Bates, S. Samavedi, A. Kumar, R. Coelho, B. Rocco, K.J. Palmer, V.R. Patel (Celebration, United States of America) |

Associated video presentation

V31 Much beyond the learning curve of Retzius-sparing robotic-assisted radical prostatectomy  
S. Secco, A. Galfano, D. Di Trapani, G. Petralia, E. Strada, A.M. Bocciardi (Milan, Italy)
Abstract Poster Session 17

16.00 - 17.30  RCC: Prognostic markers

Room Milan (Hall 10)

Chairs:  M. Kuczyk, Hanover (DE)
         B. Ljungberg, Umeå (SE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Guidelines on how to evaluate prognosis in RCC
M. Kuczyk, Hanover (DE)

* 198  Role of urinary neutrophil gelatinase-associated lipocalin in early detection of kidney injury following clampless and clamped laparoscopic partial nephrectomy
F. Porpiglia, R. Bertolo, M. Di Dio, E. Arosio, D. Amparore, C. Fiori (Orbassano, Italy)

199  Prognostic comparison of serum biomarkers for cancer-specific survival of renal cell carcinoma undergoing nephrectomy: C-reactive protein has the highest predictive ability of survival

200  Comparison of the prognostic value of pretreatment measurements of systemic inflammatory response in patients undergoing curative resection of clear cell renal cell carcinoma
I. Lucca, M. De Martino, S.L. Hofbauer, N. Zamani, A. Briganti, S.F. Shariat, T. Klatte (Vienna, Austria; Milan, Italy)

201  Evaluation of plasmatic Kisspeptin as a biomarker for malignancy and subtype differentiation in small renal tumours
M. Horstmann, F. Krause, D. Steinbach, M. Walter, L. Twelker, M-O. Grimm (Jena, Germany)

202  Beta-2-glicoprotein-1 and alpha-1-antitrypsin as urinary prognostic markers of renal cancer in Von Hippel-Lindau patients
M. Allasia, A. Battaglia, E. Garzino, B. Lucatello, A. Notarpietro, G. Mandili, A. Khadjavi, G. Giribaldi, M. Maccario, P. Destefanis, B. Frea (Turin, Italy)

203  Preoperative butyrylcholinesterase level as an independent predictor of overall survival in clear cell renal cell carcinoma patients treated with nephrectomy

204  Nutritional screening is strongly associated with overall survival in patients treated with targeted agents for advanced renal cell carcinoma
W. Gu, Y. Zhu, D. Ye (Shanghai, China)

205  Metabolic profile of glycolysis and pentose phosphate pathway in clear cell–renal cell carcinoma
G. Lucarelli, M. Rutigliano, V. Galleggiante, D. Ribatti, A. Vavallo, F. Sanguedolce, S. Cagiano, P. Bufo, G. Lastilla, E. Maiorano, C. Bettocchi, F.P. Selvaggi, P. Ditonno, M. Battaglia (Bari, Foggia, Italy)

* 206  Prognostic significance of sarcopenia in metastatic renal cell carcinoma: Its association with survival benefit from cytoreductive nephrectomy
H. Fukushima, F. Koga, Y. Nakanishi, K. Tobisu (Tokyo, Japan)
207  Clinical features of renal cell carcinoma associated with Xp11.2 translocation/TFE3 gene fusions
     W.D. Gan, J. He, H.Q. Guo (Nanjing, China)

208  Withdrawn
Abstract Poster Session 18

16.00 - 17.30 Image guided biopsy techniques: What's new?

Room Paris (Hall 10)

Chairs: To be confirmed
A. Villers, Lille (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

209 Comparison of MRI/ultrasound-fusion-biopsy to systematic prostate biopsy in prediction of tumour aggressiveness and final histopathology

210 Concordance of prostate biopsies with radical prostatectomy: A comparison of transperineal, transrectal and transperineal sector-based template techniques

211 Optimal number of sampling cores in MRI-targeted biopsy

212 Diagnostic performance of multiparametric MRI in prostate cancer: Per core analysis of two prospective ultrasound/MRI fusion biopsy datasets

213 Withdrawn

214 The use of targeted MR-guided prostate biopsy reduces the risk of Gleason upgrading on radical prostatectomy
C. Arsov, N. Becker, A. Hiester, L. Schimmöller, M. Quentin, F. Dietzel, H. Gabbert, G. Antoch, P. Albers, R. Rabenalt (Düsseldorf, Heidelberg, Germany)

215 The role of targeted prostate biopsy using magnetic resonance – ultrasound fusion in men with suspicion of prostate cancer

216 An analysis of the utility of mp-MRI with PI-RADS scoring for prostate cancer detection compared with transperineal template mapping biopsy
R.P. Pal, S. Ahmed, A. Bazo, R. Ahmad, T.J. Walton (Nottingham, United Kingdom)

217 PSMA-PET/MRI-guided transrectal fusion biopsy for the detection of prostate cancer
E. Storz, A. Shah, O. Zettinig, M. Eiber, H.-J. Wester, H. Kübler, J. Schwend, M. Schwaiger, B. Frisch, T. Maurer (Munich, Germany)

218 Can elastography targeted biopsies reduce Gleason 3+3 upgrading? Comparing biopsy results with final histopathology Gleason score
K. Boehm, J. Schiffmann, A. Larcher, P. Tennstedt, G. Salomon (Hamburg, Germany; Milan, Italy)

219 Comparison of perineal HistoScanning™ targeted prostate biopsy with transrectal systematic prostate biopsy: Impact on cancer detection
M.F. Hamann, C. Hamann, C. Naumann, D. Olzem, A. Trettel, K.P. Jünemann (Kiel, Germany)
220 Multi-center results of computerized transrectal ultrasound (ANNA/C-TRUS) targeted prostate biopsies in 2356 cases
T. Tokas, B. Grabski, I. Peters, M. Pechoel, M.A. Kuczyk, M. Burchardt, T. Loch (Hanover, Greifswald, Flensburg, Germany)

221 Clinical and pathological characteristics of anterior tumors of prostate detected in transperineal template guided mapping biopsy

222 Inclusion of the anterior apical region of the prostate in a repeat transrectal saturation biopsy protocol results in higher cancer detection rate and upgrading in Gleason score

Summary
A. Villers, Lille (FR)
Abstract Poster Session 19

16.00 - 17.30  Bladder cancer research: Predictive biomarkers

Room Vienna (Hall 10)

Chairs: To be confirmed
E.C. Zwarthoff, Rotterdam (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

223  High aldo-keto reductase 1C1 expression in metastatic bladder cancer cells associated with invasive potential and drug resistance
R. Matsumoto, M. Tsuda, N. Shinohara, T. Abe, S. Tanaka, K. Nonomura (Sapporo, Japan)

224  HPV detection and genotyping in non-muscle invasive bladder cancer by single-step PCR (HPV-L1) and reverse line blot (RLB) hybridization assay

225  Withdrawn

226  Identification of circulating microRNA signatures for upper tract urothelial carcinoma detection
T. Jun, L. Pengchao, Q. Chao, L. Qiang (Nanjing, China)

227  Luzp4 defines a new mRNA export pathway in cancer cells
M.G.K. Cumberbatch, N. Vipakhone, M. Livingstone, P.R. Heath, M. Dickman, J.W.F. Catto, S.A Wilson (Sheffield, United Kingdom)

228  Characterization of miRNA expression pattern from in-vitro obtained exosomes of different urinary bladder cancer cell lines
S. Baumgart, D. Jeppesen, J. Heinzelmann, M. Stöckle, M. Stampe Ostenfeld, K. Junker (Homburg, Germany; Aarhus, Denmark)

229  Murine β-defensin 2 may regulate the effect of bacillus Calmette-Guerin (BCG) in mouse bladder

230  Toll-like receptor 4-dependent, urine-induced activation of the stress sensor inositol-requiring protein 1 (IRE1) pathway in bladder cancer
D.P. Nguyen, H. Liu, J. Mchryystal, T. Flynn, L. Glümer, D.S. Scherr (New York, United States of America)

231  Identifying predictive markers of clinical response to BCG immunotherapy in non-muscle invasive bladder cancer using RNA sequencing

232  Identification of differentially expressed long non-coding RNAs in bladder cancer
S. Peter, E. Borkowska, R. Drayton, C. Rakhit, A. Noon, W. Chen, J. Catto (Sheffield, United Kingdom; Lodz, Poland; Berlin, Germany)

233  Glucose transporter-3 expression predicts poor prognosis in human bladder urothelial carcinoma and is associated with epithelial mesenchymal transition
Y-C. Ou, Y-S. Tsai, C-J. Liu, Y-L. Kao, K-Y. Wu, H-T. Tsai, Y-C. Jou, W-H. Yang, T-S. Tsai (Tainan, Chia-Yi, Taiwan)
234 Overexpression of the long noncoding rna loc572558 impairs in vitro bladder cancer cell proliferation by regulating p53
Z. Yiping, Y. Dingwei, Z. Hailiang (Shanghai, China)

235 Direct isolation, culture and characterisation of the side population of human urothelium: In quest of the urothelial stem cells
T. Pastor Navarro, I. Cervelló Alcaraz, R. Soler Mesquita, C. Simón Vallés, M. Gil Salom (Manises, Valencia, Spain; Winston-Salem, United States of America)

236 Markedly increased oct-4 and nanog expression correlates with multidrug resistance (MDR) process in bladder carcinoma
S. Yi, L Liang, C. Yule, C. Yongyi, H. Dalín (Xi’an, China)

Summary
E.C. Zwarthoff, Rotterdam (NL)
Abstract Poster Session 20

16.00 - 17.30 Men’s sexual health: Focus on testosterone and premature ejaculation

Room Barcelona (Hall 10)

Chairs: B. Cuzin, Lyon (FR)
E.J.H. Meuleman, Amsterdam (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 237 Effects of long-term testosterone therapy for up to 84 months in hypogonadal men on prostate-related parameters
A. Haider, K.S. Haider (Bremershaven, Germany)

238 Withdrawn

* 239 Testosterone treatment is not associated with increased risk of prostate cancer or cardiovascular events: Results from the Registry of Hypogonadism in Men (RHYME)

240 Long term testosterone treatment: Effects of therapy withdrawal and re-treatment in hypogonadal elderly men on obesity, voiding function and prostate safety parameters. How long should hypogonadal subjects be treated?
A. Yassin, R. Taleb, Y. Al Mehmadi, G. Doros, A. Traish (Norderstedt-Hamburg, Germany; Doha, Qatar; Boston, United States of America)

241 Does testosterone deficiency exaggerate the clinical symptoms of Peyronie’s disease?
N.C. Park, H.J. Park, D.Y. Yang (Busan, Seoul, South Korea)

242 Is on demand use of tramadol more effective than selective serotonin reuptake inhibitors and/or sildenafil and/or topical penile anesthetics in treating premature ejaculation (PE)?
V. Boulos, A. Hassanin, M.F. Roaiah (Cairo, Egypt)

243 Predictors of TEAEs caused by dapoxetine in patients treated for PE: Results from a large European observational study
P. Verze, M. Franco, D. Arcanio, R. La Rocca, G. La Pera, V. Mirone (Naples, Rome, Italy)

244 Discontinuation of dapoxetine treatment in patients with premature ejaculation: A 2-year prospective observational study
H.J. Park, N.C. Park, D.G. Moon (Busan, Seoul, South Korea)

245 Comparison of the treatment efficacies of paroxetine, fluoxetine and dapoxetine in patients with lifelong premature ejaculation
M. Balci, A. Atan, O. Guzel, Y. Aslan, A. Tuncel, U. Lokman, C. Senel (Ankara, Turkey)

246 Premature ejaculation: Comparison of treatment. Pharmacotherapy vs pharmacotherapy in association with group psychotherapy vs group psychotherapy
M. Vella, C. Scalici Gesolfo, G. Scaduto, G. Gambino, D. Abbadessa, G. Falgares, C. Pavone (Palermo, Italy)

247 Relationship between premature ejaculation and chronic prostatitis/chronic pelvic pain syndrome
J-H. Lee, S.W. Lee (Seoul, South Korea)
Healthcare providers adherence to the risk minimization measures for prescribing dapoxetine significantly reduces the TEAEs incidence: Results from a large European observational study

M. Franco, D. Arcaniolo, R. La Rocca, D. Arcaniolo, G. La Pera, V. Mirone (Naples, Avellino, Rome, Italy)

Summary
E.J.H. Meuleman, Amsterdam (NL)
Abstract Poster Session 21

**Room N101-102 (North building, level 1)**

*Chairs:* R.S. Pickard, Newcastle (GB)
V. Smelov, St. Petersburg (RU)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**249**

Antimicrobial susceptibilities of urinary extended spectrum beta-lactamase-producing Escherichia coli and Klebsiella pneumoniae to fosfomycin in health care associated urinary tract infection

**250**

Long consecutive hospital holidays would be a mortality risk in emergent calculous pyelonephritis: Population-based analysis

**251**

Prediction of infection caused by Extended-Spectrum Beta-Lactamase (ESBL) producing agents: Development of a clinical decision-making nomogram
A. Garcia-Tello, H. Giemnad, C. Redondo, E. Meilhan, D.M. Arana, J. Cacho, J.C. Angulo (Madrid, Spain)

**252**

Nonclostridial anaerobic bacteria – an etiological factor of complicated infection of the upper urinary tract (experimental studies)
M.I. Kogan, J.L. Naboka, D.G. Pasechnik, E.V. Mitusova, I.A. Gudima (Rostov-on-Don, Russia)

**253**

Colonizations on biofilm layers of double-J catheters under sterile urine conditions
I. Basmaci, Y. Zer, O. Bayrak, E. Kirkgoz Karabulut, H. Sen, S. Erturhan, I. Seckiner (Gaziantep, Turkey)

**254**

Urinary tract infections, resistance patterns and effectiveness of antimicrobial perioperative prophylaxis after transurethral procedures
A. Mortezaei, M. Fröhlich, J. Fehr, T. Sulser, D. Eberli (Zürich, Switzerland)

*255*

F.M.E. Wagenlehner, R. Bartoletti, T. Cai, M. Cek, M. Grabe, B. Koves, E. Kulchavenya, K. Naber, T. Perepanova, A. Pilatz, Z. Tandogdu, P. Tenke, W. Weidner, J. Wolf, B. Wullt, T. Bjerkland-Johansen (Giessen, Munich, Germany; Florence, Trento, Italy; Edirne, Turkey; Malmö, Lund, Sweden; Budapest, Hungary; Novosibirsk, Moscow, Russia; Newcastle, United Kingdom; Oslo, Norway)

**256**

Prostatic penetration of pazeufloxacin in humans, and dosage considerations for prostatitis based on a site-specific pharmacokinetic/pharmacodynamic evaluation

**257**

Screening of antimicrobial resistant Escherichia coli in rectal flora among men undergoing transrectal prostate biopsy
Y. Nasu, S. Sako, N. Kosaka, M. Sugimoto (Okayama, Japan)
258 Improved detection and identification of urinary tract pathogens in immunosuppressed patients by combining Urine Flow-cytometry (UF) and Matrix-Assisted Laser Desorption/Ionization – Time Of Flight mass-spectrometry (MALDI-TOF)
G. Bonkat, D. Goldenberger, A. Regeniter, J. Halter, A. Bachmann, M. Rieken, G. Müller, J Steiger, R. Frei, A. Egli (Basel, Switzerland)

259 Microbiota bladder and pelvis urine in complicated infections of the upper urinary tract
J.L. Naboka, M.I. Kogan, E.V. Mitusova, I.A. Gudima (Rostov-on-Don, Russia)

260 Procalcitonin: A potential novel marker for urinary tract inflammation and sepsis

261 Epigenetic deregulation of CXCL12 and its receptor CXCR4 in CP/CPPS patients

262 Adding cranberry extract to flexible cystoscopy profilaxis decreases urinary infection rates
A. Ciudin, J. Sanchez, A. Wahab, S. Mando, A. Alcaraz (Barcelona, Spain)
# Abstract Poster Session 22

## 16.00 - 17.30 Management of LUTS and nocturia

### Room N103 (North building, level 1)

**Chairs:**  
- B. Geavlete, Bucharest (RO)  
- A. Wagg, Edmonton (CA)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

| **263** | Comparative effectiveness of three different teaching methods in behavioural therapy program for female overactive bladder: A randomized controlled trial  
**E. Gezginçi, E. Ivygün, S. Yılmaz, E. Aydur (Ankara, Turkey)** |
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<td><strong>264</strong></td>
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| **265** | Effects of mirabegron on objective and subjective outcome measures in patients with mixed stress and urgency incontinence: Results of pooled analysis of three 12-week, phase III trials  
**F. Cruz,** P. Van Kerrebroeck, V.W. Nitti, V. Khullar, S. Herschorn, M.B. Blauwet, C.R. Chapple, E. Siddiqui (Porto, Portugal; Maastricht, The Netherlands; New York, Northbrook, United States of America; London, Sheffield, Chertsey, United Kingdom; Tokyo, Canada) |
| **266** | Objective efficacy of mirabegron on storage and voiding function in patients with over-active bladder that are unresponsive to antimuscarinic treatment, based on a urodynamic study  
**Y. Matsukawa, S. Takai, Y. Funahashi, T. Fujita, Y. Yoshino, T. Yamamoto, M. Gotoh (Nagoya, Japan)** |
| **267** | Persistence with mirabegron, a beta-3 adrenoceptor agonist, versus antimuscarinics in patients with over-active bladder: Early UK experience  
**A. Wagg,** S. Foley, J. Peters, L. Scrine (Edmonton, Canada; Reading, London, Chertsey, United Kingdom) |
| **268** | Drug persistence and compliance affecting patient reported outcomes in overactive bladder syndrome patient  
**T.H. Kim,** M.S. Choo, K-S. Lee (Seoul, South Korea) |
| **269** | Intravesical administration of hyaluronic acid with tacrolimus for treatment of bladder pain  
**Y.B. Mirkin,** A. Karapetyan, S. Shumoff, K. Mirkina (Krasnodar, Russia) |
| **270** | Clinical study on inflammation related biomarkers in patients treated for LUTS related to BPH: A prospective, double-blind, randomised study comparing hexanic LSESr (Permixon®) with tamsulosin  
| **271** | Detrusor wall thickness effect of dutasteride add-on therapy to alpha-adrenergic antagonist for patients with benign prostatic enlargement: A single centre prospective study  
**C. De Nunzio,** F. Esperto, F. Presicce, F. Puccini, M. Bellangino, R. Lombardo, A. Brasetti, A. Tubaro (Rome, Italy) |
| **272** | Impact on the improvement of depression and anxiety by lower urinary tract symptoms treatment: A prospective multicenter trial  
| **273** | Salt intake is associated with nocturia, and affects the quality of life in the urinary symptoms  
**T. Matsuo,** A. Asai, K. Mitsunari, K. Ohba, Y. Miyata, H. Sakai (Nagasaki, Japan) |
* 274  Is the reduction to less than two nocturnal voids a relevant clinical treatment goal in nocturia patients?  
T. Holm-Larsen, A. Malmberg, E. Van Der Meulen, J.P. Nørgaard (Farum, Copenhagen, Denmark)

Summary
A. Wagg, Edmonton (CA)
Abstract Poster Session 23

16.00 - 17.30 Androgens, growth factors, and cytokines in the regulation of prostate cancer cellular events

Room N104 (North building, level 1)

Chairs: S. Perner, Bonn (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

275 In1-ghrelin splicing variant is over-expressed in prostate cancer where it increases aggressiveness features

276 A novel androgen-responsive gene, G3BP2, induces therapeutic-resistance in castration-resistant prostate cancer cells
D. Ashikari, K. Takayama, D. Obinata, T. Urano, S. Inoue, S. Takahashi (Tokyo, Japan)

277 AR driven growth in CRPC depends predominantly on androgen precursors secreted by the adrenal gland

278 Androgen receptor positive stromal cells regulate prostate cancer proliferation through non-canonical Wnt signaling
S. Takahashi, I. Takada, N. Terada, R.H. Getzenberg, Y. Homma (Tokyo, Japan; Memphis, United States of America)

279 The potentiality of androgen synthesis in prostate cancer cell lines
C.H. Ohlmann, J. Haupenthal, M. Saar, J. Van Der Zee, M.S. Stöckle, P. Thelem, R. Hartmann, G. Unteregger, A. Martins (Homburg, Saarbrücken, Göttingen, Germany)

280 Epigenetic regulation of fibulin-2 in prostate cancer
D. Burcheri, F. Wagenlehner, K. Steger, W. Weidner, S. Gattenloehner, T. Dansranjavin (Giessen, Germany)

281 Long-term exposure to leptin enhances the growth of prostate cancer cells
T. Noda, T. Kikugawa, N. Tanji, N. Miura, S. Asai, M. Yokoyama, S. Higashiyama (Toon, Japan)

282 MED12 overexpression is a frequent event in castration-resistant prostate cancer

283 Similar expression to FGF (Sef) is an important determinant of the prostate cancer cells’ ability to metastasise in vivo

284 Dietary high fat promotes prostate cancer aggressiveness in TRAMP mice: The critical role of circulating cytokines
M. Hu, H. Xu, P. Bai, W. Zhu, H. Jiang, Q. Ding (Shanghai, China)
285  **CCL2 promotes integrin-mediated adhesion of prostate cancer cells**
I. Tsaur, J. Rutz, J. Makarevic, E. Juengel, K. Gust, H. Borgmann, D. Schilling, G. Bartsch, A. Haferkamp, R. Blaheta (Frankfurt, Germany)

286  **Oncogenic versus tumour suppressor potential of the new N-hydrolase DNPH1 in prostate and kidney cancers**
S. Danilin, C. Amiable, P-A. Kaminski, J. Paoletti, C. Coquard, V. Lindner, H. Lang, S. Pochet, T. Massfelder (Strasbourg, Paris, France)

287  **Amino-terminal enhancer of split/AES is a tumor and metastasis suppressor of prostate cancer**

288  **The role of HO-1 derived CO in pathogen-associated inflammation in the prostate**
L. Vikstrom, B. Wegiel (Boston, United States of America)

**Summary**
To be confirmed
Abstract Poster Session 24

16.00 - 17.30 Male infertility: Clinical

Room Retiro (Hall 10, level 1)
For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1

Chairs:  C. Bettocchi, Bari (IT)
         G.R. Dohle, Rotterdam (NL)

Post viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

289 Sperm selection in TESE: Which parameters affect the pregnancy rate after ICSI?

290 Analysis of sperm retrieval techniques in azoospermic men

291 Cytological evaluation of spermatogenesis: A novel and simple diagnostic method to assess spermatogenesis in non-obstructive azoospermia using testicular sperm extraction specimens

292 Cytogenetic abnormalities in men with sub-fertility. Analysis of the frequency of abnormalities and determination of a threshold sperm concentration for genetic testing

293 The clinical value of assessing sperm chromosomal aneuploidy in couples undergoing failed intracytoplasmic sperm injection (ICSI) and its correlation with semen parameters

294 A correlation between selenium and carnitine levels with hyposmotic swelling test for sperm membrane in low-grade varicocele patients
B. Pajovic, N. Radiojevic, A. Dimitrovski, M. Vukovic (Podgorica, Montenegro; Kragujevac, Serbia)

295 Sperm protamine mRNA ratio and DNA fragmentation index represent reliable clinical biomarkers for men with varicocele after microsurgical varicocele ligation
K. Ni, K. Steger, H. Yang, H. Wang, K. Hu, B. Chen (Giessen, Germany; Shanghai, China)

296 Is artery preservation varicocelectomy of better outcome than artery ligating technique in severe oligozoospermia?
K. Hafez, A. Zoeir, K. Salem (Tanta, Egypt)

297 Efficacy of microsurgical subinguinal varicocelectomy using indocyanine green fluorescence angiography

298 Semen characteristics, fertilization potential, aneuploidy and sperm chromatin decondensation in men with testicular cancer
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<td>301</td>
<td>Post vasectomy follow-up protocol: Is it time to review our practice in the UK?</td>
<td>J. Barclay, R. Gujadur, A. Thorpe, D. Thomas, A. McCann, L. Lee, M. Pantelides, A. Crump (Newcastle-upon-Tyne, Bolton, Blackburn, United Kingdom)</td>
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European Urology Scholarship Programme (EUSP)
Sharing knowledge beyond boundaries

Submission deadlines: 1 January, 1 May, 1 September

The following programmes are offered by the EUSP:

- **Laboratory Research Scholarship (1 year)**
  A year-long programme for final-year residents or young urologists to conduct high-quality basic research at a leading European facility.

- **Clinical Research Scholarship (1 year)**
  A year-long programme for final-year residents or young urologists to conduct high-quality clinical research at a leading European facility.

- **Clinical Visit (3 months)**
  A three-month programme for residents or young urologists to acquire technical skills at a certified host institution in a foreign country.

- **Short Visit (3 weeks)**
  A short visit is the first step for a laboratory or clinical research scholarship. It serves to make preparations for the research project and the longer stay.

- **Visiting Professor Programme**
  This grant helps hospitals without the necessary means to invite a leading academic urologist to visit for four days and give lectures, courses and seminars.

For more information please contact the EUSP Office: eusp@uroweb.org or visit the website www.uroweb.org/education/career-development/scholarship
Plenary Session 2

07.30 - 10.55  Prostate cancer

eURO Auditorium (Hall 10)

Chairs:  A. Stenzl, Tübingen (DE)
         M. Wirth, Dresden (DE)

Aims and objectives of this plenary session
There will be high profile presentations regarding “Controversies in prostate cancer”. These will include chemoprevention, genomic alterations of early onset prostate cancer, PSA screening and risk stratification, active surveillance, avoidance of local treatment morbidity, various aspects of oligometastatic disease and how to deal with possible predictive genetic changes without any clinical evidence of prostate cancer.

07.30 - 08.00  Highlight session 1

Lower urinary tract dysfunction
G.R. Kasyan, Moscow (RU)

Prostate disease
R. Van Soest, Rotterdam (NL)

Reconstruction
N. Osman, Sheffield (GB)

08.00 - 08.45  Panel discussion Better ways to identify the low-risk patient

Moderator:  B. Djavan, Vienna (AT)

Do we have to use imaging with biopsy?
G. Villeirs, Ghent (BE)

Are there usable molecular markers?
G. Jenster, Rotterdam (NL)

Is the young patient a candidate for active surveillance?
F. Recker, Aarau (CH)

Discussion

08.45 - 09.10  Hot topic lecture Chemotherapy in hormone sensitive patients

Presenter:
C. Sweeney, Boston (US)

Discussant:
J. Irani, Poitiers (FR)

Aims and objectives
Discuss the role of chemotherapy in hormone sensitive metastatic prostate cancer with a focus on discussing which patients are candidates and which patients are most likely to benefit from the early use of chemotherapy.
09.10 - 09.55  Panel discussion Surgery or radiotherapy: Treatment decisions for the high-risk patient

Moderator: A. Heidenreich, Aachen (DE)

Is radiotherapy really less toxic than surgery?
A. Bossi, Villejuif (FR)

Is quality of life after surgery better than after radiotherapy?
M. Graefen, Hamburg (DE)

True morbidity of multimodality treatment
F. Montorsi, Milan (IT)

Discussion

Aims and objectives
Management of high risk PCA is highly controversial, and often triggered by non evidence-based decisions. It is the aim of the panel discussion to develop a multimodality treatment algorithm which considers individual cancer biology, pretherapeutic imaging studies, lower urinary tract symptoms, comorbidity, and expectations of the patient in the decision-making process.

09.55 - 10.10 State-of-the-art lecture Why does anti-androgen therapy fail?

N.J. Maitland, York (GB)

Aims and objectives
The presentation will reinforce the concept of heterogeneity in advanced prostate cancers, and will discuss the alternative explanations for resistance to anti-androgen therapies such as induced or pre-existing changes within the tumour mass or the existence of a cancer stem-like cell population, which is inherently insensitive to all anti-androgen treatments. Implications for the design of the next generation of treatments for prostate cancer will also be presented.

10.10 - 10.55 Case discussion Recurrent and metastatic disease

Moderator: P. Albers, Düsseldorf (DE)

Defining and treating oligo-metastatic disease
S.G. Joniau, Leuven (BE)

Optimal sequence of treatment of Castration-Resistant Prostate Cancer (CRPC)
K. Miller, Berlin (DE)

Treatment of bone metastasis
F. Saad, Montreal (CA)

Discussion

Aims and objectives
This part of the plenary deals with the treatment of patients with metastatic prostate cancer. The focus is on new treatment modalities like surgery or radiotherapy of the prostate in patients with oligo-metastatic disease, the optimal sequence of drugs for systemic treatment and take on a state-of-the-art lecture to treat bone mets. The cases presented will help to guide treatment decisions in these highly debated fields.
Abstract Video Session 3

08.45 - 10.15 Complex mini invasive surgery

Room Stockholm (Hall 10)

Chairs: U. Nagele, Hall in Tirol (AT)
       R.F. Van Velthoven, Brussels (BE)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

V17 Nerve sparing laparoscopic radical prostatectomy with hydro-dissection, intrafascial technique
E. Ramos-Barcelo, J.P. Rioja Zuazu, M. Dominguez, E. Mediavilla, J.I. Del Valle, J.L. Gutierrez, M. Ruibal,
J. Portillo, L. Martinez-Piñeiro, J.A. Peña, J. Huguet, M. Ramirez-Backhaus, A. Borque, M.J. Gil Sanz
(Santander, Zaragoza, Pontevedra, Madrid, Barcelona, Valencia, Spain)

V18 Withdrawn

V19 Laparoscopic right nephrectomy for renal artery aneurysm with right autotransplantation
A. Breda, P. Juárez Del Dago, O. Rodríguez Faba, H. Villavicencio (Barcelona, Spain)

V20 Laparoscopic right partial nephrectomy for pediatric metanephric adenoma
E. Ozden, Y. Bostanci, A. Fatih, H. Çetin, B. Yaşız, S. Şaban (Samsun, Giresun, Turkey)

V21 NOTES-assisted laparoscopic transvesical bladder diverticulectomy
A. Magdy, M. Mitterberger, G. Janetschek (Salzburg, Austria)

V22 Advanced minimally invasive surgery in living kidney donors
A.W. Branco, L.C. Stunitz, S. Nichele, J.C. Foiatto, J.D. Scheffer, M. Gatti, K. Stelmasuk (Curitiba, Brazil)

V23 Simultaneous bilateral robotic partial nephrectomy: The description of our technique
C. Giberti, F. Gallo, M. Schenone, P. Cortese (Savona, Italy)

V24 Laparoendoscopic single site plus one port (LESS POP) nephroureterectomy
A. Tsivian, Y. Stanovsky, M. Tsivian, S. Benjamin, A. Sidi (Holon, Israel; Durham, United States of America)
Abstract Poster Session 25

08.45 - 10.15  
RCC: Outcome prediction

Room Milan (Hall 10)

Chairs:  V. Matveev, Moscow (RU)  
J.J. Patard, Le Kremlin-Bicêtre (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

303  Exploration of new predictive factors of post-partial nephrectomy renal function: Is sophisticated film technology or microscopic examination valuable in clinical practice?  
T. Sejima, N. Yamaguchi, H. Iwamoto, T. Masago, S. Morizane, M. Honda, A. Takenaka (Yonago, Japan)

304  Histopathological validation of the Surface-Intermediate-Base (SIB) margin score for standardized reporting of resection techniques during nephron-sparing surgery (NSS)  

305  Contemporary role of renal mass biopsy: Diagnostic accuracy and outcomes according to biopsy indication  

306  The natural evolution of oncocytomas: Can they be safely followed by surveillance?  
P.O. Richard, M.A.S. Jewett, J.R. Bhatt, N. Timilshina, A.J. Evans, A. Finelli (Toronto, Canada)

* 307  The sub-classification of papillary renal cell carcinoma does not affect oncological outcomes after nephron sparing surgery  

308  Evaluation of the prognostic significance of perirenal fat invasion and tumor size in patients with pT1 to pT3a localized renal cell carcinoma in a comprehensive multi-center study of the CORONA project. Can we improve prognostic discrimination of patients with stage pT3a tumors?  

* 309  Cystic renal cell carcinoma – favourable prognosis regardless of tumour size or T-stage confirmed in large population-level study at ten years follow up  
J.R. Bhatt, S. Kawaguchi, P.O. Richard, N. Timilshina, A. Evans, S. Alibhai, M.A.S. Jewett, A. Finelli (Toronto, Canada)

310  Histology impacts survival outcomes in contemporary patients undergoing primarily partial nephrectomy for renal cell carcinoma  
D.P. Nguyen, E. Vertosick, R.B. Corradi, A. Vilaseca, D.D. Sjoberg, N.E. Benfante (New York, United States of America)
311  Prognostic effect of inflammatory lymphadenopathies in renal cell carcinoma patients treated with nephrectomy and extended lymph node dissection
U. Capitanio, E. Di Trapani, R. Matloob, M. Freschi, P. Capogrosso, C. Carenzi, A. Salonia, P. Dell’Oglio, A. Briganti, A. Gallina, F. Montorsi, R. Bertini (Milan, Italy)

312  Accuracy capabilities comparisons between Karakiewicz, Kattan and Cindolo nomograms in predicting outcomes for renal cancer carcinoma: A systematic review and meta-analysis
G.I. Russo, T. Castelli, A. Di Rosa, V. Favilla, E. Frugalà, S. Privitera, S. Cimino, G. Morgia (Catania, Italy)

313  Zonal Nephro Score: External validation for predicting complication after open partial nephrectomy
M.C. Kriegmair, P. Mandel, M. Anett, M.S. Michel, D. Pfalzgraf (Mannheim, Germany)

Summary
J.J. Patard, Le Kremlin-Bicetre (FR)
Abstract Poster Session 26

08.45 - 10.15  Prostate cancer: Early detection with serum and urine markers

Room Paris (Hall 10)

Chairs:  Y. Fradet, Quebec (CA)
        M.P. Matikainen, Helsinki (FI)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

Novel serum and urine markers in prostate cancer
Y. Fradet, Quebec (CA)

314  Urinary biomarkers for the detection of prostate cancer in patients with High-Grade Prostatic Intraepithelial Neoplasia (HGPIN)

315  Prospective randomized controlled study of the role of PSA and PCA3 testing in a sequential manner in an opportunistic screening program for early diagnosis of prostate cancer

316  Accuracy of the prostate health index versus the urinary prostate cancer antigen 3 score to predict overall and significant prostate cancer at initial biopsy

317  Prostate biopsy pathological patterns in men with prostate cancer gene 3 (PCA3) score fluctuations
S. De Luca, R. Passera, E. Bollito, S. Cappia, S. Grande, C. Fiori, M. Manfredi, D.F. Randone, F. Porpiglia (Orbassano, Turin, Italy)

318  The performance of the 4Kscore for predicting high-grade cancer on biopsy of the prostate does not depend on the age of the patient
S. Punnen, D. Sjoberg, S. Zappala, D. Parekh (Miami, New York, Andover, United States of America)

319  Using gene expression from urine sediment to diagnose prostate cancer: Development of a new multiplex mRNA urine test and validation of current biomarkers
L. Mengual, J.J. Lozano, M. Ingelmo-Torres, L. Izquierdo, M. Musquera, M.J. Ribal, A. Alcaraz (Barcelona, Spain)

320  The 17-gene genomic prostate score assay: Initial commercial experience of 4,000 patients
E.M. Burke, B.S. Denes, R. Lu, M. Rotheny, A.C. Tsiatis, H.J. Lawrence, P.G. Febbo (Redwood City, United States of America)

321  European multi-centre study to assess the aggressiveness of prostate adenocarcinoma in newly-diagnosed patients using a cell-cycle gene expression assay (Prolaris™) in biopsy specimens (EMPATHY-P Study)
F. Porpiglia, A. Sapino, L. Daniele, P. Albers, C. Arsova, R. Correa, M.A. Cabeza, M. Kiwatkowski, A. McNeill, G. Stewart, C.M. Moore, M. Kriegmair, K. Copeland, C.R.W. Hayward (Orbassano, Turin, Italy; Düsseldorf, Munich, Germany; Málaga, Madrid, Spain; Aarau, Zurich, Switzerland; Edinburgh, London, United Kingdom)
322 Development and validation of a post-DRE urine-based multigene signature for detection of aggressive prostate cancer prior to biopsy
J-F. Haince, G. Beaudry, E. Paquet, L. Aaron, R. Sabbagh, V. Fradet, N. Fleshner, Y. Fradet (Quebec, Greenfield Park, Sherbrooke, Toronto, Canada)

323 Associations between PSA kinetics and cause-specific mortality in patients with localised prostate cancer managed observationally: A sub-group analysis of the SPCG-6 study
F.B. Thomsen, K. Brasso, K.D. Berg, T.A. Gerds, J-E. Johansson, A. Angelsen, T.L. Tammela, P. Iversen (Copenhagen, Denmark; Örebro, Sweden; Trondheim, Norway; Tampere, Finland)

324 Is PSA density a useful biomarker in the age of frequent imaging for prostate cancer?

325 Adiposis is an independent risk-factor for developing high-risk prostate cancer - a prospective study
T. Schnöller, A. Schrader, F. Jentzmik, J. Steinestel (Ulm, Münster, Germany)

326 Opposite effects of hypogonadism on localized prostate cancer histological features and outcome after radical prostatectomy
Abstract Poster Session 27

08.45 - 10.15  New insights and technological advances in urothelial carcinomas of the upper tract

Room Vienna (Hall 10)

Chairs:  H. Aboul-Enein, Mansoura (EG)
         J.H. Hong, Seoul (KR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (∗) are 3 minutes in length, followed by 3 minutes for discussion.

327 Impact of smoking status and cumulative exposure on intravesical recurrence of upper tract urothelial carcinoma after radical nephroureterectomy
E.N. Xylinas, L.A. Kluth, M. Rieken, D.S. Scherr, V. Margulis, Y. Lotan, J. Martinez-Salamanca, K. Matsumoto, P.I. Karakiewicz, S.F. Shariat (Paris, France; New York, Dallas, United States of America; Madrid, Spain; Kanagawa, Japan; Montreal, Canada; Vienna, Austria)

328 Early repeated ureteroscopy within 6-8 weeks after a primary endoscopic treatment in patients with upper tract urothelial cell carcinoma - preliminary findings
L. Villa, J. Cloutier, J-N. Cornu, J. Letendre, A. Ploumidis, A. Salonia, F. Montorsi, O. Traxer (Paris, France; Milan, Italy)

329 The therapeutic impact of lymph node dissection during radical nephroureterectomy for upper urinary tract urothelial carcinoma: Multi-institutional case series study JCOG1110-A

330 Who should receive perioperative chemotherapy in upper tract urothelial cancer? Risk classification for selecting candidate using preoperative factors

331 Multicenter external validation of a post-operative nomogram for predicting the risk of intravesical recurrence after radical nephroureterectomy for upper tract urothelial carcinoma

* 332 A systematic review and meta-analysis of clinicopathologic factors linked with intravesical recurrence after radical nephroureterectomy to treat upper tract urothelial carcinoma

* 333 Diagnostic ureteroscopy increases the risk of intravesical recurrence in patients with upper tract urothelial carcinoma treated with radical nephroureterectomy

334 Carcinoma in situ is significantly under detected by pre-nephroureterectomy ureteroscopy (PNU) in the management of upper tract urothelial cancers
G. Nabi, E. Mains, A. Shams Ud Din, C. Biyani (Dundee, London, Yorkshire, United Kingdom)
| 335 | Preoperative prediction algorithm for the selection of candidates for neoadjuvant chemotherapy in upper tract urothelial carcinomas |
| 336 | Intermediate-term oncologic outcomes following robot-assisted nephroureterectomy with lymph node dissection and bladder cuff excision for upper tract urothelial carcinoma management |
|     | A. Aboumohamed, A. Hemal (Winston Salem, United States of America) |
| 337 | Perioperative outcomes of open versus minimally invasive nephroureterectomy: An analysis of 896 patients from the ACS NSQIP database |
| 338 | Impact of previous, simultaneous or subsequent bladder cancer on prognosis after radical nephroureterectomy for upper urinary tract urothelial carcinoma: Multi-institutional case series study JCOG1110-A |

**Summary**

H. Abol-Enein, Mansoura (EG)
Abstract Poster Session 28

**08.45 - 10.15 Trauma and emergencies**

**Room N101-102 (North building, level 1)**

Chairs: E. Serafetinides, Athens (GR)  
D.J. Summerton, Leicester (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

State-of-the-art lecture Blast injuries to the urogenital tract  
R. Viney, Birmingham (GB)

* 339 Factors predicting the outcome of non-operative management of high grade blunt renal trauma  
A.M. Maarouf, A-F. Ahmed, E. Shalaby, Y. Badran, E.A. Salem, F. Zaiton (Zagazig, Cairo, Ismailia, Egypt)

340 Initial management of pelvic fracture urethral distraction injury: Urethral realignment versus suprapubic tube  
M.A. Abdalla, T.M. Ibrahim, A.M. Abdel Latif (Assiut, Egypt)

341 Withdrawn

342 Endoscopic rendezvous procedure for ureteral iatrogenic detachment: Report of a case series with long-term outcomes  

343 Withdrawn

344 Incidence and management of iatrogenic ureteral injuries in colorectal surgery  
T. Marcelissen, M. Smits, M. Sosef (Heerlen, The Netherlands)

345 Fournier gangrene - some new aspects  
D. Kojic, D. Spasic, V. Vukotic, U. Babic, S. Kapetanovic (Belgrade, Serbia)

346 Delay of surgical treatment of penile fracture results in poor functional outcome: Results from a large retrospective multicenter European study  
G. Bozzini, M. Albersen, J. Romero Otero, M. Margreiter, E. Garcia Cruz, A. Mueller, C. Gratzke, E.C. Serefoğlu, J.I. Martinez Salamanca, P. Verze (San Donato Milanese, Naples, Italy; Leuven, Belgium; Madrid, Barcelona, Spain; Vienna, Austria; Zurich, Switzerland; Munich, Germany; Istanbul, Turkey)

347 The role of magnetic resonance imaging (MRI) in the diagnosis of penile fracture  
E. Saglam, F. Tarhan, M.B. Hamarat, A. Ozgul, K. Sarica (Istanbul, Turkey)

348 An alternative treatment in complex ureter and renal vascular injuries: Renal auto transplantation  
Y.K. Yakupoglu, F. Atac, E. Ozden, H. Cetin, Y. Bostanci, A.F. Yilmaz, S. Sarikaya (Samsun, Giresun, Turkey)

EAU Guideline update - non-surgical management of severe renal injuries  
D.J. Summerton, Leicester (GB)
## Abstract Poster Session 29

**Room N103 (North building, level 1)**

**Chairs:** M. Lazzeri, Florence (IT)  
P.E. Zimmern, Dallas (US)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

<table>
<thead>
<tr>
<th>Abstract Number</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>349</td>
<td>Is the first day of the 3 days bladder diary (3dBD) enough to assess the reliability of symptom reports in women with lower urinary tract symptoms?</td>
<td>L. López-Fando Lavalle, M. Jimenez Cidre, J.M. Gómez De Vicente, D. Carracedo, L. Martínez Arcos, J. Burgos Revilla (Madrid, Spain)</td>
</tr>
<tr>
<td>350</td>
<td>Pilot study: Plung as a surrogate measure for abdominal pressure in urodynamics for patients with stress urinary incontinence</td>
<td>H. Wadhwa, W. Halgrimson, F. Marson, W. Kobak, E. Kocjancic (Chicago, United States of America; Turin, Italy)</td>
</tr>
<tr>
<td>351</td>
<td>Combined urodynamic pathophysiology in women with clinically-defined stress urinary incontinence symptoms: Comparisons between uncomplicated and complicated individuals from a multicenter database</td>
<td>S.J. Jeong, T.J. Kim, I.J. Lee, J.K. Jo, Y.I. Lee, K.B. Kim, J.H. Kim, C.H. Noh, Y. Lee, M. Kim, M.S. Choo, S.Y. Cho, S.-J. Oh (Seongnam, Chuncheon, Seoul, Dongtan, South Korea)</td>
</tr>
<tr>
<td>352</td>
<td>Psychological profile of female patients with bladder outlet obstruction - a nationwide population-based study</td>
<td>Y.H. Fan, H.J. Chung, E. Huang, A. Lin, K.K. Chen (Taipei, Taiwan)</td>
</tr>
<tr>
<td>353</td>
<td>Female bladder outflow obstruction: An increasing but under-diagnosed phenomena</td>
<td>S. Malde, E. Solomon, J.L. Ockrim, T.J. Greenwell (London, United Kingdom)</td>
</tr>
<tr>
<td>354</td>
<td>Evaluation of two novel urodynamic parameters in the novel of female obstructive voiding</td>
<td>K.V. Mytilekas, E. Ioannidou, M. Kalitzi, E. Ioannidis, A. Apostolidis (Thessaloniki, Greece)</td>
</tr>
<tr>
<td>355</td>
<td>Evaluation of perioperative cough stress test during transobturator mid-urethral sling surgery</td>
<td>S.L. Kirecci, A. Simsek, A. Dalkılıç, G. Bayar, K. Horasanlı, G. Gurbuz (İstanbul, Turkey)</td>
</tr>
<tr>
<td>356</td>
<td>Knowledge and believes about pelvic floor muscles and (dys)function: A cross sectional study in women of different age groups</td>
<td>H. Neels, S. De Wachter, J-J. Wyndaele, W. Tjalma, M. Wyndaele, A. Vermandel (Wilrijk, Belgium)</td>
</tr>
<tr>
<td>357</td>
<td>Estimated minimal residual membranous urethral length on preoperative MRI can be an independent predictor for continence after radical prostatectomy</td>
<td>Y. Satake, H. Saito, Y. Kaiho, H. Nakagawa, Y. Arai (Sendai, Japan)</td>
</tr>
<tr>
<td>359</td>
<td>Correlation between subjective symptom severity and objective urodynamic and image parameters in male non-neurogenic OAB</td>
<td>S-Y. Lu, C-M. Yang, Y-H. Fang, T-L. Lin (Taipei, Taiwan)</td>
</tr>
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</table>
360  Timing of urinary pad exchanges was the most important factor affecting QOL in the early postoperative period after robot-assisted laparoscopic radical prostatectomy
   H. Nobuhiro, H. Junya, M. Yabe, S. Yuichi, H. Akaishita, O. Soichiro, I. Kei, A. Ken, K. Yoshiyuki (Fukushima, Japan)

361  Prostatic urethral length as a predicting factor for medical treatment failure of benign prostatic hyperplasia: Prospective, multi-center study
   B.S. Kim, T-H. Kim, Y.H. Ko, P.H. Song, B.H. Kim, K.H. Kim (Daegu, Gyeongju, South Korea)

Summary
   P.E. Zimmern, Dallas (US)
**Abstract Poster Session 30**

08:45 - 10:15  **Prostate cancer: Coping with the disease**

Room N104 (North building, level 1)

*Chairs:*  G. Feick, Pohlheim (DE)  
D.J. Rosario, Sheffield (GB)  
R. Sosnowski, Warsaw (PL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**Introduction**  
D.J. Rosario, Sheffield (GB)

* 362  Dissatisfaction with information provision and patient reported outcomes in prostate cancer survivors  
R.E.D. Lamers, M. Cuypers, O. Husson, M. De Vries, P. Kil, J.L.H.R. Bosch, L.V. Van De Poll-Franse (Tilburg, Utrecht, The Netherlands)

363  Educational seminars increase confidence and decreases dropout from active surveillance  
J.E. Kinsella, M. Van Hemelrijck, P. Allchorne, D. Cahill (London, United Kingdom)

364  Preoperative pelvic floor muscle exercise and post prostatectomy incontinence. A systematic review and meta-analysis  
J. Chang, V. Lam, M. Patel (Sydney, Australia)

365  The impact of an online support group on patients’ treatment decisions for localized prostate cancer: An online survey  
J. Huber, P. Maatz, T. Muck, B. Keck, H-C. Friederich, W. Herzog, A. Ihrig (Dresden, Erlangen, Heidelberg, Germany)

366  Suicide and accidental deaths in prostate cancer  

367  Skype; a new tool in treatment of patients with advanced prostate cancer?  
V.M. Kristensen, P-M. Wolf, G.G. Hermann (Frederiksberg, Denmark)

368  Improving shared decision making in prostate cancer: A study of audio-recording the clinic visit  
D.W. Good, H. Delaney, G.D. Stewart, S.A. McNeill (Edinburgh, United Kingdom)

369  Increasing use of hospice services for metastatic prostate cancer moderates the economic burden of hospital admissions for metastatic prostate cancer  
J.D. Sammon, A. Sood, F. Abdollah, D.E. Klett, M.H. Hayn, A.S. Kibel, J.O. Peabody, B. Varda, M. Menon, Q-D. Trinh (Detroit, Portland, Boston, United States of America)

370  Assessment of quality of life and distress in prostate cancer patients compared to the general population  
J. Aurelian, A. Grasu, V. Ambert, B. Braticevici, V. Jinga, P. Armean (Bucharest, Romania)

371  Non-surgically related causes of erectile dysfunction after bilateral nerve-sparing radical prostatectomy: Results from a single institution series  
G. Gandaglia, N. Suardi, V. Cucchiara, F. Abdollah, R. Bertini, R. Colombo, A. Salonia, N. Fossati, M. Sun, M. Picozzi, S.F. Shariat, F. Montorsi, A. Briganti (Milan, Italy; Detroit, United States of America; Montreal, Canada; Vienna, Austria)
372 Erectile dysfunction after laparoscopic radical prostatectomy
H.C. Morton, T.J. Dorkin (Newcastle upon Tyne, United Kingdom)

373 Risk factors of persistent urinary incontinence following robot assisted laparoscopic radical prostatectomy

374 Online vs. face-to-face support groups for prostate cancer: A cross-sectional comparison study
J. Huber, T. Muck, P. Maatz, A. Brechtel, A. Ihrig (Dresden, Heidelberg, Germany)

Patient perspective
G. Feick, Pohlheim (DE)

Summary
R. Sosnowski, Warsaw (PL)
Room N105-106 (North building, level 1)

* 375 UPAR PET/CT imaging in disseminated bladder cancer: A first-in-man study

376 Contrast enhanced ultrasound (CEUS): An excellent tool in the follow-up of small renal masses treated with cryoablation
V. Hevia, E. Sanz, F. Arias, V. Gómez, J.J. Fabuel, C. González-Gordaliza, S. Álvarez, R. Rodríguez-Patrón, V. Díez-Nicolás, F.J. Burgos (Madrid, Spain)

377 Role of static and dynamic magnetic resonance urography in evaluating congenital urological anomalies in children

378 Role of lumbosacral magnetic resonance imaging on clinical evaluation of adult nocturnal enuresis
S. Yilmaz, B.F. Alp, A. Guragac, E. Aydur, B. Seckin (Ankara, Turkey)

379 Low-dosage, digital X-ray scanning (LODOX) in the diagnostics of ureteral stones
B. Roth, S. Hnilicka, S.D. Meierhans Ruf, A. Christie, G.N. Thalmann (Bern, Switzerland)

380 A comparative analysis of two different imaging systems to study the urinary stone characteristics
N. Macchione, G. Grimi, F. Longo, E. Montanari (Milan, Italy)

381 Supraspinal responses to automated, repetitive bladder filling - an fMRI study
M. Walter, L. Leitner, L. Michels, S. Kollias, T.M. Kessler, U. Mehnert (Zürich, Switzerland)

382 Radiation exposure during video-urodynamics: Are we being safe? An audit of local practice
A. Nambiar, A. Lindley, S. Evans, Z.A. Khan, K. Rajabu, S.J. Emery, M.G. Lucas (Swansea, United Kingdom)

383 Magnetic resonance imaging in patients with stress urinary incontinence - new evaluation tools
N. Tupikina, G.R. Kasyan, M.N. Barinova, B.N. Godunov, D.Y. Pushkar, Y.A. Kupriyanov (Moscow, Russia)

384 Supraspinal response to bladder cold sensation in healthy subjects using fMRI
M. Walter, L. Leitner, L. Michels, S. Kollias, T.M. Kessler, U. Mehnert (Zürich, Switzerland)

385 Videourodynamic evaluation of intracorporeally reconstructed orthotopic U-shaped ileal neobladders
G. Palleschi, A.L. Pastore, A. Ripoli, V. Petrozza, L. Silvestri, A. Carbone (Latina, Italy)

386 Proof-of-concept for data fusion of MRI and urethral pressure data
M. Klünder, S. Will, B. Amend, M. Vaegler, O. Sawodny, R. Feuer, U. Kramer, A. Stenzl, K-D. Sievert, M. Ederer (Stuttgart, Tübingen, Germany)

Standardized terminology for urological imaging
B.M. Carey, Leeds (GB)
Abstract Poster Session 32

08.45 - 10.15 The making and medical management of urinary stones

Room Retiro (Hall 10, level 1)
For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1

Chairs: R. Calvert, Liverpool (GB)
R. Miano, Rome (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 387 Silodosin versus tamsulosin in the management of distal ureteric stones
E.A.H. Salem, M. Kamel, A.M.N. Sakr, A. Fawzy, A. Shahin (Zagazig, Egypt)

388 A prospective randomized study to evaluate the outcome of alpha blockers and the combination with methylprednisolone in medical expulsive therapy for lower ureteral stones
W. Shabana, M. Teleb, T. Dawod, H. Abu Taha, A. Abdulla, A.M.S. Shahin (Zagazig, Egypt; Alkhobar, Saudi Arabia)

389 The efficacy of tamsulosin (tams) alone vs corticosteroids alone vs tamsulosin + corticosteroids in determining the spontaneous passage of distal ureteral stones: Results of a prospective study
M. Brausi, G. Peracchia, G. De Luca, M. Viola, G.L. Giliberto (Modena, Pavia, Italy)

390 The role of $\beta$-blockers as medical expulsive therapy (MET) after extracorporeal shockwave lithotripsy (ESWL): A systematic review and meta-analysis

391 Long-term prescription of $\beta$-blockers decrease the risk of recurrent urolithiasis needed for surgical intervention - a nationwide population-based study
C-C. Liu, H-M. Hsieh, C-F. Wu, T-J. Hsieh, S-P. Huang, Y-H. Chou, C-N. Huang, W-J. Wu, M-T. Wu (Kaohsiung, Taiwan)

392 The analysis of factors effecting spontaneous expulsion of ureteral stone through experimental study; what is the influence of diabetes mellitus on the ureter?

393 Nephrolithiasis in patients with short bowel syndrome receiving long-term parenteral nutrition
M.R. Rudziński, A.A. Antoniewicz, J. Różga, M. Ławiński, J. Sobocki (Warsaw, Poland)

394 Drugs acting at the transient receptor potential A1 (TRPA1) ion channel influence ureter peristalsis in an in vivo rat model for urothelial damage
P. Weinhold, L. Villa, F. Strittmatter, C.G. Stief, C. Gratzke, F. Montors, F. Benigni, P. Hedlund (Munich, Germany; Milan, Italy; Linköping, Sweden)

395 Hypercalciuria and migration of inflammatory macrophages play key roles for kidney stone formation in metabolic syndrome model mice

396 Nebivolol attenuates gentamicin-induced nephrotoxicity in rats by reducing oxidative stress
A. Otuntemur, S. Sahin, E. Ozbek, M. Dursun, H. Besiroglu, M. Cekmen, A. Somay, N. Ozbay (Bilecik, Izmir, Kocaeli, Istanbul, Turkey)
* 397  The roles of osteopontin in the kidney stone formation process as a stone matrix and activator of crystal-elimination by macrophages

398  A Drosophila model of nephrolithiasis
V. Chung, T. Fulga, B. Turney (Oxford, United Kingdom)

Summary
R. Calvert, Liverpool (GB)
Thematic Session 1

Managing the early metastatic CRPC patient

**eURO Auditorium (Hall 10)**

*Chair: B. Tombal, Brussels (BE)*

11.00 - 11.15  **State-of-the-art lecture** What is the role of ‘traditional’ hormone therapies in early CRPC?
A.S. Merseburger, Hanover (DE)

**Aims and objectives**
This lecture will address the need to maintain low T during CRPC; switching agonist or antagonist and the role of first line anti androgens and corticoids.

11.15 - 11.30  **State-of-the-art lecture** Will new AR pathways inhibitor reshape the early CRPC landscape?
G. Kramer, Vienna (AT)

**Aims and objectives**
This lecture will address the role of abiraterone and enzalutamide in the pre-chemo space and answer the question of which patients need upfront chemotherapy in that modern landscape.

11.30 - 11.45  **State-of-the-art lecture** Where do we stand with predictive biomarkers?
R. Van Soest, Rotterdam (NL)

11.45 - 12.00  **State-of-the-art lecture** How to improve quality of life in hormonal therapy
D.J. Rosario, Sheffield (GB)

**Aims and objectives**
This presentation will review the overall clinical evidence that supports hormonal therapy quality of life improvements when primarily utilising lifestyle/exercise/dietary changes, and low cost dietary supplement options for patients.

**Objectives:**
- To discuss lifestyle/exercise/dietary changes and quality of life
- To discuss dietary supplements/alternative medicine and quality of life
- To discuss some prescription medications and quality of life

**Aims and objectives of this thematic session**
Until recently, chemotherapy with docetaxel was the standard of care for patients with metastatic CRPC. With the advent of the new generation of AR pathways inhibitors, enzalutamide and abiraterone, the question of optimal timing and sequence in early metastatic CRPC has become more complicated. That session will focus on understanding the determinant of progression from hormone sensitive to castration resistant PCa and address the question of the optimal sequencing of the available drugs.
Sunday, 22 March - EAU Programme

Thematic Session 2

11.00 - 12.00  Expert challenges the expert: Video debate

Room Stockholm (Hall 10)

Chair: V. Pansadoro, Rome (IT)

11.00 - 11.30  Video debate Buccal mucosa urethroplasty

G. Barbagli, Sesto Fiorentino (IT)

Challenger: A.R. Mundy, London (GB)

Aims and objectives
The oral mucosa is the most popular substitute material for urethral reconstruction but still now some questions on its use are under debate. The aims and objectives are to show the current surgical techniques we use for harvesting the oral mucosa and for reconstruct the urethra, emphasising some surgical tricks and traps. We also show our results of these techniques employed in the largest series of patients reported in the literature.

11.30 - 12.00  Video debate Partial robot-assisted laparoscopic nephrectomy

J-U. Stolzenburg, Leipzig (DE)

Challenger: R. Bollens, Lomme (FR)

Aims and objectives
Robotic partial nephrectomy (RPN) is a minimally invasive option for patients undergoing nephron-sparing surgery (NSS). RPN is reducing some of the technical challenges associated with classical LPN, and thus, extend the potential benefits of minimally-invasive NSS to bigger tumors and intrarenal masses. The latest literature will be presented, video clips will be shown to demonstrate advantages of RPN and how to reduce the ischemia time.
Thematic Session 3

**Room Milan (Hall 10)**

*Chair:* D.J.M.K. De Ridder, Leuven (BE)

**Aims and objectives of this thematic session**
The treatment of male LUTS has undergone some changes: new drugs, new pathophysiological insights and new surgical procedures have been introduced. Well known experts will critically evaluate these new insights and modalities in 4 state-of-the-art lectures and the abstract session will update our knowledge with some new findings.

**10.30 - 10.50** State-of-the-art lecture *Insulin resistance, obesity and LUTD in men*

J-E. Damber, Gothenburg (SE)

**Aims and objectives**
PDE5 inhibitors can significantly reduce lower urinary tract symptoms suggestive to benign prostatic hyperplasia (LUTS/BPH). Treatment response is similar to alpha-blockers, the standard medical treatment of LUTS/BPH. However, PDE5 inhibitors can additionally improve erectile and ejaculatory function and, therefore, appears to be most suitable in men with LUTS/BPH and ED. The presentation will provide information on LUTS/BPH and ED improvement, including the latest subanalyses of tadalafil trials.

**10.50 - 11.10** State-of-the-art lecture *PDE5 inhibitors and BPH*

M. Oelke, Hanover (DE)

**Aims and objectives**
PDE5 inhibitors can significantly reduce lower urinary tract symptoms suggestive to benign prostatic hyperplasia (LUTS/BPH). Treatment response is similar to alpha-blockers, the standard medical treatment of LUTS/BPH. However, PDE5 inhibitors can additionally improve erectile and ejaculatory function and, therefore, appears to be most suitable in men with LUTS/BPH and ED. The presentation will provide information on LUTS/BPH and ED improvement, including the latest subanalyses of tadalafil trials.

**11.10 - 11.30** State-of-the-art lecture *Large prostates: Knife or laser?*

J-N.L. Cornu, Vincennes (FR)

**Aims and objectives**
New endoscopic surgical options for benign obstruction relief have emerged and now challenge the “gold standard” open prostatectomy for surgery of big prostates. Holmium laser enucleation of the prostate has proven efficacy compared to open prostatectomy approaches in valuable RCTs, but many other competitors have been introduced. Open prostatectomy status is thus shifting from the “gold standard” to the “old standard”.

**11.30 - 11.50** State-of-the-art lecture *Patient-centred therapy in male LUTS*

C. De Nunzio, Rome (IT)

**Aims and objectives**
The pharmacological treatment of LUTS in patients with BPH is based on alpha-blockers and 5-alpha reductase inhibitors, isolated or in combination. This classical paradigm is challenged by antimuscarinic, PDE5i, B3-adrenoceptor agonists and phytotherapy. In the near future it is expected that BPH/LUTS treatment will become patient-centred, according to the type of symptoms, patient preference and sexual activity, and risk of BPH progression. This will change the standard pharmacological treatment currently used to manage BPH/LUTS patients. The aim of this presentation is to highlight the changing paradigm in the medical treatment of male LUTS.

**11.50 - 12.00** Associated abstract presentation
Abstract 572  Functional results of a prospective randomized controlled study comparing GreenLight XPS to TURP demonstrate durable efficacy and safety at 24-months (GOLIATH)

Thematic Session 4

10.30 - 12.00 Localised prostate cancer - Hot topics

Room Paris (Hall 10)

Chairs: N. Mottet, Saint-Étienne (FR)
       J. N’Dow, Aberdeen (GB)

10.30 - 11.00 State-of-the-art lecture Assessment of surgeons

D. Miller, Ann Arbor (US)

Aims and objectives
The aim of this presentation is to discuss the current work of the Michigan Urological Surgery Improvement Collaborative (MUSIC) in the area of assessment and improvement of technical performance, and optimization of patient outcomes, after robotic-assisted radical prostatectomy.

11.00 - 11.30 Debate Surgical outcomes: Does volume matter?

Prostate cancer: Impact of surgeon’s (and hospital) volume on outcome (institutions vs individual)?
H. Huland, Hamburg (DE)

Radical prostatectomy outcomes in low volume centres
A. Mattei, Luzern (CH)

11.30 - 12.00 Debate Individual screening for prostate cancer

Pro:
J.E. Hugosson, Göteborg (SE)

Con:
F.C. Hamdy, Oxford (GB)
### Thematic Session 5

**10.30 - 12.00 Prevention and management of complications of radical prostatectomy**

**Room Vienna (Hall 10)**

*Chairs:*  
C-C. Abbou, Vincennes (FR)  
J. Rassweiler, Heilbronn (DE)

**Aims and objectives of this thematic session**  
In this session, experts focus on diagnosis, management and prevention of the six most frequent complications of radical prostatectomy. Based on key-lectures showing the classical scenario, the audience will be able to discuss various options to solve and prevent the eventually occurring pitfall.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>10.30 - 10.45</td>
<td>State-of-the-art lecture <em>Urinary extravasation and hydronephrosis</em></td>
<td>A. Breda, Barcelona (ES)</td>
</tr>
<tr>
<td>10.45 - 11.05</td>
<td>State-of-the-art lecture <em>Pelvic hematoma and bladder neck stricture</em></td>
<td>M. Hruza, Sinsheim (DE)</td>
</tr>
<tr>
<td>11.05 - 11.25</td>
<td>State-of-the-art lecture <em>Rectal injury and fistula</em></td>
<td>T. Sulser, Zürich (CH)</td>
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<tr>
<td>11.45 - 12.00</td>
<td>Question and answers</td>
<td></td>
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</tbody>
</table>
# Thematic Session 6

**Non-muscle invasive bladder cancer**

**Room N101-102 (North building, level 1)**

**Chair:** T.S. O’Brien, London (GB)

**Aims and objectives of this thematic session**

This session aims to give delegates an insight into developments in four of the most important clinical but non-surgical questions in NMIBC viz, non invasive urinary diagnostics, improvements beyond BCG, molecular predictors for progression, and second-line conservation efforts. What should be done now in 2015 and what’s coming in 2016 and beyond.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</table>
| 10.30 - 10.45 | Hot topic lecture *Molecular urinary diagnostics*  
T. Orntoft, Aarhus (DK) |
| 10.45 - 11.00 | Hot topic lecture *Sniffing cancer - Volatile urinary compounds*  
C. Probert, Liverpool (GB) |
| 11.00 - 11.20 | Point-counterpoint *BCG alone: Still the gold standard?*  
Yes: M. Burger, Regensburg (DE)  
No: K. Thomas, London (GB) |
| 11.20 - 11.35 | State-of-the-art lecture *Molecular markers for progression: Ready for the clinic?*  
A. Hartmann, Regensburg (DE) |
| 11.35 - 11.45 | State-of-the-art lecture *When BCG fails*  
J. Kelly, London (GB) |
Abstract 944  Results of the first randomized controlled trial comparing intravesical radiofrequency induced chemohyperthermia with mitomycin-C versus BCG for adjuvant treatment of patients with intermediate- and high-risk non-muscle invasive bladder cancer
T.J.H. Arends, O. Nativ, M. Maffezzini, O. De Cobelli, A.G. Van Der Heijden, J.A. Witjes (Nijmegen, The Netherlands; Haifa, Israel; Genova, Milano, Italy)

Abstract 948  The impact of different BCG strains on outcome in a large cohort of T1G3 patients treated with BCG
F. Pisano, J.A. Witjes, G. Dalbagni, S. Shariat, S. Joniau, V. Serretta, J. Palou, S. Di Stasi, S. Larrè, R. Colombo, M. Babjuk, P.U. Malmstrom, J. Irani, N. Malats, J. Baniel, T. Cai, E. Cha, P. Ardelt, J. Varkarakis, R. Bartoletti, M. Spahn, F. Pisano, P. Gontero, R. Sylvester (Torino, Palermo, Rome, Milan, Trento, Firenze, Italy; Nijmegen, The Netherlands; New York, United States of America; Vienna, Austria; Leuven, Bruxelles, Belgium; Barcelona, Madrid, Spain; Oxford, United Kingdom; Prague, Czech Republic; Upsala, Sweden; Poitiers, France; Tel Aviv, Israel; Freiburg, Wurtzburg, Germany; Atene, Greece)
Thematic Session 7

10.30 - 12.00 Paediatric urology

Room Retiro (Hall 10, level 1)
For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1

Chair: W.F.J. Feitz, Nijmegen (NL)

Aims and objectives of this thematic session
The paediatric urology thematic session involves state-of-the-art lectures covering the paediatric, adolescent and adult aspects of congenital neuroanatomy and future consequences, reconstructive surgery and kidney transplantation, paediatric stone epidemiology, management and treatment and the guidelines snapshot update on hypospadias surgery. This session gives adult urologists, residents in urology and paediatric urologists an update on basic anatomical aspects of the urological tract important for their practice, as well as some new insights in specific areas of paediatric urology.

10.30 - 10.50 State-of-the-art lecture Congenital neuroanatomy and future consequences
P. Dik, Utrecht (NL)

Aims and objectives
Normal and abnormal neuro-anatomy of the sacral plexus.
The innervation of bladder and pelvic floor will be discussed in relation to dysraphism and also to dysfunctional voiding problems. EMG patterns with needle electrodes are typical in tethered cord and denervation. A new MRI modality is shown for visualization of the sacral plexus. And, who needs a urodynamic study and how often?

10.50 - 11.10 State-of-the-art lecture Reconstructive surgery and kidney transplantation
P. Lopez Pereira, Madrid (ES)

Aims and objectives
Not many years ago, children with structural or functional abnormalities of the LUT were denied renal transplant because they were considered very high risk recipients. However, in the last few decades, the improvements in the medical management of these patients, as well as the development of novel reconstructive surgical techniques, have offered them a better renal transplant outcome. In this lecture, we analyse if renal transplant outcome (graft function and survival) in these patients is comparable to other transplanted populations.

11.10 - 11.30 State-of-the-art lecture Paediatric stone epidemiology, management and treatment
K. Sarica, Istanbul (TR)

11.30 - 11.45 EAU Guidelines snapshot Update on hypospadias surgery
S. Tekgül, Ankara (TR)

Aims and objectives
The presentation will address the contemporary management options for different hypospadias variants. The guidelines for the selection of the surgical technique for different cases will be presented in conjunction with the evidence available in the literature. Early and late complication rates will also be discussed.

11.45 - 12.00 State-of-the-art lecture Comments from clinical practice experience on hypospadias guidelines
R. Subramaniam, Leeds (GB)
Aims and objectives
This presentation will focus on practical aspects related to the guidelines i.e. best practice options. I will try and focus on the literature evidence of hypospadias surgery and management options. Important issues like classification and preoperative parameters that influence management options will be explored. I will discuss follow up of patients post-hypospadias surgery; how one should follow up such patients and who should be performing such procedures, as well as complications.
Thematic Session 8

Room N103 (North building, level 1)

Chair: A. Alcaraz, Barcelona (ES)

Aims and objectives of this thematic session
This session is not thought for transplant surgeons but for urologist dealing with kidney transplanted patients. All three lectures aim to discuss challenging uro-oncological situation. Discussion will be focused, first, in the intellectual arena about the different therapeutical options that can be offered to the transplant patients and those that should be denied because of its specific characteristics, among others, immunsupression. Not less interesting are the technical issues regarding the surgical management of urological malignancies in a transplanted patient. A selection of the best abstracts at the meeting will be presented and discussed with the aim to review hot topics in the field.

10.30 - 10.50 State-of-the-art lecture Renal cancer in the graft: What are the options?
L. Peri Cusi, Barcelona (ES)

10.50 - 11.10 State-of-the-art lecture Prostate cancer in transplant candidates and transplant patients
A. Heidenreich, Aachen (DE)

Aims and objectives
To provide the audience with the most recent data on early detection and diagnosis of prostate cancer in renal transplant recipients (RTR). To provide information about the challenges of surgical and radio-oncological treatment options for prostate cancer in RTR and how to select patients for each approach.

M. Brausi, Modena (IT)

Aims and objectives
The objective of the presentation will be to illustrate the management of bladder and upper urinary tract tumours in patients who received a renal transplantation. The presentation will focus on the conservative management of the diseases and on adjuvant therapy.

11.30 - 12.00 Associated abstract presentations

Abstract 842 Robotic kidney transplantation with regional hypothermia: Results from a prospective two-arm non-randomized controlled trial (Ideal Phase 2b)
A. Sood, P. Ghosh, W. Jeong, M. Bhandari, R. Ahlawat, M. Menon (Detroit, United States of America; Gurgaon, India)

Abstract 851 Nephrectomy induced chronic kidney disease (CKD) and the health-related quality of life (HrQOL) of living kidney donors (LKD)
X. Han, Y.M. Lim, L. Raman, B.C. Tai, H. Kaur, T.H.A. Goh, A. Vathsala, H.Y. Tiong (Singapore, Singapore; Scotland, United Kingdom)

Abstract 844 Female sexual function after laparoscopic transvaginal NOTES-assisted nephrectomy. Experience after 100 cases
L. Peri, M. Musquera, T. Vilaseca, V. Tobar, E. Garcia-Cruz, M.J. Ribal, J. Huguet, R. Alvarez-Vijande, A. Alcaraz (Barcelona, Spain)
Abstract 852  Incidence and management of bladder cancer after renal transplantation: A multiinstitutional analysis
O. Rodriguez Faba, C. Caliolo, P. Joan, C. Terrone, J. Burgos, E. Lledó, A. Breda (Barcelona, Madrid, Spain; Novara, Italy)
## Thematic Session 9

**Immunotherapy in urologic oncology**

*Room N104 (North building, level 1)*

*Chair: M. De Santis, Vienna (AT)*

### Aims and objectives of this thematic session

After decades of research, cancer immunotherapy has become an important new field of interest and subject of clinical studies also in urologic oncology. The results have raised hope that immunotherapy may give us new options for treatment of prostate, bladder, and renal cell cancer in the future. This session will give a general overview and critical appraisal of immunotherapy in GU oncology and summarize the current knowledge, status of clinical studies, and future outlook of immunotherapy in the treatment of urologic malignancies.

### 10.30 - 10.50

#### State-of-the-art lecture

**Critical appraisal of immunotherapy in GU cancers**

T. Friedlander, San Francisco (US)

### 10.50 - 11.10

#### State-of-the-art lecture

**Immunotherapy: Prostate cancer**

P.F.A. Mulders, Nijmegen (NL)

#### Aims and objectives

Prostate cancer had the first approved vaccine treatment. More trials are underway and will hopefully show positive results. Moreover, new immune modulatory agents look very promising and can be given either alone or in combination to patients with prostate cancer.

### 11.10 - 11.30

#### State-of-the-art lecture

**Immunotherapy: Renal cancer**

J. Bedke, Tübingen (DE)

#### Aims and objectives

Renal cell carcinoma is regraded as an immunologic tumor. New directions in immunotherapy of RCC will be presented with a focus on checkpoint inhibition, dendritic cell and peptide vaccination alone or in combination with established therapies.

### 11.30 - 11.50

#### State-of-the-art lecture

**Immunotherapy: Bladder cancer**

T. Powles, London (GB)

#### Aims and objectives

Overview of:
1. Established immune therapy in bladder cancer.
2. Immune check point inhibitors in bladder cancer.
4. Biomarkers to predict response to immune therapy in bladder cancer.

### 11.50 - 12.00

**Associated abstract presentation**

**Abstract 742**

Feasibility study of personalized peptide vaccination for platinum-based chemotherapy resistant metastatic upper tract urothelial carcinoma patients

S. Suekane, M. Noguchi, K. Ueda, T. Igawa, T. Sasada, K. Itoh (Kurume, Japan)
**Thematic Session 10**

**10.30 - 12.00 Female urology: What you need to know about mesh in 2015**

**Room N105-106 (North building, level 1)**

*Chair: P. Radziszewski, Warsaw (PL)*

**Aims and objectives of this thematic session**

Recently many controversies appeared regarding the legitimation for using meshes in female urology. The speakers will discuss them and guide the audience through the indications, technique, and complications management.

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<tr>
<th>Time</th>
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<tr>
<td>10.30 - 10.45</td>
<td>State-of-the-art lecture <em>Mesh: The mesh/sling phobia, what is true</em></td>
<td>B.F.M. Blok, Rotterdam (NL)</td>
</tr>
<tr>
<td>10.45 - 11.00</td>
<td>State-of-the-art lecture <em>How to remove the mesh</em></td>
<td>F. Van Der Aa, Leuven (BE)</td>
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<tr>
<td>11.00 - 11.15</td>
<td>State-of-the-art lecture <em>How to solve mesh complications</em></td>
<td>P.E. Zimmern, Dallas (US)</td>
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<tr>
<td>11.15 - 11.30</td>
<td>State-of-the-art lecture <em>Which sling is the best sling: Mini or maxi?</em></td>
<td>M.S. Abdel-Fattah, Aberdeen (GB)</td>
</tr>
<tr>
<td>11.30 - 11.45</td>
<td>State-of-the-art lecture <em>Regenerative vaginal surgery: A glimmer of hope</em></td>
<td>D. Eberli, Zurich (CH)</td>
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</table>

**Aims and objectives**

Meshes that are implanted in the human body to restore anatomical or functional disorders can create novel problems such as obstruction, erosion, pain, etc. In some cases the problem can be (partially) resolved by removing (a part of) the mesh material. This presentation will give theoretical and practical guidance on when and how to remove these mesh materials.

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<tr>
<td>11.45 - 12.00</td>
<td>Associated abstract presentations</td>
<td>Abstract 65</td>
</tr>
</tbody>
</table>

**Abstract 65**

10 years follow-up after tension-free vaginal tapes for the treatment of female stress urinary incontinence: High rate of cure yet a re-occurrence of OAB-symptoms

H. Bock, I. Schauer, M. Wallis, M. Scholz, S. Madersbacher, W. Lueftenegger (Vienna, Austria)
Abstract 73  Pelvic organ prolapse surgery: The S.A.C.S. (Satisfaction–Anatomy–Continence–Safety) as outcome scoring system
E. Costantini, M. Di Biase, E. Salvini, E. Nunzi, A. Pietropaolo, L. Mearini (Perugia, Italy)
Abstract Video Session 4

12.15 - 13.45  Awards and highlights

eURO Auditorium (Hall 10)

Chairs:  A. Messas, Nanterre (FR)
R.J.A. Van Moorselaar, Amsterdam (NL)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

V25 Zero ischemia laparoscopic partial nephrectomy (enucleation) with hydro-dissection
E. Ramos Barcelo, J.P. Rioja Zuazu, M. Dominguez, J.L. Del Valle, E. Mediavilla, J.L. Gutierrez, J. Portillo,
M. Ruibal, L. Martinez-Piñeiro, J. Huguet, J.A. Peña, M. Ramirez Backhaus, A. García De Jalón (Santander,
Zaragoza, Pontevedra, Madrid, Barcelona, Valencia, Spain)

V26 Robotic surgery for inferior vena cava thrombectomy
R. Papalia, G. Simone, M. Ferriero, R. Mastroianni, S. Guaglianone, M. Gallucci (Rome, Italy)

V27 Two stage management of renal tumours with atrial thrombus: A novel hybrid technique with robotic assistance
R. Barod, F. Penna, D. Dalela, J. Morgan, M. Menon, C. Rogers (Detroit, United States of America)

V28 Novel robotic platform for single port partial nephrectomy
D. Ramirez, V. Flamand, A. Villers, J.H. Kaouk (Cleveland, United States of America; Lille, France)

Prize winning videos

Third Video Prize
V29 Micropercutaneous nephrolithotomy in Galdakao modified supine Valdivia position
A. Hoznek, P. Castellan, M. Chiaradia, B. Parier, M.H. Khan, A. De La Taille (Creteil, France; Chieti, Italy;
Keighley, United Kingdom)

Second Video Prize
V30 Totally intracorporeal robot-assisted vesica ileale Padovana (VIP) using staplers: A stepwise approach
R. Papalia, G. Simone, M. Ferriero, R. Mastroianni, S. Guaglianone, M. Gallucci (Rome, Italy)

First Video Prize
V31 Much beyond the learning curve of Retzius-sparing robotic-assisted radical prostatectomy
S. Secco, A. Galfano, D. Di Trapani, G. Petralia, E. Strada, A.M. Bocciardi (Milan, Italy)
Abstract Poster Session 33

12.15 - 13.45 New targets in CRPC

Room Stockholm (Hall 10)

Chairs: F. Claessens, Leuven (BE)  
F.R. Santer, Innsbruck (AT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

399 Upregulation of LAT1 during androgen deprivation therapy contribute to acquisition of castration resistance in prostate cancer cells  

401 Loss of LKB1/STK11 expression is an early event in prostate cancer development and predicts therapeutic response to p38α inhibitor  

402 Effect of a histone DNA demethylase on castration resistant prostate cancer cell lines, a potential therapeutic application  
T. Chandrasekar, J.C. Yang, M. Xie, S. Ding, M.G. Rosenfeld, C.P. Evans (Sacramento, San Francisco, La Jolla, United States of America)

403 Carbon nanomaterials sensitize prostate cancer cells to mitomycin C and docetaxel via induction of apoptosis and inhibition of proliferation  
K. Erdmann, J. Ringel, S. Fuessel, M.P. Wirth (Dresden, Germany)

404 C-Jun and the recruitment of androgen receptor to its promoter region regulates chemosensitivity of LNCaP cells to taxane therapy  
M.V. Tinzl, R.M. Miftakhova, J.S. Semenas, J.LP. Liao-Persson, P-A. Abrahamsson, N.D. Dizeyi (Malmö, Sweden)

* 405 The tyrphostin, NT157, suppresses insulin receptor substrates and augments therapeutic response of prostate cancer  
I. Naokazu, G. Mazyar, R. Hadas, P. Mitali, F. Ladan, A. Haruhito, M. Gleave, A. Levitski, M. Cox (Hirakata, Takatsuki, Japan; Vancouver, Canada; Jerusalem, Israel)

406 Withdrawn

407 Inhibition of autophagy significantly increases the antitumor effect of abiraterone in LnCap prostate cancer cells  
A. Mortezavi, S. Salemi, T. Sulser, D. Eberli (Zurich, Switzerland)

408 Warburg effect in chemosensitivity: Targeting lactate dehydrogenase-A promotes docetaxel induced cytotoxicity in prostate cancer cells  
409  Promoting advanced prostate cancer drug development by clinically predictive models enhanced with novel patient-derived xenografts (PDX)

410  Early development of human lymphomas in a prostate cancer xenograft program using triple knock-out immunocompromised mice

Summary
F. Claessens, Leuven (BE)
Abstract Poster Session 34

**12.15 - 13.45 Imaging in the management of renal tumours**

**Room Milan (Hall 10)**

**Poster Session 34**

**Chairs:** A. Minervini, Florence (IT)
M. Oya, Tokyo (JP)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**411** Perinephric fat surface density (PnFSD) significantly predicts surgical complexity and perioperative outcomes of robot-assisted partial nephrectomy (RAPN)
R. Campi, G. Vittori, J. Vignoli, A. Mari, S. Lucarini, L. Fedeli, L.N. Mazzoni, E. Torre, L. Calorini, I. Menchi, S. Serni, M. Carini, A. Minervini (Florence, Italy)

**412** Analysis of the impact of adherent peri-renal fat on peri-operative outcomes of robotic partial nephrectomy
Z-E. Khene, B. Peyronnet, R. Mathieu, T. Fardoun, G. Verhoest, K. Bensalah (Rennes, France)

**413** Anatomical scoring system for assessing partial nephrectomy technical complexity

**414** The utility of 3-dimensional image system of robotic surgery on the basis of a comprehensive department in academic institutional framework
T. Masago, N. Yamaguchi, H. Iwamoto, S. Morizane, M. Honda, T. Sejima, A. Takenaka (Yonago, Japan)

**415** Can the multiphasic computed tomography (CT) scan be useful in the clinical management of small renal masses?
V. Vagnoni, C. Gaudiano, M. Borghesi, M. Bandini, E. Brunocilla, M. Di Carlo, F. Busato, R. Golferi, G. Martorana, R. Schiavina (Bologna, Italy)

**416** Novel prediction model for fat-poor angiomyolipoma in small renal masses based on radiological and clinical features

**417** Kidney function correlation with remaining functional parenchyma and the size of the lesion in RCC
O. Stakhovskyi, O. Voylenko, I. Vitruk, M. Pikul, E. Stakhovskyi (Kyiv, Ukraine)

**418** Safety and efficacy of CT guided renal biopsies: 4 ½ year experience from a regional uro-radiology unit in UK
R.S. Khan, J. Hendry, D. Alcorn (Airdrie, Glasgow, United Kingdom)

**419** The application of the diffusion-weighted MRI and the apparent diffusion coefficient in differential diagnostics of the renal masses: The possibilities and the limitations in prediction of the histologic subtype and grade
Y.O. Mytsyk, Y. Borys, I. Dutka, I. Komnatska, I. Datz, I. Shatynska-Mytsyk, R. Lozynskyi (Lviv, Ukraine)
420 Comparative outcomes of robot-assisted partial nephrectomy for moderate to highly complex masses based on R.E.N.A.L nephrometry score: Propensity score matched analysis
D.K Kim, G.C. Koo, K.H. Kim, Y.E. Yoon, W.S. Ham, W.K. Han, Y.D. Choi, K.H. Rha (Seoul, South Korea)

421 Targeted dual-modality imaging in renal cell carcinoma: An ex vivo kidney perfusion study
M. Hekman, O. Boerman, M. De Weijert, D. Bos, E. Oosterwijk, H. Langenhuijsen, M. Rijpkema, P. Mulders (Nijmegen, The Netherlands)

Summary
A. Minervini, Florence (IT)
**Room Paris (Hall 10)**

*Chairs:* S. Füssel, Dresden (DE)  
S. Loeb, New York (US)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 422 **TERT promoter methylation is a pan-cancer biomarker with prognostic significance in prostate cancer patients**  

* 423 **Functional role of the kallikrein 6 region of the kallikrein locus in genetic predisposition for aggressive (Gleason ≥8) prostate cancer: Fine-mapping and methylation study in a Canadian cohort and the Swiss arm of the European Randomized Study for Prostate Cancer Screening**  

* 424 **A multiparametric molecular classifier for improved prediction of prostate cancer prognosis**  

* 425 **A miRNA roadmap of prostate cancer**  
A.L. Walsh, C.J. O’Rourke, A. Tuzova, J. Hanson, B. Hayes, M. Emmert-Buck, S.P. Finn, T.H. Lynch, A.S. Perry (Dublin, Ireland; Bethesda, United States of America)

* 426 **Identification and diagnostic performance of a small RNA within the PCA3 and BMCC1 gene locus that potentially targets mRNA**  
K.H. Pang, S. Miah, R.M. Drayton, I. Rehman, R. Clarke, R. Stoehr, A. Hartmann, M. Lavin, H.E. Bryant, E.S. Martens-Uzunova, G. Jenster, F.C. Hamdy, R.A. Gardiner, J.W.F. Catto (Sheffield, Oxford, United Kingdom; Queensland, Australia; Erlangen, Germany; Rotterdam, The Netherlands)

* 427 **Urokinase plasminogen activator receptor (uPAR) assessment in localized-, hormone naïve-, and castration resistant prostate cancer**  
S. Lippert, K.D. Berg, G. Høyer-Hansen, P. Iversen, I.J. Christensen, K. Brasso, M.A. Røder (Copenhagen, Denmark)

* 428 **Altered expression of markers of epithelial-to-mesenchymal transition at the extraprostatic extension component of locally invasive prostate cancers**  

* 429 **Serum tri- and tetra-antennary n-glycan is a potential predictive biomarker for castration-resistant prostate cancer**  
Molecular and clinical characterization of 1,577 primary prostate cancers reveal novel clinical and biological insights into subtypes

Validation of the Decipher® prostate cancer classifier in intermediate to high risk men treated with radical prostatectomy but without additional therapy upon PSA rise

16q23 deletion is a strong and independent prognostic feature in prostate cancer

Among men with low-grade prostate cancer on prostate biopsy, the 4Kscore predicts the presence of more aggressive prostate cancer

Summary
S. Loeb, New York (US)
**Abstract Poster Session 36**

**12.15 - 13.45 Minimising complications of cystectomy**

**Room Vienna (Hall 10)**

**Chairs:** To be confirmed  
G.N. Thalmann, Berne (CH)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

**How to avoid complications in radical cystectomy?**  
G.N. Thalmann, Berne (CH)

1. **“Enhanced” recovery program in patients undergoing radical cystectomy: Our experience**  
F. Porpiglia, E. Calza, M. Poggio, C. Fiori, G. Cattaneo, I. Morra, M. Cossu, F. Ragni, R. Bertolo, G. Ottaviano, A. Di Stasio, A. Tempia (Orbassano (Turin), Italy)

2. **Perioperative outcomes after radical cystectomy at NCI-designated centers: Are they any better?**  
F.B.G. Roghmann, P. Ravi, J. Hanske, C.P. Meyer, M. Schmid, M. Sun, A. Firas, J.D. Sammon, M. Menon, A.S. Kibel, J. Noldus, Q-D. Trinh (Herne, Germany; London, United Kingdom; Boston, Detroit, United States of America; Montreal, Canada)

3. **Preoperative urethral pressure profiles predict functional outcome after orthotopic ileal bladder substitution in female patients**  

4. **The morbidity of laparoscopic radical cystectomy: Analysis of post-operative complications in a large multicentric European cohort**  
S. Albisinni, M. Oderda, L. Fossion, J. Rassweiler, C. Abbou, X. Cathelineau, P. Chlost, A. De La Taille, F. Gaboardi, T. Piechaud, P. Rimington, L. Salomon, R. Sanchez-Salas, D. Teber, R. Van Velthoven (Brussels, Belgium; Bordeaux, Créteil, Paris, France; Eindhoven, The Netherlands; Heilbronn, Heidelberg, Germany; Krakow, Poland; Milan, Italy; Eastbourne, United Kingdom)

5. **Complications after totally intracorporeal robot-assisted radical cystectomy: Results from the ERUS scientific working group (ESWG)**  
J. Collins, A. Hosseini, T. Nyberg, M.C. Schumacher, C. Wijburg, A.E. Canda, M.D. Balbay, K. Decaestecker, C. Schwentner, S. Edeling, S. Pokupić, A. Mottrie, K. Guru, N.P. Wiklund (Stockholm, Sweden; Aarau, Switzerland; Arnhem, The Netherlands; Ankara, Istanbul, Turkey; Ghent, Aalst, Belgium; Tubingen, Hanover, Germany; Buffalo, United States of America)

6. **Healthcare-associated infections following cystectomy: Room for improvement**  
J.D. Sammon, D.E. Klett, F. Abdollah, A. Sood, D. Pucheril, J. Hanske, C. Meyer, J.O. Peabody, M. Menon, Q.D. Trinh (Detroit, Boston, United States of America)

7. **Radical cystectomy for bladder cancer in patients with and without a history of pelvic irradiation: A comparison of survival outcomes and diversion-related complications**  
D.P. Nguyen, B. Al Hussein Al Awamleh, P. O’Malley, B.M. Faltas, A. Ayangbesan, I.M. Inoyatov, D.S. Scherr (New York, United States of America)

8. **The Lee mortality index as a comorbidity measure in patients undergoing radical cystectomy**  
M. Fröhner, R. Koch, V. Novotny, U. Heberling, M. Hübler, M. Wirth (Dresden, Germany)
442 The impact of preoperative hypoalbuminemia on perioperative outcomes after radical cystectomy in 1,262 patients

443 Long-term results of a prospective randomised trial assessing the impact of readaptation of the peritoneum following extended pelvic lymph node dissection (PLND) and cystectomy
M. Vartolomei, B. Kiss, A. Vidal Faune, G.N. Thalmann, F.C. Burkhard, U.E. Studer, B. Roth (Berne, Switzerland)

444 ‘Prehabilitation’ of patients undergoing radical cystectomy to assist recovery: Results of a feasibility study
S. Banerjee, K. Manley, B. Shaw, V. Kumar, E.T.S. Ho, M. Rochester, R. Mills, J. Saxton (Norwich, United Kingdom)

436 Predictors of wound dehiscence in a prospective dataset of 2,586 cystectomies
Abstract Poster Session 37

12.15 - 13.45 Relapse after curative treatment for prostate cancer: Patient stratification and treatment

Room N101-102 (North building, level 1)

Chairs: A. Bjartell, Malmö (SE)  
G. Giannarini, Udine (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 446 Salvage lymph node dissection for clinically recurrent prostate cancer: Which patients do benefit from this approach?  
N. Suardi, G. Gandaglia, M. Bianchi, E. Di Trapani, A. Nini, V. Cucchiara, W. Cazzaniga, S. Luzzago, M. Piccozi, R. Bertini, F. Montorsi, A. Briganti (Milan, Italy)

* 447 A multi-institutional analysis of stereotactic body radiotherapy for oligometastatic prostate cancer recurrence  
P. Ost, B. Jereczek-Fossa, N. Van As, T. Zili, A. Muacevic, L. Brown, F. Casamassima, R. Orecchia, D. Henderson, K. Olivier, A. Surgo, G. De Meerleer (Ghent, Belgium; Milan, Empoli, Pavia, Italy; London, United Kingdom; Genève, Switzerland; Munich, Germany; Rochester, United States of America)

448 Single centre experience with 100 salvage lymph node dissections for treatment of nodal prostate cancer recurrence  

449 Kiel template of salvage extended pelvic lymph node dissection in patients with prostate cancer recurrence  
D.K. Osmonov, A.V. Aksenov, C.M. Naumann, M.F. Hamann, K-P. Jünemann (Kiel, Germany)

450 Is choline PET/CT scan accurate for the detection of nodal relapses of prostate cancer after biochemical recurrence? Results from a multicentric study  
M. Oderda, P. Gontero, G. Melloni, M. Falcone, S. Munegato, H. Van Der Bosche, S. Deconinck, F. Zattoni, R.J. Karnes, S. Joniau (Turin, Italy; Leuven, Belgium; Rochester, United States of America)

451 Biochemical recurrence after radical prostatectomy: Who is at risk of dying from prostate cancer?  
N. Suardi, G. Gandaglia, P. Dell’Oglio, F. Abdollah, N. Passoni, U. Capitanio, M. Bianchi, S.F. Shariat, P.I. Karakiewicz, G. Guazzoni, F. Montorsi, A. Briganti (Milan, Italy; Detroit, United States of America; Vienna, Austria; Montreal, Canada)

452 Updated postoperative nomogram incorporating the number of positive lymph nodes to predict disease recurrence following radical prostatectomy  

453 Evolution to castration-resistant prostate cancer in patients with locally advanced or metastatic disease exclusively treated with hormonal therapy in Spain: The GESCAP study  
F. Gómez Veiga, B. Miñana, J.M. Cózar, A. Rodríguez-Antolín, C. Moreno (A Coruna, Murcia, Granada, Madrid, Spain)
Impact of pre-treatment PSA level on cancer control after early salvage radiation therapy post-radical prostatectomy: Need for patient stratification according to prostate cancer features
N. Fossati, R.J. Karnes, C. Cozzarini, C. Fiorino, S. Joniau, W. Hinkelbein, K. Haustermans, B. Tombal, S.F. Shariat, P.I. Karakiewicz, G. Goldner, F. Montorsi, H. Van Poppel, T. Wiegel, A. Briganti (Milan, Italy; Rochester, United States of America; Leuven, Brussels, Belgium; Berlin, Ulm, Germany; Vienna, Austria; Montreal, Canada)

A detailed analysis on the association between post-operative phosphodiesterase type 5 inhibitors use and the risk of biochemical recurrence after radical prostatectomy
A. Gallina, N. Fossati, M. Bianchi, G. Gandaglia, E. Farina, M. Picozzi, P. Hedlund, S.F. Shariat, P.I. Karakiewicz, V. Cucchiara, N. Suardi, F. Montorsi, A. Briganti (Milan, Italy; Vienna, Austria; Montreal, Canada)

Patterns of clinical recurrence and impact of site of metastasis on mortality of patients with node positive prostate cancer after radical prostatectomy and extended pelvic lymph node dissection
A. Nini, G. Gandaglia, N. Fossati, M. Bianchi, N. Suardi, F. Abdollah, S.F. Shariat, W. Cazzaniga, S. Luzzago, V. Cucchiara, R. Bertini, F. Montorsi, A. Briganti (Milan, Italy; Detroit, United States of America; Vienna, Austria)

The natural course of disease in prostate cancer patients with lymph node involvement after extended pelvic lymphadenectomy and radical prostatectomy
S. Boxler, T. Gross, G.N. Thalmann, U.E. Studer, M. Spahn (Berne, Switzerland)

Summary
G. Giannarini, Udine (IT)
Abstract Poster Session 38

Room N103 (North building, level 1)

Chairs: R. Bauer, Munich (DE)
J.C. Kim, Bucheon (KR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

458 Effects of radiation therapy on device survival among individuals with artificial urinary sphincters
M. Rivera, B. Linder, L. Rangel, D.S. Elliott (Rochester, United States of America)

459 Risk factors for short survival of AMS800 sphincter in modern urological practice
F. Farag, J. Heesakkers (Nijmegen, The Netherlands)

460 Can filling phase urodynamic parameters predict the success of artificial urinary sphincter in treating post-prostatectomy incontinence?
E. Solomon, E. Chruscikowski, S. Guillaumier, J.L. Ockrim, T.J. Greenwell (London, United Kingdom)

461 An ohmmeter accurately identifies the site of fluid leakage during artificial urinary sphincter revision surgery
J.P. Selph, M.J. Belsante, J.C. Lloyd, D. Ajay, N-B.P. Le, G.D. Webster, A.C. Peterson (Durham, United States of America)

462 Post-operative antibiotics after primary artificial urinary sphincter placement do not reduce infection or erosion rates
J.P. Selph, M.J. Belsante, D. Ajay, A.C. Lentz, N-B.P. Le, G.D. Webster, A.C. Peterson (Durham, United States of America)

463 Does radiotherapy affect outcome following bulbar artificial urinary sphincter implantation for sphincter weakness incontinence resulting from prostate cancer treatment?
S. Bugeja, A. Frost, F. Campos, D.E. Andrich, A.R. Mundy (London, United Kingdom)

464 FlowSecure™ artificial urinary sphincter: Can low-pressure and stress-relief-mechanism be confirmed by urethral profilometry?
A.C. Haab, J. Tornic, H. John (Winterthur, Switzerland)

465 Artificial urinary sphincter refilling: A new tool to avoid complete prosthesis replacement in case of malfunction
S.D. Sandri, G. Mombelli (Magenta Milan, Italy)

466 Indications and timing of revision surgery in patients having had multiple artificial urinary sphincters
A.V. Frost, S. Bugeja, D.E. Andrich, A.R. Mundy (London, United Kingdom)

467 Long-term complication related to Pro-ACT adjustable continence therapy system

468 The artificial urinary sphincter is superior to a secondary transobturator male sling in cases of a primary sling failure
D. Ajay, J.P. Selph, M.J. Belsante, H. Zhang, N-B. Le, G.D. Webster, A.C. Peterson (Durham, United States of America)
Associated video presentation

Simultaneous placement of Advance-XP sling and inflatable penile prosthesis

Summary
R. Bauer, Munich (DE)


**Abstract Poster Session 39**

12.15 - 13.45  Functional urinary tract reconstructive surgery

Room N104 (North building, level 1)

**Chairs:**  T.A. Drewa, Bydgoszcz (PL)  
D.N. Wood, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

469  The difficult ureteric stricture: Our experience with the rendezvous procedure over the last 5 years  
S.J. Deverill, P. Osborn, A. Birnie, S.R. Keoghane (Portsmouth, United Kingdom)

470  Ureteral substitution using the appendix alone or combined with BOARI flap in complex cases  
M.A. Abdalla, A.M. Abozeid, F.G. Elanany (Assiut, Sohag, Egypt)

471  Long-term outcome after continent cutaneous diversion a.m. Lundiana in 198 patients  
F. Liedberg, X. Abai, P-O. Bendahl, T. Davidsson, S. Gudjonsson, W. Månsson (Malmö, Lund, Sweden; Bergen, Norway)

* 472  Augmentation cystoplasty - a 30 year review  
A.V. Frost, S. Bugeja, D.E. Andrich, A.R. Mundy (London, United Kingdom)

473  A prospective study of the utility of a routine ‘Loopogram’ 3 months after surgery for the detection of anastomotic stricture post cystectomy and ileal conduit formation  
C. Gan, W. Stephenson, G. Rottenberg, K. Thomas, M.S. Khan, T. O’Brien (London, United Kingdom)

474  Quality of life in 112 men and 33 women with bladder cancer undergoing ileal conduit: A multicentre study among long-term survivors  

475  Health related quality of life after radical cystectomy in women: Orthotopic neobladder versus ileal loop conduit and impact of incontinence  

476  Quality of life aspects after radical cystectomy and orthotopic neobladder: Results from a large monocentric study  
A. Kretschmer, T. Grimm, A. Buchner, B-S. Schneewoigt, M. Apfelbeck, M. Grabbert, C.G. Stief, A. Karl (Munich, Germany)

477  Medium term follow up of urinary and stool diversion into a single stoma following total pelvic exenteration  
C. Poullis, R. Martin, C.J.R. Woodhouse, P. Kumar (London, United Kingdom)

478  Long-term experiences with sigma-rectum pouch (Mainz-pouch II)  
A. Pertia, G. Khvadagiani, G. Chigogidze, G-J. Khvadagiani, L. Managadze (Tbilisi, Georgia)

* 479  The use of urodynamics to assess the mechanism of incontinence in patients with Yang-Monti based catheterizable cutaneous stomas  
M. Yassin, A. Safaan, A. Radwan, M. Wadood, H. Shaker, S. Rayg (Cairo, Egypt)
Detrusor hypocontractility after open retrograde, antegrade and robot-assisted radical prostatectomy: Functional and urodynamic preliminary data

F. Lanzi, G. Pizzirusso, F. Gentile, F. Scipioni, N. Tosi, F. Cecconi, G. De Rubertis, G. Vittori, G. Barbanti (Siena, Italy)

Summary

T.A. Drewa, Bydgoszcz (PL)
Abstract Poster Session 40

12.15 - 13.45  Optimising education and training

Room N105-106 (North building, level 1)

Chairs:  L. Griffiths, Leicester (GB)
         J. Palou, Barcelona (ES)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes
in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed
by 3 minutes for discussion.

* 481  Is citation index a good indicator of landmark papers in urology?
      L.C. McLoughlin, F. O’Kelly, J.A. Thornhill (Dublin, Ireland)

482  Variability in decision-making and team-working within a urology multidisciplinary team: A longitudinal
      evaluation
      Kingdom)

483  Video-based independent peer review of robot-assisted radical prostatectomy in a statewide quality
      improvement collaborative
      K.R. Ghani, D.C. Miller, B. Lane, R. Sarle, A. Brachulis, S. Linsell, T-K. Kim, J. Montie, B. Comstock,
      T. Lendvay, J.O. Peabody (Ann Arbor, Grand Rapids, Dearborn, Seattle, Detroit, United States of America)

484  Rates of self-reported burnout amongst urologists in Ireland and the United Kingdom - a comparative
      cohort study
      United Kingdom)

485  Impact of spatial cognitive ability on the proficiency of urological surgeons in robot-assisted surgery using
      mimic dV-trainer
      J. Teishima, M. Hattori, S. Inoue, K. Hieda, K. Kobatake, H. Egi, H. Ohdan, A. Matsubara (Hirosima, Japan)

486  Medical simulator: Is it really useful in urology?
      I. Merino Narro, F.J. Ancizu, M. Hevia, J.M. Velis, A. Tienza, R. Algarra, F. Diez-Caballero, D. Rosell,
      J.I. Pascual, C. Rodriguez-Diez, N. Diez, J.J. Zudaire, J.E. Robles (Pamplona, Spain)

487  Development and validation of training and assessment tool for robot assisted radical prostatectomy - a
      multi-institutional study
      C. Lovegrove, G. Novara, K. Guru, A. Mottrie, B. Challacombe, J. Raza, H. Van Der Poel, J. Peabody,
      R. Popert, P. Dasgupta, K. Ahmed (London, United Kingdom; Padua, Italy; Buffalo, Detroit, United States of
      America; Aalst, Belgium; Amsterdam, The Netherlands)

488  Factors influencing performance during robotic surgery training: Results from the EAU Robotic Urology
      Section HOT-program
      N. Fossati, N.M. Buffi, A.E. Canda, K. Ahmed, N. Suardi, G. Guazzoni, A. Mottrie, H. Van Der Poel (Milan,
      Italy; Ankara, Turkey; London, United Kingdom; Aalst, Belgium; Amsterdam, The Netherlands)

489  Combining technical and non-technical skills training within a simulation-based ureteroscopy curriculum -
      a randomised controlled trial
      O. Brunckhorst, S. Shahid, A. Aydin, C. Mcilhenny, S. Khan, S.J. Raza, A. Sahai, J. Brewin, F. Bello,
      R. Kneebone, M.S. Khan, P. Dasgupta, K. Ahmed (London, Larbet, Redhill, United Kingdom; Buffalo, United
      States of America)
490  The kidney of sheep as a model for endourology. Anatomical relationship between the kidney collecting system and intrarenal arteries
G.F.B. Gonçalves, F.J.B. Sampaio, D.B. De Souza, M.A. Pereira-Sampaio (Rio de Janeiro, Brazil)

491  Estimates of residents on life expectancy, biopsy or prostatectomy outcome are highly inaccurate, specific training is highly needed

492  Finding an objective parameter of difficulty: Adopting tumour nephrometry scores during modular training in robot assisted partial nephrectomy

493  The emerging subspecialty of urogeriatrics with a comparative analysis of the hidden workload of consults within a tertiary level hospital – is there a role for risk stratification?
C. Kelly, F. O’Kelly, D. Lundon, P. Daly, N. Hegarty, K.J. O’Malley, D. Galvin (Dublin, Ireland)

Summary
J. Palou, Barcelona (ES)
## Abstract Poster Session 41

### Paediatric urology 1

**Room Retiro (Hall 10, level 1)**

*For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1*

**Chairs:**
- A. Schröder, Mainz (DE)
- A-F. Spinoit, Ghent (BE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

1. **494 Minipercutaneous nephrolithotomy in infants with totally ultrasonography: A large single-center experience**  
   B. Xiao, J.X. Li, W.G. Hu, B. Yang, L. Chen, X.F. Wang (Beijing, China)

2. **495 Is there still a need to puncture the kidney for treating large stones in pediatric kidney?**  

3. **496 Does extracorporeal shock wave lithotripsy cause hearing impairment in children?**  

4. **497 Disease modelling of end-stage bladder disease: The immediate and long-term consequences**  
   A.R. Radford, N. Ahmad, R. Subramaniam, J. Southgate (York, Leeds, United Kingdom)

5. **498 The incidence and implications of hydronephrosis at initial presentation of patients with neurogenic bladder**  
   S.I.R. Alpajaro, D.T. Bolong (Manila, Philippines)

6. **499 Augmentation ileocystoplasty and ureteral anastomosis to ileal loop to manage non-compliant bladders in the presence of obstructed megaureters: A novel “fez procedure”**  
   A.M.M.S. Tayib, T.A. Abdel-Meguid, A. Alsayyad, T. Altayloni, M. Khan, A. Zugail (Jeddah, Saudi Arabia)

7. **500 Bricker’s conduit: Assessment of long-term outcome and revisit for its place in the modern pediatric urinary diversion**  

8. **501 Efficacy of continent anal urinary diversion for complicated bladder exstrophy in children by using modified Duhamel’s procedure**  
   M.B. Fahmy (Cairo, Egypt)

9. **502 QoL in women with bladder exstrophy**  
   P. Gavrilov, A. Bujons, A. Wong, E. Emiliiani, N. Rodriguez, J. Caffaratti (Barcelona, Spain)

10. **503 Incidence, admission rates and economic burden of pediatric emergency department visits for urinary tract infection**  

11. **504 Comparative study between the use of dextranomer hyaluronic acid copolymer (Dexel) versus polyacrylate polyalcohol copolymer (Vantris) in the endoscopic treatment of vesicoureteral reflux (VUR) in children**  
    M. Habeeb Abid (Najaf, Iraq)
505  Vesicoureteric reflux – a prospective study of 11 years
    A. Takvani, C. Gokani, P. Malaviya (Junagadh, Porbandar, India)

506  Is renal US really needed after subureteric injection for VUR treatment?
    B. Bañuelos Marco, S. Monsalve, P. López-Pereira, J. Diez, M.J. Martínez, R. Lobato (Madrid, Spain)

507  Incisional laparoscopic management of persistent Mullerian duct syndrome
    A.R. Hammady, M.S. Elbadry, W. Gamal, M.Z. Eldahshory (Sohag, Elmenia, Egypt)
Abstract Video Session 5

**14.00 - 15.30** New trends in radical prostatectomy

**eURO Auditorium (Hall 10)**

*Chairs:*  
A. Carbone, Latina (IT)  
B.S.E.P. Van Cleeyenbreugel, Leuven (BE)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

**V32 Technical aspects of robot-assisted laparoscopic prostatectomy in large prostates (≥75g)**
W.L.M. Everaerts, K. Chow, H. Pottel, A. Ryan, M. Basto, J. Peters, A. Costello, D.G. Murphy (Melbourne, Australia; Leuven, Belgium)

**V33 Robot assisted perineal radical prostatectomy in the setting of previous AP excision of rectum**
O. Akca, P. Caputo, H. Zargar, D. Ramírez, H. Andrade, S. Albayrak, K. Angermeier, J. Kaouk (Cleveland, United States of America; Istanbul, Turkey)

**V34 Robotic single port radical prostatectomy: First clinical investigation using a novel robotic system**
V. Flamand, J. Kaouk, R. Autorino, S. Crouzet, A. Ouzzane, G-P. Haber, A. Villers (Lille, Lyon, France; Cleveland, United States of America)

**V35 Trans Douglas robotic radical prostatectomy: Application of a new technique**
F. Annino, Y. Al Salhi, V. Giommoni, S. Khorrami, T. Verdacchi, M. De Angelis (Arezzo, Italy)

**V36 Use of intra-operative indocyanine green and Firefly® technology to visualize the “landmark artery” for nerve sparing robot assisted radical prostatectomy**
A. Kumar, S. Samavedi, A. Bates, R. Coelho, B. Rocco, J. Marquinez, C. Jenson, K. Palmer, V. Patel (Celebration, United States of America)

**V37 Laparoscopic radical prostatectomy in intermediate and high risk prostate cancer. Indocyanine green-guided pelvic lymph node dissection**

**V38 Laparoscopic radical prostatectomy with extended lymphadenectomy for treatment of high risk prostate cancer**
R. Sanseverino, O. Intulla, U. Di Mauro, T. Realfonso, G. Molisso, G. Napodano (Nocera Inferiore, Italy)
Abstract Poster Session 42

14.00 - 15.30  Predictors of recurrence after radical treatment for localised prostate cancer

Room Stockholm (Hall 10)

Chairs: K. Ghani, Ann Arbor (US)
       G. Ploussard, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 508 Association of cigarette smoking and smoking cessation with biochemical recurrence in patients treated with radical prostatectomy for prostate cancer
   M. Rieken, L. Kluth, H. Fajkovic, P. Karakiewicz, Y. Lotan, C. Seitz, A. Briganti, M. Rouprêt, W. Loidl, R. Lee, Q.-D. Trinh, P. Nyirady, A. Bachmann, G.-R. Pourmand, S.F. Shariat (Basel, Switzerland; Hamburg, Germany; Vienna, Linz, Austria; Montreal, Canada; Dallas, New York, Boston, United States of America; Milan, Italy; Paris, France; Budapest, Hungary; Tehran, Iran)

* 509 Glycemic control status rather than history of diabetes mellitus predicts biochemical recurrence after radical prostatectomy
   H. Lee, I.J. Lee, H.R. Kook, S.-S. Byun, S.E. Lee, S.K. Hong (Seongnam-Si, South Korea)

510 Impact of comorbidity on prostate cancer management: From diagnosis to treatment
   P. Lunardi, J.B. Beauval, M. Roumiguié, E. Huygue, M. Soulié, P. Rischmann, P. Grosclaude, B. Malavaud (Toulouse, France)

511 Impact of borderline negative margins at the neurovascular bundle on biochemical recurrence in patients undergoing bilateral nerve-sparing radical prostatectomy: Results of a comparative analysis
   G. Hatzichristodoulou, S. Wagenpfeil, K. Herkommer, J. Gschwend, H. Kübler (Munich, Homburg, Germany)

512 The biochemical recurrence-free rate in prostate cancer patients who underwent radiation therapy (low-dose-rate brachytherapy vs. intensity modulated radiation therapy), using two different definitions (nadir+2 vs. PSA>0.2)
   N. Tanaka, S. Hori, M. Yosuke, M. Makito, A. Satoshi, F. Kiyohide (Kashiwara, Japan)

513 5-years biochemical recurrence and overall survival rates after radical prostatectomy or high dose radiation brachytherapy with additional external beam in patients with clinically localized prostate cancer
   K. Böhm, H. Lesmana, J. Schiffmann, A. Larcher, R. Schwarz, D. Tilki (Hamburg, Germany; Montreal, Canada)

514 Predictive factors and oncological outcome of persistently elevated prostate-specific antigen in patients after robot assisted radical prostatectomy – a single centre, single surgeon experience
   A. Kumar, S. Samavedi, A.S. Bates, R. Coelho, B. Rocca, K.J. Palmer, V.R. Patel (Celebration, United States of America)

515 A new risk classification system for therapeutic decision making for intermediate risk prostate cancer (PCA) patients treated with radical prostatectomy (RP)
   M. Brausi, N. Papa, D. Muller, A. Ta, N. Lawrentschuk, G. Severi, J. Millar, R. Syme, G. Giles, D. Bolton (Modena, Italy; Melbourne, Australia)

516 A matched pair analysis of biochemical recurrence after radical prostatectomy in T2 and T3 prostate cancer with and without positive surgical margins
   K.M. Gallagher, D.R. McMorrann, D.W. Good, G.D. Stewart, S.A. McNeill (Edinburgh, United Kingdom)
517 Multifocal positive surgical margins independently predict biochemical recurrence-free survival in men undergoing robot-assisted radical prostatectomy for prostate cancer
E.X. Keller, J. Bachofner, A. Mortezavi, K. Saba, C.D. Fankhauser, D. Eberli, T. Sulser, C. Poyet (Zurich, Switzerland)

518 Prognostic impact for the level of prostatic capsular invasion after radical prostatectomy in men with organ-confined prostate cancer

519 Gleason score evaluated at the level of positive surgical margin could help to predict biochemical recurrence rate after radical prostatectomy

Summary
G. Ploussard, Paris (FR)
Abstract Poster Session 43

Room Paris (Hall 10)

Chairs: A. Bergh, Umeå (SE)
        C.P. Evans, Sacramento (US)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

State-of-the-art lecture Implementation on new molecular markers in prostate cancer
C.P. Evans, Sacramento (US)

520 Expression of hepatocyte growth factor in prostate cancer may indicate a biochemical recurrence after radical prostatectomy
S. Nishida, Y. Hirohashi, T. Torigoe, M. Nojima, R. Inoue, H. Kitamura, T. Tanaka, N. Sato, N. Masumori
(Sapporo, Tokyo, Japan)

521 Detection of core2 β-1,6-N-acetylglucosaminyltransferase in post-digital rectal examination urine is an independent predictor for extraprostatic extension of prostate cancer
Y. Hashimoto, T. Koie, C. Ohyama, Y. Tobisawa (Hirosaki, Japan)

522 Epigenetic regulation of candidate tumor suppressor gene DLEC1 in human prostate cancer associated with its prognosis
L. Zhang, Y. Fan, Q. He, Y. Yang, L. Wang, B. Xu, Q. Liu, Q. He, L. Li, Q. Zhang, Q. Tao, J. Jin (Beijing,
Hongkong, China)

523 Using the clinico-genetic model for predicting lymph node invasion by genome-based biomarkers from
exome array among prostate cancer patients
S-S. Byun (Seongnam, Seoul, South Korea)

524 Absolute quantification of miRNA-221 in high risk prostate cancer by qRT-PCR - a new and sensitive
method for measurement of miRNA expression levels
M. Schubert, S. Kneitz, M. Spahn, H. Riedmüller, B. Kneitz (Münster, Würzburg, Germany; Berne,
Switzerland)

525 No effect of antidiabetic drugs on prostate cancer aggressiveness and progression
I-M. Heidegger, M. Zieher, G. Schäfer, R. Pichler, E. Steiner, W. Horninger, H. Klocker (Innsbruck, Austria)

526 A transcriptomic approach towards personalised management of advanced prostate cancer
D.J. Lundon, M. Prencipe, A. O’Neill, S. Ahearne, P. Doolan, S. Madden, C. Morrissey, J.M Fitzpatrick,
R.W.G. Watson (Dublin, Ireland; Seattle, United States of America)

527 N6-methyladenosine mRNA methylation in common human cancers: Identifying a potential role in
androgen-resistance within prostate cancer
K.H. Pang, M.G. Cumberbatch, S.A. Wilson, J.W.F. Catto (Sheffield, United Kingdom)

528 Virus-encoded hsv1-miR-H18 and hsv2-miR-H9-5p: Correlations in tissue, blood and urine in prostate
cancer and benign prostatic hyperplasia
S.J. Yun, P. Jeong, H.W. Kang, I-C. Cho, Y. Chae, T-W. Kim, H. Jang, H-J. Kim, Y-W. Kim, W.T. Kim, Y-J. Kim,
S-C. Lee, W-J. Kim (Cheongiu, Seoul, Daejun, Cheonan, South Korea)
529  ERG protein expression is not an independent risk-factor for development of castration-resistant prostate cancer in advanced and metastatic disease treated with androgen deprivation therapy  
K.D. Berg, M.A. Røder, F.B. Thomsen, B. Vainer, T.A. Gerds, K. Brasso, P. Iversen (Copenhagen, Denmark)

530  Quantitative urinary proteomics using stable isotope labeling by peptide dimethylation in patients with prostate cancer  
C. Li, Z. Tou, J. Hunag, G. Nabi (Dundee, United Kingdom)

Summary 
A. Bergh, Umeå (SE)
Abstract Poster Session 44

Room Vienna (Hall 10)

Chairs:  P. Black, Vancouver (CA)
         O. Rodriguez Faba, Barcelona (ES)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

531 Fluorescence-guided bladder tumor resection: Impact on survival after radical cystectomy

532 Final pathologic stage after neoadjuvant chemotherapy and radical cystectomy for bladder cancer: Does pT0 predict better survival than pTa/pTis/pT1?

533 Impact on post-operative survival of the status of distal ureteral margin. Is it necessary to achieve negative margins at the time of radical cystectomy?
M. Moschini, N. Suardi, V. Cucchiara, S. Luzzago, M. Bianchi, A. Salonia, J. Karnes, R. Damiano, S. Shariat, A. Briganti, F. Montorsi, R. Colombo (Milan, Catanzaro, Italy; Rochester, United States of America; Vienna, Austria)

534 Radical cystectomy (RC) in octogenarians: Long-term experience of two high volume institutions
M. Brausi, C. Selli, A. Rossi, M. Gavioli, G. De Luca, G. Peracchia, G. Verrini, M. Viola, A. Romano, G. Simonini (Modena, Pisa, Italy)

535 Functional and oncological outcomes in patients undergoing radical cystoprostatectomy with seminal vesicle sparing
G.N. Thalmann, A.K. Herrmann, B. Roth, F.C. Burkhard (Berne, Switzerland)

536 Neoadjuvant gemcitabine and carboplatin followed by immediate radical cystectomy for muscle-invasive bladder cancer patients ineligible for cisplatin-based chemotherapy: A propensity score-matched analysis

537 Early, intermediate and late recurrence after radical cystectomy due to bladder cancer: The necessity of a tailored follow up
M. Moschini, G. Gandaglia, V. Cucchiara, S. Luzzago, N. Suardi, A. Salonia, J. Karnes, S. Shariat, R. Damiano, A. Briganti, F. Montorsi, R. Colombo (Milan, Catanzaro, Italy; Rochester, United States of America; Vienna, Austria)
538 Prediction of cancer-specific survival in patients with radical cystectomy for bladder cancer using artificial neural networks

539 Cognitive function in patients undergoing cystectomy for bladder cancer
V. Feldmeier, M. Giessing, T. Supprian, P. Albers, G. Niegisch (Düsseldorf, Germany)

540 Oncological outcomes of totally intracorporeal robot-assisted radical cystectomy: Results from the EUS Scientific Working Group (ESWG)
J. Collins, A. Hosseini, T. Nyberg, M.C. Schumacher, A.E. Canda, C. Wijburg, C. Schwentner, M.D. Balbay, K. Decaestecker, S. Edeling, S. Pokupić, A. Mottrie, K. Guru, N.P. Wiklund (Stockholm, Sweden; Aarau, Switzerland; Ankara, Istanbul, Turkey; Arnhem, The Netherlands; Tubingen, Hanover, Germany; Ghent, Aalst, Belgium; Buffalo, United States of America)

541 Hysterectomy and non nerve-sparing cystectomy have a negative impact on functional outcome after orthotopic ileal bladder substitution in female patients

542 First national population-based register of complications after radical cystectomy – results from the Swedish cystectomy registry
T. Jerlström, O. Hagberg (Örebro, Lund, Sweden)

Summary
P. Black, Vancouver (CA)
Abstract Poster Session 45

14.00 - 15.30 How the lower urinary tract works

Room Barcelona (Hall 10)

Chairs:  M.J. Drake, Bristol (GB)
        S. Propping, Dresden (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

543 Development of a nomogram for the classification of detrusor underactivity (DU) in adult men with lower urinary tract symptoms (LUTS) and bladder outlet obstruction (BOO)
K.L.J. Rademakers, G.A. Van Koeveringe, M. Oelke (Maastricht, The Netherlands; Hanover, Germany)

544 Detrusor wall thickness is predictive of detrusor overactivity in male patients without evidence of benign prostatic obstruction: Results from a multicentre cohort
C. De Nunzio, F. Presicce, M. Bellangino, R. Lombardo, F. Puccini, C. Pellegrino, S. Carter, A. Tubaro (Rome, Italy; London, United Kingdom)

545 Can bladder wall thickness measurement use for detecting bladder outlet obstruction?
O. Guzel, Y. Aslan, M. Balci, A. Tuncel, T. Keten, A. Erkan, A. Atan (Ankara, Turkey)

546 Pressure flow study in patients with lower urinary tract symptoms and benign prostatic enlargement: External multicentric validation of a clinical nomogram
C. De Nunzio, R. Lombardo, F. Presicce, M. Gacci, M. Milanesi, A. Coccù, G. Giordano, M. Carini, A. Tubaro (Rome, Florence, Italy)

547 Clinical pressure flow nomogram shows good association with other methods of analysis of detrusor contraction during micturition (contractility)
P.F.W.M. Rosier (Utrecht, The Netherlands)

548 The relationship between urinary symptoms and peripheral zone thickness measured by transrectal ultrasound in men with lower urinary tract symptoms/benign prostatic hyperplasia
J.K. Kwon, J.H. Han, H.C. Choi, D.H. Kang, J.Y. Lee, Y.D. Choi, K.S. Cho (Seoul, South Korea)

549 Nocturia is often multifactorial: Study with continuous uroflowmetry and voiding diary
G. Paganini, J. Batista-Miranda, R. Gil-Ugarteburu, A. Bassas, E Gomez-Lanza, B. Molinuevo, Y. Pardo (Barcelona, Cabueñas, Spain)

550 Increase in first undisturbed sleep period (FUSP) is associated with a reduction in random blood glucose in nocturia patients
D. Bliwise, K.V. Juul, T. Larsen, E. Van Der Meulen, J.P. Nørgaard (Atlanta, United States of America; Copenhagen, Denmark)

551 Evaluation of intravesical prostatic protrusion as a predictor of dutasteride-resistant LUTS/BPO with a high likelihood of surgical intervention
K. Hirayama, K. Masui, A. Hamada, Y. Shichiri, N. Masuzawa, S. Hamada (Otsu, Japan)

552 Change in body mass index and metabolic syndrome status is associated with prostate growth rate over a 5 year period

553 BPH related symptoms and associated inflammation – an evidence-based, prospective correlation assessment
C.D. Ene, C. Ene, B. Geavlete, I. Nicolaes, P. Geavlete, O.A. Coman (Bucharest, Romania)
554 The influence of metabolic profile on benign prostatic enlargement: Results of a multicenter prospective study

555 The influence of aging on voiding function: Assessments among man without bladder outlet obstruction and neurogenic bladder

Summary
M.J. Drake, Bristol (GB)
Abstract Poster Session 46

14.00 - 15.30  Hormone therapy: Here to stay

Room N101-102 (North building, level 1)

Chairs:  T.A. Borkowski, Warsaw (PL)
         S. Egawa, Tokyo (JP)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

556  Abiraterone acetate improves overall survival in chemotherapy-naïve metastatic castration-resistant prostate cancer (mCRPC): Impact of crossover and baseline prognostic factors in the COU-AA-302 final analysis
P.F.A. Mulders, M.R. Smith, K. Fizazi, F. Saad, C.N. Sternberg, K. Miller, C.J. Logothetis, N.D. Shore, E.J. Small, J. Carles, T.W. Flaig, M.-E. Taplin, C.S. Higano, P. De Souza, J.S. De Bono, T.W. Griffin, P. De Porre, M.K. Yu, Y.C. Park, J. Li, T. Kheoh, V. Naini, A. Molina, D.E. Rathkopf, C.J. Ryan (Nijmegen, The Netherlands; Boston, Houston, Myrtle Beach, San Francisco, Aurora, Seattle, Los Angeles, Raritan, Menlo Park, New York, United States of America; Villejuif, France; Montréal, Canada; Rome, Italy; Berlin, Germany; Barcelona, Spain; Liverpool, Australia; Sutton, United Kingdom; Beerse, Belgium; Shanghai, China)

557  Early access protocol with abiraterone acetate for European patients with metastatic castration-resistant prostate cancer progressing after chemotherapy
D. Castellano, S. Bracarda, M. Tucci, O. Capoun, V. Matveev, G. Bodoky, G. Fountzilas, G. Kacso, M. Borre, I. Skoneczna, A. Londhe, P. De Porre, B. Goon, E. Lee, T. McGowan, V. Naini, A. Molina, C.N. Sternberg (Madrid, Spain; Arezzo, Orbassano, Rome, Italy; Prague, Czech Republic; Moscow, Russia; Budapest, Hungary; Thessaloniki, Greece; Cluj Napoca, Romania; Aarhus, Denmark; Warsaw, Poland; Horsham, Los Angeles, Menlo Park, United States of America; Beerse, Belgium)

558  Treatment with an LHRH agonist, but not the LHRH antagonist degarelix, induces atherosclerotic plaque instability in ApoE-/- mice

559  Association between baseline cardiovascular (CV) status and the development of CV events in prostate cancer (PCa) patients treated with luteinising hormone-releasing hormone (LHRH) agonist versus antagonist: Results of a pooled analysis
J. Nilsson, M. Borre, Z. Bosnyak, A. Malmberg, P. Davey, A. Neijber (Lund, Sweden; Aarhus, Copenhagen, Denmark; Northampton, United Kingdom)

560  Primary androgen deprivation therapy increases all cause mortality in populations matched by comorbidity adjusted life expectancy and disease risk

561  Risk of thromboembolic disease in men with prostate cancer undergoing androgen deprivation: Follow-up study in PCBaSe Sweden

562  The effect of intermittent androgen deprivation treatment in progression to castration resistant prostate cancer, compared with continuous androgen deprivation treatment
563 Effects of prior use of statins in a phase 3 study of intermittent monotherapy versus continuous combined androgen deprivation
F. Calais Da Silva Junior, F. Calais Da Silva Senior, F. Gonçalves, A. Santos, J. Kliment, P. Whelan, T. Oliver, N. Antoniou, S. Pastidis, A. Queimadelos, C. Robertson (Lisbon, Braga, Portugal; Bratislava, Martin, Slovakia; Leeds, London, Glasgow, United Kingdom; Athens, Greece; S. Compostela, Spain)

564 Assessment of corticosteroid (CS)-associated adverse events (AEs) with long-term (LT) exposure to low-dose prednisone (P) given with abiraterone acetate (AA) to metastatic castration-resistant prostate cancer (mCRPC) patients (pts)
K. Miller, K. Chi, J.S. De Bono, K. Fizazi, L.G. Gomella, D.E. Rathkopf, C.J. Ryan, H.I. Scher, N. Shore, P. De Porre, A. Londhe, T. McGowan, N. Pelhivanov, R. Charnas, M.B. Todd, B. Montgomery (Berlin, Germany; Vancouver, Canada; Sutton, United Kingdom; Villejuif, France; Philadelphia, New York, San Francisco, Myrtle Beach, Horsham, Raritan, Los Angeles, Seattle, United States of America; Beerse, Belgium)

565 Factors predicting the off-treatment duration during intermittent androgen deprivation (IAD) therapy with degarelix in prostate cancer
P-A. Abrahamsson, L. Boccon-Gibod, I.J. De Jong, J. Morote, A. Malmberg, A. Neijber, P. Albers (Malmö, Sweden; Paris, France; Groningen, The Netherlands; Barcelona, Spain; Copenhagen, Denmark; Düsseldorf, Germany)

566 ANAMEM: Prospective and observational study to evaluate cognitive changes in prostate cancer patients undergoing luteinizing hormone-releasing hormone analogue treatment

567 Safety and antitumor activity of ODM-201 in chemotherapy and CYP17-inhibitor naïve patients from the ARADES and the ARAFOR trials
C. Massard, H. Penttinen, P. Bono, T. Tammela, T. Sarapohja, A. Vuorela, M.V.J. Mustonen, K. Fizazi (Villejuif, France; Helsinki, Tampere, Espoo, Finland)

568 Evaluation of the ERα agonist, GTx-758 (250 mg daily), in men with metastatic (mCRPC) and non-metastatic castration resistant prostate cancer (nmCRPC)
R.H. Getzenberg, E. Yu, M. Hancock, T. Babicz, W. Aronson, Z. Pápai, L. Géczi (Memphis, Seattle, Los Angeles, United States of America; Nyíregyháza, Budapest, Hungary)

Summary
S. Egawa, Tokyo (JP)
Abstract Poster Session 47

Room N103 (North building, level 1)

Chairs:  T. Esen, Istanbul (TR)
         C. Mamoulakis, Heraklion (GR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

569 Short-term results of the first UK prospective study of prostate artery embolisation (PAE) for benign prostatic enlargement in patients with urodynamically proven bladder outflow obstruction
J.P. Dyer, K.A. Johnson, T. Bryant, J. Coyne, D. Flowers, B.K. Somani, M. Harris, N. Hacking (Southampton, United Kingdom)

570 Prostatic arterial embolization vs open prostatectomy: A matched-pair analysis of functional outcomes and morbidities after 1-year of follow-up
G.I. Russo, D. Kurbatov, S. Sansalone, A. Lepetukhin, S. Dubsky, I. Sitkin, R. Rozhivanov, C. Salamone, L. Fiorino, S. Cimino, G. Morgia (Catania, Rome, Italy; Moscow, Russia)

571 Minimally invasive Prostatic Urethral Lift (PUL) efficacious in a large percentage of potential TURP candidates: Mid-term results
M. Schönthaler, R. Berges, F. Miller, B. Amend, U. Wetterauer, K-D. Sievert (Freiburg, Cologne, Tübingen, Tübingen/Lübeck Germany)

572 Functional results of a prospective randomized controlled study comparing GreenLight XPS to TURP demonstrate durable efficacy and safety at 24-months (GOLIATH)

573 Efficiency of the “en-bloc no-touch” HoLEP technique for the treatment of prostate glands of all sizes: Our 4-year experience from 182 consecutive procedures
C.M. Cracco, R. Russo, C.M. Scoffone (Turin, Italy)

574 Diode laser 980 nm for the treatment of BPH: Long-term comparison of the enucleation vs. vaporization
T.M. Maliszewski, A. Sikorski (Szczecin, Poland)

575 180W LBO laser vaporization of the prostate for benign prostatic hyperplasia in high-risk patients
P-A. Hueber, M-N. Bienz, R. Valdivieso, H. Blouin-Lavigueur, V. Misrai, M. Rutman, A. Te, B. Chughtai, N. Barber, A. Emara, R. Munver, K. Zorn (Montréal, Canada; Toulouse, France; New-York, Hackensack, United States of America; Frimley, Surrey, United Kingdom)

576 Analysis of learning curve of Holmium laser enucleation of the prostate (HoLEP) in initial experience
S. Bae, B. Park, Y. Lee, S. Kang, C. Han (Uijeongbu-Si, South Korea)

577 Efficacy of bipolar “button” plasma vaporization of the prostate for benign prostatic obstruction, compared to the standard technique
H. Aboutaleb (Minoufiya, Egypt)
<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
<th>Location</th>
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<tbody>
<tr>
<td>578</td>
<td>Are there differences in outcome after bipolar TUR-P in patients with continuous anticoagulation or thrombocyte-antiaggregation therapy?</td>
<td>L. Marini, P. Stucki, A. Mattei, H. Danuser (Luzern, Switzerland)</td>
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<td>579</td>
<td>Management of benign prostatic obstruction using bipolar plasma kinetic energy in coagulopathic patients: Initial series</td>
<td>A. Abou-Taleb, M. Khalil, A. Sebaey, H. Shaher, A. Abdelbaky, Y. Noureldin (Benha, Egypt)</td>
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<td>580</td>
<td>Prospective MRI evaluation of tissular effects after photoselective vaporization with GreenLight AMS XPS-180W</td>
<td>R. Huet, R. Mathieu, T. Rohou, G. Verhoest, K. Bensalah, S. Vincendeau (Rennes, France)</td>
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<td><strong>Summary</strong></td>
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<td>T. Esen, Istanbul (TR)</td>
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## Sunday, 22 March - EAU Programme

### Abstract Poster Session 48

**Room N104 (North building, level 1)**

**Chairs:** M. Bultitude, London (GB)  
J.M. Reis Santos, Lisbon (PT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

<table>
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<th>Paper Number</th>
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<tr>
<td>582</td>
<td>Prospective outcomes of ultra-mini percutaneous nephrolithotomy (UMP): A consecutive cohort study</td>
<td>S. Datta, R. Solanki, J. Desai (Colchester, United Kingdom; Ahmedabad, India)</td>
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<td>585</td>
<td>To assess effect of local anesthesia 0.25% peritubal bupivacaine infiltration on postoperative pain in patients undergoing percutaneous nephrolithotomy</td>
<td>I. Nasim, M.H. Ather (Karachi, Pakistan)</td>
</tr>
<tr>
<td>586</td>
<td>The novel miniaturized amplatz sheaths of 8.5Ch and 11Ch inner diameter manage to maintain low intrapelvic irrigation pressure during minimal invasive percutaneous nephrolitholapaxy: Results from an ex-vivo organ-model study on pressure-measurement and histological evaluation of papillary reflux</td>
<td>S. Jutzi, T.R.W. Herrmann, M. Wolters, F. Imkamp, D. Schilling, M. Bader, S. Kruck, U. Walcher, U. Nagele (Hanover, Frankfurt am Main, Ebersberg, Tübingen, Germany; Hall in Tyrol, Austria)</td>
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<td>587</td>
<td>Endoscopic-guided versus fluoroscopic-guided renal access during percutaneous nephrolithotomy (PCNL): A comparative study</td>
<td>I. Ahmad, A. Ramsay, S.K. Nalagatla (Glasgow, Lanarkshire, United Kingdom)</td>
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<td>590</td>
<td>Open renal stone surgery: Is it still there?</td>
<td>M.A. Abdelazeem, Y.S. Osman, A.A. Shokeir, A.B. Shehab El-Dein (Mansoura, Egypt)</td>
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<td>591</td>
<td>Flow matters – how to improve irrigation flow in small calibre percutaneous procedures: The purging effect</td>
<td>U. Nagele, U. Walcher, T. Herrmann, S. Kruck, D. Schilling (Hall in Tirol, Austria; Hanover, Tübingen, Frankfurt, Germany)</td>
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<tr>
<td>592</td>
<td>Semi-rigid nephroscope: The future of PCNL?</td>
<td>J.X. Li, B. Xiao, W.G. Hu, X. Zhang, S. Chen (Beijing, China)</td>
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593 Upper calyx approachability using rigid nephroscopes through a lower calyx access: Comparison between prone and supine PCNL and assessment of anatomical factors that may influence this approach as measured by multidetector CT with 3D reconstructions
M. Sofer, S. Proietti, G. Aviram, H. Matzkin, G. Guido (Tel-Aviv, Israel; Rozano, Italy)

Associated video presentation

V29 Micropercutaneous nephrolithotomy in Galdakao modified supine Valdivia position
A. Hoznek, P. Castellan, M. Chiaradia, B. Parier, M.H. Khan, A. De La Taille (Creteil, France; Chieti, Italy; Keighley, United Kingdom)

Summary
M. Bultitude, London (GB)
Sunday, 22 March - EAU Programme

Abstract Poster Session 49

14.00 - 15.30 Testis cancer: Retroperitoneal surgery and beyond

Room N105-106 (North building, level 1)

Chairs:  N. Nicolai, Milan (IT)
        J. Oldenburg, Oslo (NO)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 594 Discriminating metastasised from non-metastasised seminoma using small RNA-expression in tumour tissue and peripheral blood
   (Koblenz, Munich, Hamburg, Germany)

595 A contemporary series of 882 consecutive patients with testicular cancer in the NHS: What have we learnt?
   A.R. Mohee, R. Kaba, M.W. Lau, V.K. Sangar, N.W. Clarke, V.A.C. Ramani (Manchester, United Kingdom)

596 Treatment and clinical outcomes of patients with teratoma with somatic-type malignant transformation (TMT): An international collaboration
   P. Giannatempo, G.R. Pond, G. Sonpavde, C. Albany, Y. Loriot, C. Sweeney, C. Cary, R. Salvioni, M. Colecchia,
   N. Nicolai, D. Raggi, N.R. El Mouallem, H. Feldman, K. Fizazi, L. Einhorn, A. Necchi (Milan, Italy; Hamilton,
   Ontario, Canada; Birmingham, Indianapolis, Boston, United States of America; Villejuif, France)

597 Interim [18F] Fluorodeoxyglucose Positron Emission Tomography (PET) for early metabolic assessment of response to PEB chemotherapy for metastatic seminoma: Preliminary findings
   A. Necchi, P. Giannatempo, A. Alessi, D. Raggi, S. Tana, N. Nicolai, G. Serafini, B. Padovano, L. Piva,
   D. Biasoni, T. Torelli, M. Catanzaro, S. Stagni, M. Maffezzini, L. Mariani, F. Crippa, R. Salvioni (Milan, Italy)

598 Clinical outcomes of Intermediate Risk metastatic Germ Cell Tumors (IRGCT): Results from a single-institution series
   D. Raggi, S. Lo Vullo, P. Giannatempo, D. Giardiello, N. Nicolai, L. Piva, D. Biasoni, M. Catanzaro, T. Torelli,
   S. Stagni, M. Maffezzini, L. Mariani, R. Salvioni, A. Necchi (Milan, Italy)

599 The impact of metastatic disease at retroperitoneal lymph node dissection for testis cancer on postoperative outcomes
   J. Hanske, M. Schmid, F. Roghmann, C.P. Meyer, M. Brock, M. Sun, F. Abdollah, J.D. Sammon, M. Menon,
   M. Fisch, J. Noldus, Q-D. Trinh (Boston, Detroit, United States of America; Herne, Hamburg, Germany;
   Montreal, Canada)

600 Prognostic factors of antegrade ejaculation in nerve-sparing post-chemotherapy resection of retroperitoneal lymph node dissection for advanced germ cell tumors
   (Kyoto, Japan)

601 Complicated postchemotherapy retroperitoneal lymph node dissection (PC-RPLND) in advanced testicular germ cell tumours – is it worth the efforts?
   A. Heidenreich, D. Porres, D. Pfister (Aachen, Germany)

602 Unilateral and nerve-sparing postchemotherapy retroperitoneal lymph node dissection (PC-RPLND) in patients with non-seminomatous germ cell tumours – indication and recurrence rates
   A. Lusch, M. Zaum, P. Albers (Düsseldorf, Germany)
603 Complications and adjunctive surgical procedures of post-chemotherapy retroperitoneal lymph node dissection (PC-RPLND) in advanced germ cell tumours – single center experience
M. Zaum, A. Lusch, C. Winter, R. Krauspe, K. Grabitz, P. Albers (Düsseldorf, Krefeld, Germany)

604 Testosterone deficiency and bone metabolism damage in testicular cancer survivors
D. Ondrus, B. Spanikova, M. Ondrusova, V. Stastna (Bratislava, Trnava, Slovakia)

Summary
N. Nicolai, Milan (IT)
Abstract Poster Session 50

14.00 - 15.30  Paediatric urology 2

Room Retiro (Hall 10, level 1)
For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1

Chairs:  J. Seibold, Tübingen (DE)
         M.S. Silay, Istanbul (TR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

605  A comparative cost analysis of robotic-assisted surgery (RS) versus laparoscopic surgery (LS) and open surgery (OS) in a paediatric hospital
M. Ritrovato, G. Torino, P. Derrico, M. De Gennaro (Rome, Italy)

606  A comparative study of pediatric open pyeloplasty, laparoscopy-assisted extracorporeal pyeloplasty and robot-assisted laparoscopic pyeloplasty
(Seoul, Changwon, South Korea)

607  The efficacy and safety between robotic versus open pediatric pyeloplasty: A systemic review and meta-analysis
C-K. Hsu, S-D. Yang, C-H. Hsieh, S-J. Chang (New Taipei City, Taiwan)

608  High short-term effectiveness of modulated dry bed training in adolescents and young adults with treatment-resistant enuresis

609  Can the success of structured therapy for giggle incontinence be predicted?

610  Solifenacin in children and adolescents with over-active bladder: Results of a Phase 3 clinical trial
(Leiden, The Netherlands; Québec, Canada; Aarhus H, Denmark)

611  Incidence, national trends and disparities in the surgical management for testicular torsion in boys
A. Sood, J.D. Sammon, F. Abdollah, D.E. Klett, D. Pucheril, A.A. Friedman, J.O. Peabody, M. Menon,
Q-D. Trinh, J.S. Elder (Detroit, United States of America)

612  When the testis starts this migration? Study in human fetuses between 13 and 23 weeks post-conception
L.A. Favorito, S.F. Costa, F.B. Oliveira, W.S. Costa, C.B.M. Gallo, F.J.B. Sampaio (Rio de Janeiro, Brazil)

613  Protective effects of melatonin and leptin on testicular ischemia/reperfusion injury in rats

614  Genetic and clinical variation of mixed gonadal dysgenesis and the validity of external and internal masculinization scores for prediction of growth
S. Park, S.H. Song, C. Lee, J. Jung, D. Lee, M. Sohn, I.G. Jeong, B. Hong, J. Hong, M-S. Choo, C-S. Kim,
K.S. Kim (Ulsan, Seoul, South Korea)

615  Effect of prenatal androgen exposure on behavioral sexual dimorphism in school-aged children
T. Mitsui, A. Araki, S. Ito, C. Miyashita, T. Kitta, K. Moriya, K. Cho, M. Keita, N. Shinohara, R. Kishi,
K. Nonomura (Sapporo, Japan)
616 Long term follow up of female patients with congenital adrenal hyperplasia  

617 Management of ventral curvature and preservation of the urethral plate in hypospadias repair  
A. Izairi (Tetovo, Macedonia)

618 The comparative role of citation analysis through eight decades of hypospadiology (1945-2013)  
Abstract Video Session 6

15.45 - 17.15 Modern strategies in urothelial tumour surgery

eURO Auditorium (Hall 10)

Chairs: G. Gakis, Tübingen (DE)  
A. Mejean, Paris (FR)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

V39 Blue light flexible cystoscopy in bladder cancer in an outpatient setting (video case examples)  
R. Zare, T. Kornmo, C. Arstad (Rud, Norway)

V40 Laser en bloc resection of bladder tumors: A European multi-center study to evaluate safety, efficacy and outcome  

V41 Gasless single-port RoboSurgeon partial cystectomy: A hybrid technique combining an intravesical and extravesical approach  
Y. Fujii, K. Kazunori, N. Numao, Y. Matsuoka, J. Ishioka, S. Kazutaka (Tokyo, Japan)

V30 Totally intracorporeal robot-assisted vescica ileale Padovana (vip) using staplers: A stepwise approach  
R. Papalia, G. Simone, M. Ferriero, R. Mastroianni, S. Guaglianone, M. Gallucci (Rome, Italy)

V42 Totally intracorporeal laparoscopic radical cystectomy with modified ileal Padua neobladder reconstruction in male. Surgical approach evolution and outcomes  

V43 Ileal heterotopic “Y” shaped diversion following laparoscopic radical cystectomy in female: A 2 years review of a single surgeon experience  
G. Palleschi, L. Silvestri, A. Messas, Y. Al-Salhi, A. Ripoli, D. Autieri, A. Leto, A.L. Pastore, A. Carbone (Latina, Italy; Paris, France)

V44 Laparoscopic radical cystectomy with lymphadenectomy guided by indocyanine green  

V45 Robot-assisted en-bloc radical cystectomy with nephroureterectomy and intracorporal urinary diversion in ten patients with muscle-invasive bladder cancer and simultaneous upper urinary tract urothelial cell carcinoma or functionless kidney  
S. Buse, C. Hach, A. Alexandrov (Essen, Germany)
Abstract Poster Session 51

15.45 - 17.15 Peri-operative and functional outcomes after local treatment for prostate cancer

Room Stockholm (Hall 10)

Chairs: D. Murphy, East Melbourne (AU)  
B. Rocco, Milan (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

619 The improvement of urinary continence recovery by tadalafil after bilateral nerve-sparing robot-assisted radical prostatectomy: A randomized study with 2.5 year follow-up  
A. Govorov, G. Kasyan, P. Rasner, K. Kolontarev, D. Pushkar (Moscow, Russia)

620 Open versus robot-assisted radical prostatectomy: A contemporary analysis of an all-payer discharge database  

621 Comparative effectiveness of robot-assisted vs. open radical prostatectomy in intermediate- and high-risk patients  
G. Gandaglia, N. Suardi, N. Fossati, A. Larcher, E. Farina, M. Picozzi, I. Locatelli, A. Gallina, V. Miron, G. Guazzoni, F. Montorsi, A. Briganti (Milan, Naples, Italy)

622 Impact of surgical approach on recovery of erectile function following bilateral nerve-sparing radical prostatectomy: Results from a randomized controlled trial of tadalafil versus placebo (REACTT)  
J-U. Stolzenburg, M. Graefen, C. Kriegel, U. Michl, A. Martin Morales, P.J. Pommerville, M. Manning, H. Büttner, C. Henneges, M. Schostak (Leipzig, Hamburg, Bad Homburg, Magdeburg, Germany; Malaga, Spain; Victoria, Canada)

623 Impact on anxiety and depression of urinary symptoms and incontinence after postprostatectomy radiotherapy in the first year after treatment  

624 Functional outcomes after robot-assisted radical prostatectomy in young patients (≤ 55 yrs) with prostate cancer: Is surgery perfect in the best candidates?  
G. Lista, P. Dell’Oglio, G. Lughezzani, A. Briganti, N. Suardi, N.M. Buffi, N. Fossati, A. Larcher, M. Lazzeri, F. Montorsi, G. Guazzoni (Milan, Italy)

625 Significance of urethral fibrosis evaluated by preoperative magnetic resonance imaging as a predictor of continence status after robot-assisted radical prostatectomy  
A. Miyazaki, H. Momozono, H. Miyake, M. Fujisawa (Kobe City, Japan)

626 Impact of nerve sparing on postoperative continence following robot assisted radical prostatectomy: A propensity score matched study  
A. Kumar, R. Coelho, A.S. Bates, B. Rocco, J. Palmer, V. Patel (Celebration, United States of America)

627 Suprapubic drainage vs transurethral catheterization in robot-assisted radical prostatectomy: A randomized, prospective clinical study for patient comfort and functional results  
N.N. Harke, M. Godes, J. Habibzada, K. Urbanova, H. Zecha, J.H. Witt (Gronau, Germany)
628 Nerve-sparing surgery technique but not the preservation of the neurovascular bundles leads to improved long-term continence rates after radical prostatectomy  
U. Michl, S. Ahyai, P. Tennstedt, M. Graefen, H. Huland, D. Tilki (Hamburg, Germany)

629 Erectile function after radical prostatectomy – do patients return to baseline?  
M. Fode, A. Frey, H. Jakobsen, J. Sønksen (Roskilde and Herlev, Herlev, Denmark)

630 The high economic burden of urinary incontinence after prostate cancer treatment  
M De Rooij, W. Nieuwboer, R.N.G. Smit, J.A. Witjes, J.O. Barentsz, M.M. Rovers (Nijmegen, Leusden, The Netherlands)

631 Small bowel obstruction and abdominal pain after radical prostatectomy  
K-J. Lundström, Y. Folkvaljon, A. Bill-Axelson, P. Stattin, P. Nordin (Ostersund, Uppsala, Umeå, Sweden)

632 Robot-assisted radical prostatectomy is associated with faster and greater recovery from orgasm associated incontinence  
A. Serino, P. Capogrosso, G. La Croce, E. Ventimiglia, L. Boeri, A. Pecoraro, M. Paciotti, G. Castagna, M. Picozzi, G. Gandaglia, A. Briganti, R. Damiano, F. Montorsi, A. Salonia (Milan, Catanzaro, Italy)
Abstract Poster Session 52

Survival outcomes after treatment for prostate cancer

Room Paris (Hall 10)

Chairs: N.W. Clarke, Manchester (GB)
        A. Stephenson, Cleveland (US)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Outcome parameters for localised prostate cancer
N.W. Clarke, Manchester (GB)

* 633 Mortality risk factors in European prostate cancer patients treated with radical prostatectomy. Competing risk analysis with 15-years follow up
K. Böhm, B. Beyer, P. Karakiewicz, H. Huland (Hamburg, Germany; Montreal, Canada)

634 Long-term survival patterns of young patients with high risk prostate cancer treated with radical prostatectomy. Results of a multi-institutional, conditional survival analysis
M. Bianchi, R.J. Karnes, S. Joniau, G. Gandaglia, M. Spahn, P. Gontero, L. Tosco, R. Sanchez-Salas,
X. Cathelineau, B. Kneitl, F.K.H. Chun, P. Karakiewicz, M. Graefen, P. Chlosta, G. Marchioro, D. Frohneberg,
H. Van Poppel, F. Montorsi, A. Briganti (Milan, Turin, Novara, Italy; Rochester, United States of America;
Leuven, Belgium; Berne, Switzerland; Paris, France; Wurzburg, Hamburg, Karlsruhe, Germany; Montreal,
Canada; Krakow, Poland)

635 External validation of the CAPRA-S score to predict biochemical recurrence, metastasis and mortality after radical prostatectomy in a European cohort
P. Mandel, M. Graefen, H. Huland, D. Tilki (Hamburg, Germany)

636 Fatal family history of prostate cancer and apparent mode of disease transmission: Independent predictors of radical prostatectomy outcomes?
K. Herkommer, S. Heister, E. Donel, J.E. Gschwend, M. Kron (Munich, Ulm, Germany)

637 A single-condition-based multivariate model predicting competing mortality after radical prostatectomy
M. Fröhner, R. Koch, M. Hübner, M. Wirth (Dresden, Germany)

638 Androgen deprivation therapy and increased non-cancer mortality in prostate cancer patients: Analysis of the number needed to harm
A.S. Kibel, P.L. Nguyen, M. Menon, Q-D. Trinh (Detroit, Boston, Los Angeles, New Haven, United States of America;
Montreal, Canada)

639 90-day perioperative mortality in radical prostatectomy among Swedish men 1998 to 2012
J Björklund, Y. Folkvaljon, A. Cole, S. Carlsson, D. Robinson, S. Loeb, P. Stattin, O. Akre (Stockholm,
Jönköping, Umeå, Sweden; Boston, New York, United States of America)

640 Head-to-head comparison of conditional oncological outcomes after radical prostatectomy in patients with intermediate and high risk prostate cancer
M. Bianchi, N. Fossati, G. Gandaglia, R. Matloob, F. Abdollah, U. Capitanio, F. Dehò, V. Scattoni, S.F. Shariat,
P.I. Karakiewicz, F. Montorsi, A. Briganti (Milan, Italy; Detroit, United States of America; Vienna, Austria;
Montreal, Canada)
641 Racial disparities in the surgical care of localized prostate cancer

642 Androgen-deprivation therapy did not improve the survival outcomes of salvage radiotherapy after radical prostatectomy

643 Survival after radical prostatectomy or radiotherapy as primary therapy in patients with non-metastasized prostate cancer

644 Very long term outcomes of radical prostatectomy in patients with clinically localized prostate cancer. Results from a single institution series
G. Gandaglia, N. Suardi, M. Bianchi, P. Dell’Oglio, U. Capitanio, N. Fossati, F. Abdollah, M. Moschini, P.L. Karakiewicz, P. Rigatti, F. Montorsi, A. Briganti (Milan, Italy; Detroit, United States of America; Montreal, Canada)
Abstract Poster Session 53

15.45 - 17.15 Oncological outcomes post cystectomy

Room Vienna (Hall 10)

Chairs: P. Anderson, Melbourne (AU)
M. Rink, Hamburg (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

645 Selective bladder-sparing protocol consisting of low-dose chemoradiotherapy and consolidative partial cystectomy against muscle-invasive bladder cancer: Oncological and functional outcome

646 Oncological outcome of primary and secondary muscle-invasive bladder cancer: Is there a difference? A meta-analysis
P. Ge, Z.C. Wang, X. Yu, J. Lin (Beijing, China)

647 The neutrophil-to-lymphocyte ratio as a prognostic factor for patients with urothelial carcinoma of the bladder following radical cystectomy: Validation and meta-analysis
I. Lucca, S.F. Shariat, M. Rouprêt, M. Rieken, L.A. Kluth, R. Mathieu, H. Fajkovic, A. Briganti, C. Seitz, P.I. Karkiewicz, M. De Martino, Y. Lotan, M. Babjuk, T. Klatte (Vienna, Austria; Paris, Rennes, France; Basel, Switzerland; Hamburg, Germany; Milan, Italy; Montreal, Canada; Dallas, Texas, United States of America; Prague, Czech Republic)

648 Incidence and prognosis of clinically significant incidental prostate cancer in radical cystoprostatectomy for bladder cancer

649 Risk-stratification for prediction of locoregional recurrence after radical cystectomy for urothelial carcinoma of the bladder

650 A multi-institutional analysis of pathological and survival outcomes in patients with clinically node positive urothelial bladder cancer treated with neoadjuvant chemotherapy and radical cystectomy
651 Circulating tumor cells predict oncological outcomes in patients with pure urothelial carcinoma and variant urothelial carcinoma histology after radical cystectomy

652 Role of pulmonary metastasectomy in patients with metastatic urothelial carcinoma
S. Hoshi, K. Numahata, V. Bilim, K. Hoshi, S. Kanto, I. Sasagawa, Y. Ishizuka, H. Izmi, K. Ono (Yamagata, Niigata, Ishinomaki, Japan)

653 Postchemotherapy AKR1B10 expression correlates with disease-free survival in muscle-invasive bladder cancer
Y. Hashimoto, A. Imai, S. Hatakeyama, T. Yoneyama, T. Koie, C. Ohyama (Hirosaki, Japan)

654 Interest of routine CT-scan in the follow-up of patients treated by radical cystectomy for bladder cancer
B. Peyronnet, Q. Alimi, R. Mathieu, B. Laguerre, E. Vaulnon, N. Rioux-Leclercq, K. Bensalah, G. Verhoest (Rennes, France)

655 Early detection of asymptomatic visceral recurrence after radical cystectomy contributes better prognosis in patients with muscle invasive bladder cancer

656 Differences in the distribution of recurrence locations between patients who undergo open and robot-assisted radical cystectomy for bladder cancer
D.P. Nguyen, B. Al Hussein Al Awamlh, X. Wu, I.M. Inoyatov, A. Ayangbesan, B.M. Faltas, P.J. Christos, P. O’Malley, D.S. Scherr (New York, United States of America)

Summary
P. Anderson, Melbourne (AU)
Abstract Poster Session 54

15.45 - 17.15 Strategies to improve outcome in urological surgery

Room Barcelona (Hall 10)

Chairs: B. Milojevic, Beograd (RS)
C.W. Osborne, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

Optimising surgical outcome
B. Milojevic, Beograd (RS)

657 Slow gait speed predict of post-operative delirium in elderly patients
M. Oikawa, S. Hatakeyama, T. Okamoto, H. Yamamoto, A. Imai, T. Yoneyama, Y. Hashimoto, T. Koie,
C. Ohyama (Hirosaki, Japan)

* 658 Frailty predicts length of hospital stay in urology patients
C. Osborne, A. Charles, A. Hare, D. Shipway (London, United Kingdom)

659 Prospective randomized controlled study on the efficacy of multimedia informed consent for patients who are scheduled to receive greenlight HPS photoselective vaporization of the prostate surgery

660 The effect of body mass index on perioperative outcomes after major urologic surgery
M. Menon, Q-D. Trinh (Detroit, Boston, United States of America)

661 A novel comprehensive complication index by Clavien in patients with radical prostatectomy
B. Beyer, M. Graefen, H. Huland, T. Steuber (Hamburg, Germany)

662 A randomized controlled trial for pain control in laparoscopic urologic surgery: 0.25% bupivacaine versus long-acting liposomal bupivacaine
R.B. Knight, P.W. Walker, K.A. Kirk, S.M. Overholser, T.S. Baumgartner, J.S. Ebertowski, J.K. Aden,
M.A. White (Brandon, United Kingdom; Baton Rouge, San Antonio, United States of America)

663 A prospective audit with clinical improvements in the identification and management of sepsis in a large urology unit
K.M. Gallagher, N.J. Blackwell, R.L. Paterson, B.G. Thomas (Edinburgh, United Kingdom)

664 In-hospital mortality due to recognizable/preventable complications is on the rise: Failing to rescue after common urologic oncology procedures?
M. Menon, Q-D. Trinh (Detroit, Boston, United States of America)

665 Time-lapse movie significantly improves patient comprehension and reduces time of informed consent explanation – initial experience in urologic surgery
Y. Komai, N. Matsubara, S. Yasuyuki, S. Norio (Chiba, Japan)
Abstract Poster Session 55

**Non-hormonal systemic treatment of prostate cancer**

**Room N101-102 (North building, level 1)**

*Chair* B.H. Chung, Seoul (KR)  
A. Heidenreich, Aachen (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 666  
A phase-II study of peptide vaccines and dexamethasone versus dexamethasone alone for chemotherapy-naïve castration resistant prostate cancer – a final report
(Osaka-Sayama, Tokyo, Kurume, Japan)

* 667  
Bone management in patients with prostate cancer: FRAX combined with bone mineral density can prevent unnecessary treatment
T. Kawahara, S. Fusayasu, K. Izumi, Y. Yokomizo, H. Hasumi, K. Furuya, N. Hayashi, H. Miyamoto, M. Yao, H. Uemura  
(Yokohama, Japan; Baltimore, United States of America)

668  
Response to taxane chemotherapy as first subsequent therapy after abiraterone acetate in patients with metastatic castration-resistant prostate cancer (mCRPC): Post hoc analysis of COU-AA-302
(Montréal, Canada; Sutton, United Kingdom; Boston, New York, San Francisco, Myrtle Beach, Los Angeles, Raritan, United States of America; Nijmegen, The Netherlands; Villejuif, France; Beerse, Belgium)

669  
A phase III, multicenter, randomized, controlled study of maximum androgen blockade with vs without zoledronic acid in prostate cancer patients with metastatic bone disease: Results of main secondary endpoints in ZAPCA trial
(Kyoto, Miyazaki, Sendai, Kashihara, Oita, Akita, Sagamihara, Kagawa, Hiroshima, Tokyo, Nagasaki, Yusu, Isehara, Japan)

670  
Progression to castrate resistance and cancer-specific mortality in treatment-naïve patients initially diagnosed with metastatic prostate cancer: Prognostic impacts of the site of metastasis and pain
(Seoul, Pusan, Chuncheon, South Korea)

671  
Bone scintigraphy predicts bisphosphonat-induced osteonecrosis of the jaw in patients with metastatic prostate cancer
(Mainz, Germany)

672  
Prior and concurrent use of abiraterone and enzalutamide with radium-223 dichloride (Ra-223) in US expanded access setting (EAP)
(New Orleans, Tampa, New York, Stanford, Fort Myers, Phoenix, Boston, Philadelphia, Myrtle Beach, Whippany, Las Vegas, United States of America)
673 Effects of radium-223 dichloride (Ra-223) on health-related quality of life (HRQoL) assessed by the EQ-5D utility scores in ALSYMPCA
P. Cislo, O. Sartor, J. Reuning-Scherer, M. Shan, L. Zhan, C. Parker (Whippany, New Orleans, New Haven, United States of America; Sutton, United Kingdom)

674 Early experience of radium-223 treatment for metastatic castrate resistant prostate cancer: A preliminary report
V. Mouraviev, D. Telonis, D. Zehel, C. Pieczonka, D. Albala, H. Williams, M. Alom, N. Mariados, M. Bienz (Syracuse, United States of America; Montreal, Canada)

675 Introduction of PSMA-radioguided surgery in patients with recurrent prostate cancer: Taking salvage lymphadenectomy to the next level?

676 ALP and bone scan flare following enzalutamide treatment of castration resistant prostate cancer (CRPC) with bone metastasis
S.H. Hoshi, K. Numahata, V. Bilim, K. Hoshi, S. Kanto, I. Sasagawa (Yamagata, Niigata, Japan)

677 Causes of death in men with localised prostate cancer: A nationwide, population-based study
M. Van Hemelrijck, Y. Folkvaljon, J. Adolfsson, O. Akre, H. Garmo, L. Holmberg, P. Stattin (London, United Kingdom; Uppsala, Stockholm, Umea, Sweden)

Summary
A. Heidenreich, Aachen (DE)
Abstract Poster Session 56

15.45 - 17.15 What’s new in male LUTS medical therapy?

Room N103 (North building, level 1)

Chairs: G. Badlani, Winston-Salem (US)
        C. Gratzke, Munich (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

678 Short-term pretreatment with a dual 5α-reductase inhibitor before bipolar transurethral resection of the prostate (B-TURP): Evaluation of prostate vascularity and decreased surgical blood loss in large prostate
G.M. Busetto, R. Giovannone, G. Antonini, A. Rossi, V. Gentile, E. De Berardinis (Rome, Italy)

679 Methylprednisolone prior to catheter removal in patients with bladder outlet obstruction undergoing TURB increases the chance of normal micturition
A. Ciudin, J. Sachez, A. Wahab, S. Mando, A. Alcaraz (Barcelona, Spain)

680 Intravesical prostatic protrusion influences the efficacy of alpha-blockers in men with lower urinary tract symptoms (LUTS) and benign prostatic enlargement (BPE)
C. Perugia, R. Miano, L. Topazio, P. Bove, G. Vespasiani, E. Finazzi Agrò (Rome, Italy)

681 Impact of intravesical protrusion of the prostate in the response to alpha-blocker as a treatment for benign prostatic hyperplasia
E.H.Y. El Harrech, N. Abaka, E.A. Jihad, O. Ghoundale, D. Touni (Marrakech, Morocco)

682 Withdrawn

683 Sildenafil in combination with tamsulosin versus tamsulosin monotherapy for management of male lower urinary tract symptoms due to benign prostatic hyperplasia: A randomized, double-blind trial

684 Impact of blood sugar control on the therapeutic effect of alpha blockers in patients with benign prostate hyperplasia and diabetes mellitus: A multicenter, retrospective study

685 A randomised clinical trial comparing prostatic injection of botulinum neurotoxin type A (Botox®) to optimized medical therapy in the treatment of LUTS related to BPH: The PROTOX study
G.Y. Robert, A. Descazesaud, A. Benard, N.B. Delongchamps (Bordeaux, Limoges, Paris, France)

686 Is there an effect of antimuscarinics on the prostate? Preliminary results from a randomised study in patients with benign prostate enlargement (BPE) and overactive bladder (OAB)
V. Sakalis, V. Sfiggas, I. Vouros, G. Salpiggidis, A. Papathanasiou, A. Apostolidis (Thessaloniki, Greece)

687 Effects of dutasteride on bone mineral density and hematogenesis in patients with benign prostatic hyperplasia
M. Ken-ichi, S. Mizoguchi, I.Y. Sumino, F. Sato (Yufu, Japan)

688 Effect of celecoxib on nocturia-specific quality of life induced by high-dose-rate brachytherapy for prostate cancer
T. Kasahara, T. Nishiyama, E. Yuki (Niigata, Japan)
689  The effect of combined systematized behavioral modification education program (SBMP) with DDAVP in patients with nocturia: A multicenter, randomized, and parallel study

Associated video presentation

V48  Voiding urethro-cystoscopy: A new concept in benign prostatic obstruction (BPO) investigation
B. Lukacs, D. Legraverend, J-N.L Cornu (Paris, France)

Summary
C. Gratzke, Munich (DE)
<table>
<thead>
<tr>
<th>Abstract Poster Session 57</th>
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<tr>
<td><strong>Room N104 (North building, level 1)</strong></td>
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| **Chairs:** E. Liatsikos, Athens (GR)
S. McClinton, Aberdeen (GB) |

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

<table>
<thead>
<tr>
<th>Abstract ID</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>691</td>
<td>Which is better? Guy's vs S.T.O.N.E. nephrolithometry scoring systems in predicting stone-free status post-percutaneous nephrolithotomy</td>
<td>Y. Noureldin, M. Elkousy, S. Andonian (Benha, Egypt; Montreal, Canada)</td>
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<td>692</td>
<td>A prospective evaluation of the surgeon perspective in determining stone-free status after percutaneous nephrolithotomy</td>
<td>O. Mahmoud, A.M. Harraz, Y. Osman, A.A. El-Sawy, I. Fakhreldin, A.R. El-Nahas, A. Shoma, A.A. Shokeir (Mansoura, Egypt)</td>
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<td>693</td>
<td>Hounsfield unit has the ability to predict positive stone culture prior to percutaneous nephrolithotomy</td>
<td>Y. Tanidir, A. Garayev, A. Sahan, T.E. Sener, I. Cinay, C.A. Sekerci, C. Akbal, F. Simsek (Istanbul, Turkey)</td>
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<tr>
<td>694</td>
<td>Prospective evaluation of outcome of percutaneous nephrolithotomy (PCNL) using S.T.O.N.E nephrolithometry score – a single centre experience</td>
<td>M. Furhan, S. Nazim, B. Salam, M.H. Ather (Karachi, Pakistan)</td>
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<td>698</td>
<td>The complication and safety of total ultrasound guided percutaneous nephrolithotomy in 8025 cases in China</td>
<td>J.X. Li, B. Xiao, W.G. Hu, B. Yang, L. Chen, X.F. Wang (Beijing, China)</td>
</tr>
<tr>
<td>699</td>
<td>Safety and efficacy of percutaneous management of caliceal diverticulum with stones</td>
<td>A.K. Chawla, P. Hegde (Manipal, Karnataka, India)</td>
</tr>
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700  The contribution of retrograde flexible ureteroscopy during ECIRS (Endoscopic Combined IntraRenal Surgery): Our experience on a 4-year consecutive series of 200 procedures
C.M. Cracco, M.A. Mendoza Sotelo, C.M. Scoffone (Turin, Italy; Monterrey, Mexico)

701  Endoscopic Combined Intra Renal Surgery (ECIRS): 10 years of experience
F. Porpiglia, M. Cossu, M. Poggio, M. Manfredi, F. Mele, N. Serra, S. Grande, C. Fiori (Orbassano, Italy)

Summary
S. McClinton, Aberdeen (GB)
Abstract Poster Session 58

15.45 - 17.15 Penile cancer: News in lymphadenectomy and molecular breakthrough?

Room N105-106 (North building, level 1)

Chairs: S. Horenblas, Amsterdam (NL)
        C. Protzel, Rostock (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 702 Epigenomics of penile squamous cell carcinoma

703 Factors predicting local recurrence of penile carcinoma - an analysis of risk factors, management and outcome
T.L. Yap, M. Lucky, C. Akers, A. Freeman, C. Jameson, A. Muneer, D. Ralph, S. Minhas (London, United Kingdom)

704 Prophylactic pelvic lymph node dissection in penile cancer patients
R.S. Djajadiningrat, E. Van Werkhoven, S. Horenblas (Amsterdam, The Netherlands)

* 705 Robot assisted video endoscopic inguinal lymphadenectomy: Our single centre data at 1 year of follow-up in patients with carcinoma penis
A. Goel, A. Singh, K.R. Suhas, S. Agarwal, S. Rawal (Delhi, India)

* 706 Prospective study comparing complications and short term oncological safety of videoendoscopic radical inguinal lymph node dissection (VEILND) and open radical inguinal lymphnode dissection (OILND) for penile cancer over a 5 year period in a tertiary referral centre
V. Kumar, K. Sethia (Norwich, United Kingdom)

707 Survival impact of early lymph node staging in a national study on 454 Danish men with penile cancer
J.K. Jakobsen, K.P. Krarup, P. Sommer, H. Nerstrøm, J.A. Sørensen, V. Bakholdt, K.Ø. Olsen, B. Kromann, J.B. Jensen (Aarhus, Copenhagen, Odense, Denmark)

708 Reliability of dynamic sentinel node biopsy (DSNB) combined with high-resolution ultrasound (US) as a diagnostic approach in patients with palpable inguinal lymph nodes in penile cancer
C.M. Naumann, S. Van Der Horst, D. Osmonov, K-P. Jünemann, M.F. Hamann (Kiel, Germany)

709 The management of sentinel node non-visualisation in penile squamous cell carcinoma - is it worth repeating the procedure?
V. Sahdev, K. Rasool, M. Christodoulidou, P.R. Malone, R. Nigam, C. Akers, J. Bomanji, A. Muneer (London, United Kingdom)

710 Sentinel node biopsy in penile cancer - a national retrospective study from Denmark

711 Dacomitinib (PF-0299804) in untreated patients (pts) with advanced or metastatic penile squamous cell carcinoma (PSCC): Early findings of an open-label, single-group, phase 2 trial
712  Substitution urethroplasty for treatment of distal urethral carcinoma/CIS
M. Kulkarni, M. Sahu, A. Coscione, D. Sharma, B. Ayres, N. Watkin (London, United Kingdom)

Associated video presentation

V16  The use of tunica vaginalis as a graft on the corporal head bodies after glansectomy for penile carcinoma
I. Vlachiotis, D. Petsis, S. Nannos, P. Christopoulos (Piraeus, Greece; Manchester, United Kingdom)

Summary
S. Horenblas, Amsterdam (NL)
Abstract Poster Session 59

Room Retiro (Hall 10, level 1)
For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1

Chairs: G. Janetschek, Salzburg (AT)
        C. Vaessen, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 713 Molecular-targeted (Indocyanine Green) with near infra-red fluorescence (NIRF) image guided robot-assisted adrenal surgery
A. Aboumohamed, A. Hemal (Winston Salem, United States of America)

714 Recurrent somatic mutations underlie corticotropin-independent Cushing’s syndrome
S Maekawa, Y. Sato, H. Kume, T. Nakagawa, K. Nozaki, H. Watanabe, A. Takahashi, M. Nagata, S. Minowada, S. Ogawa, Y. Homma (Taito-Ku, Kyoto, Tokyo, Japan)

715 Impaired glucose tolerance predicts the development of hypoglycemia after removal of pheochromocytoma

716 Clinical outcomes in patients who underwent laparoscopic partial thulium laser adrenalectomy and comparison with laparoscopic total adrenalectomy
H-C. Chiu, C-P. Huang (Taichung, Taiwan)

717 What changed after mastering surgical skills in laparoendoscopic single-site adrenalectomy?

* 718 Surgical management of pheochromocytoma in a current cohort: What are the indications for open surgery?
N. Rao, R. Kumar, P. Singh, A. Seth, P. Dogra (New Delhi, India)

719 Can peri-operative parameters predict the need for post-operative inotropic support following surgical resection of pheochromocytomas?
N. Rao, R. Ramachandran, P. Singh, N. Tandon, R. Kumar (New Delhi, India)

720 Conditional survival analysis for patients with adrenal cortical carcinomas: Results from population-based data
Y.Y. Qu, Y. Zhu, D.W. Ye (Shanghai, China)

* 721 Patient selection for laparoscopic excision of adrenal metastases: A multicenter study

- Associated video presentation
  Is laparoscopic adrenalectomy feasible in pheochromocytoma larger than 8 cm?
E. Ozden, F. Ataç, Y. Bostancı, S. Öner, Y.K. Yakupolu, S. Sarıkaya (Samsun, Giresun, Turkey)

Summary
C. Vaessen, Paris (FR)
Plenary Session 3

07.30 - 11.00  Functional urology: Hot topics below the belt

eURO Auditorium (Hall 10)

Chairs: W. Artibani, Verona (IT)
       F.C. Burkhard, Berne (CH)

Aims and objectives of this plenary session
This plenary session gives an update on new developments concerning bladder function ranging from the evolving role of the urothelium to the new concept of detrusor underactivity, and the optimal treatment of BPO. An update on the management of penile diseases rounds up the session.

07.30 - 08.00  Highlight session 2

Oncology
To be confirmed

Stone disease
F. Sanguedolce, London (GB)

Andrology
M. Albersen, Leuven (BE)

08.00 - 08.15  State-of-the-art lecture The exciting urothelium
L. Birder, Pittsburgh (US)

Aims and objectives
1. To understand the roles of the urinary bladder urothelium in regulating bladder function.
2. To discuss how alterations in urothelial-neural signaling can result in symptoms (depending upon the patient) of bladder overactivity and failure to store urine or even underactivity and retention.
3. To compare findings obtained from urothelial tissues in both animal models and affected clinical subjects.
4. To discuss potential urothelial biomarkers and shared abnormalities in a number of bladder disorders.
5. To discuss how many current bladder therapies can (by targeting sites including the urothelium) lead to decreased sensory urgency and improvement of bladder emptying.

08.15 - 08.30  State-of-the-art lecture Nocturia: A new paradigm
K. Everaert, Ghent (BE)

Aims and objectives
All patients with bothersome nocturia need to complete a frequency volume chart and a questionnaire on sleep quality to diagnose the underlying cause(s) of nocturia: NP, 24h-polyuria, RFBC and sleep disorders. Patients with NP should have an additional evaluation with a renal function profile to evaluate abnormalities in glomerular filtration, osmotic diuresis, and water diuresis. Managing nocturia needs to be based on an approach that targets the underlying cause(s) and takes into account the individual bother. Notice that only desmopressin has a level of evidence of 1 for the treatment of nocturia.

08.30 - 08.45  State-of-the-art lecture Underactive bladder: Reality or hype?
G. Van Koeveringe, Maastricht (NL)
08.45 - 09.00  **State-of-the-art lecture**  *Management of recurrent UTI: Running out of antibiotics*

R.S. Pickard, Newcastle (GB)

**Aims and objectives**
There is an urgent need to limit the use of antibiotics for self-limiting local infections. This is challenging for cystitis given the painful and socially disabling symptoms and perceived risk of progression. Mechanistic molecular research is shedding light on bacterial-epithelial interactions and will form the basis for testing the novel non-antibiotic preventative and treatment strategies which will be presented in this lecture.

09.00 - 09.15 **EAU Guidelines snapshot**  *Perioperative antibiotic prophylaxis*

M.J. Grabe, Malmö (SE)

**Aims and objectives**
There is a limited evidence for rational peri-operative antibiotic prophylaxis in urological surgery. Urologists extensively use antibiotics. With a noticeable increasing resistance of the urinary tract pathogens to antimicrobial agents, there is an absolute need for limiting the use/missuse of antibiotics. This presentation aims at demonstrating the model the EAU guidelines promote as a general antibiotic prophylaxis strategy for all categories of urological interventions. The objective is a wider distribution of this strategy on a European and worldwide basis in order to contribute to a more rational use of antimicrobial agents.

09.15 - 10.00 **Case discussion**  *Benign Prostatic Obstruction (BPO)*

M.J. Drake, Bristol (GB)

**Medical treatment: Is there a limit to combinations?**
C. Gratzke, Munich (DE)

**Optimising TURP**
A. Descazeaud, Limoges (FR)

**Laser: Is it still in?**
J.J.M.C.H. De La Rosette, Amsterdam (NL)

**Alternative minimal invasive technologies: Are they ready?**
M.S. Michel, Mannheim (DE)

10.00 - 10.15 **American Urological Association (AUA) lecture**  *Erectile dysfunction and future treatment options*

T. Lue, San Francisco (US)

**Aims and objectives**
PDE 5 inhibitors have been the most used treatment options for erectile dysfunction since their introduction in 1998. This presentation will focus on the emerging treatment options for erectile dysfunction in PDE5 inhibitor non-responders. The emphasis will be on the two modalities that are in clinical trial in the US: adipose derived stem cell therapy and low energy shock wave. The basic mechanism, animal data and clinical reports will be summarised.

10.15 - 11.00 **Panel discussion**  *Modern treatment of penile diseases*

**Moderator:** I. Eardley, Leeds (GB)

**Modern management of Peyronie’s disease**
D.J. Ralph, London (GB)

**Priapism: When and how to treat?**
D.A. Ohl, Ann Arbor (US)
Balanitis Xerotica Obliterans (BXO)
R.P. Djinovic, Belgrade (RS)

The making of the better penis - View of a plastic surgeon
M. Ninkovic, München (DE)

Discussion

Aims and objectives
This session will aim to review the management of a number of disease processes that affect the penis. These state of the art presentations will update the general urologist on the modern concepts of management.
# Abstract Video Session 7

## Improving outcome in prostate surgery

**Room Stockholm (Hall 10)**

*Chairs: A. Bachmann, Basel (CH)  
M. Oelke, Hanover (DE)*

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

| **V46** | Radical prostatectomy with simultaneous penile prosthesis implant avoids penile shortening after surgery  
N. Mondaini, E. Sarti, A. Gavazzi, A. Belba, E. Meliani, A. Bongini, A. Costanzi, U. Farina, F. Melone, R. Bartoletti (Florence, Italy) |
| **V47** | Utility of imaging in pre and post operatory management of penile prothesis in F to M transsexual  
G. Liguori, N. Pavan, P. Umari, M. Bertolotto, S. Bucci, E. Belgrano, C. Trombetta (Trieste, Italy) |
| **V48** | Voiding urethro-cystoscopy: A new concept in benign prostatic obstruction (BPO) investigation  
B. Lukacs, D. Legraverend, J-N.L. Cornu (Paris, France) |
| **V49** | Successful ‘salvage’ holmium laser enucleation of prostate in a patient with failed prostate arterial embolization clinical response  
W. Lam, S. Samad, T. Sabharwal, B. Challacombe, R. Popert (London, United Kingdom) |
| **V50** | The en-bloc no-touch HoLEP technique  
C.M. Scoffone, M.A. Mendoza Sotelo, C.M. Cracco (Turin, Italy; Monterrey, Mexico) |
| **V51** | A new surgical HoLEp technique - one-lob e enucleation  
H. Iwamoto, T. Kobayashi, S. Sugie, T. Kamoto (Miyazaki-City, Japan) |
| **V52** | A novel one lobe technique of thulium: YAG laser enucleation of the Prostate (ThuLEP): ‘All-in-one’ technique  
J.S. Kim, Y.H. Lee, J.B. Kwon, G.N. Kim (Daegu, Gumi, South Korea) |
| **V53** | Prostatic enucleovaporization using greenlight laser for treatment of benign prostatic hyperplasia  
W. Halgrimson, H. Wadhwa, N. Abhyankar, S. Ohlander, S. Crivellaro (Chicago, United States of America) |
Abstract Poster Session 60

08.45 – 10.15 Radical nephrectomy: Predicting outcome

Room Milan (Hall 10)

Chairs: F. Porpiglia, Orbassano, Turin (IT)
A. Vukasnovic, Belgrade (RS)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

722 The prognostic impact of tumour size on cancer-specific and overall survival among patients with pathologic T3a renal cell carcinoma

723 Longitudinal change and risk factors of severe deterioration in renal function after radical nephrectomy
N. Kawamura, M. Yokoyama, Y. Fuji, J. Ishioka, N. Numao, Y. Matsuoka, K. Saito, C. Ariasawa, T. Okuno, A. Noro, S. Morimoto, K. Kihara (Tokyo, Toride, Saitama, Tsuichiura, Japan)

724 Development and external validation of a pathological nodal staging score for patients with clear cell renal cell carcinoma
M. Rieken, S. Boorjjan, L. Kloth, E. Xylinas, U. Capitanio, A. Briganti, H. Thompson, B. Leibovich, L-M. Krabbe, V. Margulis, J. Raman, M. Regelman, T. Klatte, A. Bachmann, P. Karakiewicz, M. Roupret, R. Lee, M. Gönen, S.F. Shariat (Basel, Switzerland; Rochester, Dalls, Hershey, New York, United States of America; Hamburg, Münster, Germany; Paris, France; Milan, Italy; Vienna, Austria; Montreal, Canada)

725 The identification of risk factors for perioperative death following nephrectomy – a national study
A. Fernando, S. Fowler, T. O’Brien (London, United Kingdom)

726 Impact of aortic calcification burden on renal function recovery in RCC

727 From clinically localized to pT3a renal cell carcinoma: What are the predictive factors of unexpected pathologic upstaging?

728 Evaluation of the effect of cytoreductive nephrectomy on the course of metastatic renal cell carcinoma: A single centre study
T. Claeyys, N. Lumen, G. Thuybaert, M. Praet, G. De Meerleer, S. Rottey, P. Ost, P. Devisschere, G. Villeirs, V. Fonteyne, K. Deacaastecker (Ghent, Belgium)

729 Prognosis of renal cell carcinoma following nephrectomy in patients on hemodialysis: Comparison with that of patients not on hemodialysis at a single Japanese center involving 1137 patients
K. Omae, T. Kondo, H. Fukuda, J. Iizuka, T. Takagi, H. Kobayashi, Y. Hashimoto, K. Tanabe (Tokyo, Japan)

730 Significance of geriatric nutritional risk index as a prognostic predictor in patients with non-metastatic renal cell carcinoma undergoing surgical resection
A. Miyazaki, H. Tei, H. Miyake, M. Fujisawa (Kobe City, Japan)
731 How long extend follow up after surgery for renal cancer? Retrospective analysis of a cohort of patients with more than 10 years of follow up
A. Antonelli, M. Sodano, M. Furlan, G. Galvagni, F. Carobbio, A. Cozzoli, T. Zanotelli, C. Simeone (Brescia, Italy)

732 The utility of histopathological evaluation in the nephrectomized non-neoplastic renal parenchyma for predicting life-threatening surgical chronic kidney disease in patients with renal cell carcinomas treated by radical nephrectomy
T. Sejima, N. Yamaguchi, H. Iwamoto, T. Masago, S. Morizane, M. Honda, A. Takenaka (Yonago, Japan)

733 Interleukin-6 and resistin as predictive factors for recurrence and long-term prognosis in renal cell cancer
J. Kallio, M. Hämäläinen, T. Luukkaala, P. Hirvikoski, E. Moilanen, T. Tammela, P-L. Kellokumpu-Lehtinen (Tampere, Oulu, Finland)

734 Laparoscopic nephrectomy as one-day surgery
N. Azawi, T. Christensen, C. Dahl, L. Lund (Roskilde, Odense, Denmark)

Summary
F. Porpiglia, Turin (IT)
Abstract Poster Session 61

**08.45 - 10.15** Improving outcome of muscle-invasive bladder cancer: Impact of systemic treatment

Room Paris (Hall 10)

*Chairs:  P. Gontero, Turin (IT)  
T. Powles, London (GB)*

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

*735*  
Nomogram predicting cancer specific mortality (CSM) after neoadjuvant chemotherapy and radical cystectomy for muscle-invasive bladder cancer (BC): Results of an international consortium  

*736*  
Radical cystectomy versus bladder-sparing treatment for patients with muscle-invasive urothelial carcinoma of the urinary bladder: A comparative effectiveness population-based study  
M. Sun, A. Larcher, M. McCormack, Z. Tian, L. Valiquette, F. Saad, P.I. Karakiewicz (Montreal, Canada)

737  
The interval between diagnosis and radical cystectomy does not impact the outcomes of patients treated with neoadjuvant chemotherapy  

738  
Positive expression of cytoplasmic HuR can predict long survival of urothelial cancer patients treated with second line gemcitabine-based chemotherapy  
Y. Miyata, T. Matsuou, A. Asai, K. Mitsu-nari, K. Ohba, Y. Mochizuki, H. Sakai (Nagasaki, Japan)

739  
Neoadjuvant dose-dense MVAC for muscle invasive bladder cancer; efficacy and safety compared to the traditional MVAC regimen  
E.E. Fransen Van De Putte, L.S. Mertens, R.P. Meijer, M.S. Van Der Heijden, M. Kerst, A.M. Bergman, S. Horenblas, B.W.G. Van Rhijn (Amsterdam, The Netherlands)

740  
Neoadjuvant cisplatinum-based chemotherapy does not impact perioperative morbidity in patients underwent radical cystectomy for bladder cancer  
E. Di Trapani, R. Sanchez-Salas, L. Rocchini, M. Moschini, N. Suardi, D. Lizee, E. Barret, F. Rozet, M. Galiano, M. Bennamoun, R. Colombo, A. Briganti, F. Montorsi, X. Cathelineau (Milan, Italy; Paris, France)
<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>742</td>
<td>Feasibility study of personalized peptide vaccination for platinum-based chemotherapy resistant metastatic upper tract urothelial carcinoma patients</td>
<td>S. Suekane, M. Noguchi, K. Ueda, T. Igawa, T. Sasada, K. Itoh (Kurume, Japan)</td>
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<td>743</td>
<td>Gender disparity in survival from bladder cancer can not be explained by late presentation or differences in treatment</td>
<td>M. Patel, A. Bang, D. Gillett, D. Smith (Westmead, Sydney, Australia)</td>
</tr>
<tr>
<td>744</td>
<td>Outcomes of pre-operative chemotherapy in bladder cancer patients including node-positive disease</td>
<td>B. Al Hussein Al Awamlh, D.P. Nguyen, B. Faltas, P. O’Malley, P.R. Date, P.J. Christos, H. Beltran, D.M. Nanus, S. Tagawa, D. Scherr (New York, United States of America)</td>
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Summary
T. Powles, London (GB)
**Abstract Poster Session 62**

**08.45 - 10.15**

**Urothelial cancer: Migration, invasion, and metastasis**

**Room Vienna (Hall 10)**

*Chairs:* C. Jeronimo, Porto (PT)
L.A.L.M. Kliemeney, Nijmegen (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

746 **Detection of tumor-associated antigens in culture supernatants using autoantibodies in sera from patients with bladder cancer**

747 **Identification of specific methylation-based biomarkers for the assessment of the metastatic risk of muscle invasive bladder cancer**

748 **Fibroblast growth factor receptor 3 mutational status could predict progression in T1 high grade bladder cancer**
A.I. Rolevich, M.P. Smal, S.A. Krasny, R.I. Goncharova, S.A. Polyakov (Minsk, Belarus)

749 **Prognostic impact of tumor infiltration density with lymphocytic subpopulations in bladder cancer**

750 **Withdrawn**

751 **Circulating tumor cells detection has independent prognostic impact in high-risk non-muscle invasive bladder cancer**

752 **Loss of periplakin expression is associated with pathological stage and cancer-specific survival in patients with urothelial carcinoma of the urinary bladder**

753 **Preoperative levels of the circulating forms of uPAR can predict recurrence and cancer specific death in patients treated with radical cystectomy for UCB**

754 **Connexin 43 expression predicts poor progression-free survival in patients with non-muscle invasive urothelial bladder cancer**
C. Poyet, L. Buser, F. Roudnicky, T. Hermanns, D. Mannhard, T. Sulser, H. Moch, M. Detmar, P. Wild (Zürich, Switzerland)
A five-gene DNA-methylation biomarker panel sensitively detects bladder cancer and discriminates between high-grade and low-grade disease in voided urine


The Mediator complex subunit MED12 is implicated in the progression of urothelial cell carcinoma of the urinary bladder


High ESR1 and PGR mRNA expression determined by RT-qPCR in FFPE routine tissue samples predicts superior disease specific survival in non-muscle invasive bladder cancer


Minimally-invasive establishment of urological cancer xenografts: A high-precision approach with ultrasound-guidance

W. Jäger, I. Moskalev, C. Janssen, T. Hayashi, J.W. Thüroff, P. Black (Mainz, Germany; Vancouver, Canada)

Ritonavir synergizes with carfilzomib to cause endoplasmic reticulum stress and autophagy in bladder cancer cells

A. Sato, M. Isono, T. Asano, K. Okubo, K. Ito, T. Asano (Tokorozawa, Japan)

Summary

L.A.L.M. Kiemeney, Nijmegen (NL)
Abstract Poster Session 63

08.45 - 10.15 MRI imaging in the diagnosis of prostate cancer: What are the advantages?

Room N101-102 (North building, level 1)

Chairs: R. Rabenalt, Düsseldorf (DE)
        H. Uemura, Yokohama (JP)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 760 Role of magnetic resonance imaging in prostate cancer screening; results from a pilot study within the Gothenburg randomized screening trial

* 761 A prospective randomized study comparing MR-guided in-bore versus MRI/ultrasound fusion-guided prostate biopsy in patients with prior tumor-negative TRUS biopsy
C. Arsov, A. Hiester, L. Schimmöller, M. Quentin, D. Blondin, E. Godehardt, G. Antoch, P. Albers, R. Rabenalt (Düsseldorf, Germany)

762 Detection of anterior and transition zone prostate cancer using biparametric and multiparametric MRI with MRI-targeted biopsy and MRI-US fusion-guidance

763 Could magnetic resonance imaging help identify the presence of prostate cancer before biopsy? The development of nomogram predicting the outcomes of prostate biopsy in the Chinese population
D. Fang, C. Zhao, X. Li, R. Wang, W. Yu, H. Wang, W. Yin, X. Xu, D. Ren, K. Yang, Y. Fan, Y. Liu, Y. Yuan, J. Peng, W. Song, G. Shan, S. Li, Q. He, X. Wang, Z. Xin, L. Zhou (Beijing, China)

764 DCE can safely be omitted for the detection of localized prostate cancer by mpMRI
P. Mozer, M. Roumiguié, S. Sanson, E. Bruguière, R. Renard-Penna, F. Cornud, D. Portalez, B. Malavaud (Paris, Toulouse, France)

765 Transrectal 12-core prostate biopsy and MRI have a comparable risk of missing significant prostate cancer in men with PSA less than 10 ng/ml and normal DRE

766 Multiparametric MRI increases the efficiency of the standard 12-core TRUS-guided repeated biopsies
L. Regis, P. Servian, A. Celma, R. Lopez, S. Rcohe, J. Planas, J. Placer, I. Detorres, J. Morote (Barcelona, Spain)

767 Clinical utility of transperineal template guided mapping biopsy of prostate after negative magnetic resonance imaging guided transrectal biopsy
Prospective study of diagnostic accuracy comparing prostate cancer detection by transrectal ultrasound guided biopsy versus magnetic resonance imaging with subsequent guided biopsy
A.I. Linares Quevedo, R. Castellucci, F.J. Sánchez Gómez, I. Cogollos Acuña, S. Salinas Moreno, I. Salmerón Beliz, M. Muñoz Fernández De Legaria, L. Martínez-Piñeiro (San Sebastián de los Reyes (Madrid), Spain)

The value of MRI-targeted/TRUS-guided transperineal fusion biopsies for prostate cancer patients under active surveillance

Improved patient selection for MRI-targeted prostate biopsy after negative random biopsy with the Rotterdam Prostate Cancer Risk Calculator

Multiparametric magnetic resonance imaging as a useful tool in planning of nerve sparing robotic assisted radical prostatectomy

Rapid pre-prostate biopsy MRI, results of a controlled prospective registered IMPROD-trial

Summary
R. Rabenalt, Düsseldorf (DE)
Abstract Poster Session 64

Room N103 (North building, level 1)

Chairs:  J. Bedke, Tübingen (DE)
         T. Klatte, Vienna (AT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes
in length, followed by 2 minutes for discussion.

773 Piwi-interacting RNAs as novel prognostic markers in clear cell renal cell carcinomas
K. Jung, J. Busch (Berlin, Germany; Sevilla, Spain)

774 FABP7 as a potential marker and target in clear cell renal cell carcinoma
K. Nagao, N. Shinohara, F. Smit, M. De Weijer, S. Jannink, Y. Owada, K. Kobayashi, H. Matsumoto,
Y. Yamamoto, H. Matsuyama, P. Mulders, E. Oosterwijk (Ube, Yamaguchi, Japan; Nijmegen, The
Netherlands)

775 Analysis of differential protein expression between clear cell and chromophobe renal cell carcinoma:
Specific biomarkers identification
V. Díez Nicolás, I. Ruppen Cañás, V. Gómez Dos Santos, P. Ximénez-Embún, J. Martínez Torrecuadrada,
C. Varona Crespo, E. Cristóbal Lana, S. Álvarez Rodríguez, V. Hevia Palacios, F.J. Burgos Revilla (Madrid,
Spain)

776 Establishment of a FISH based analysis for individual risk assessment of ccRCC patients on tissue micro
arrays
J. Grimm, A. Hartmann, M. Janssen, C. Stöhr, F. Kunath, M. Stöckle, K. Junker (Homburg/Saar, Erlangen-
Nuremberg, Germany)

777 Withdrawn

778 MIR-141 expression in clear cell renal cell carcinoma is linked with augmented susceptibility to sunitinib
therapy in vivo
J.H.M. Berkers, C. Vandebriele, O. Govaere, B. Beuselinck, R. Conotte, B. Blankert, S. Joniau, H. Van
Poppel, E. Lerut (Leuven, Mons, Belgium)

779 Effect of sunitinib therapy on intratumoural heterogeneity and differential expression of genetic mutations
and DNA methylation in metastatic renal cell cancer
G. Stewart, C. Van Nest, A. Meynert, C. Semple, F. O’Mahony, A. Laird, A. Mackay, G. Trooskens, W. Van
Criekinge, T. De Meyer, T. Powles, D. Harrison (Edinburgh, London, St. Andrews, United Kingdom; Ghent,
Belgium)

780 Validation of polymorphisms in angiogenesis-related genes regarding response and outcome of sunitinib-
treated metastatic renal cell carcinoma patients
J. Dornbusch, M. Walter, A. Gottschalk, A. Obaje, K. Junker, H. Ohlmann, M. Meinhardt, A. Zacharis,
S. Zastrow, M.-O. Grimm, S.J. Klug, S. Füssel, M.P. Wirth (Dresden, Jena, Homburg, Germany)

781 Withdrawn

782 Renal cancer treatment with recipient lymphocyte infusion enhanced the antitumor effect of
nonmyeloablative allogeneic stem cell transplantation
A. Takeuchi, M. Eto, M. Shiota, K. Tatsugami, A. Yokomizo, S. Naito (Fukuoka, Kumamoto, Japan)
783  Recommendations for 2nd generation immunotherapy concepts based on analysis of B7-H1 expression data from the TCGA Kidney Renal Clear Cell Carcinoma study
I. Peters, M. Kuczyk, J. Serth (Hanover, Germany)

784  Inhibitory effects of artesunate on tumour growth and metastasis in human renal cell carcinoma cells through the mechanism of promoting oncosis and inhibiting angiogenesis
H.W. Lee, H.J. Park, H.Y. Choi (Seoul, South Korea)

785  Decreasing survivin by YM155 reverses rapamycin resistance in renal cancer

Summary
J. Bedke, Tübingen (DE)
Abstract Poster Session 65

08.45 - 10.15 New insights into the functioning of the lower urinary tract

Room Retiro (Hall 10, level 1)
For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1

Chairs: J.P.F.A. Heesakkers, Nijmegen (NL)
G.Y. Robert, Bordeaux (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

786 Retrograde transport of botulinum neurotoxin type A (BoNT/A) to the central nervous system (CNS) and central changes in markers related to lower urinary tract control after bladder injections in rats
D. Papagiannopoulou, L. Vardouli, S. Markopoulou, F. Dimitriadis, A. Voultsiadou, D. Psalla, A. Lambropoulos, A. Apostolidis (Thessaloniki, Greece)

787 Norway spruce galactoglucomannan attenuates symptoms of nonbacterial chronic prostatitis/chronic pelvic pain syndrome in rat model
Y. Konkol, H. Vuorikoski, J. Tuomela, B. Holmbom, J. Bernoulli (Turku, Finland)

788 Different role of T cell on stromal and epithelial components of benign prostatic hyperplasia
T. Lu, J. Jin (Beijing, China)

789 The association of perurethral calcification with urinary flow rate and urinary symptoms in men with lower urinary tract symptoms/benign prostatic hyperplasia
J.H. Han, J.K. Kwon, J.Y. Lee, D.H. Kang, H.C. Choi, J.S. Lee, K.S. Cho (Seoul, Yangpyeong, South Korea)

790 The beneficial effect of resveratrol on bladder function in a rat model of chronic bladder ischemia
N. Sawada, S. Kira, T. Ihara, Y. Imai, M. Takeda (Chuo-Shi, Japan)

791 Effects of two novel group I p21-activate kinases, FRAX486 and IPA3, on neuronal and agonist-induced contraction of hyperplastic human prostate smooth muscle
Y. Wang, F. Strittmatter, B. Rutz, C. Liu, C.G. Stief, C. Gratzke, M. Hennenberg (Munich, Germany; Guangzhou, China)

792 Direct evidence of leakage of red blood cells from a submucosal capillary after bladder overdistention - effect of α1 blocker for hematuria after acute urinary retention
M. Hideki, Y. Tokunori, F. Yasuhito, M. Yoshihisa, K. Kyosuke, O. Noriko, A. Yasuhiro, G. Momokazu (Nagoya, Japan)

793 The role of macrophage migration inhibitory factor (MIF) in benign prostatic hyperplasia (BPH): Promote BPH cell proliferation via modulation of COX-2 and p53 signaling
S. Hu, Y. Cui, Y. Fan, X. Li, W. Yu, Q. Shen, Q. He, J. Jin (Beijing, China)

794 Downregulation of prejunctional CB1 and CB2 cannabinoid receptors and TRPV1 channels is involved in the impaired neurogenic contraction of bladder in insulin-resistant obese Zucker rat

795 Direct activation of TRPV1 by acrolein as trigger of acute bladder irritation
P. Uvin, Y.A. Alpizar, B. Boonen, M. Gees, T. Gevaert, M. Boudes, T. Voets, D. De Ridder, W. Everaerts, K. Talavera (Leuven, Belgium)
796  Expression of aquaporin channels in pig urinary bladder
    B. Vahabi, M. Manso, M.J. Drake (Bristol, United Kingdom)

797  Essential role of TRPM8 in a model of acute cold-induced urgency
    P. Uvin, J. Franken, S. Pinto, R. Rietjens, L. Grammet, Y. Deruyver, Y.A. Alpizar, K. Talavera, R. Vennekens,
    W. Everaerts, D. De Ridder, T. Voets (Leuven, Belgium)

798  The actions of isoprenaline and mirabegron on intrinsic and muscarinic agonist induced activity in isolated
    whole bladder preparations from rat and guinea pig
    S. Persyn, J. Eastham, S. De Wachter, J. Gillespie (Wilrijk, Belgium; Newcastle, United Kingdom)

Summary
    J.P.F.A. Heesakkers, Nijmegen (NL)
Thematic Session 11

Room Stockholm (Hall 10)

Chair: Z. Culig, Innsbruck (AT)

Aims and objectives of this thematic session

Tumour marker measurements are performed in order to monitor tumour progression or to predict aggressiveness of the disease. There is an increasing number of studies in urological oncology which aim to identify novel markers. Those studies are sometimes non-conclusive because of different methods of sampling and measurement. Progress and controversies in urological marker research will be discussed in this session.

10.30 - 10.50 State-of-the-art lecture Stromal markers in prediction of aggressive prostate cancer

A. Bergh, Umeå (SE)

Aims and objectives

Novel prognostic markers for prostate cancer behavior are generally searched for in the tumour’s epithelial compartment. Tumour aggressiveness however is influenced by the tumour stroma and by adaptive changes in the tumour bearing organ. Mechanisms on how prostate tumour cells are influenced by closely adjacent and more remote cells, and how such influences can be monitored to prognosticate prostate tumour behavior are reviewed.

10.50 - 11.10 State-of-the-art lecture Prognostic urinary bladder cancer markers

M. Sanchez-Carbayo, Vitoria-Gasteiz (ES)

Aims and objectives

The high recurrence and progression rates within non-muscle invasive bladder cancer suggests the need of non-invasive tools that may identify those patients with a more aggressive clinical behaviour. This presentation will highlight several novel urinary biomarkers, both profiles and individual candidates, to aid the outcome stratification of bladder cancer patients.

11.10 - 11.30 State-of-the-art lecture Specific miRNA as renal cell cancer markers

K. Junker, Homburg (DE)

11.30 - 12.00 Associated abstract presentations

Abstract 319 Using gene expression from urine sediment to diagnose prostate cancer: Development of a new multiplex mRNA urine test and validation of current biomarkers

L. Mengual, J.J. Lozano, M. Ingelmo-Torres, L. Izquierdo, M. Musquera, M.J. Ribal, A. Alcaraz (Barcelona, Spain)

Abstract 428 Altered expression of markers of epithelial-to-mesenchymal transition at the extraprostatic extension component of locally invasive prostate cancers


Abstract 223 High aldo-keto reductase 1C1 expression in metastatic bladder cancer cells associated with invasive potential and drug resistance

R. Matsumoto, M. Tsuda, N. Shinhara, T. Abe, S. Tanaka, K. Nonomura (Sapporo, Japan)
Abstract 200  Comparison of the prognostic value of pretreatment measurements of systemic inflammatory response in patients undergoing curative resection of clear cell renal cell carcinoma
I. Lucca, M. De Martino, S.L. Hofbauer, N. Zamani, A. Briganti, S.F. Shariat, T. Klatte (Vienna, Austria; Milan, Italy)
Monday, 23 March - EAU Programme

Thematic Session 12

10.30 - 12.00 Imaging in prostate cancer

Room Milan (Hall 10)

Chair: A. Briganti, Milan (IT)

10.30 - 10.45 State-of-the-art lecture Multiparametric MRI in decision-making for active surveillance: Is there a benefit?
B. Hamm, Berlin (DE)

Aims and objectives
1) To learn about multiparametric MRI in the detection of prostate cancer
2) Outline of PI-RADS and the current discussion of a PI-RADS update
3) New trends in image-guided prostate biopsy
4) The potential role of MR imaging in active surveillance of prostate cancer patients

10.45 - 11.00 State-of-the-art lecture How to select patients for PET CT/PET MRI
I.J. De Jong, Groningen (NL)

11.00 - 11.15 State-of-the-art lecture Optimal imaging for bone metastasis
J. Walz, Marseille (FR)

11.15 - 11.30 State-of-the-art lecture What is new in lymph node staging
G. Janetschek, Salzburg (AT)

11.30 - 12.00 Associated abstract presentations

Abstract 760 Role of magnetic resonance imaging in prostate cancer screening; results from a pilot study within the Gothenburg randomized screening trial

Abstract 761 A prospective randomized study comparing MR-guided in-bore versus MRI/ultrasound fusion-guided prostate biopsy in patients with prior tumor-negative TRUS biopsy
C. Arsov, A. Hiester, L. Schimmöller, M. Quentin, D. Blondin, E. Godehardt, G. Antoch, P. Albers, R. Rabenalt (Düsseldorf, Germany)

Abstract 928 Contribution of PSMA-PET compared to morphological imaging with regard to detection rate in prostate cancer patients with biochemical recurrence after radical prostatectomy

Abstract 931 Novel nanobody targeting prostate-specific membrane antigen: a promising tracer for imaging of prostate cancer
# Thematic Session 13

**Monday, 23 March - EAU Programme**

## Thematic Session 13

### Room Paris (Hall 10)

Chair: M-O. Grimm, Jena (DE)

**Aims and objectives of this thematic session**

Surgical resection remains the only curative treatment for advanced renal cell carcinoma including limited metastatic disease. The aim of this session is to highlight the role of surgery in the era of targeted therapy. The current knowledge - pros and cons - of neoadjuvant and adjuvant treatment is another important topic in this setting. Treatment planning in patients with locally advanced disease and local recurrence should be considered. Furthermore, approaches and technical aspects of this kind of surgery are presented. The risks and benefits of resection of the advanced primary tumour, local recurrence and metastasis should be the main focus of this session.

**10.30 - 10.50 State-of-the-art lecture Is there a role for neoadjuvant/adjuvant therapy?**

A. Bex, Amsterdam (NL)

**Aims and objectives**

The aim of the presentation is to present data on neoadjuvant targeted therapy for patients with locally advanced and metastatic renal cell carcinoma and to discuss its role in these settings. Ongoing research focuses on the effects of neoadjuvant targeted therapy on downsizing, downstaging, and selection for cytoreductive surgery while its effect on PFS and OS is largely unknown.

**10.50 - 11.10 State-of-the-art lecture Surgical approaches to advanced kidney tumours**

V. Matveev, Moscow (RU)

**11.10 - 11.30 State-of-the-art lecture Management of local recurrence**

K. Bensalah, Rennes (FR)

**11.30 - 11.50 State-of-the-art lecture The role of metastasectomy: What can be achieved?**

B. Ljungberg, Umeå (SE)

**Aims and objectives**

Surgery of metastatic RCC is advocated in patients with disease-free interval > 1 year, single metastatic site and complete metastasectomy. 29 - 31 % 5-year overall survival rates are reported. Metastasectomy after initial systemic therapy have a 21% partial or complete response. Patients with metastatic RCC should be considered for surgery of metastatic lesions. A proportion of patients will achieve long-term survival with aggressive surgical resection.

**11.50 - 12.00 Associated abstract presentation**

**Abstract 814 Radical nephrectomy with thrombectomy in RCC patients with type IV tumour thrombus without use of cardiopulmonary bypass**

M.I. Davidov, V.B. Matveev, M.I. Volkova, K.M. Figurin, B.P. Matveev (Moscow, Russia)
Thematic Session 14

10.30 - 12.00 Prostate cancer epidemiology

Room Vienna (Hall 10)

Chair: C.H. Bangma, Rotterdam (NL)

Aims and objectives of this thematic session
This session will show you the worldwide distribution and impact of prostate cancer, and how we might address this health problem by searching for early asymptomatic disease. The newest insights on the balance between health costs and the changes in quality of life will provide participants arguments for their national discussion on the efficacy of screening. Methods of individual screening will be weighed against those of population-based screening for Pca.

10.30 - 10.50 State-of-the-art lecture Regional differences around the world
A. Auvinen, Tampere (FI)

Aims and objectives
Prostate cancer shows dramatic 25-fold differences in incidence between populations, from 100 per 100,000. As in most cancer types, age-standardised incidence is higher in wealthier populations. However, substantial variation occurs also within continents and among countries with similar income levels. Mortality shows less contrast between populations than incidence.

10.50 - 11.10 State-of-the-art lecture Risk stratification for early detection
S.V. Carlsson, New York (US)

Aims and objectives
To summarise the current evidence of how risk stratified screening for prostate cancer can change the balance between harms and benefits. Individualized screening methods will be discussed: Risk calculators, Biomarkers, Selection and Imaging.

11.10 - 11.30 State-of-the-art lecture Cost and quality of life after screening for Pca
H.J. De Koning, Rotterdam (NL)

Aims and objectives
Screening for prostate cancer will entail substantial benefits for some, and harms for others. It is therefore crucial to try and choose the most optimal program, thereby including the potential impact on quality of life (both favourable and unfavourable effects). In this lecture, the cost-effectiveness will be presented, showing the most optimal screening (program) offered, thereby maximizing effects given a certain amount of resources and health care needed. It will show that a limited amount of PSA testing in a narrow (relatively young) age band is the way forward for Europe.

11.30 - 12.00 Associated abstract presentations

Abstract 16 Comparison of clinicopathological features and prognosis in prostate cancer between atomic bomb survivors and control patients

Abstract 20 Creation of the Toronto Biopsy Avoidance Tools (T-BAT) with clinical parameter-only and adipokine biomarker-augmented versions
Abstract 23  The German risk-adapted PCA Screening Trial (PROBASE) – first results
C. Arsov, N. Becker, K. Herkommer, J.E. Gschwend, F. Imkamp, M. Kuczyk, B. Hadaschik, M. Hohenfellner, 
R. Siener, G. Kristiansen, G. Antoch, P. Albers (Düsseldorf, Heidelberg, Munich, Hanover, Bonn, Germany)

Abstract 22  The ERSPC risk calculator outperforms the PCPC-2.0 risk calculator in prostate cancer risk prediction in a 
contemporary tertiary center in Europe
C. Poyet, D. Nieboer, C. Wiederkehr, T. Sulser, T. Hermanns (Zürich, Switzerland; Rotterdam, The 
Netherlands)
Thematic Session 15

Testicular cancer

Room Retiro (Hall 10, level 1)
For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1

Chairs:  M.P. Laguna, Amsterdam (NL)
        J. Oldenburg, Oslo (NO)

Aims and objectives of this thematic session
This session deals with current controversies about the treatment of testicular germ cell tumours. Contralateral biopsies are standard procedures in parts of Europe but there are new data on the indication and risk groups. Same is true for organ-sparing surgery not only in solitary testis. It remains a problem how to deal with small testicular masses in otherwise normal testes. Treatment options in clinical stage I seminoma and non-seminoma favour surveillance but there is still a considerable number of patients who are not eligible, who have a higher risk of recurrence and who simply do not prefer surveillance. A state-of-the-art lecture will clarify who really should get adjuvant treatment. Post-chemotherapy surgery is demanding and should be performed in experienced centres only. The most difficult decisions are: Who needs surgery at all? What is the recommended extent of surgery and is laparoscopic PC-RPLND an option? All these interesting topics will be covered by experts in the field.

10.30 - 10.45  State-of-the-art lecture Contralateral testicular biopsy: In whom?
K.P. Dieckmann, Hamburg (DE)

Aims and objectives
Around 5% of patients with unilateral testicular germ cell tumour (TGCT) harbor Testicular Intraepithelial Neoplasia (TIN; also called carcinoma in situ of the testis) in their contralateral testis. As 70% of these case will proceed to invasive TGCT within 7 years it is valuable to look for contralateral TIN with testicular biopsy preferably performed as a two-site biopsy to ensure high accuracy. The prevalence of contralateral TIN is highest in patients younger than 30 years, and those having an atrophic contralateral testicle.

10.45 - 11.00  State-of-the-art lecture Organ-sparing testicular surgery: In whom?
N. Lawrentschuk, Toronto (CA)

Aims and objectives
The aim and rationale of organ sparing surgery.
The procedure of organ sparing surgery.
The results of organ sparing surgery.

11.00 - 11.15  State-of-the-art lecture Who needs adjuvant treatment in stage I testicular cancer?
N. Hara, Niigata (JP)

Aims and objectives
Surveillance after orchiectomy has recently become a management option in patients with stage I seminoma, while it remains controversial in those with stage I nonseminoma, and the risk factor associated with relapse is still a matter of concern in both entities. The aim of this presentation is to validate clinicopathological risk factors for post-orchiectomy relapse in patients with stage I seminoma and nonseminoma, and to assess the feasibility of surveillance or adjuvant therapy in them.

11.15 - 11.30  State-of-the-art lecture Post-chemotherapy RPLND: In whom?
N. Nicolai, Milan (IT)
11.30 - 12.00  Associated abstract presentations

Abstract 594  Discriminating metastasized from non-metastasized seminoma using small RNA-expression in tumour tissue and peripheral blood
(Koblenz, Munich, Hamburg, Germany)

Abstract 596  Treatment and clinical outcomes of patients with teratoma with somatic-type malignant transformation (TMT): An International collaboration
P. Giannatempo, G.R. Pond, G. Sonpavde, C. Albany, Y. Loriot, C. Sweeney, C. Cary, R. Salvioni, M. Colecchia,
N. Nicolai, D. Raggi, N.R. El Mouallem, H. Feldman, K. Fizazi, L. Einhorn, A. Necchi
(Milan, Milano, Italy; Hamilton, Ontario, Canada; Birmingham, Al, Indianapolis, Boston, United States of America; Villejuif, France)

Abstract 597  Interim [18F] Fluorodeoxyglucose Positron Emission Tomography (PET) for early metabolic assessment of response to PEB chemotherapy for metastatic seminoma: Preliminary findings
A. Necchi, P. Giannatempo, A. Alessi, D. Raggi, S. Tana, N. Nicolai, G. Serafini, B. Padovano, L. Piva,
D.Biasoni, T. Torelli, M. Catanzaro, S. Stagni, M. Maffezzini, L. Mariani, F. Crippa, R. Salvioni
(Milan, Italy)

Abstract 603  Complications and adjunctive surgical procedures of post-chemotherapy retroperitoneal lymph node dissection (PC-RPLND) in advanced germ cell tumours – single center experience
M. Zaum, A. Lusch, C. Winter, R. Krauspe, K. Grabitz, P. Albers (Düsseldorf, Krefeld, Germany)
Thematic Session 16

Joint session of the European Society of Nuclear Medicine (EANM) and EAU: Nuclear medicine in urology

Room N101-102 (North building, level 1)

Chairs: A. De La Taille, Créteil (FR)
S. Fanti, Bologna (IT)

Aims and objectives of this thematic session
Several important studies provide a new insight on isotope for the detection and treatment of prostate cancer. This session will highlight the key messages of what nuclear medicine can provide to urologists: treatment of metastatic castration resistant prostate cancer using Radium223, imaging of prostate cancer with innovative PET tracers and how to detect sentinel lymph node.

10.30 - 10.50 State-of-the-art lecture Is overall survival improved by radium 223 in mCRPC patients?
S. Nilsson, Stockholm (SE)

Aims and objectives
In this lecture, a brief summary will be made regarding the development of Radium-223 as a potent drug for the treatment of castration-resistant prostate cancer. The presentation will include data from the ALSYMPCA phase III trial and an update on selected parts of it.

10.50 - 11.10 State-of-the-art lecture New tracers for PET scanning
S. Fanti, Bologna (IT)

Aims and objectives
The lecture is aimed at illustrating the new tracers (radiopharmaceuticals) available and currently under development for PET imaging of prostate cancer, with a critical view of pros and cons

11.10 - 11.40 Discussion Sentinel lymph node

Detection
H.G. Van Der Poel, Amsterdam (NL)

Treatment
P. Ost, Ghent (BE)

Discussion

11.40 - 12.00 State-of-the-art lecture Theragnostics, where is it going?
U. Haberkorn, Heidelberg (DE)

Aims and objectives
This presentation gives an outline of the basics, the diagnostic performance and the clinical impact of imaging with PSMA ligands and presents several approaches for the therapeutic use of these ligands coupled to beta or alpha emitting radioisotopes. Strategies to decrease side effects are also discussed.
Thematic Session 17

10.30 – 12.00 Andrology hot topics

Room N103 (North building, level 1)

Chair: J.O.R. Sonksen, Herlev (DK)

Aims and objectives of this thematic session
The objective of the session is to give the urologist insight into current gold standards, controversies and future developments within andrology. The session will cover clinical recommendations and update the audience on recent scientific discoveries. With a series of state-of-the-art lectures from some of the sharpest brains in andrology, this thematic session aims to both inform and inspire established andro-urologists as well as the talents of the future.

10.30 - 10.45 State-of-the-art lecture Penile vibratory nerve stimulation in the recovery of erectile function after radical prostatectomy
M. Fode, Herlev (DK)

Aims and objectives
The results of “penile rehabilitation” following radical prostatectomy have generally been disappointing. Therefore new methods are needed. As the pathophysiology revolves around cavernous nerve injury, one possibility may be nerve stimulation which can be performed through vibratory stimulation. This talk will describe the rationale and preliminary results of this new treatment modality.

10.45 - 11.00 State-of-the-art lecture ESWT for treatment of erectile dysfunction: Does the current literature justify its clinical use?
D.G. Hatzichristou, Thessaloniki (GR)

11.00 - 11.15 State-of-the-art lecture Premature ejaculation: Why should the general urologist care?
H. Porst, Hamburg (DE)

Aims and objectives
The presentation provides an update on current definitions and recent developments in the diagnosis and treatment of lifelong and acquired PE. Individually tailored treatment strategies considering both new knowledge regarding underlying etiologies and the most recent therapeutic developments will be critically discussed.

11.15 - 11.30 State-of-the-art lecture Male infertility: When do we treat the male factor?
A. Giwercman, Malmö (SE)

Aims and objectives
The aim of this presentation is to provide evidence for male subfertility being a symptom of underlying disease. Therefore, the objective is to present a plan for andrological examination of male partners in infertile couples. This should not only focus on semen quality but even, as a minimum, include endocrine evaluation and ultrasound of the scrotum. For a proportion of these men, therapy implying less need of assisted reproduction may be possible. For a significant part, long-term follow-up for prevention of serious sequelae, may be needed.

11.30 - 11.45 State-of-the-art lecture Varicocele treatment and fertility: Where do we stand in 2015?
M. Dinkelman-Smit, Rotterdam (NL)
Aims and objectives
The aim of this presentation is to highlight the role of varicocele correction in the treatment of male infertility. The controversy related to the treatment of subclinical varicoceles will be discussed, as well as evidence-based treatment algorithms. Current views on the pathophysiology of varicocele related male infertility will be presented. Considerations for the treatment of varicoceles in patients with non obstructive azoospermia to enhance testicular sperm retrieval rates and improve the outcome of intracytoplasmatic sperm injection will be evaluated.

11.45 - 12.00 State-of-the-art lecture Hypogonadism: Forgotten problem in male infertility
S. Kliesch, Münster (DE)

Aims and objectives
Accompanying lymphangiosis is frequent in about 30 - 40% of infertile men, especially in more severe cases. If testosterone drops below 8 mmol/l, spermatogenesis is not adequately supported, thus treatment options have to be discussed. Exogenous testosterone is contraindicated as it will suppress spermatogenesis. Thus only preparations that stimulate testosterone are applicable. Primarily, hCG should be used to stimulate Leydig cell function. If FSH serum levels decline, recombinant FSH must be administered. For off-label use, tamoxifen or clomiphene are available which support FSH and Leydig cell function simultaneously. However, risks of treatment have to be discussed.
Thematic Session 18

10.30 - 12.00 Practical genetics: Getting it into the clinic

Room N104 (North building, level 1)

Chair: T. Schlomm, Hamburg (DE)

Aims and objectives of this thematic session
The label ‘Translational Research’ has become ever more popular in the field of medicine domain in recent years. It is usually presented as an attempt to bridge a supposed gap between knowledge produced at the lab bench and its use at the clinical bedside. This is claimed to help clinicians harvest the benefits of its investments in scientific research. Although the mechanisms of carcinogenesis are thought to be similar throughout the urinary tract, recent epidemiological data and genetic studies suggest otherwise. It is now obvious that strong differences exist regarding tumour location and behaviour between the different organs: kidney, prostate and bladder. The motive to make urologists benefit from its investments in basic research may be laudable but that is the task of the speakers to make the newest findings in genetics understandable to the broadest possible range of clinicians.

10.30 - 10.50 State-of-the-art lecture Genetic testing in renal cell carcinoma: When and why
S. Richard, Le Kremlin-Bicetre (FR)

Aims and objectives
To present the main causes of inherited predisposition to renal cell carcinoma and to inform when (regarding histological subtype, age at diagnosis, number of tumours) and why (specific clinical management for the patient, presymptomatic diagnosis for his family if a germline mutation is identified) it is necessary to look for such a potential genetic origin.

10.50 - 11.10 State-of-the-art lecture The fat side of prostate cancer: The link to the metabolic syndrome
J. Pinthus, Hamilton Ontario (CA)

Aims and objectives
The objectives of the talk will be to:
1. Review the metabolic and anthropometric characteristics of prostate cancer patients in general and those treated with ADT in particular.
2. Highlight potential mechanisms by which the inherent obesogenic profile of PC patients affects their tumour progression and response to therapy.

11.10 - 11.30 State-of-the-art lecture How to incorporate findings from genomics into personalised management of prostate cancer: Risk and therapy?
T. Visakorpi, Tampere (FI)

Aims and objectives
Next-generation sequencing has revolutionized our knowledge on genetic alterations in prostate cancers. Surprisingly, the prevalence of any mutations is low, thus the future therapies for prostate cancer have to be tailored in a personalized manner. The key molecular findings and how they should (or should not) be implemented in precision medicine will be discussed.

11.30 - 11.50 State-of-the-art lecture How to include genetics as prognostic tools for urothelial carcinoma?
L.A.L.M. Kiemeney, Nijmegen (NL)
Aims and objectives
Germline variants not only modify risks of diseases but also prognosis and response to therapy. Research into prognostic and predictive germline variants is still in its infancy. The current state-of-the-art will be explained.

11.50 - 12.00 Associated abstract presentation

Abstract 830 Clinical validation of a gene expression test for the non-invasive diagnosis of bladder cancer: A prospective, blinded, international and multicenter study
Thematic Session 19

10.30 - 12.00  Controversies in the management of bladder cancer

Room N105-106 (North building, level 1)

Chair:  M. Roupret, Paris (FR)

Aims and objectives of this thematic session
The EAU Guidelines groups on non-muscle-invasive and muscle-invasive bladder cancer propose each year two separate updated EAU guidelines texts. However, data are still lacking in the literature in many field of bladder carcinomas, notably about the role of lymphadenectomy combined with radical cystectomy, the prognostic interest of a second TURBT in case of primary T1G3 and the potential role of social media in playing a positive role to decrease discrepancies between recommendations and real daily practice. Thus, the purpose of this session is to open those ongoing debates and to offer answers and perspectives in view of clinical expertise of experienced speakers and of latest data from literature.

10.30 - 11.00  Point-counterpoint session MIBC: Does the extent of LND change our approach to perioperative chemotherapy

Pro:
J.A. Witjes, Nijmegen (NL)

Con:
N.W. Clarke, Manchester (GB)

11.00 - 11.30  Point-counterpoint session NMIBC: Is a second TUR necessary?

Pro:
M. Babjuk, Prague (CZ)

Con:
T. Lebret, Suresnes (FR)

11.30 - 12.00  Point-counterpoint session Guidelines in the jungle of new media: How to use, behave, interact

American perspective
S. Loeb, New York (US)

European perspective
J.W.F. Catto, Sheffield (GB)
Meeting of the EAU Section of Uro-Technology (ESUT), in cooperation with the EAU Robotic Urology Section (ERUS), the EAU Section of Urological Imaging (ESUI) and the EAU Section of Urolithiasis (EULIS)

**Monday, 23 March - EAU Section Meetings**

**11.15 - 17.30** From the prototype to clinical practice: Challenging Uro-technology

**eURO Auditorium (Hall 10)**

*Chair:* J. Rassweiler, Heilbronn (DE)

11.15 - 17.30 **Live broadcasts from Hospital Clínico San Carlos, Madrid (ES)**

*Coordinators at Hospital Clínico San Carlos, Madrid (ES)*

C-C. Abbou, Vincennes (FR)
M.P. Laguna, Amsterdam (NL)
J. Moreno Sierra, Madrid (ES)

*Coordinators in eURO Auditorium*

V. Bucuras, Timisoara (RO)
T. Frede, Müllheim (DE)
R. Muschter, Rotenburg (DE)

11.15 - 11.25 **Welcome and Introduction**

J. Rassweiler, Heilbronn (DE)
K. Sarica, Istanbul (TR)
N.P. Wiklund, Stockholm (SE)

11.25 - 11.30 **Ethics of live surgery: Cases from last year**

A.K.I. Hallén Grufman, Stockholm (SE)

11.30 - 13.30 **Live surgery Part I**

*Moderators:* J. Rassweiler, Heilbronn (DE)
K. Sarica, Istanbul (TR)
H.G. Van Der Poel, Amsterdam (NL)
J. Walz, Marseille (FR)

11.30 - 11.55 **Robotic partial nephrectomy: With isocyanine green using Da Vinci XI**

A. Mottrie, Aalst (BE)

11.55 - 12.20 **Laparoscopic partial nephrectomy with 3D-HD-SPIES technology**

E. Liatiskos, Filothei, Athens (GR)

12.20 - 12.45 **3D-HD Laparoscopic partial nephrectomy with flexible telescope**

A. Alcaraz, Barcelona (ES)

12.45 - 13.10 **Combined management (supine PCNL plus FURS) of a renal stone using digital endoscopic technology**

P.J. Osther, Fredericia (DK)
O. Traxer, Paris (FR)

13.10 - 13.20 **MRI-Fusion for TRUS-guided prostate biopsy using the KOELIS-system (pre-recorded)**

R.F. Van Velthoven, Brussels (BE)
13.20 - 13.30 MRI-Fusion for TRUS-guided prostate biopsy using the MIM-symphony-system (pre-recorded)
M. Emberton, London (GB)

P-T. Piéchaud, Bordeaux (FR)

13.55 - 14.15 SPIES-assisted RIRS for diagnosis of upper tract TCC
A. Breda, Barcelona (ES)

14.15 - 14.40 3D-laparoscopic extraperitoneal radical prostatectomy
J-U. Stolzenburg, Leipzig (DE)

14.40 - 15.05 MIP-L: A new concept of PCN
U. Nagele, Hall in Tirol (AT)

15.05 - 15.15 Robot-assisted MRI-Ultrasound Fusion for Transperineal prostate biopsy using ISR'obotTM Mona Lisa (pre-recorded)
S. Kruck, Böblingen Flugfeld (DE)

15.15 - 15.25 ANNA/C-TRUS-based prostate biopsy (pre-recorded)
T. Loch, Flensburg (DE)

15.25 - 15.50 Robotic nerve-sparing radical prostatectomy using Da Vinci SI
J. Moreno Sierra, Madrid (ES)

15.50 - 16.10 SPIES-assisted bipolar en bloc-TUR-B
J. Dominguez-Escrig, Castellon de la Plana (ES)

16.10 - 16.40 NBI and OCT-assisted in en-bloc TURis B
B. Malavaud, Toulouse (FR)

16.40 - 17.05 Green light laser vaporization of the prostate
F. Gomez Sancha, Madrid (ES)

17.05 - 17.15 MRI-Fusion for TRUS-guided prostate biopsy using the Biojet-system (pre-recorded)
S. Hruby, Salzburg (AT)

17.15 - 17.25 First worldwide experience with the SP-platform of Da Vinci XI (video)
A. Villers, Lille (FR)

17.25 - 17.30 Conclusion
J. Rassweiler, Heilbronn (DE)
Aims and objectives of this session

Following a more than 10-year tradition of live surgery sessions, the EAU-section of Uro-Technology (ESUT) presents an ambitious programme focusing on novel techniques in percutaneous, endourological, laparoscopic, and robotic-assisted procedures. This year, with "From prototype to clinical practice - challenging Uro-technology" , we want to focus on novel technology improving the performance of video-assisted surgery and diagnostics in all fields of urology. This session is conducted in collaboration with the EAU-section Robotic Surgery in Urology (ERUS), the EAU-section of Urolithiasis (EULIS) and the EAU Section of Urological Imaging (ESUI). In the laparoscopic and robot-assisted cases, we will focus on the developments of imaging (3D-HD) as well as new instruments and devices (laser) improving the ergonomics of laparoscopy and endourology. The latest digital developments for flexible endoscopy of the upper urinary tract for diagnosis and treatment of tumours and calculi are demonstrated. Additionally the use of different robot-assisted or navigated techniques for prostate biopsies will be demonstrated. These cases will be pre-recorded on Friday, so that the pathologist can present the histological results on Monday during the Live-Surgery.

ESUT-faculty consists of internationally well-known experts serving as surgeons and moderators. The different surgical procedures will be transmitted from Hospital Clínico San Carlos in Madrid in high-definition and 3D-quality. A split-screen will allow the delegates to follow the uncommented procedures. Traditionally, the format of ESUT-live surgery will allow all delegates to directly communicate with the surgeons to ask questions and to discuss every aspect of the procedure. Moreover, the ESUT session will be available on-line.
Abstract Video Session 8

Room N101-102 (North building, level 1)

Chairs:  X. Cathelineau, Paris (FR)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

V54 Aorto mesenteric compression of the left renal vein. Laparoscopic reimplantation
A. Alcaraz, L. Peri, A. Melnick, M. Musquera (Barcelona, Spain)

V55 Reparation of a rectal-neobladder fistula with fistulectomy and full thickness advancement flap

V56 Laparoscopic psoas hitch double ureteral re-implantation in duplex urinary system for treatment of ureterovaginal fistula
T.M. Palmela Leitão, F. Beja Osorio, S. Barata, J. Carvalho Varela (Lisbon, Portugal)

V57 Laparoscopic pyeloplasty in patient with an incomplete double-district right kidney: A case report
P. Bove, D. Del Fabbro, V. Iacovelli, M. De Dominicis, G. Vespasiani, L. De Fidio (Rome, Italy)

V58 Laparoscopic management of duplicated collecting systems with various other anomalies

V59 Robotic-assisted laparoscopic pyeloplasty for lower pole uretero-pelvic junction obstruction in two duplex kidneys with differing incomplete ureteral duplication
T. Von Ruette, F.D. Birkhäuser, G.N. Thalmann, P. Zehnder (Berne, Switzerland)

V60 An innovative technique of robotic-assisted re-pyeloplasty in recurrent ureteropelvic junction obstruction in patients with horseshoe kidney after failed primary pyeloplasty
W.Y. Khoder, A. Becker, B. Schlenker, C. Stief (Munich, Germany)

V61 Robotic supratrigonal cystectomy with ileocystoplasty
Abstract Poster Session 66

12.15 - 13.45 Surgery or radiotherapy for the treatment of localised prostate cancer? Oncological and functional outcomes

Room Stockholm (Hall 10)

Chairs:  T. Wiegel, Ulm (DE)
O. Yossepowitch, Petach Tikva (IL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 799 Thirty years of radical prostatectomies at a single European tertiary care referral center

* 800 Radiotherapy is the preferred treatment for locally advanced prostate cancer in the USA while radical prostatectomy dominates in Germany: A comparative population-based study

801 The impact of insurance status on tumor characteristics and treatment selection in contemporary prostate cancer patients
N. Fossati, D.P. Nguyen, Q-D. Trinh, J. Sammon, A. Sood, A. Larcher, N. Suardi, G. Guazzoni, P.L. Karakiewicz, S.F. Shariat, F. Montorsi, A. Briganti, M. Menon, F. Abdollah (New York, Boston, Detroit, United States of America; Montreal, Canada; Milan, Italy; Vienna, Austria)

802 Medium-term result of helical tomotherapy for 1000 cases non-metastatic prostate cancer at single institution
F. Tsukuda, S. Koga, N. Sakamoto, Y. Hama (Tokyo, Japan)

803 Patients and prostate cancer treatment: Who chooses?
N. Pavan, D. Modonutti, G. Liguori, F. Barbone, C. Trombetta (Trieste, Italy)

804 Radical prostatectomy in transplant patients

805 Survival, continence and potency (SCP) recovery after radical retropubic prostatectomy: A long-term combined evaluation of surgical outcomes
M. Borghesi, R. Schiavina, C.V. Pultrone, H. Dababneh, V. Vagnoni, L. Bianchi, S. Concetti, B. Longhi, D. Romagnoli, S. Rizzi, E. Brunocilla, G. Martorana (Bologna, Italy)

806 Serum testosterone during neoadjuvant androgen deprivation therapy is a significant predictor of the prognosis in high and intermediate risk prostate cancer patients under radiation therapy

807 Intravesical hyaluronic acid and chondroitin sulfate (laluril™) replenishment therapy for post-radiation cystitis of prostate cancer: Results of a prospective pilot study
O. Saleh, M. Gacci, C. Giannessi, A. Rauegi, T. Chini, P. Della Camera, B. Detti, L. Livì, E. Monteleone Pasquetti, T. Masoni, E. Finazzi Agnì, V. Li Marzi, M. Milanesi, A. Minervini, M. Carini, S. Gravas, M. Oelke, S. Serni (Florence, Rome, Italy; Larissa, Greece; Hanover, Germany)
808 The impact of not determinable surgical margins after radical prostatectomy
(Hamburg, Germany)

Summary
O. Yossepowitch, Petach Tikva (IL)
Abstract Poster Session 67

12.15 - 13.45 Radical surgery for advanced stage RCC

Room Milan (Hall 10)

Chairs:  A. Bex, Amsterdam (NL)
        J.M. De La Morena Gallego, Madrid (ES)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

809 Surgical management in 1,084 consecutive renal lesions in single tertiary referral United Kingdom center – targeted outcome measures using a novel decision tree platform

810 Results of surgical treatment in locally advanced renal cell carcinoma
M.I. Volkova, V.B. Matveev, A.V. Klimov, V.A. Chernyaev, S.A. Kalinin, M.V. Peters (Moscow, Russia)

811 Predictive factors for disease recurrence in patients with locally advanced renal cell carcinoma treated with surgery for cure

812 Immediate pre-operative renal artery embolisation facilitating laparoscopic nephrectomy for large T2b renal tumours
S.K. Pathak, J. Leveckis, G. Williams, I. Waldron, Q. Yamani, S. Kamath (Sheffield, Doncaster, United Kingdom)

813 Cancer specific and overall survival of patients undergoing preoperative renal artery embolization prior to radical nephrectomy for renal cell carcinoma

814 Radical nephrectomy with thrombectomy in RCC patients with type IV tumour thrombus without use of cardiopulmonary bypass
M.I. Davidov, V.B. Matveev, M.I. Volkova, K.M. Figurin, B.P. Matveev (Moscow, Russia)

815 Sources of bleeding during IVC tumour thrombi removal: MDCT examination
V. Lesovoy, D.V. Shchukin, O. Altukhov, V. Savenkov, Y. Ilyukhin, G. Khareba T. Yermolenko (Kharkiv, Ukraine; Belgorod, Russia)

816 Identifying patients at high risk of peri-operative death from simultaneous urological and cardiac surgery for tumours involving the inferior vena cava (IVC)
A. Fernando, S. Patel, K. Thomas, C. Austin, T.S. O’Brien (London, United Kingdom)

817 Segmental IVC resection/cavectomy in patients with advanced RCC
V.B. Matveev, M.I. Volkova, P.I. Feoktistov, I.V. Nekhaev, S.V. Lomidze (Moscow, Russia)

818 Comparative effectiveness of adrenal sparing radical nephrectomy and non-adrenal sparing radical nephrectomy in clear cell renal cell carcinoma: Observational study of survival outcomes

Summary
A. Bex, Amsterdam (NL)
### Abstract Poster Session 68

**12.15 - 13.45 Conservative and minimally-invasive management of prostate cancer**

**Room Paris (Hall 10)**

*Chairs:* H.U. Ahmed, London (GB)  
I.J. De Jong, Groningen (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

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<th>Abstract ID</th>
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<th>Authors</th>
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<tbody>
<tr>
<td>819</td>
<td>Does dutasteride make MRI visible lesions less conspicuous in men on active surveillance for prostate cancer? A pilot randomised controlled trial</td>
<td>F. Giganti, C.M. Moore, N.L. Robertson, A. Freeman, M. Emberton, C. Allen, A. Kirkham (London, United Kingdom)</td>
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<tr>
<td>820</td>
<td>The importance of a visible lesion in imaging based active surveillance for prostate cancer</td>
<td>N. Petrides, J. Coe, V. Abu, M. Emberton, C. Allen, S. Punwani, C.M. Moore (London, United Kingdom)</td>
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<tr>
<td>821</td>
<td>Can we consider eligible for active surveillance prostate cancer patients with biopsy Gleason 3+4 in only one core? Results of single center study after extensive central revision of histological specimens and mid-term follow-up</td>
<td>R. Schiavina, E. Brunocilla, M. Borghesi, D. Romagnoli, F. Chessa, F. Giunchi, V. Vagnoni, D. Diazzii, H. Dababneh, C.V. Pultrone, F. Ceci, B. Corcioni, A. Porreca, R. Golferi, M. Fiorentino, G. Martorana (Bologna, Abano Terme, Italy)</td>
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<td>822</td>
<td>What should be the optimal definition of misclassification in patients managed with active surveillance for very low risk prostate cancer?</td>
<td>G. Gandaglia, G. Ploussard, H. Isbarn, P. Sooriakumaran, C.I. Surcel, H.G. Van Der Poel, R. Van Der Bergh, L. Salomon, N. Suardi, V. Ficarra, F. Montorsi, A. Briganti, G. Giannarini (Milan, Udine, Italy; Paris, France; Hamburg, Germany; Oxford, United Kingdom; Bucharest, Romania; Utrecht, The Netherlands)</td>
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<tr>
<td>823</td>
<td>Contemporary management of prostate cancer patients suitable for active surveillance: A population-based study</td>
<td>N. Fossati, J.K. Lee, Q.-D. Trinh, J. Sammon, A. Sood, A. Larcher, G. Gandaglia, G. Guazzoni, P.I. Karakiewicz, S.F. Shariat, F. Montorsi, A. Briganti, M. Menon, F. Abdollah (New York, Boston, Detroit, United States of America; Montreal, Canada; Milan, Italy; Vienna, Austria)</td>
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<td>827</td>
<td>Development of convective water vapor therapy (steam) for focal therapy of prostate cancer. In vivo treatment and immediate radical prostatectomy</td>
<td>C. Dixon, C. Cabanas, E. Rijo, C. Huidobro, J. Coad, T. Larson (New York, Morgantown, Scottsdale, United States of America; Asuncion, Paraguay; La Romana, Dominican Republic; Santiago, Chile)</td>
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**828** Imaging of the ablation zone after focal irreversible electroporation treatment in prostate cancer

**829** Follow-up modalities in focal therapy for prostate cancer: Results from a Delphi consensus project
B.G. Muller, W. Van Den Bos, M. Brausi, J.J. Fütterer, S. Ghai, P.A. Pinto, I.V. Popeneciuc, T.M. De Reijke, C. Robertson, J.J.M.C.H. De La Rosette, S. Scionti, B. Turkbey, H. Wijkstra, O. Ukimura, T.J. Polascik (Amsterdam, Nijmegen, The Netherlands; Modena, Italy; Toronto, Canada; Bethesda, Durham, Sarasota, Los Angeles, United States of America; Heidelberg, Germany)

**Associated video presentation**

Irreversible electroporation: Focal prostate hemi-ablation
J.P. Rioja Zuazu, C. Rioja Sanz, C. Gimenez, C. Andrés, J. Sauco (Zaragoza, Spain)

**Summary**
H.U. Ahmed, London (GB)
Abstract Poster Session 69

12.15 - 13.45  Diagnostic challenges in TCC

Room Vienna (Hall 10)

Chairs: B. Ali-El-Dein, Mansoura (EG)  
R.T. Bryan, Birmingham (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

830  Clinical validation of a gene expression test for the non-invasive diagnosis of bladder cancer: A prospective, blinded, international and multicenter study

831  The diagnostic yield of ureteroscopy for upper tract urothelial carcinoma: A ten year experience
L. Hanna, A.S. Ali, A. Rogers, S.R. Keoghane (Portsmouth, United Kingdom)

832  Clinical correlation between incidentally detected bladder wall thickening on computed tomography scan and cystoscopy

* 833  The ‘Be Clear on Bladder Cancer Campaign’ significant increase in referrals with no change in urological cancers diagnosed
S.J. Hall, P. Herrod, G. Tierney, S. Williams, J. Lund (Derby, United Kingdom)

834  Urine based bladder cancer detection by an electronic nose system: First results of a pilot study
M. Horstmann, D. Steinbach, C. Fischer, A. Enkelmann, M.-O. Grimm, A. Voss (Jena, Germany)

835  Epidemiological and clinicopathological characteristics of arsenic-related bladder cancer: A comparison between affected populations from contaminated and reference sites
M. Fernández, P. Valdebenito, E. Chaparro, E. Rojas, P. Bernier, C. Stein, A. Bustamante (Santiago, Antofagasta, Chile)

836  10-years experience in cystitis glandularis

837  Improved diagnostic urine assay to select patients for initial cystoscopy

838  Risk-adapted screening for bladder cancer: Daily routine in preventive care with the assessment tool RiskCheck Bladder Cancer® in the Urological Health-Service Research Association IQUO, Germany
G. Lüdecke, F. König, G. Geiges (Gießen, Berlin, Germany)

839  A multi-institutional trial analyzing pain perception of flexible and rigid cystoscopy in men
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<tr>
<td>840</td>
<td><strong>Flexible full HD videoscope with narrow band imaging improves the detection of NMIBC</strong></td>
<td>L. Dalgaard, R. Zare, J. Palou Redorta, J. Gaya, M. Roumiguïé, T. Filleron, B. Malavaud (Herlev, Denmark; Drammen, Norway; Barcelona, Spain; Toulouse, France)</td>
</tr>
<tr>
<td>841</td>
<td><strong>Diagnostic workup for asymptomatic microhematuria in patients younger than 50 years</strong></td>
<td>E. Amini, M. Ayati, H. Jamshidian, M.R. Nowroozi (Tehran, Iran)</td>
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**Summary**

B. Ali-El-Dein, Mansoura (EG)
Abstract Poster Session 70

**12.15 - 13.45  Clinical kidney transplantation**

**Room Barcelona (Hall 10)**

*Chairs:* F.J. Burgos Revilla, Madrid (ES)  
J.D. Olsburgh, London (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

**842** Robotic kidney transplantation with regional hypothermia: Results from a prospective two-arm non-randomized controlled trial (Ideal Phase 2b)  
A. Sood, P. Ghosh, W. Jeong, M. Bhandari, R. Ahlawat, M. Menon (Detroit, United States of America; Gurgaon, India)

**843** The S.T.A.R transplant program – a review of stentless, tubeless, apposed renal transplants  

**844** Female sexual function after laparoscopic transvaginal NOTES-assisted nephrectomy. Experience after 100 cases  
L. Peri, M. Musquera, T. Vilaseca, V. Tobar, E. Garcia-Cruz, M.J. Ribal, J. Huguet, R. Alvarez-Vijande, A. Alcaraz (Barcelona, Spain)

**845** Surgical team composition has a major impact on effectiveness and costs in laparoscopic donor nephrectomy  

**846** Small kidneys for large recipients: Does size matter in renal transplantation?  
P.J. Dinis, P. Nunes, L. Marconi, F. Furriel, B. Parada, P. Moreira, A. Figueiredo, C. Bastos, A. Roseiro, V. Dias, F. Rolo, R. Alves, A. Mota (Coimbra, Portugal)

**847** Analysis of patients with bladder dysfunction and renal transplantation: A single center experience  

**848** Outcome of renal transplant in pediatric patients with obstructive uropathy and voiding dysfunction  
I. Saad, M. Sheba, H. Badawy, F. Fadel, H. Abdel Raouf, M. Shimy (Cairo, Egypt)

**849** Follow up after 4 years of ureteral stenosis in transplant kidney managed with long-term thermo-expandable metallic stent (Memokath 051)  
H. Vila Reyes, L. Riera Canals, J. Dominguez Elias, L. Pujol Galarza, E. Franco Miranda (L’Hospitalet de Llobregat, Spain)

**850** Kidney transplantation with concomitant unilateral nephrectomy in patients with autosomal-dominant polycystic kidney disease  

**851** Nephrectomy induced chronic kidney disease (CKD) and the health-related quality of life (HrQOL) of living kidney donors (LKD)s  
X. Han, Y.M. Lim, L. Raman, B.C. Tai, H. Kaur, T.H.A. Goh, A. Vathsala, H.Y. Tiong (Singapore, Singapore; Scotland, United Kingdom)
852 Incidence and management of bladder cancer after renal transplantation: A multiinstitutional analysis
O. Rodriguez Faba, C. Caliolo, P. Joan, C. Terrone, J. Burgos, E. Lledó, A. Breda (Barcelona, Madrid, Spain; Novara, Italy)

853 Risk factors for bladder cancer death, progression and recurrence in renal transplant patients

854 Transitional cell carcinoma in renal transplant recipients - oncologic and nephrologic outcome
P.U. Ardelt, J. Ebbing, G. Bonkat, J. Steiger, A. Bachmann, F. Burkhalter (Basel, Switzerland)

Summary
F.J. Burgos, Madrid (ES)
Room N103 (North building, level 1)

Chairs: L. Mengual, Barcelona (ES)
        G. Stewart, Edinburgh (GB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

855 Next generation sequencing of clear cell renal cell carcinoma: A pairwise comparison of RNA-seq data from FFPE vs. RNAlater® stored kidney biopsies

856 DNA 5mC and 5hmC landscape in human kidney cancer development
Z. Guo, X. Li, K. Chen, J. Zhang, W. Ci, L. Zhou (Beijing, China)

857 The methylation of sox7 and its function as a tumor suppressor in renal cell cancer
L. Wang, L. Zhang, Y. Fan, B. Xu, Q. Liu, L. Li, T. Xiang, Q. Zhang, Q. Tao, J. Jin (Beijing, Hongkong, Chongqing, China)

858 Bone marrow mesenchymal stem cells enhance renal cell carcinoma metastasis via increasing self-renewal ability and alteration of CCL5 signaling
L. Liang, S. Yi, G. Yang, L. Lei, C. Yongyi (Xi’an, China)

859 Withdrawn

860 MicroRNAs as regulators of cellular processes in distant metastases of renal cancer

861 Circulating miRNA-378 and miRNA-210 in patients with renal cell carcinoma and their levels after surgical removal of the tumour
M. Fedorko, M. Staník, R. Iliev, H. Mrčochová, T. Macháčková, D. Pačík, J. Doležel, O. Slařý (Brno, Czech Republic)

862 MiR-200 family: Critical suppressors of renal cell carcinoma proliferation and metastasis by modulating novel targets
X. Zhang, X. Chen, X. Wang, A. Ruan, W. Han, H. Shi, R. Wang, L. Chen (Wuhan, China)

863 Identification and functional analysis of novel long non-coding RNAs in clear cell renal cell carcinoma
J. Ellinger, J.J.C. Blondeau, M. Deng, I. Syring, S. Schrödter, D. Schmidt, S. Perner, S.C. Müller (Bonn, Germany)

864 ADIPOQ gene polymorphism is associated with clear cell renal cell carcinoma

865 Higher levels of secreted S100 A8/9 levels from peritumor perirenal adipose tissues are associated with renal cell carcinoma (RCC)
Z. Okhunov, C. Blair, F. Rahmatpanah, S. Shao, V. Huynh, D. Mercola, X. Zi, J. Landman (Orange, United States of America)
Where does renal cell carcinoma get cysteine for antioxidants from?
T. Takayama, N. Takaoka, M. Miyazaki, K. Igarashi, S. Sakamoto, T. Ichikawa, T. Morita, S. Ozono, H. Saya, T. Soga (Shimotsuke, Hamamatsu, Tsuruoka, Chiba, Shinjuku, Japan)

Summary
G. Stewart, Edinburgh (GB)
Abstract Poster Session 72

**New technologies and concepts in the OR**

**Room N104 (North building, level 1)**

*Chairs:* A. Gallina, Milan (IT)  
E. Nemr, Beirut (LB)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**867** Tablet based image guided robotic surgery  
A. Gavazzi, A. Belba, B. Willis, S. Chew, I. Gill, P. Amoroso, P. Dasgupta (Florence, Italy; Los Angeles, United States of America; London, United Kingdom)

**868** Preliminary evaluation of a novel PCNL simulator  
A.V. Rawandale, L. Patni, Y. Dar, P. Patil (Dhule, India)

**869** Intelligent percutaneous nephrostomy (PCN) insertion system which can detect the needle’s penetration of lung or intestine: In vitro study  
K.H. Kim, K.T. Kim, C.H. Kim, K.J. Chung, S.J. Yoon (Incheon, South Korea)

**870** Application of simulated patient-specific 3D printed kidney model fabricated by color multi-material 3D printer from volumetric CT to aid renal carcinoma surgery  
Y.S. Kyung, N. Kim, D. You, I.G. Jeong, T. Kwon, C. Lee, C-S. Kim (Seoul, South Korea)

**871** IDRE: Bringing digital rectal examination of the prostate into the 21st century  
D.W. Good, S. Hammer, P. Scanlan, G.D. Stewart, S. Phipps, W. Shu, R.L Reuben, S.A. McNeill (Edinburgh, United Kingdom)

**872** The comparison of intraperitoneal and intratesticular ozone therapy for testicular ischemia-reperfusion injury in rats  

**873** Device malfunction with the da Vinci S® surgical system and its impact on surgical procedures  
R. Kumar, N. Shrivastava, A. Seth, P.N. Dogra (New Delhi, India)

**874** The influence of cyclic uniaxial strain on urinary bladder wall cells  

**875** Algorithm-based motion magnification for digital video processing in endoscopy – a novel approach for improvement of operative quality and safety  

**876** Multispectral fluorescence imaging during robot-assisted laparoscopic sentinel node biopsy, a first step towards a real-time fluorescence-based anatomical roadmap  
N.S. Van Den Berg, G.H. Kleinjan, T. Buckle, H.G. Van Der Poel, F.W.B. Van Leeuwen (Leiden, Amsterdam, The Netherlands)
Robot-assisted radical prostatectomy in patients with single and dual kidney transplant, and those with inflatable penile prosthesis: Surgical tips and description of a novel approach
A. Aboumohamed, A. Hemal (Winston Salem, United States of America)

Thulium laser for treatment of benign prostatic hyperplasia in large prostate: New technique
S. Mattioli, A. Picinotti, A. Burgio (Varese, Arezzo, Italy)

Associated video presentation

The Fluoro-less C-arm Trainer (CAT): An innovative device for percutaneous kidney access
D. Veneziano, A. Smith, T. Reihsen, D. Hananel, J. Stubbs, J. Speich, R. Sweet (Minneapolis, New York, United States of America)
Abstract Poster Session 73

12.15 - 13.45  History of urology 1

Room N105-106 (North building, level 1)

Chairs:      L.A. Fariña-Pérez, Vigo (ES)
             D. Schultheiss, Giessen (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes
in length, followed by 2 minutes for discussion.

879  Urological problems at 1600 Pennsylvania Ave.: An account from the 19th century
     F. Khan, M. Simms, A. Myatt (Hull, United Kingdom)

880  Herbal medicine in urology during meso-American and pre-Columbian cultures
     F. Khan, F. Youssef, N. Smith, M. Simms, A. Myatt (Hull, United Kingdom)

881  A historical perspective on the discovery of the prostate
     A.I.L. Coscione, M. Varnavas, A. Sujenthiran, S. Katmawi-Sabbagh (London, United Kingdom)

882  The original logbook Joaquín Albarrán used to gather the casuistry presented in his masterpiece “Les
     Tumeurs de la Vessie”
     J.C. Angulo, M. Pérez-Albacete, I. Otero, L. Fariña, M. Fernández (Getafe, Spain; La Habana, Cuba)

883  Enrique Lluria Despau (1862-1925), close to Albarrán and beyond: Praise of a relevant urologist and
     idealistic sociologist
     M. Fernández-Arias, L.A. Fariña-Pérez, M. Pérez-Albacete, I. Otero-Tejero (Havana, Cuba; Madrid, Spain)

884  100 years since the outbreak of the First World War. Has the management of urological trauma changed?
     N.W. Gill, A. Jones (Reading, United Kingdom)

885  Condom: An account throughout the ages
     F. Khan, F. Youssef, N. Smith, A. Myatt, M. Simms (Hull, United Kingdom)

886  Edward Canny Ryall: The lost urologist
     W. Gallager, J. Goddard, E. Sabin (Leicester, United Kingdom)

887  Urologists displaced by the Spanish civil war: Three biographical sketches
     E. Cuerva, M. Krischel (Alcorcon, Spain; Aachen, Germany)

888  The unknown urological disease of Ugo Foscolo and its impact to the character of his writing
     K. Stamatiou, M. Sgouridou (Piraeus, Athens, Greece)

889  “The diary of journey to Italy by way of Switzerland and Germany in 1580 and 1581” by Michel de
     Montaigne: A trip through Europe and kidney colic
     L.A. Fariña-Pérez (Vigo, Spain)

890  The urological drawings of Leonardo da Vinci
     G. Bozzini, D. Ratti, C. Marenghi, E. Finkelberg, L. Carmignani (San Donato Mse Milan, Italy)
Abstract Poster Session 74

**Room Retiro (Hall 10, level 1)**
For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1

Chairs: K. Monastyrskaya, Berne (CH)  
G. Van Koeveringe, Maastricht (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

891 Inhibition of prostate smooth muscle contraction and prostate stromal cell growth by NSC23766 and EHT1864, two novel inhibitors of the small GTPase Rac  
Y. Wang, T. Kunit, F. Strittmatter, B. Rutz, A. Gotzkowska, R. Waidelich, C. Liu, C.G. Stief, C. Gratzke, M. Hennenberg (Munich, Germany; Salzburg, Austria; Guangzhou, China)

892 Inhibition of cholinergic, adrenergic, and neuronal contraction of human bladder smooth muscle by the thromboxane receptor antagonist, picotamide  
M. Hennenberg, Y. Wang, A. Schreiber, F. Strittmatter, B. Rutz, C.G. Stief, C. Gratzke (Munich, Germany)

893 Inhibition of human hyperplastic smooth muscle contraction and other cytoskelet-mediated functions by two Src kinase inhibitors, PP2 and AZM475271  
Y. Wang, F. Strittmatter, B. Rutz, A. Gotzkowska, R. Waidelich, C. Liu, C. Stief, C. Gratzke, M. Hennenberg (Munich, Germany; Guangzhou, China)

894 Serotonin inhibits prostate growth down regulating androgen receptors: Evidence for a novel theory for benign prostatic hyperplasia (BPH)  
E. Carvalho-Dias, O. Martinho, P. Mota, E. Lima, J. Correia-Pinto (Braga, Portugal)

895 Ageing-associated biological and molecular changes in the rat bladder and dorsal root ganglia - preventive effect of caloric restriction  

896 Additive contractions by thromboxane A2 and endothelin-1 are stronger than norepinephrine-induced contractions in human prostate smooth muscle  
M. Hennenberg, A.C. Acevedo, Y. Wang, B. Rutz, F. Strittmatter, R. Waidelich, C.G. Stief, C. Gratzke (Munich, Germany)

897 Translocation of nuclear factor-κB and expression of cyclooxygenase-2 is enhanced by ketamine-induced ulcerative cystitis in rat bladder  
Y-S. Juan, Y-L. Lee, J-Y. Long, W-J. Wu, M-Y. Jang, W-C. Chang, S-M. Chuang (Kaohsiung, Taipei, Taiwan)

898 Mechanical overload develops morphological changes and cell growth in human bladder smooth muscle cells/Roles of Rho associated pathways  
N. Kushida, Y. Kawashima, K. Aikawa, H. Akaihata, J. Hata, O. Yamaguchi, Y. Kojima (Fukushima, Japan)

899 AVP-induced mouse urethral contraction depends on caveolin-1  
Z. Jianwen, M. Ekman, M. Grossi, B.O. Nilsson, C. Jiang, B. Uvelius, K. Swärd (Qingyuan, China; Lund, Sweden)

900 Involvement of metabotropic glutamate receptor subtype 1a in a mouse lower urinary tract function  
M. Yoshiyama, T. Mochizuki, M. Takeda (Chuo, Japan)
901 Reverse from early enhanced to late reduced angiogenesis as a cause of bladder dysfunction induced by long term bladder outlet obstruction

902 Activation of the cation channel TRPV4 improves bladder function in a rat model for detrusor underactivity
Y. Deruyver, E. Weyne, K. Dewulf, W. Everaerts, T. Voets, D. De Ridder (Leuven, Belgium)

903 Comprehensive molecular characterization of bladder outlet obstruction identifies functional mRNA - microRNA regulatory modules
A. Hashemi Gheinani, F.C. Burkhard, H. Rehrauer, C. Aquino Fournier, I. Keller, R. Bruggmann, K. Monastyrskaya (Berne, Zurich, Switzerland)

Summary
G. Van Koeveringe, Maastricht (NL)
# Abstract Video Session 9

**14.00 - 15.30 The new stone age**

**Room N101-102 (North building, level 1)**

**Chairs:** J-T. Klein, Heilbronn (DE)  
A. Skolarikos, Athens (GR)

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<th>Video</th>
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<tr>
<td>V66</td>
<td>Therapeutic approach to moderate-sized pyellic lithiasis</td>
<td>I.M. Laso-García, G. Duque-Ruiz, C. Gómez-Del-Cañizo, D. Carracedo-Calvo, F. Arias-Fúnez, R. Rodríguez-Patrón, V. Gómez-Dos-Santos, C. González-Gordaliza, F.J. Burgos-Revilla (Madrid, Spain)</td>
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<td>V67</td>
<td>Robot assisted flexible ureteroscopic laser lithotripsy, with Avicenna Roboflex</td>
<td>J. Rassweiler, R. Saglam, O. Traxer, A.S. Kabakci, N.Z. Tokatli, A. Imamoglu, G. Preminger (Heilbronn, Germany; Ankara, Turkey; Paris, France; Durham, United States of America)</td>
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<tr>
<td>V68</td>
<td>Ultra-mini-percutaneous nephrolithotomy in modified lithotomy position</td>
<td>A. Hoznek, M.H. Kahn, J. Rode, P. Castellán, J. Desai, A. De La Taille (Crêteil, France; Keighley, United Kingdom; Chieti, Italy; Ahmedabad, India)</td>
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<tr>
<td>V69</td>
<td>Percutaneous micronephrolithotomy: Surgical technique</td>
<td>F. Ramón De Fata, G. Andrés, H. Gimbernat, C. Redondo, E. Meilán, A. García-Tello, J.C. Angulo (Getafe (Madrid), Spain)</td>
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Programme Book

Monday, 23 March - EAU Programme

Abstract Poster Session 75

14.00 - 15.30 Lymph node positive prostate cancer: Prediction and outcomes

Room Stockholm (Hall 10)

Chairs: R.J. Karnes, Rochester (US)
N. Mottet, Saint-Étienne (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 904 Extended vs limited pelvic lymphadenectomy during radical prostatectomy for intermediate- and high-risk prostate cancer: A prospective randomized trial
J.F.P. Lestingi, J. Pontes Jr, L.L. Borges, J. Ravanini, G.B. Guglielmetti, M.D. Cordeiro, R.F. Coelho, W.C. Nahas (Sao Paulo, Brazil)

* 905 Predicting lymph node invasion in contemporary North-American patients treated with robot-assisted radical prostatectomy

906 Patients with lymph-node metastases after radical prostatectomy are not all at the same prognosis: Looking for those with better survival

907 Lymph node–positive prostate cancer at radical prostatectomy: What is the optimal treatment?

908 Does the extent of pelvic lymph node dissection affect long-term survival in men undergoing radical prostatectomy after radiation for adenocarcinoma of the prostate?
D. Huynh, A. Henderson, N. Pokala (Columbia, United States of America)

909 Impact of the extent of pelvic lymph node dissection on survival of patients with locally advanced prostate cancer treated with radical prostatectomy
M. Moschini, N. Suardi, G. Gandaglia, V. Cucchiara, E. Di Trapani, M. Bianchi, N. Fossati, F. Abdollah, R. Montironi, S. Sarti, P. Karakiewicz, C. Cozzarini, F. Montorsi, A. Briganti (Milan, Torrette, Ancona, Italy; Detroit, United States of America; Vienna, Austria; Montreal, Canada)

910 Fluorescence guidance with an integrated fluorescence laparoscope during robot-assisted sentinel node biopsy in prostate cancer
G.H. Kleinjan, N.S. Van Den Berg, E. Wit, F.W.B. Van Leeuwen, H.G. Van Der Poel (Leiden, Amsterdam, The Netherlands)

911 Evaluation of the Briganti nomogram based on a consecutive series of robotic assisted radical prostatectomies with extended lymphadenectomy
M. Stolzlechner, P. Schramek, M. Lamche, A. Ponholzer (Vienna, Austria)
High volume of lymph node invasion at radical prostatectomy: A proxy for systemic disease. Analyses on metastatic progression and patient survival
A. Nini, M. Bianchi, N. Fossati, A. Gallina, E. Zaffuto, N. Suardi, G. Gandaglia, W. Cazzaniga, E. Farina, S.F. Shariat, P.I. Karakiewicz, F. Montorsi, A. Briganti (Milan, Italy; Vienna, Austria; Montreal, Canada)

The pattern of recurrent prostate cancer in pN+ post radical prostatectomy has independent prognostic capability
M. Moschini, F. Zattoni, A. Briganti, E. Kwon, J. Karnes (Rochester, United States of America; Milan, Italy)

Associated video presentation

Laparoscopic radical prostatectomy in intermediate and high risk prostate cancer. Indocyanine green-guided pelvic lymph node dissection

Summary
N. Mottet, Saint-Étienne (FR)
Monday, 23 March - EAU Programme

Abstract Poster Session 76

14.00 - 15.30 Partial nephrectomy for RCC: Surgical aspects

Room Milan (Hall 10)

Chairs: K. Touijer, New York (US)
        S. Zastrow, Dresden (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

914 Establishing a benchmark for long term functional and oncological outcomes following nephron-sparing surgery in single kidneys
A. Fernando, T. O’Brien (London, United Kingdom)

915 Is laparoscopic partial nephrectomy a safe treatment option for unexpected pT3a renal cell carcinoma?
J-C. Bernhard, J-J. Patard, P. Bigot, E. Suér, N.S. Vuong, G. Verhoest, Q. Alimi, V. Flamand, B. Reix,
S. Marchal, A. Doerfler, S. Sofiane, T. Matsugasumi, X. Orsoni, A. Descazesaud, C. Pfister, K. Bensalah,
A. Méjean, M. Soulier, I. Gill (Kremlin Bicêtre, Angers, Rennes, Lille, Toulouse, Rouen, Reims, Paris, Dijon,
Nimes, Caen, Limoges, France; Ankara, Turkey; Los Angeles, United States of America; Kumamoto, Japan;
Oslo, Norway)

916 Local ischemia method in the partial resection for RCC preserves kidney function
(Kiev, Ukraine)

917 Experimental comparison of renal stereology and function after hilar, arterial or selective arterial clamping for laparoscopic partial nephrectomy
G.R. Bechara, D.B. De Souza, J.A.D. Ferreira Filho, L. Abreu, B.M. Gregório, W.S. Costa, M.A. Pereira-
Sampaio, F.J.B. Sampaio (Rio de Janeiro, Brazil)

918 Different managements of renal pedicle during laparoscopic partial nephrectomy: Clamping versus selective clamping versus no clamping: Is there a difference in functional outcomes at renal scanning?
F. Porpiglia, R. Bertolo, M. Di Dio, D. Amparo, G. Ottaviano, C. Fiori (Orbassano, Italy)

919 Feasibility of early unclamping during robotic partial nephrectomy
H. Baumert, N. Zafar, N. Harke, K. Bensalah, J-C. Bernhard, T. Schwaab, G. Schon, A. Wagner (Paris, Rennes,
Bordeaux, France; Würzburg, Germany; Buffalo, Boston, United States of America)

920 Superior renal function after selective clamping robotic partial nephrectomy – a matched pair study for baseline eGFR with short- and intermediate-term follow-up
N.N. Harke, F. Schiefelbein, G. Schoen (Gronau, Würzburg, Germany)

921 Perioperative and functional outcomes of robot-assisted partial nephrectomy for renal tumors >4 cm in a multi-institutional, multinational cohort
D. Dalela, R. Barod, A. Sood, R. Ahlawat, S. Rawal, B. Challcombe, F. Porpiglia, D. Moon, N. Buffi,
A. Larcher, D. Parekh, G. Novarra, A. Mottrie, M. Volpe, R. Abaza, C. Rogers (Detroit, Miami, Dublin, United States of America; Gurgaon, India; London, United Kingdom; Turin, Milan, Italy; Melbourne, Australia; Aalst, Belgium)

922 Retroperitoneal versus transperitoneal robotic partial nephrectomy: A multicentric study
B. Peyronnet, K. Bensalah, C. Vaessen, M. Roumiguie, C. Dahwan, J-B. Beauval, G. Verhoest, F-X. Noughaud,
M. Roupret, L. Salomon, A. De La Taille, N. Doumerc (Rennes, Paris, Toulouse, Créteil, France)
923  Impact of annual surgical volume on outcomes of robot-assisted partial nephrectomy in a multi-institutional, multinational cohort
D. Dalela, R. Barod, A. Sood, M. Bhandari, R. Ahlawat, S. Rawal, B. Challacombe, F. Porpiglia, D. Moon, A. Larcher, D. Parekh, G. Novarra, A. Mottrie, A. Volpe, R. Abaza, C. Rogers (Detroit, Miami, Dublin, United States of America; Gurgaon, Delhi, India; London, United Kingdom; Turin, Milan, Italy; Melbourne, Australia; Aalst, Belgium)

924  Predicting perioperative outcomes of robot assisted partial nephrectomy: The role of hospital case volume in the early phase of adoption
A. Larcher, R. Abaza, A. Mottrie, R. Ahlawat, N. Buffi, D. Moon, F. Porpiglia, S. Rawal, B. Challacombe, N. Fossati, D. Dalela, G. Novara, A. Volpe, C. Rogers (Milan, Orbassano, Italy; Dublin, Detroit, United States of America; Aalst, Belgium; Delhi, India; Melbourne, Australia; London, United Kingdom)

925  Tri match comparison of the efficacy of Floseal® vs Tachosil® vs no hemostatic agents for partial nephrectomy: Results from a large multicenter dataset

926  Perioperative aspirin use associated with increased risk for bleeding complication following partial nephrectomy

Summary
K. Touijer, New York (US)
**Abstract Poster Session 77**

**14.00 - 15.30 Prostate cancer staging: New tracers and prognostic parameters**

**Room Paris (Hall 10)**

*Chairs:*  
S. Fanti, Bologna (IT)  
B.A. Hadaschik, Heidelberg (DE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

**Detection of bone metastasis**  
S. Fanti, Bologna (IT)

* 927  
*Is there still a role for computed tomography and bone scintigraphy in prostate cancer staging? An analysis from the Eureka-1 database*  
D. Gabriele, D. Collura, M. Oderda, C. Fiorito, F. Porpigilia, C. Terrone, M. Zaccherro, C. Guiot, P. Gabriele (Turin, Novara, Candiolo, Italy)

* 928  
*Contribution of PSMA-PET compared to morphological imaging with regard to detection rate in prostate cancer patients with biochemical recurrence after radical prostatectomy*  

929  
The association between bone related pain and the presence of bone metastases in patients with newly diagnosed prostate cancer  
H.D. Zacho, T. Barsi, J.C. Mortensen, H. Bertelsen, L.J. Petersen (Aalborg, Viborg, Herning, Denmark)

930  
*[11C]Choline PET/CT predicts survival in hormone-naïve prostate cancer patients with biochemical failure after radical prostatectomy*  
M. Picchio, G. Giovacchini, L. Gianolli, N. Suardi, F. Abdollah, G. Gandaglia, V. Cucchiara, A. Gallina, M. Bianchi, V. Scattoni, F. Montorsi, A. Briganti (Milan, Italy)

931  
*Novel nanobody targeting prostate-specific membrane antigen: A promising tracer for imaging of prostate cancer*  

932  
*UPAR PET/CT imaging in prostate cancer: A first-in-humans study*  

933  
*Real time lymphnode evaluation during radical prostatectomy with confocal laser endomicroscopy (Cellvizio): First results of a phase II study*  
M. Brausi, H. Bertani, L. Botticelli (Modena, Italy)

934  
*Ultra-targeted fluorescence pelvic lymphnode dissection in intermediate and high risk prostate cancer*  
935 Charlson score predicts overall survival and cancer related death in elderly patients featuring high risk prostate cancer
G. Ordaz Jurado, R. Sánchez Salas, A. Sivaraman, S. Joniau, M. Bianchi, M. Spahn, P. Bastian, J. Chun, P. Chlosta, P. Gontero, M. Graefen, R.J. Karnes, G. Marchioro, B. Tombal, L. Tosco, H. Van Der Poel, X. Cathelineau (Paris, France; Lier, Brussels, Leuven, Belgium; Milan, Turin, Novara, Italy; Berne, Switzerland; Munich, Hamburg, Germany; Krakow, Poland; Rochester, United States of America; Amsterdam, The Netherlands)

936 Gleason score upgrading to 8-10 predicts biochemistry from all recurrence in patients undergoing radical prostatectomy: Analysis on 7310 high-risk patient the EMPaCT database
M. Oderda, P. Gontero, R. Sanchez-Salas, J. Walz, P. Bastian, H. Van Der Poel, F. Chun, M. Graefen, B. Tombal, G. Marchioro, P. Chlosta, L. Tosco, M. Bianchi, A. Briganti, M. Spahn, R.J. Karnes, S. Joniau (Turin, Novara, Milan, Italy; Paris, France; Hamburg, Munich, Germany; Amsterdam, The Netherlands; Brussels, Leuven, Belgium; Kielce, Poland; Berne, Switzerland; Rochester, United States of America)

937 Prognostic value of tumour volume on disease progression of patients treated with radical prostatectomy for node positive prostate cancer

938 When should a positive surgical margin (SM) ring a bell? An analysis of a multi-institutional Robotic-Assisted Laparoscopic radical Prostatectomy (RALP) database
Abstract Poster Session 78

14.00 - 15.30 Improving the management of non-muscle invasive bladder cancer

Room Vienna (Hall 10)

Chairs: M. Babjuk, Prague (CZ)
G.T. Sung, Busan (KR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

939 Systematic review and individual patient data meta-analysis of randomized trials comparing a single immediate instillation of chemotherapy after transurethral resection to transurethral resection alone in patients with stage pTa-pT1 urothelial carcinoma of the bladder
R.J. Sylvester, W. Oosterlinck, S. Holmang, M.R. Sydes, A. Birtle, S. Gudjonsson, C. De Nunzio, K. Okamura, E. Kaasinen, E. Solsona, B. Ali-El-Dein, C.A. Tatar, B.A. Inman, J. N'Dow, J. Oddens, M. Babjuk (Brussels, Ghent, Belgium; Gothenburg, Malmo, Sweden; London, Preston, Aberdeen, United Kingdom; Rome, Italy; Nagoya, Japan; Hyvinkaa, Finland; Valencia, Spain; Mansoura, Egypt; Ankara, Turkey; Durham, North Carolina, United States of America; 's-Hertogenbosch, The Netherlands; Prague, Czech Republic)

940 En bloc resection of urothelium carcinoma of the bladder (EBRUC): A European multi-center study to compare safety, efficacy and 12-months recurrence rate of laser and electrical en bloc TURBT
M.W. Kramer, A. Martov, N. Baykov, J. Klein, J. Rassweiler, L. Lusuardi, G. Janetschek, R. Hurle, M. Wolters, M. Abbas, A. Leitenberger, M. Riedel, J. Weber, U. Nagele, A. Merseburger, M.A. Kuczyk, M. Babjuk, T.R.W. Herrmann (Hanover, Heilbronn, Wolfsburg, Germany; Moscow, Russia; Salzburg, Australia; Milan, Italy; Hall, Austria; Prague, Czech Republic)

941 T1 high-grade (G3) transitional cell carcinoma of the urinary bladder: Delayed radical cystectomy is correlated to a worsened outcome

942 Should second TUR be performed in the first 2–6 weeks after the initial TUR necessarily in high risk non-muscle invasive bladder cancer patients receiving maintenance BCG? Multi-center trial of Turkish Society of Urooncology

943 Bladder neck involvement predicts progression in patients with primary non-muscle-invasive bladder cancer: A multicenter validation study

944 Results of the first randomized controlled trial comparing intravesical radiofrequency induced chemohyperthermia with mitomycin-C versus BCG for adjuvant treatment of patients with intermediate- and high-risk non-muscle invasive bladder cancer
T.J.H. Arends, O. Nativ, M. Maffezzini, O. De Cobelli, A.G. Van Der Heijden, J.A. Witjes (Nijmegen, The Netherlands; Haifa, Israel; Genova, Milan, Italy)

945 Is intravesical BCG alone still the only truly effective intravesical therapy for high risk non-muscle invasive bladder cancer?
S.M. Di Stasi, C. Riedl, C. Verri, F. Celestino, F. De Carlo, A. Giannantoni, M. Valenti (Rome, Perugia, L’Aquila, Italy; Baden, Austria)
946  Hyaluronic acid for local bladder toxicity during intravesical immune-chemotherapy: A randomized prospective study  
P. Destefanis, A. Gonella, A. Battaglia, M. Allasia, E. Garzino, F. Soria, F. Pisano, P. Gontero, B. Frea (Turin, Italy)

947  Active surveillance in non-muscle invasive bladder cancer. Long-term oncological safety  
V. Hernández, E. De La Peña, E. Pérez-Fernández, A. Guijarro, I. Sola, C. Lorente (Madrid, Spain)

948  The impact of different BCG strains on outcome in a large cohort of T1G3 patients treated with BCG  
F. Pisano, J.A. Witjes, G. Dalbagni, S. Shariat, S. Joniau, V. Serretta, J. Palou, S. Di Stasi, S. Larrè, R. Colombo, M. Babjuk, P.U. Malmstrom, J. Irani, N. Malats, J. Baniel, T. Cai, E. Cha, P. Ardelt, J. Varkarakis, R. Bartoletti, M. Spahn, F. Pisano, P. Gontero, R. Sylvester (Turin, Rome, Milan, Trento, Florence, Italy; Nijmegen, The Netherlands; New York, United States of America; Vienna, Austria; Leuven, Brussels, Belgium; Barcelona, Madrid, Spain; Oxford, United Kingdom; Prague, Czech Republic; Upsala, Sweden; Poitiers, France; Tel Aviv, Israel; Freiburg, Wurzburg, Germany; Athene, Greece)

949  Radiofrequency induced hyperthermia chemotherapy (RIHTC) in high-risk non-muscle invasive bladder cancer (NMIBC): Multiinstitutional, international outcome analysis of 271 treated patients with a follow-up time of more than 2 years  
G. Lüdecke, L. Schäfer, O. Nativ, U. Witzsch, H. Hanitzsch, F. Hasner, R. Issa, F. Witjes, W. Weidner (Gießen, Frankfurt, Bonn, Munich, Germany; Haifa, Israel; London, United Kingdom; Nijmegen, The Netherlands)

950  Low-risk bladder cancer follow-up: Are the EAU guidelines too strict for the first control cystoscopy?  
S. Henao, A. Francés, G. Nohales, C. Cámara, B. Gasa, A. García, R. Rodríguez, E. Rijo, L. Fumadó, A. Rodríguez, L. Cecchini (Barcelona, Spain)

Summary  
M. Babjuk, Prague (CZ)
Abstract Poster Session 79

**14.00 - 15.30 Urethral stricture disease**

**Room Barcelona (Hall 10)**

*Chairs:* M. Fisch, Hamburg (DE)  
R. Kumar, New Delhi (IN)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 951 Open surgical reconstruction for recalcitrant bladder neck contractures – functional outcome after implantation of an artificial urinary sphincter  

952 Management of pelvic fracture urethral distraction injury: Evaluation of three modalities of management  
M.A. Abdalla (Assiut, Egypt)

* 953 Patient-reported functional outcomes after urethroplasty. Prospective analysis from a single center  
P. D’Hulst, K. Vander Eeckt, F. Van Der Aa, S. Joniau (Leuven, Belgium)

954 Validation of a patient-reported outcome measure (PROM) for urethral strictures surgery: A prospective study at a German tertiary care center  

955 A nationwide assessment of the management of acute urinary retention due to urethral stricture disease in the emergency room  
M.A. Granieri, H-H. Wang, J.C. Routh, A.C. Peterson (Durham, United States of America)

956 Deterioration rate of anterior substitution urethroplasty: An observational descriptive study from 1994  
G. Barbagli, S.B. Kulkarni, N. Fossati, A. Larcher, G. Guazzoni, V. Dell’Acqua, S. Sansalone, G. Romano, M. Lazzeri (Arezzo, Milan, Rome, Montevarchi, Italy; Pune, India)

957 The non-transecting technique for bulbar urethral strictures  

958 Two-sided dorsal plus ventral oral graft bulbar urethroplasty: Long-term results and predictive factors  
E. Palminteri, N. Lumen, E. Berdondini, G.B. Di Pierro, G. Cucchiarale, C. De Nunzio (Arezzo, Rome, Turin, Italy; Ghent, Belgium)

959 Survival and success of the fasciocutaneous flap (Orandi) for pendulous urethral strictures  
M. Belsante, G. Webster, J. Selph, M. Granieri, D. Ajay, A. Peterson (Durham, United States of America)

* 960 Single stage versus classical staged approach for penile urethral strictures  

961 The revised role of urethrotomy in the treatment of urethral stricture disease: Analysis of 961 cases from a single center  
Y. Tolkach, M. Kuczyk, T. Herrmann, M. Burchardt, F. Imkamp (Hanover, Greifswald, Germany)

962 Periurethral injection of human adipose tissue derived stem cells prevents fibrosis and counteracts bladder dysfunction in a rat model of iatrogenic urethral stricture  
F. Castiglione, M. Albersen, A. Russo, T. Bivalacqua, F. Montorsi, S. Joniau, S. De Ridder (Milan, Italy; Leuven, Belgium; Baltimore, United States of America)

**Summary**  
M. Fisch, Hamburg (DE)
Abstract Poster Session 80

14.00 – 15.30 Exploring the limits of ureteroscopy

Room N103 (North building, level 1)

Chairs: E.A. Rodrigues De Lima, Braga (PT)
        O. Traxer, Paris (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

963 Impacted ureteral stones: Radiological and perioperative findings and the efficiency of preoperative medical expulsive treatment
Y. Tanidir, F. Talibzade, A. Şahan, M.K. Asutay, I. Tinay, F. Şişmek (Istanbul, Turkey)

964 External validation and evaluation of reliability and validity of the modified S-ReSC scoring system to predict stone-free status after retrograde intrarenal surgery

965 Outcomes of flexible ureteroscopy for solitary renal stones
A. Skolarikos, A.J. Gross, A. Krebs, D. Unal, E. Berktowsky, E. Eltahawy, B. Somani, J. De La Rosette (Athens, Greece; Hamburg, Germany; Santiago, Chile; Ankara, Turkey; Menorca, Spain; Little Rock, United States of America; Southampton, United Kingdom; Amsterdam, The Netherlands)

966 Comparison of flexible ureterorenoscopic lithotripsy and retroperitoneal laparoscopic ureterolithotomy for treatment of unilateral large (>15 mm) upper ureteral stone: A six year retrospective study
V. Turgut, S. Sahin, A. Atar, R. Kocakaya, M. Eksi, A.I. Tasci (Istanbul, Turkey)

967 Prospective study on outcomes of PCNL and retrograde intrarenal surgery (RIRS) for stones between 2 and 3 cm
E. Pieras Ayala, V. Tubau Vidaña, J. Brugarolas Rosselló, P. Pizá Reus (Palma de Mallorca, Spain)

968 Risks of Clavien >III complications for stones >2 cm is lower in modern day ureteroscopy and laser fragmentation (URSL): Results of a systematic review
R. Geraghty, O. Aboumarzouk, B. Rai, C.S. Biyani, N. Rukin, B.K. Somani (Southampton, Cardiff, Dundee, Yorkshire, Wolverhampton, United Kingdom)

969 Retrograde ureteroscopic manipulation via ileal conduit urinary diversions: A single centre experience
S. Srirangam, B. Zelhof, D. Neilson (Blackburn, Preston, United Kingdom)

970 Semi-rigid miniature ureteroscopy with holmium laser versus shock wave lithotripsy for upper ureteric stone: A prospective randomized study

971 Determinants of health-related quality of life for patients after urinary lithotripsy: Ureteroscopic versus shock wave lithotripsy

972 Impact of surgical experience on safety and efficiency of RIRS for kidney stones
F. Berardinelli, S. Proietti, L. Cindolo, R. Peschechera, F. Pellegrini, D. Hennessey, O. Dalpiaz, L. Schips, G. Giusti (Vasto, Rozzano, Italy; Portadown, United Kingdom; Graz, Austria)
973  Intraoperative evaluation of ureteral injuries during retrograde intrarenal surgery using ureteral lesion scale
V. Guzelburc, S. Guven, M.Y. Boz, B. Erkurt, M. Soytas, S. Albayrak (Istanbul, Turkey)

Associated video presentation

V65  Treatment of complex renal lithiasis with combined techniques of percutaneous nephrolithotomy and retrograde ureteroscopy
F.J. Burgos-Revilla, C Carrera-Puerta, I.M. Laso-García, G. Duque-Ruiz, A. Orosa-Andrada, V. Hevia-Palacios, V. Díez-Nicolás, C. González-Gordaliza, V. Gómez-Dos-Santos (Madrid, Spain)

Summary
O. Traxer, Paris (FR)
**Abstract Poster Session 81**

**14.00 - 15.30 New technologies in the OR**

**Room N104 (North building, level 1)**

*Chairs:* To be confirmed  
*R. Naik, Newcastle (GB)*

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

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* 974 Retropubic intracorporeal placement of suburethral autologous sling during robotic radical prostatectomy to improve early urinary continence recovery: Preliminary data  
**A. Cestari, M. Ferrari, M. Zanoni, M. Sangalli, F. Fabbri, M. Ghezzi, F. Sozzi, P. Rigatti** (Milan, Italy)

* 975 Whole-gland MRI-guided transurethral ultrasound ablation of prostate cancer: Outcomes of a prospective, multi-national phase I clinical trial  
**M. Billia, S. Pahernik, J. Relle, M. Burtynyk, M. Röthke, J. Hafron, C. Romagnoli, H-P. Schlemmer, J. Chin** (London Ontario, Toronto, Canada; Royal York, United States of America; Heidelberg, Germany)

* 976 Virtual reality simulation for holmium laser enucleation of the prostate: A validation study  
**C Kuronen-Stewart, K. Ahmed, A. Aydin, M.S. Khan, P. Dasgupta, B. Challacombe, T. Aho, R. Popert** (London, United Kingdom)

* 977 Safety and 6-month durability of endovascular pelvic arterial revascularization in alleviating lower urinary tract symptoms and erectile dysfunction in patients with both conditions and obstructive pelvic arterial lesions: The perfect LUTS study  
**T-D. Wang, W-J. Lee, W-J. Chen, M-F. Chen, H-C. Tai, S-P. Liu, J-T. Hsieh** (Taipei City, Taiwan)

* 978 Robotic anatrophic nephrolithotomy using near infra-red fluorescence image-guidance: Idea, Development, Exploration, Assessment and Long-term monitoring (IDEAL) phase 0 study  
**A. Sood, J. Rohde, M. Van Winkle, A. Hemal, J.O. Peabody, M. Menon, K.R. Ghani** (Detroit, Atlanta, Winston-Salem, Ann Arbor, United States of America)

979 Magnetic marking and intraoperative detection of primary draining lymph nodes in prostate cancer using intraprostatic injection of superparamagnetic iron oxide nanoparticles  
**A. Winter, J. Woenhaus, F. Wawroschek** (Oldenburg, Germany)

980 Fluorescence imaging technology for robotic assisted partial cystectomy and ureteral reconstruction: minimizes lack of tactile feedback  
**A.R. Rodriguez Morales-Bermudez** (Watertown, United States of America)

981 Image-guided robot assisted partial nephrectomy: An assessment of efficacy  
**A. Hughes-Hallett, P. Pratt, G. Novara, J. Vale, A. Mottrie, A. Darzi, E. Mayer** (London, United Kingdom; Aalst, Belgium)

* 982 The comparison of peritoneal, retro-peritoneal and transperitoneal robotic assisted laparoscopic ureterolithotomy for large proximal ureteral stone  
**H-C. Chiu, C-H. Chang, H-C. Wu, C-P. Huang** (Taichung, Taiwan)

983 A novel three-dimensional image display system for transurethral surgery  
984  Complications of laparoscopic urologic surgery performed through umbilical multichannel platform with or without an accessory port
J.C. Angulo, A. García-Tello, H. Gimbernat, C. Redondo, G. Andrés, J.M. García-Mediero (Getafe, Spain)

985  Novel method for evaluation of pelvic floor mobility in women with genital prolapse and stress urinary incontinence
N. Tupikina, G.R. Kasyan, M.Y. Gvozdev, B.N. Godunov, D.Y. Pushkar (Moscow, Russia)

Associated video presentation

V44  Laparoscopic radical cystectomy with lymphadenectomy guided by indocyanine green
### Abstract Poster Session 82

**Room N105-106 (North building, level 1)**

**Chairs:** J.F. Felderhof, Hoofddorp (NL)  
P.E. Van Kerrebroeck, Maastricht (NL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>986</td>
<td>Giovanni Batista Morgani: His contribution to urological pathology</td>
<td>Y. Philippou, M. Hadjipavlou (Essex, Portsmouth, United Kingdom)</td>
</tr>
<tr>
<td>987</td>
<td>The diffusion of innovations – tracking the history of nephron sparing surgery from humble origins to first line management of small renal tumours</td>
<td>T. Malthouse, D. Akiboye, B. Challacombe (London, United Kingdom)</td>
</tr>
<tr>
<td>988</td>
<td>Notable self-performed urological procedures from the 17th century until today</td>
<td>L.J. Tay, P.M. Thompson, M. Hadjipavlou (London, Portsmouth, United Kingdom)</td>
</tr>
<tr>
<td>989</td>
<td>Voronoff and Lespinasse. Historical research of testicular implants in the hypogonadism recovery</td>
<td>J. Aragón Chamizo, J. Jara Rascon, E. Lledó García, I. Blaha, D. Ramírez Martín, C. Hernández Fernández (Madrid, Spain)</td>
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<td>990</td>
<td>Heroes in urology: The achievements of the Nobel Prize laureates</td>
<td>L.J. Tay, M. Hadjipavlou, P.M. Thompson (London, Portsmouth, United Kingdom)</td>
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<td>991</td>
<td>Historical review of pioneering anatomical research on female pelvis and vesico-vaginal fistulas at the University of Padua (15th-18th century)</td>
<td>M. Mancini, M.L. Righetto, F. Dal Moro, F. Zattoni (Padua, Italy)</td>
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<td>992</td>
<td>Chim Chim Chirlee. The rise and fall of scrotal cancer in chimney sweeps</td>
<td>Y. Philippou, M. Hadjipavlou (Essex, Portsmouth, United Kingdom)</td>
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<td>994</td>
<td>Candiru: The ‘urethral invader’ fish – myths and facts</td>
<td>M. Hadjipavlou, J. Tay, Y. Philippou (Portsmouth, London, Basildon, United Kingdom)</td>
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<td>995</td>
<td>Susruta – the pioneer urologist of ancient India</td>
<td>A. Sujenthiran, A. Coscione, R. Nair, S. Sabbagh (London, United Kingdom)</td>
</tr>
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<td>996</td>
<td>Hypospadias and infertility of Henry II of France</td>
<td>M. Hatzinger (Frankfurt, Germany)</td>
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<td>997</td>
<td>Who was the father of the nomogram?</td>
<td>M. Hadjipavlou, Y. Philippou, S. Sriprasad, S. Madaan (Portsmouth, Basildon, Dartford, United Kingdom)</td>
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</tbody>
</table>
Abstract Poster Session 83

14.00 - 15.30  Matrices for tissue engineering in functional urology

Room Retiro (Hall 10, level 1)
For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1

Chairs:  K-D. Sievert, Lübeck  (DE)  
R. Yiu, Creteil  (FR)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

998 Synergic effect of urine-derived stem cell and heparin-immobilized bFGF-loaded polycaprolactone/pluronic F127/bladder submucosa matrix scaffold for bladder reconstruction in a rat model

999 Bladder reconstruction using human muscle derived stem cells seeded multi-layered polycaprolactone in a mucosa preserving partial cystectomy rat model
Y.H. Park, K.R. Shrestha, S-H. Hong, S.W. Kim, T-K. Hwang, J.Y. Lee (Seoul, South Korea)

1000 Hybrid electrospun PLGA-PEO scaffold improving skeletal myocyte formation for sphincter reconstruction
O. Evrova, V. Milleret, P. Gemma, M. Zenobi-Wong, T. Sulser, J. Buschmann, D. Eberli (Zurich, Switzerland)

1001 Synergistic effects of combining undifferentiated adult stem cells and differentiated cells for the engineering of functional bladder smooth muscle tissue
D. Keller, S. Salemi, M. Rottmar, T. Sulser, D. Eberli (Zurich, Switzerland)

1002 Human urethra-engineered with human mesenchymal stem cell by newly developed scaffold-free three-dimensional cell printer
Y. Tokunori, F. Yasuto, M. Yoshihisa, T. Yoshikazu, N. Koichi, G. Momokazu (Nagoya, Saga, Japan)

1003 Evaluation of a fast-track decellularization protocol for tubularized ureteral graft tissue engineering in a rat model

* 1004 Cyclical stretch conditioning of an elastomeric cell-seeded pelvic floor repair material using a closed bioreactor system
N. Osman, S. Roman, C. Hillary, A.J. Bullock, C.R. Chapple, S. MacNeil (Sheffield, United Kingdom)

* 1005 Histological and mechanical outcomes of two novel scaffolds as alternative materials for surgery of prolapse
S. Roman, I. Urbánkova, G. Callewaert, F. Lesage, C. Hillary, N.I. Osman, C.R. Chapple, J. Deprest, S. MacNeil (Sheffield, United Kingdom; Leuven, Belgium)

* 1006 Directed differentiation of human induced pluripotent stem cells (hiPS) for urothelial cell-based tissue-engineering therapies
F.D.A. Wezel, D. Novak, L. Larribere, M. Galach, C. Unger, J. Utikal (Mannheim, Heidelberg, Germany; Sheffield, United Kingdom)

1007 Recovery of the bladder contractility in the long term bladder outlet obstruction using hepatocyte growth factor expressing human mesenchymal stem cells
1008  Assessment of iron labeled mesenchymal stem cells for endoscopic injection into the porcine urethral sphincter using MRI

1009  The in vitro response to fabricated oestradiol releasing scaffolds designed for the treatment of pelvic floor disorders
C. Hillary, A.J. Bullock, C.R. Chapple, S. MacNeil (Sheffield, United Kingdom)

Summary
K-D. Sievert, Lübeck (DE)
Abstract Video Session 10

15.45 - 17.15  Multiple challenges in kidney cancer surgery

Room N101-102 (North building, level 1)

Chairs:  A. Celia, Bassano Del Grappa (IT)
        M. Musquera Felip, Barcelona (ES)

All presentations have a maximum length of 10 minutes, followed by 4 minutes of discussion.

V70  Laparoscopic management of a left in situ calcified double “J” ureteral stent and a 2 cm ipsilateral kidney tumor
     A.L. Pastore, L. Silvestri, Y. Al-Salhi, A. Ripoli, A. Leto, D. Autieri, S. Al Rawashdah, C. Maggioni,
     G. Palleschi, A. Carbone (Latina, Italy)

V71  Ipsilateral multiple renal tumor: Laparoscopic conservative treatment
     F. Barillaro, G. Cochetti, A. Boni, E. Lepri, E. Mearini (Terni, Italy)

V72  Robotic partial nephrectomy for multiple renal tumours
     D. Dalela, R. Barod, C. Rogers (Detroit, United States of America)

V73  Double laparoscopic ipsilateral partial nephrectomy in a patient with bilateral kidney cancer
     C. Leonardo, C. De Nunzio, G. Franco, L. Misuraca, G. Simonelli, C. De Dominicis (Rome, Italy)

V74  Laparoendoscopic single incision triangulated umbilical surgery (SITUS) for partial nephrectomy: Early experience in the first 13 patients
     T.R.W. Herrmann (Hanover, Germany; Hall in Tyrol, Austria)

V75  Bilateral retroperitoneal laparoscopic nephrectomy using 3mm instruments
     J.A. Peña, I. Schwartzmann, E. Moncada, O. Rodríguez, A. Breda, J. Palou, H. Villavicencio (Barcelona, Spain)

V76  Laparoscopic treatment in renal cell carcinoma with venous tumour thrombus
     B. Petru, V. Schi cu, M. Hogea (Cluj-Napoca, Romania)

V77  Laparoscopic approach to management of inferior vena cava tumour thrombus in renal cell carcinoma
     S. Arora, A. Mandhani (Lucknow, India)
Abstract Poster Session 84

15.45 - 17.15 Treatment of high risk and oligometastatic prostate cancer

Room Stockholm (Hall 10)

Chairs: M. Graefen, Hamburg (DE)
S.G. Joniau, Leuven (BE)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 1010 Under-treatment of men in their seventies with high risk, non-metastatic prostate cancer

1011 Adjuvant radiotherapy in prostate cancer patients treated with surgery: The impact of age and tumour characteristics
F. Abdollah, D.E. Klett, A. Sood, J.D. Sammon, Q-D. Trinh, F. Montorsi, A. Briganti, J.O. Peabody, P.I. Karakiewicz, M. Menon, M. Sun (Detroit, Boston, United States of America; Milan, Italy; Rochester, Detroit, United States of America)

1012 Long-term outcomes of patients with seminal vesicle invasion at radical prostatectomy: The importance of a multi-modal approach to increase patient survival
M. Moschini, R.J. Karnes, N. Suardi, C. Cozzarini, G. Gandaglia, M. Bianchi, E. Zaffuto, N. Fossati, F. Abdollah, A. Larcher, F. Montorsi, A. Briganti (Milan, Italy; Rochester, Detroit, United States of America)

1013 Long-term outcomes of very high risk prostate cancer patients treated with radical prostatectomy with or without adjuvant treatments. Results of a competing risks, multi-institutional analysis

1014 Salvage radical prostatectomy for recurrent prostate cancer: Validation of EAU guideline criteria

1015 A genomic classifier identifies men with adverse pathology after radical prostatectomy who benefit from adjuvant radiation therapy

1016 Long-term clinical recurrence (CR) rate in prostate cancer (PCa) patients with adverse pathological characteristics at robotic-assisted laparoscopic radical prostatectomy (RALP)
F. Abdollah, A. Sood, D.E. Klett, J.D. Sammon, D. Pucheril, B. Burkhard, N. Fossati, G. Gandaglia, N. Suardi, C.G. Rogers, J.O. Peabody, A. Haese, F. Montorsi, M. Graefen, A. Briganti, M. Menon (Detroit, United States of America; Hamburg, Germany; Milan, Italy)
1017  Systematic assessment of positive surgical margins features in open vs. robot-assisted radical prostatectomy: Is there a difference? 
G. Gandaglia, N. Suardi, P. Dell’Oglio, S. Luzzago, W. Cazzaniga, U. Capitanio, M. Bianchi, N. Fossati, S.F. Shariat, M. Freschi, P.I. Karakiewicz, F. Montorsi, A. Briganti (Milan, Italy; Vienna, Austria; Montreal, Canada)

1018  Cytoreductive radical prostatectomy (CRP) in men with low volume skeletal metastases – a feasibility and case-control study
A. Heidenreich, D. Porres, T. Kuru, D. Pfister (Aachen, Germany)

1019  Surgical management of clinically oligometastatic prostate cancer
G. Karazanashvili (Tbilisi, Georgia)

1020  Both radical prostatectomy with neoadjuvant LHRH agonist and estramustine and radiotherapy with neoadjuvant hormonal therapy achieved favorable oncological outcome in high-risk prostate cancer: A propensity-score matching analysis

* 1021  Effect of 6 months of androgen deprivation therapy on progression-free survival and quality of life in localized T1b–cT2aN0M0 prostate cancer
M. Bolla, P. Maingon, A.C.M. Van Den Bergh, C. Carrie, S. Villa, P. Kitsios, P. Poortmans, S. Sundar, E.M. Van Der Steen-Banasik, J. Armstrong, J-F. Bosset, F. Herrera, B. Pieters, C. Coens, L. Collette (Grenoble, Dijon, Lyon, Besançon, France; Groningen, Nijmegen, Arnhem, Amsterdam, The Netherlands; Barcelona, Spain; Nicosia, Cyprus; Nottingham, United Kingdom; Dublin, Ireland; Lausanne, Switzerland; Brussels, Belgium)

Summary
S.G. Joniau, Leuven (BE)
Abstract Poster Session 85

**Room Milan (Hall 10)**

*Chair:* K. Bensalah, Rennes (FR)

**Management of the small renal mass in 2015**

**Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.*

* 1022 Interobserver concordance among pathologists in the assessment of needle core biopsies of renal tumors


*1023 The use of RENAL nephrometry scores for predicting tumour upgrading between core biopsies and surgical specimens: A prospective ex vivo study


1024 Tumor anatomic complexity is a predictor of malignancy but not tumor grade in patients with small renal masses (SRMs)


* 1025 12-year follow-up of a cohort of 63 old and comorbid patients with renal masses primarily treated with observation

C. Beisland, L. Reisæter, L. Bostad, K.M. Hjelle (Bergen, Norway)

1026 Kidney cancer focal cryoaablation trend: Does location matter?

O. Rodriguez Faba, F. Sanguedolce, P. Grange, G. Kooiman, P. De La Torre, S. Brookman-May, J. Palou (Barcelona, Spain; London, United Kingdom; Munich, Germany)

1027 Laparoscopic cryoablation of small renal tumors – does anatomical tumor complexity affect treatment outcome?

T. Kjærgaard Nielsen, Ø. Østraat, G. Andersen, S. Høyser, L. Nonboe, M. Borre (Aarhus N, Aarhus, Denmark)

1028 3D cone beam CT-guided percutaneous cryotherapy for small renal masses


1029 Cryotherapy in renal cell cancer: Evaluation of treatment by contrast-enhanced ultrasonography (CEUS)


1030 Urological complications after ablative percutaneous treatment for renal tumours

F. Audenet, A. Khairoune, M-O. Timsit, A. Sadfi, O. Hélénon, A. Méjean, J-M. Correas (Paris, France)

* 1031 Population-based comparison of cancer specific mortality after local tumor ablation or non-active treatment for T1a kidney cancer: A competing risk analysis

A. Larcher, V. Trudeau, M. Meskawi, R. Valdivieso, K. Böhm, Z. Tian, N. Fossati, N. Buffi, G. Lughezzani, G. Guazzoni, P. Karakiewicz, M. Sun (Montreal, Canada; Milan, Italy)


Summary

K. Bensalah, Rennes (FR)
Abstract Poster Session 86

Room Paris (Hall 10)

Chairs: M.R. Cooperberg, San Francisco (US)
        T. Pickles, Vancouver (CA)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 1033 Rule-based versus probabilistic selection for active surveillance for prostate cancer

* 1034 An update on the outcome of men on active surveillance in the Gothenburg randomized population-based prostate cancer screening trial
    R. Godtman, E. Holmberg, A. Khatami, J. Stranne, J. Hugosson (Gothenburg, Sweden)

1035 Comparison of real costs of an active surveillance programme vs. initial laparoscopic radical prostatectomy
    V. Hernández, J.M. De La Morena, S. Del Riego, E. Pérez-Fernández, I. Jimenez-Valladolid, C. Llorente
    (Madrid, Spain)

1036 Active surveillance for low risk prostate cancer: The study protocol of the Movember Global Action Plan 3 (GAP3) project

1037 SIUrO-PRIAS-ITA project: Five year experience on active surveillance
    (Milan, Como, Rome, Bologna, Nocera Inferiore, Desenzano, Rozzano, Cesena, Bari, Orbassano, Torrette Di Ancona, Florence, Italy; Rotterdam, The Netherlands)

1038 Lower anxiety in prostate cancer patients managed with active surveillance including mp-MRI

1039 Contemporary patients with biopsy Gleason 3+4 prostate cancer: Eligibility for active surveillance

1040 Analysis of expanded criteria to select candidates for active surveillance of low-risk prostate cancer
    M.Y. Kang, J.K. Jo, H.S. Lee, Y.I. Lee, S.S. Byun, S.E. Lee, S.K. Hong (Seoul, Seongnam-si, South Korea)

1041 Identification of pathologically favorable disease in intermediate-risk prostate cancer patients: Implications for selection of active surveillance candidates
    (Milan, Italy; Vienna, Austria; Montreal, Canada)

1042 Active surveillance in men with pure Gleason 6 confirmed on template prostate mapping biopsies
    (London, Frimley, Basingstoke, United Kingdom)

1043 Active surveillance in intermediate risk patients: Overall and cause-specific survival
    L. Klotz, B. Musunuru, D. Vesprini, T. Yamamoto (Toronto, Canada)
1044  Current use of active surveillance for localized prostate cancer: A nationwide survey in Japan

Summary
M.R. Cooperberg, San Francisco (US)
Monday, 23 March - EAU Programme

Abstract Poster Session 87

15.45 - 17.15 Optimising the staging of urothelial cancer

Room Vienna (Hall 10)

Chairs: L.A. Kluth, Hamburg (DE)
A.R. Zlotta, Toronto (CA)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

1045 A new proposal for T1, high grade bladder cancer micro-staging definition

1046 Endoscopic spatulation of the intramural ureter preserves ureteral patency after transurethral resection of the ureteral orifice: Results from a prospective randomized study
M. Creta, S. Di Meo, R. Buonopane, V. Imperatore (Naples, Italy)

1047 Can NBI cystoscopy increase the detection rate of carcinoma in situ? Our experience

1048 Contrast-enhanced ultrasound (CEUS) in detection of sessile bladder carcinomas: Preliminary data
F. Lanzì, F. Scipioni, F. Mazzei, N. Tosi, F. Gentile, F. Cecconi, G. Pizzirusso, G. De Rubertis, G. Vittosi, G. Barbanti, M.A. Centra (Siena, Italy)

1049 Prognostic value of computed tomography before radical cystectomy in patients with invasive bladder cancer: Imaging predicts survival
S.C. Schmid, T. Zahel, T. Horn, I. Metzger, K. Holzapfel, A.K. Seitz, B. Haller, J.E. Gschwend, M. Retz, T. Maurer (Munich, Germany)

1050 FDG-PET/CT improves staging in patients with high-risk muscle-invasive bladder cancer scheduled for radical cystectomy

1051 Assessing potential lymph node metastasis in patients with bladder cancer using standardized uptake value (SUVmax) in 18FDG-PET/CT
S. Vind-Kezunovic, K. Bouchelouche, P. Ipsen, J.B. Jensen (Aarhus N, Denmark)

1052 Detection of sentinel nodes in patients with urinary bladder cancer
F.A-S. Aljabery (Linköping, Sweden)

1053 Infiltrative growth pattern, pT1 substaging and WHO grading 1973 are independent prognostic parameters of cancer-specific survival in early invasive urothelial bladder cancer: A single-center analysis of 335 patients
E.M. Lausenmeyer, M. Burger, J. Breyer, S. Denzinger, S. Bartz, A. Hartmann, W. Otto (Regensburg, Erlangen, Germany)

1054 Adequacy and usefulness of EAU guidelines recommendation of routine upper tract imaging in high risk non-muscle invasive bladder cancer follow-up
A. Guijarro, E. De La Peña, V. Hernández, E. Pérez-Fernández, B. López, I. Sola, C. Llorente (Madrid, Spain)
1055  Interobserver agreement in stage and grade assessment of high risk nonmuscle invasive bladder cancer (NMIBC) and prognostic implications of the pathology review
T.I. Nabebina, A.I. Rolevich, A.Ch. Dubrousksi, S.A. Krasny (Minsk, Belarus)

1056  Detection of FGFR3 mutations from urine sediment DNA to predict the risk of intravesical recurrence after radical nephroureterectomy for upper tract urothelial carcinoma

1057  Prognostic and predictive value of epigenetic biomarkers in upper tract urothelial carcinoma
G. Xiong, L. Jin, T. Qi, D. Fang, X. Li, L. Zhou (Beijing, China)

Summary
A.R. Zlotta, Toronto (CA)
# Abstract Poster Session 88

**Room Barcelona (Hall 10)**

*Chairs:* D. Eberli, Zurich (CH)  
C. Llorente, Madrid (ES)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (*) are 3 minutes in length, followed by 3 minutes for discussion.

* 1058 Secondary obstruction after whole gland HIFU in prostate cancer: Classification, quantification and endoscopic repair  
S.F.M. Thüroff, C.G. Chaussy (Munich, Regensburg, Germany)

1059 Vesico-vaginal fistula repair: Perioperative outcomes of abdominal vs vaginal approaches  

1060 Female urethral diverticulectomy perioperative outcomes of a multi-institutional prospective database  
J. Hanske, D. Sperling, M. Schmid, C.P. Meyer, A. Sood, F. Abdollah, J.D. Sammon, M. Menon, J.R. Eswara, A.S. Kibel, Q-D. Trinh (Boston, Detroit, United States of America)

1061 Efficacy and safety of transvaginal mesh repair of severe pelvic organ prolapse: Long term data and analysis of complications according to the ICS/IUGA CTS classification  

1062 The impact of ventral oral graft bulbar urethroplasty on the ejaculatory function, erectile function and sexual life  

1063 The impact of urethroplasty on sexual function  
B.R. Gvasalia, A.G. Kochetov, R.A. Abramov, V.V. Parshin (Krasnogorsk, Russia)

1064 Revision urethroplasty vs primary urethroplasty: Are they really different?  
F. Castiglione, P. D’Hulst, K. Vander Eeckt, F. Van Der Aa, S. Joniau (Leuven, Belgium)

1065 The impact of resident involvement in 1-stage urethroplasties  

1066 Extravasation on postoperative peri-catheter retrograde urethrogram after bulbar urethroplasty: Time to pull the RUG out?  
M.A. Granieri, G.D. Webster, A.C. Peterson (Durham, United States of America)

1067 Buccal versus lingual mucosa graft in anterior urethroplasty: A prospective comparison in donor-site morbidity  
C. Goes, S. Vierstraete, W. Oosterlinck, P. Hoebeke, A-F. Spinoit, N. Lumen (Ghent, Belgium)
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<th>ID</th>
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<tr>
<td>1069</td>
<td>Perineal urethrostomy: A definitive cure for advanced urethral stricture disease</td>
<td>M.J. Belsante, G.D. Webster, J.P. Selph, M.A. Granieri, D. Ajay, A.C. Peterson (Durham, United States of America)</td>
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<td>1070</td>
<td>Fold back perineo-scrotal flap plus penile inversion vaginoplasty for male to female gender reassignment surgery in circumcised subjects, 152 cases, mid term results</td>
<td>K. Tavakkolitabassi (Mashhad, Iran)</td>
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<td>1071</td>
<td>Total phalloplasty using latissimus doors flap - experience in 233 patients</td>
<td>R.P. Djinovic, N. Stanoevic, V. Pesic, M. Mitrovic, A. Ruffo, S. Sansalone (Belgrade, Serbia; Naples, Rome, Italy)</td>
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Monday, 23 March - EAU Programme

Abstract Poster Session 89

**15.45 - 17.15 Ureteroscopy: Devices, stents, and drugs**

**Room N103 (North building, level 1)**

*Chairs:*  
T. Knoll, Sindelfingen (DE)  
C.M. Scoffone, Turin (IT)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

1072 *In vivo and ex vivo comparison of optics and performance of a novel dual channel fiberoptic ureteroscope*  
A. Lusch, Z. Okhunov, R. Khanipour, M. Del Junco, R. Yoon, A. Menhadji, J. Landman (Düsseldorf, Germany; Orange, United States of America)

1073 *Long-pulse versus short-pulse laser lithotripsy performance*  
P.M. Kronenberg, O. Traxer (Amadora, Portugal; Paris, France)

1074 *Effects of endourological procedures on erectile function: A prospective cohort study*  
M.A.M. Abdelhamid, M.I. Tawfik, A.A. Mosharafa, O. Abdelrazzak (Cairo, Egypt)

1075 *How bothersome ureteral stents are after ureteroscopy? A prospective study using a validated questionnaire (USSQ)*  
A. Bosio, E. Dalmasso, E. Alessandria, D. Peretti, A. Palazzetti, E. Ammirati, A. Bisconti, A. Buffardi, P. Gontero, D. Fontana, B. Frea (Turin, Italy)

1076 *A randomized controlled trial comparing alpha blocker (tamsulosin) and anticholinergic (solifenacin) in treatment of ureteral stent related symptoms*  
A.R. EL-Nahas, M. Tharwat, M. Elsaadany, A. Mosbah, M. Gaballah (Mansoura, Egypt)

1077 *Do alpha blockers (tamsulosin) and/or anticholinergics (tolterodine) improve indwelling double-J related symptoms after ureteroscopy?*  
V. Boulos (Cairo, Egypt)

1078 *Effects of alpha-blockers versus anticholinergics versus Seronoa repens in relieving double JJ ureteral stent-related symptoms: A prospective randomized comparative and controlled study*  
H. Khouni, M. Dridi, R. Boulma, M. Zouari, M. Ben Ali, R. Khiari, S. Ghozzi, N. Ben Rais (La Marsa Tunis, Tunis, Tunisia)

1079 *A prospective randomized control study for the role of α-blockers and anticholinergics in the treatment of stent-related symptoms*  
A. Dellis, A. Skolarikos, F. Keeley, A. Panagopoulos, A. Papatsoris (Maroussi, Athens, Greece; Bristol, United Kingdom)

1080 *Does tadalafil alleviate ureteral stent related symptoms? A randomized controlled trial*  
S. Hajebrahimi, A. Farshi, A. Jabbari, H. Sadegi Bazargani, H. Babaie, H. Mostafaie (Tabriz, Iran)

1081 *Role of darifenacin in improvement of double-J stent related symptoms after ureteroscopic lithotripsy*  

1082 *Topical urethral anesthesia for ureteral stent removal: Results from a prospective randomized study comparing lidocaine based anesthetic gel and mepivacaine based anesthetic gel*  
M. Creta, S. Di Meo, R. Buonopane, V. Imperatore (Naples, Italy)
Will the risks of postoperative infection be increased after ureteroscopic lithotripsy for patients with mild pyuria before the operation?
H. Li, E. Huang, A. Chiu, A. Lin, K-K. Chen (New Taipei City, Taipei City, Taiwan)

Is bacterial colonization in urethral double-J stents significant and is it predictable?
A. Şahan, F. Talibzade, A. Garayev, M. Sulukaya, T. Top, I. Tinay, Y. Tanidir, F. Şimşek (Istanbul, Turkey)

Summary
T. Knoll, Sindelfingen (DE)
### Abstract Poster Session 90

**Detrusor overactivity from bench to bedside**

**Room Retiro (Hall 10, level 1)**  
*For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1*

**Chairs:**  
- A. Apostolidis, Thessaloniki (GR)  
- B. Dybowski, Warsaw (PL)

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

#### Management of refractory detrusor overactivity
- A. Apostolidis, Thessaloniki (GR)

1085 **BDNF prevents the appearance of neurogenic detrusor overactivity (NDO) following spinal cord injury**  
B. Frias, J.P. Santos, S. Allen, F. Cruz, C.D. Cruz (Vancouver, Canada; Porto, Portugal; Bristol, United Kingdom)

1086 **Adrenergic over-activity induces bladder pain and hyperactivity by increasing TRPV1 excitability**  
D. Matos, Y. Igawa, F. Cruz, A. Charrua (Porto, Portugal; Tokyo, Japan)

1087 **A novel mechanism of infection-induced bladder hyperactivity: LPS causes rapid urothelial ATP release and stimulates the mechanosensory afferent pathway**  
K. Takezawa, M. Kondo, H. Kiudhi, T. Soda, S. Fukushima, T. Takao, Y. Miyagawa, A. Tsujimura, K. Matsumoto-Miyai, S. Shimada, N. Nonomura (Suita, Osaka, Tokyo, Japan)

1088 **What is the pre-treatment factor contributing to failure in improvement of over-active bladder symptoms following alpha-1 blocker administration in patients with benign prostatic hyperplasia accompanied by overactive bladder?**  
Y. Matsukawa, S. Takai, M. Kato, Y. Funahashi, T. Yamamoto, M. Gotoh (Nagoya, Japan)

1089 **The urodynamic effects of intravesical administration of sensory neuron-specific receptor agonist on cyclophosphamide-induced bladder overactivity in rats**  
M. Honda, N. Yoshimura, B. Kawamoto, K. Hikita, K. Muraoka, T. Panagioti, S. Shimizu, M. Saito, T. Sejima, M.B. Chancellor, A. Takenaka (Yonago, Nankoku, Japan; Pittsburgh, Royal Oak, United States of America)

1090 **Oral versus continuous low dose intravesical administration of trospium chloride (TC) in Göttingen minipigs (GM) monitored by radiotelemetric natural filling cystometry (CM) – a comparative study**  
N. Hupperetz, D. Leonhäuser, K. Stollenwerk, I. Zraik, U. Schwantes, R.H. Tolba, J.O. Grosse (Bonn, Aachen, Bamberg, Germany)

1091 **Relative potency and diffusion capacity of onabotulinumtoxinA and abobotulinumtoxinA after injection in the bladder wall**  
R. Oliveira, A. Coelho, A. Avelino, F. Cruz (Porto, Portugal)

1092 **Positive response to first onabotulinumtoxinA treatment persists long-term with repeat treatments in patients with neurogenic detrusor overactivity**  
P. Denys, R. Dmochowski, P. Aliotto, D. Castro-Diaz, B. Blok, K. Ethan, M. Joshi, Q. Ni, M. Kennelly (Garches, France; Nashville, Williamsville, Irvine, Bridgewater, Charlotte, United States of America; Santa Cruz De Tenerife, Spain; Rotterdam, The Netherlands; Winnipeg, Canada)

1093 **Real life discontinuation rate of botulinum toxin treatment in 100 patients with NDO**  
D.J.M.K. De Ridder, T. Muilwijk, F. Weckx, P-J. Vanden Broecke, M. Tutulo, F. Van Der Aa (Leuven, Belgium)
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<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Authors</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1094</td>
<td>Changes in the Hoffmann reflex during bladder filling provide clues to the pathophysiology of bladder dysfunction in patients with multiple sclerosis</td>
<td>A. Giannantoni, S. Proietti, G. Giusti, M. Gubbiotti, J.A. Rossi De Vermandois, E. Millefiorini, A. Berardelli, A. Conte</td>
<td>Perugia, Rozzano, Rome, Italy</td>
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<td>1097</td>
<td>External validation of the neurogenic bladder symptom score in multiple sclerosis patients with lower urinary tract dysfunction</td>
<td>G.I. Russo, T. Castelli, E. Fragalà, A. Di Rosa, R. Giardina, V. Favilla, S. Privitera, S. Cimino, B. Welk, G. Morgia</td>
<td>Catania, Italy; London, Canada</td>
</tr>
</tbody>
</table>
Tuesday, 24 March - EAU Programme

**Plenary Session 4**

08.00 - 12.30 Controversies in stone management

**eURO Auditorium (Hall 10)**

*Chairs:* P-A. Abrahamsson, Malmö (SE)  
C.R. Chapple, Sheffield (GB)

**Aims and objectives of this plenary session**

This session will provide a comprehensive overview of the contemporary management of stone disease. Whilst many would consider management of stone disease not to be particularly interesting because it is a routine part of clinical practice, it remains very important and is one of the bedrocks of urological practice. This session will open with an evaluation of how to best discuss the inevitable complications of stone surgery, an important aspect of clinical practice which will be addressed with reference to contemporary literature. The development of ESWL was a major advance in the management of urinary tract stones and a point-counterpoint session will address the current role of ESWL, considering its development, the lessons learned and how it is most appropriately implemented in contemporary practice, and future perspectives.

The ultimate aim of treatment of stone disease is to render the patient stone free, and the key question which is often posed but at present enjoys limited consensus is what is the definition of 'stone free'. This will be considered in detail in a state-of-the-art lecture. Clearly there is an important role for percutaneous surgery which is another of the key developments in this field, and practical tips and tricks with reference to the latest developments in this area will be addressed in a case discussion, considering aspects such as the optimal use of the prone position, the supine position and the application of mini micro ultramini PCNL. This session will continue with a state-of-the-art lecture from CAU and a state-of-the-art lecture on the subject of metabolic evaluation of patients with stone disease - a much neglected area where often in the past the evidence base has appeared not to be particularly clear. There will be a late breaking presentation and then EAU 2015 will conclude with an extremely popular summary of the meeting, the Souvenir Session.

Don’t miss this important session.

08.00 - 08.15 EAU Guidelines snapshot Standardised reporting and grading of complications in stone surgery

D. Mitropoulos, Athens (GR)

**Aims and objectives**

Safety and quality have become prominent criteria to evaluate surgical care. The only way to improve the quality of the surgical scientific literature and to allow sound comparisons among different approaches, especially with the lack of randomised trials, is the use of a rigorous methodology proposed by the EAU Guidelines Office ad hoc panel.

08.15 - 08.50 Point-counterpoint session Has ESWL had its day?

*Moderator:* S. McClinton, Aberdeen (GB)

**Aims and objectives**

Summarise the debate and discuss future research needs

**Yes:**
O. Traxer, Paris (FR)

**No:**
C. Türk, Vienna (AT)
08.50 - 09.05  State-of-the-art lecture Redefining stone free
S. Lahme, Pforzheim (DE)

Aims and objectives
There is an ongoing discussion about the definition of stone free. In the era of new endoscopic treatment modalities, such as retrograde intrarenal surgery (RIRS) and miniaturized PCNL, new possibilities of rendering a patient stone free are available. Therefore an updated definition of stone free is needed, one that considers the new treatment modalities. The presentation gives a new approach to the definition of stone free, which allows to compare the effectiveness of different treatment modalities.

09.05 - 09.35  Round table Optimal surgical approach to Percutaneous Nephrolithotomy (PCNL)
Moderator: P.J. Osther, Fredericia (DK)

Prone:
J.M. Glass, London (GB)

Supine:
J.G. Pereira Arias, Galdakao (ES)

Mini micro ultramini PCNL – today’s fashion or the future?
M.R. Desai, Naidad (IN)

Aims and objectives
Traditionally, PCNL has been performed in prone position, using standard size instruments (24-26 French) and leaving a nephrostomy in the tract at the end of the procedure. Recently new approaches to percutaneous management of renal stones have been introduced on a broader scale, including PCNL in supine position, PCNL with use of smaller sized instruments (MiniPerc, Ultra-Mini Perc, MicroPerc) and tubeless PCNL. In this session we will challenge traditional and newer PCNL approaches through case discussions with focus on current best evidence.

09.35 - 09.50  Confederación Americana de Urología (CAU) lecture Pushing the boundaries in laparoscopic surgery for stones
R. Sotelo Noguera, Caracas (VE)

Aims and objectives
Will review the literature, and grades of evidence of the use of laparoscopic or robotic surgery in the treatment of stones.

09.50 - 10.05  State-of-the-art lecture Metabolic evaluation of stone formers: Does it change anything?
H-G. Tiselius, Stockholm (SE)

Aims and objectives
The lecture will focus on the benefits of metabolic evaluation of patients with different types of urinary tract stones. Particular attention will be be paid to urine analysis and how the outcome of this procedure can be used for designing rational preventive treatment regimens. The problems related to calcium stone formation will be specially addressed. The advantages and disadvantages of metabolic evaluation will be discussed.

10.05 - 10.50  The latest on prostate and prostate cancer

10.05 - 10.15  Late breaking news Development of a standardized set of patient-centered outcomes for advanced prostate cancer: An international effort for a unified approach
A. Morgans, Nashville (US)
10.15 – 10.20  Discussant

10.20 – 10.30  Late breaking news Enzalutamide in men with chemotherapy-naïve metastatic Castration-Resistant Prostate Cancer (mCRPC): Final overall survival analysis of the Phase 3 PREVAIL study

B. Tombal, Brussels (BE)

10.30 – 10.35  Discussant

10.35 – 10.45  Late breaking news A randomised, double-blind, Phase II, efficacy and safety study of Enzalutamide vs. Bicalutamide in Metastatic Castrate Resistant Prostate Cancer: TERRAIN trial

A. Heidenreich, Aachen (DE)

10.50 - 11.00 State-of-the-art lecture What are currently the best decision markers for biopsy and re-biopsy of the prostate?

D. Crawford, Aurora (US)

Aims and objectives
PSA testing became the cornerstone of early prostate cancer detection after its approval over 20 years ago. However, due to the low disease mortality rate, controversies have emerged with early detection strategies. New biomarker assays have been developed to help reduce the burden of biopsies in men with a low probability of PCa.

For patients with negative biopsies who are believed to be at high risk for PCa, biomarker tests (such as Confirm MDx, PCA3 and PHI) should be a consideration to improve the specificity of the diagnosis.

11.00 - 11.10 State-of-the-art lecture Intravesical Prostatic Protrusion (IPP) and Bladder Outlet Obstruction (BOO)

K.T. Foo, Singapore (SG)

Aims and objectives
IPP is the distance from the innermost point of the prostate to the base, at the circumference of the bladder seen on the sagittal view in non-invasive transabdominal ultrasound. IPP has better correlation with BOO than Prostate volume and Uroflowmetry, in terms of sensitivity and specificity, negative and positive predictive values. IPP is therefore useful for individualised management of LUTS/BPH, for diagnosis and cost effective treatment.

11.10 - 13.10 Souvenir session by the EAU Scientific Committee

Benign prostatic diseases
P. Radziszewski, Warsaw (PL)

Urolithiasis and treatment
T. Knoll, Sindelfingen (DE)

Prostate cancer: Localised treatment
A. Briganti, Milan (IT)

GU cancer systemic treatment
M. De Santis, Vienna (AT)

Urothelial cancer
M. Roupret, Paris (FR)

Renal cancer and transplantation
M-O. Grimm, Jena (DE)
Functional urology
F.C. Burkhard, Berne (CH)

Imaging in urology
P. Albers, Düsseldorf (DE)

Paediatric urology
W.F.J. Feitz, Nijmegen (NL)

Andrology
J.O.R. Sonksen, Herlev (DK)

Rare diseases in urology
T.S. O'Brien, London (GB)

Endourology and new technology
A. De La Taille, Créteil (FR)

13.10 - 13.15 Close
# ESU Courses per topic

## Adrenals

<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Topic</th>
<th>ESU Course</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.30 – 11.30</td>
<td>Sunday, 22 March</td>
<td>Advanced course on upper tract laparoscopy (UP), adrenal and stones</td>
<td>ESU Course 10</td>
<td>362</td>
</tr>
</tbody>
</table>

## Female urology

<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Topic</th>
<th>ESU Course</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.30 – 17.30</td>
<td>Saturday, 21 March</td>
<td>Prolapse management and female pelvic floor problems</td>
<td>ESU Course 6</td>
<td>357</td>
</tr>
<tr>
<td>08.30 – 11.30</td>
<td>Sunday, 22 March</td>
<td>Advanced vaginal reconstruction</td>
<td>ESU Course 12</td>
<td>366</td>
</tr>
</tbody>
</table>

## Kidney transplantation

<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Topic</th>
<th>ESU Course</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.00 – 14.00</td>
<td>Sunday, 22 March</td>
<td>Renal transplantation: Technical aspects, diagnosis and management of early and late urological complications</td>
<td>ESU Course 17</td>
<td>374</td>
</tr>
</tbody>
</table>

## Infertility

<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Topic</th>
<th>ESU Course</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.30 – 11.30</td>
<td>Monday, 23 March</td>
<td>The infertile couple - Urological aspects</td>
<td>ESU Course 30</td>
<td>391</td>
</tr>
</tbody>
</table>

## Male LUTS

<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Topic</th>
<th>ESU Course</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.30 – 11.30</td>
<td>Monday, 23 March</td>
<td>Modern management of BPO</td>
<td>ESU Course 29</td>
<td>390</td>
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<tr>
<td>12.00 – 14.00</td>
<td>Monday, 23 March</td>
<td>Post-surgical urinary incontinence in males</td>
<td>ESU Course 39</td>
<td>400</td>
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</table>

## Neurogenic and non-neurogenic voiding dysfunction

<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Topic</th>
<th>ESU Course</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.00 – 14.00</td>
<td>Monday, 23 March</td>
<td>Chronic pelvic pain in men and women</td>
<td>ESU Course 34</td>
<td>395</td>
</tr>
<tr>
<td>12.00 – 14.00</td>
<td>Monday, 23 March</td>
<td>General neuro-urology</td>
<td>ESU Course 38</td>
<td>399</td>
</tr>
<tr>
<td>14.30 – 17.30</td>
<td>Monday, 23 March</td>
<td>Lower urinary tract dysfunction and urodynamics</td>
<td>ESU Course 45</td>
<td>406</td>
</tr>
</tbody>
</table>
### Paediatric urology

<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Session Title</th>
<th>Course Code</th>
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<tr>
<td>11.00 - 14.00</td>
<td>Saturday, 21 March</td>
<td>Paediatric urology for the adult urologist: A practical update</td>
<td>ESU Course 1</td>
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</table>

### Penis/testis

<table>
<thead>
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<th>Time</th>
<th>Date</th>
<th>Session Title</th>
<th>Course Code</th>
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<tbody>
<tr>
<td>12.00 - 14.00</td>
<td>Monday, 23 March</td>
<td>Testicular cancer</td>
<td>ESU Course 36</td>
</tr>
<tr>
<td>14.30 - 17.30</td>
<td>Monday, 23 March</td>
<td>Penile diseases</td>
<td>ESU Course 40</td>
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</table>

### Prostate cancer

<table>
<thead>
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<th>Time</th>
<th>Date</th>
<th>Session Title</th>
<th>Course Code</th>
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<tr>
<td>11.00 - 14.00</td>
<td>Saturday, 21 March</td>
<td>Robot-assisted radical prostatectomy</td>
<td>ESU Course 3</td>
</tr>
<tr>
<td>14.30 - 17.30</td>
<td>Saturday, 21 March</td>
<td>Retropubic radical prostatectomy – Tips, tricks and pitfalls</td>
<td>ESU Course 8</td>
</tr>
<tr>
<td>08.30 - 11.30</td>
<td>Sunday, 22 March</td>
<td>Focal treatment in prostate cancer</td>
<td>ESU Course 11</td>
</tr>
<tr>
<td>14.30 - 17.30</td>
<td>Sunday, 22 March</td>
<td>Surgery or radiotherapy for localised and locally advanced prostate cancer</td>
<td>ESU Course 23</td>
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<tr>
<td>14.30 - 17.30</td>
<td>Sunday, 22 March</td>
<td>Prostate cancer imaging: When and how to use it</td>
<td>ESU Course 25</td>
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<tr>
<td>08.30 - 11.30</td>
<td>Monday, 23 March</td>
<td>Prostate cancer – Screening, diagnosis and staging</td>
<td>ESU Course 28</td>
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<tr>
<td>12.00 - 14.00</td>
<td>Monday, 23 March</td>
<td>Ultrasound for the urologist - TRUS and TRUS guided biopsies</td>
<td>ESU Course 35</td>
</tr>
<tr>
<td>14.30 - 17.30</td>
<td>Monday, 23 March</td>
<td>Metastatic prostate cancer</td>
<td>ESU Course 41</td>
</tr>
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</table>

### Renal tumours

<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Session Title</th>
<th>Course Code</th>
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<tr>
<td>14.30 - 17.30</td>
<td>Saturday, 21 March</td>
<td>Robot renal surgery</td>
<td>ESU Course 7</td>
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<td>14.30 - 17.30</td>
<td>Sunday, 22 March</td>
<td>Management of small renal tumours</td>
<td>ESU Course 27</td>
</tr>
<tr>
<td>14.30 - 17.30</td>
<td>Monday, 23 March</td>
<td>Advanced course on laparoscopic nephrectomy</td>
<td>ESU Course 42</td>
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<tr>
<td>Time</td>
<td>Date</td>
<td>Session</td>
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<tr>
<td>14.30 – 17.30</td>
<td>Monday, 23 March</td>
<td>Management of locally advanced and metastatic renal cancer</td>
<td>ESU 43</td>
</tr>
<tr>
<td>14.30 – 17.30</td>
<td>Sunday, 22 March</td>
<td>Office management of male sexual dysfunction</td>
<td>ESU 22</td>
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<td>14.30 – 17.30</td>
<td>Saturday, 21 March</td>
<td>Percutaneous nephrolithotripsy (PCNL)</td>
<td>ESU 4</td>
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<td>14.30 – 17.30</td>
<td>Saturday, 21 March</td>
<td>Update on stone disease</td>
<td>ESU 9</td>
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<tr>
<td>14.30 – 17.30</td>
<td>Sunday, 22 March</td>
<td>Flexible ureterorenoscopy and retrograde intrarenal surgery:</td>
<td>ESU 24</td>
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<td>Instrumentation, technique, tips and tricks, indications</td>
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<td>Monday, 23 March</td>
<td>Urinary tract and genital trauma</td>
<td>ESU 32</td>
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<tr>
<td>11.00 – 14.00</td>
<td>Saturday, 21 March</td>
<td>An introduction to social media: Why this is important for urologists</td>
<td>ESU 2</td>
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<tr>
<td>14.30 – 17.30</td>
<td>Saturday, 21 March</td>
<td>Comorbidity in oncology</td>
<td>ESU 5</td>
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<tr>
<td>08.30 – 10.30</td>
<td>Sunday, 22 March</td>
<td>How to proceed with an hematuria</td>
<td>ESU 13</td>
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<td>08.30 – 11.30</td>
<td>Sunday, 22 March</td>
<td>How to write a manuscript and get it published in European Urology</td>
<td>ESU 15</td>
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<tr>
<td>12.00 – 14.00</td>
<td>Sunday, 22 March</td>
<td>Surgical anatomy</td>
<td>ESU 18</td>
</tr>
<tr>
<td>12.00 – 14.00</td>
<td>Sunday, 22 March</td>
<td>Ultrasound in urology</td>
<td>ESU 20</td>
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<tr>
<td>12.00 – 14.00</td>
<td>Sunday, 22 March</td>
<td>Laparoscopy for beginners</td>
<td>ESU 21</td>
</tr>
<tr>
<td>08.30 – 11.30</td>
<td>Monday, 23 March</td>
<td>Infection diseases</td>
<td>ESU 31</td>
</tr>
</tbody>
</table>
## Urethral strictures

<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Event Title</th>
<th>ESU Course</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.30 – 11.30</td>
<td>Monday, 23 March</td>
<td>Advanced course on urethral stricture surgery</td>
<td>ESU Course 33</td>
<td>394</td>
</tr>
</tbody>
</table>

## Urothelial tumours

<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Event Title</th>
<th>ESU Course</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.30 – 11.30</td>
<td>Sunday, 22 March</td>
<td>Diagnosis and management of non-muscle invasive bladder cancer (NMIBC)</td>
<td>ESU Course 14</td>
<td>370</td>
</tr>
<tr>
<td>12.00 – 14.00</td>
<td>Sunday, 22 March</td>
<td>UTUC: Diagnosis and management</td>
<td>ESU Course 16</td>
<td>373</td>
</tr>
<tr>
<td>14.30 – 17.30</td>
<td>Sunday, 22 March</td>
<td>Laparoscopic and robot-assisted laparoscopic radical cystectomy</td>
<td>ESU Course 26</td>
<td>386</td>
</tr>
<tr>
<td>12.00 – 14.00</td>
<td>Monday, 23 March</td>
<td>Management and outcome in invasive and locally advanced bladder cancer</td>
<td>ESU Course 37</td>
<td>398</td>
</tr>
<tr>
<td>14.30 – 17.30</td>
<td>Monday, 23 March</td>
<td>Nerve-sparing cystectomy and orthotopic bladder substitution - Surgical Tricks and management of complications</td>
<td>ESU Course 44</td>
<td>405</td>
</tr>
</tbody>
</table>
ESU Course 1

Paediatric urology for the adult urologist: A practical update

Room N107-108 (North building, level 1)

Chair: J.M. Nijman, Groningen (NL)

**Obstructive uropathy: What to do when, from neonate till puberty**
G. Bogaert, Leuven (BE)

**How to deal with congenital malformations of the external genitalia, when is surgery indicated and how to do it**
S. Tekgül, Ankara (TR)

**Urinary infection, reflux and voiding dysfunction: New insights in pathology, diagnostic work-up and management**
J.M. Nijman, Groningen (NL)

**Aims and objectives**
During this course an update is provided on common problems of the genito-urinary tract in children by means of state-of-the-art lectures, cases and interactive participation. Also the interaction between paediatric urologist, adult urologist, gynaecologist and paediatrician will be discussed. Corrections of congenital malformations of the urogenital tract have major implications for the quality of life, but also for long-term follow-up, future interventions and treatment of complications. Over the past few years our ideas about treatment of reflux and obstructive uropathy have changed; many so-called dogmas had to be revised. During this 3 hour course we will try to give an overview of the latest developments in the field of paediatric urology, focussing on topics of interest to the general urologist.
The course is of particular interest to general urologists and those in training. Participants are encouraged to participate in the course as much as possible and there will be ample time for discussion and presentation of cases.

This course is free of charge
ESU Course 2

11.00 - 14.00  
An introduction to social media: Why this is important for urologists

Room N109-110 (North building, level 1)

Chair: J.W.F. Catto, Sheffield (GB)

Introduction to social media  
J.W.F. Catto, Sheffield (GB)

Social media for beginners  
M.R. Cooperberg, San Francisco (US)

Why social media matters  
D. Murphy, East Melbourne (AU)

Using social media in medicine  
A. Kutikov, Philadelphia (US)

Examples of best practice  
M.R. Cooperberg, San Francisco (US)

Trends and developments in social media  
D. Murphy, East Melbourne (AU)

www.europeanurology.com  
A. Kutikov, Philadelphia (US)

Questions and answers  
J.W.F. Catto, Sheffield (GB)

Aims and objectives
Social media are becoming an increasingly important for practicing urologists. These web based interfaces allow rapid transfer of knowledge, interaction and facilitate a community of science. In this course we will introduce the audience to the Why, How, When and When not to, of social media. We will cover different tools (such as Twitter and Facebook), advise practice (offer professional guidance). We will introduce aspects of European Urology and how we will adapt to social media in the future.

Objectives:
To understand the role of social media in modern medicine
To Understand how best to interact with social media
To Understand how european urology fits into these media

Registration fee excluding VAT
EAU members  € 50
Non-EAU member  € 74
Residents (members/non-members)  € 23
ESU Course 3

11.00 - 14.00  Robot-assisted radical prostatectomy

Room N117-118 (North building, level 1)

Chair: P-T. Piéchaud, Bordeaux (FR)

Introduction
P-T. Piéchaud, Bordeaux (FR)

General principles of robotic radical prostatectomy
W. Artibani, Verona (IT)
P. Dasgupta, London (GB)

Anatomical and oncological supports of radical prostatectomy

Bladder neck preservation: Useful? Dangerous?
P-T. Piéchaud, Bordeaux (FR)

Neurovascular bundle dissection: Anatomical reminders of the peri prostatic fascia and space of dissection
P. Dasgupta, London (GB)

Tips and tricks around vesico uretral anastomosis (Rocco, anterior suspension...)
W. Artibani, Verona (IT)

Step by step operative procedure; How I do it
W. Artibani, Verona (IT)
P. Dasgupta, London (GB)
P-T. Piéchaud, Bordeaux (FR)

Questions from participants about operative protocols

Lymphadenectomy
W. Artibani, Verona (IT)

Specific situations
P-T. Piéchaud, Bordeaux (FR)

Postoperative complications
P. Dasgupta, London (GB)

Anatomical and functional results
W. Artibani, Verona (IT)

Conclusion
P-T. Piéchaud, Bordeaux (FR)
**Aims and objectives**
The course objective is to give to participants a complete overview of all the technical options for the robotic radical prostatectomy techniques.

The outline of this course will show a complete description of the basic principles of the intervention: ports placement, choice of the approach.

An update will be made on the arguments for or against the preservation of the bladder neck. A very complete anatomical reminder of the periprostatic fascias and neurovascular bundles will be given in order to explain the techniques of neurovascular bundles preservation.

Then, some variations and technical means to improve urinary incontinence will be detailed as well.

Each teacher will describe his technique of radical prostatectomy step-by-step.

Lastly, specific situations (post adenomectomy radical prostatectomy, post TURP, salvage prostatectomy) will be described. The lymphadenectomy technique will be detailed as well.

Finally, the complications and the functional results of this surgery will be precised.

The objective of this course is thus to review the current evolution of the robotic-assisted radical prostatectomy technique in all its possible options.

**Registration fee excluding VAT**

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ESU Course 4

14.30 - 17.30 Percutaneous nephrolithotripsy (PCNL)

Room N107-108 (North building, level 1)

Chair: E. Liatsikos, Patras (GR)

PCNL instrumentation – Suite organisation, wires, dilators and lithotriptors  
C.M. Scoffone, Turin (IT)

PCNL versus ESWL versus URS; The debate continues  
T. Knoll, Sindelfingen (DE)

From skin to stone: Step-by-Step access using only fluoroscopy (Prone position)  
E. Liatsikos, Patras (GR)

From skin to stone: Step-by-Step access using US and fluoroscopy (Supine position)  
C.M. Scoffone, Turin (IT)

MiniPerc - Indications, equipment and technique  
T. Knoll, Sindelfingen (DE)

Tips and tricks in PCNL  
E. Liatsikos, Patras (GR)

Round table: Complications of PCNL: Diagnosis, management, prevention  
T. Knoll, Sindelfingen (DE)  
E. Liatsikos, Patras (GR)  
C.M. Scoffone, Turin (IT)

Aims and objectives
The objective of the course is to provide an overview of the key points of PCNL technique and its implementation. A step-by-step approach to access methods will be emphasized, allowing beginners to familiarize themselves with the details of the techniques. The debate surrounding optimal patient positioning will be addressed, with extensive information on prone and supine PCNL techniques. A presentation on MiniPerc will showcase the equipments and indications of this alternative method. The identification and management of immediate and delayed complications will be reviewed. Also, challenging PCNL cases will be presented, demonstrating the frontiers of PCNL for experienced surgeons. Finally, tips and tricks of the technique will be shown, offering practical shortcuts to frequent problems encountered in PCNL.

Registration fee excluding VAT
EAU members € 50  
Non-EAU member € 74  
Residents (members/non-members) € 23
ESU Course 5

14.30 - 17.30 Comorbidity in oncology

Room N109-110 (North building, level 1)

Chair: N. Mottet, Saint-Étienne (FR)

Senior adults: Challenges of longevity and cancer treatment
M. Rainfray, Pessac (FR)

Senior adults are frequently undertreated: The prostate experience
N. Mottet, Saint-Étienne (FR)

Available tools to estimate individual life expectancy / added value of a geriatrician / how to select patients to refer to the geriatrician?
M. Rainfray, Pessac (FR)

Major surgery: Feasible? Safe? With MIB lesion as an example (what are the key points or success)
N. Mottet, Saint-Étienne (FR)

If not possible (patient unfit for surgery), considering alternative procedures: Are they always feasible in senior adults?
M. De Santis, Vienna (AT)

Systemic anticancer treatments for elderly (for bladder, kidney, prostate): Any differences compared to younger patients? (mCRPC, urothelial cancer and kidney cancer)
M. De Santis, Vienna (AT)

In real life, how to implement an effective oncogeriatric program (difficulties, prerequisites etc.)?
M. Rainfray, Pessac (FR)

Aims and objectives
The course will be based on practical clinical cases with interactive discussion

At the end of the course, the attendees should be able:
- to recognize the importance to be involved in treating senior adults
- to have knowledge and know how to use the available predictive tools in order to stratify correctly these patients
- to recognize the possible specificities of major surgery in these patients
- to recognize the possible specificities of systemic treatments in these patients
- to implement an effective oncogeriatric program.

Registration fee excluding VAT
EAU members € 50
Non-EAU member € 74
Residents (members/non-members) € 23
ESU Course 6

14.30 - 17.30 Prolapse management and female pelvic floor problems

Room N117-118 (North building, level 1)

Chair: D.J.M.K. De Ridder, Leuven (BE)

Introduction
D.J.M.K. De Ridder, Leuven (BE)

Vaginal surgical anatomy for urologists
E. Kocjancic, Chicago (US)

Investigations and imaging for POP
D.J.M.K. De Ridder, Leuven (BE)

Vaginal Native tissue repair
D.J.M.K. De Ridder, Leuven (BE)

Vaginal Mesh repair
E. Kocjancic, Chicago (US)

Open/laparoscopic/robotic repair
H. Hashim, Bristol (GB)

Classification and Management of complications & case discussion
H. Hashim, Bristol (GB)
E. Kocjancic, Chicago (US)

Aims and objectives
This course gives practical information about prolapse management by urologists. From anatomy to mesh implant, the recent revival of native tissue repairs and the management of complications. Also laparoscopic and robotic approaches will be evaluated.

Registration fee excluding VAT
EAU members € 50
Non-EAU member € 74
Residents (members/non-members) € 23
ESU Course 7

**14.30 - 17.30 Robot renal surgery**

Room N113-114 (North building, level 1)

*Chair: A. Mottrie, Aalst (BE)*

**Introduction**
A. Mottrie, Aalst (BE)

**Patient positioning, trocar positioning, trans- and retroperitoneal access in renal robotic surgery**
B.J. Challacombe, London (GB)

**Robotic pyeloplasty: Multichannel or single technique**
N.M. Buffi, Milano (IT)

**Renal surgery: Nephrectomy and nephroureterectomy: How I do it**
N.M. Buffi, Milano (IT)
B.J. Challacombe, London (GB)
A. Mottrie, Aalst (BE)

**Partial nephrectomy I: Step 1: Isolation of renal hilum; Step II: Mobilisation of the kidney; Step III: Clamping of renal pedicle: Different techniques**
N.M. Buffi, Milano (IT)
B.J. Challacombe, London (GB)
A. Mottrie, Aalst (BE)

**Partial nephrectomy II: Step IV: Different tumor resection techniques**
N.M. Buffi, Milano (IT)
B.J. Challacombe, London (GB)
A. Mottrie, Aalst (BE)

**Partial nephrectomy III: Step V: Different renorraphy techniques**
N.M. Buffi, Milano (IT)
B.J. Challacombe, London (GB)
A. Mottrie, Aalst (BE)

**Partial nephrectomy IV: Special & difficult indications**
N.M. Buffi, Milano (IT)
B.J. Challacombe, London (GB)
A. Mottrie, Aalst (BE)

**Partial nephrectomy V: Complication management and new tools**
N.M. Buffi, Milano (IT)
B.J. Challacombe, London (GB)
A. Mottrie, Aalst (BE)

**Wrap up and conclusions**
B.J. Challacombe, London (GB)
**Aims and objectives**

1. Explain the advantages of robotics over classical laparoscopy in surgery of the upper urinary system.
2. Teach the different operations step-to-step.
3. Discuss difficult clinical cases and complication management.

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ESU Course 08

14.30 - 17.30  Retropubic radical prostatectomy – Tips, tricks and pitfalls

Room N115-116 (North building, level 1)

Introduction
H. Van Poppel, Leuven (BE)

Surgical anatomy
O.W. Hakenberg, Rostock (DE)

Step by step radical retropubic prostatectomy
H. Van Poppel, Leuven (BE)

Tips, tricks and pitfalls
O.W. Hakenberg, Rostock (DE)

Treatment of complications
H. Van Poppel, Leuven (BE)

Discussion and interaction
H. Van Poppel, Leuven (BE)

Aims and objectives
In many parts of Europe, open retropubic radical prostatectomy is still the gold standard for treating localised prostate cancer. Although laparoscopic, eventually robot assisted, radical prostatectomy is getting more popular in selected centres, the open surgical approach is still the most often performed operative procedure in many countries throughout Europe. Localised prostate cancer is being more and more detected in its earlier stages and surgery undoubtedly offers the best local control. The urologist’s surgical skill must be outstanding and the urological community is responsible for guaranteeing optimal surgical quality through adequate training. The competition with external beam radiotherapy, brachytherapy and novel minimally invasive techniques like cryosurgery and HIFU, should encourage young urologists to optimally perform the surgical resection with the best possible tumour control and the least impact on continence and potency. This course aims to bring to the modern urologist the different technical steps of the classical ‘retropubic prostatectomy’ with an emphasis on the preservation of continence and potency and discusses the special tips and tricks that must enable every contemporary urologist to obtain good results with minimal complications. Also, the prevention and treatment of complications are discussed.

This teaching course is a must for the elder resident and the younger urologist beginning his career but well trained urologists who do not treat many patients with localised prostate cancer, will benefit. The participants will get inside the detailed surgical anatomy, the pre-operative measures and the intra-operative steps of a very systematic and safe operation. Also the experienced uro-oncological surgeon will enjoy the tricks and pitfalls and will learn how to solve intra- and postoperative complications.

Registration fee excluding VAT
EAU members  € 50
Non-EAU member  € 74
Residents (members/non-members)  € 23
ESU Course 9

14.30 - 17.30 Update on stone disease

Room N111-112 (North building, level 1)

Chair: A. Patel, London (GB)

Introduction
A. Patel, London (GB)

Medical aspects of urinary stones
M. Straub, Munich (DE)

SWL
M. Straub, Munich (DE)

Uretero-Renoscopy
A. Breda, Barcelona (ES)

Percutaneous nephrolithotomy and questions and answers
A. Patel, London (GB)

Interactive case discussion
A. Patel, London (GB)

Aims and objectives
Modern stone therapy has eliminated much of the previously devastating burden of upper tract urolithiasis, and is gradually also changing the clinical presentation. Complex stones are becoming rarer, and therapy is moving to the outpatient setting. Nevertheless, successful management requires competence in all aspects of stone management. The challenge today is employing the ideal approach for the specific situation. After a brief review of new developments present treatment strategies are demonstrated in detailed case presentations.

Registration fee excluding VAT
EAU members € 50
Non-EAU member € 74
Residents (members/non-members) € 23
ESU Course 10

Advanced course on upper tract laparoscopy (UPJ, adrenal and stones)

Room N107-108 (North building, level 1)

Chair: G. Janetschek, Salzburg (AT)

Transperitoneal approach to the kidney and adrenal gland: Standard technique and modifications
G. Janetschek, Salzburg (AT)

Retroperitoneoscopy: Lateral and posterior approach
F. Porpiglia, Turin (IT)

Dismembered pyeloplasty: Technique, problems, complications
H. Baumert, Paris (FR)

Non-dismembered pyeloplasty: Indication, technique
G. Janetschek, Salzburg (AT)

Adrenalectomy
H. Baumert, Paris (FR)

Partial adrenalectomy
G. Janetschek, Salzburg (AT)

Stone surgery
F. Porpiglia, Turin (IT)

Questions and discussions

Aims and objectives
Surgery of the kidney and adrenal gland by means of laparoscopy has become standard of care. Most frequently this surgery is performed transperitoneally; this approach has been standardized. However, the anatomy of the right and left side differs substantially which has to be taken into consideration. Also several modifications have been developed such as a direct approach to the left renal pelvis through the colonic mesentery. Retroperitoneoscopy is an alternative which should be mastered as well. Adrenalectomy was the first widely recognized indication for laparoscopy in urology, and open surgery has almost vanished for this indication. Partial adrenalectomy may be considered as an alternative in benign solitary tumours such as Conn adenoma but is strongly recommended in familial bilateral pheochromocytoma.

For the treatment of UPJ obstruction laparoscopy has to compete with both open surgery and endopyelotomy. Compared to open surgery the results are the same but morbidity is lower. Morbidity of endopyelotomy is lower, however, but the results are not as good in the long-term. The technique of dismembered and non-dismembered pyeloplasty will be discussed in detail.
Laparoscopic stone surgery is usually not a first line therapy. In specific situations it may be helpful, however. All the mentioned techniques will be presented in an interactive way. Essential steps will be highlighted by video clips.

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Welcome and introduction
T.E. Bjerklund Johansen, Oslo (NO)

Diagnostic work-up

The role of prostate biopsies for ruling in and ruling out prostate cancer in different parts of the gland; The need for biopsy tracking and image fusion systems
D. Greene, Sunderland (GB)

The role of MRI for ruling in and ruling out prostate cancer in different parts of the gland; The role of N and M-staging by node dissection, PET CT, MRI and bone scan
J.P.M. Sedelaar, Nijmegen (NL)

Focal treatment methods, outcome and side effects

Cryosurgical ablation
T.E. Bjerklund Johansen, Oslo (NO)

High intensity focused ultrasound
D. Greene, Sunderland (GB)

Other technologies
J.P.M. Sedelaar, Nijmegen (NL)

Follow up after focal therapy

The role of PSA; When to do biopsies
D. Greene, Sunderland (GB)

The role of MRI; Indications for whole gland treatment; Focal treatment in a salvage setting
J.P.M. Sedelaar, Nijmegen (NL)

The need for research guidelines and registries (EUCAP; Alpha registry and ECLIPSE)
T.E. Bjerklund Johansen, Oslo (NO)

Aims and objectives
Focal treatment is one of the most intriguing fields of prostate cancer treatment and a significant development is expected in the coming years. Focal treatment is about eradicating the cancer lesion within the prostate while preserving genitourinary function.
The primary aim of this course is to provide attendees with an understanding of the rationale for focal treatment in prostate cancer and patient selection criteria. Attendees will be updated on new technologies and the outcome, side effects and limitations of focal treatment. Classical dilemmas of whether treatment is necessary when it is possible, and possible when necessary, will be addressed. In spite of overtreatment there is evidence that contemporary whole gland treatment is offered too late and has unacceptable side effects for patients at the age when treatment might make the biggest difference.

Patient selection and precise localization of the cancer are key criteria in focal treatment. Of equal importance is the ability to rule out prostate cancer from regions of the prostate which will not be treated. During the course there will be a thorough discussion of biopsy strategies and the role of imaging in the diagnostic work-up and during follow-up. Delegates will be informed about existing registries for focal treatment, and they will be involved in a discussion of the role of registries in the acquisition of new evidence in the field of focal treatment of prostate cancer.

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ESU Course 12

08.30 - 11.30  Advanced vaginal reconstruction

Room N117-118 (North building, level 1)

Chair: D. Pushkar, Moscow (RU)

Introduction: Female Urology – improving functional outcome
D. Pushkar, Moscow (RU)

Stress urinary incontinence – approaching patient’s expectations
D.A.O. Waltregny, Liège (BE)

Obstructive slings: What to do?
F.C. Burkhard, Berne (CH)
D. Pushkar, Moscow (RU)

Autologous sling in 2015
D.A.O. Waltregny, Liège (BE)

Management of mesh complications
F.C. Burkhard, Berne (CH)
D. Pushkar, Moscow (RU)
D.A.O. Waltregny, Liège (BE)

Urethral diverticulae surgery – tips and tricks
D.A.O. Waltregny, Liège (BE)

Urethral loss in females
D. Pushkar, Moscow (RU)

Vesico-vaginal fistulae repair from simple to complicated
D. Pushkar, Moscow (RU)

New slings for SUI – do you need one?
F.C. Burkhard, Berne (CH)
D.A.O. Waltregny, Liège (BE)

Adjournment

Aims and objectives
Clinicians involved in the care of female patients should know vaginal surgery. A specific goal of the faculty is to employ scientific principles, published information and clinical experience to describe and position newly developed techniques in current management of urinary incontinence. Special attention will be given to new techniques that use synthetics tapes in SUI surgery. This course will also cover the management of complications of surgery for stress incontinence and mesh complications. Treatment of recurrent urinary incontinence and incontinence with mixed symptoms also will be under discussion.
Management of vesicovaginal fistulas, urethral diverticulae and some rare conditions will be shown both during podium and video presentations. An interactive course means active participation by the audience and participants are encouraged to prepare and present interesting and challenging clinical cases for consultation by the faculty. After this course, participants should know how to apply the newest technique in patients with stress incontinence, urethral loss and iatrogenic injuries of lower urinary tract. This course will facilitate the decision making process for those who are just starting their careers and for advanced surgeons.

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ESU Course 13

08.30 – 10.30 How to proceed with an hematuria

Room N113-114 (North building, level 1)

Chair: S. Boorjian, Rochester (US)

Course introduction and background to hematuria
S. Boorjian, Rochester (US)

Review of microscopic hematuria
H. Mostafid, Guildford (GB)

AUA guidelines on microscopic hematuria
S. Boorjian, Rochester (US)

Cases and questions focusing on microhematuria
S. Boorjian, Rochester (US)
H. Mostafid, Guildford (GB)

Evaluation and management of gross hematuria and hemorrhagic cystitis
S. Boorjian, Rochester (US)
H. Mostafid, Guildford (GB)

Prostate/Urethral/Upper urinary tract bleeding
H. Mostafid, Guildford (GB)

Cases and questions focusing on gross hematuria
S. Boorjian, Rochester (US)
H. Mostafid, Guildford (GB)

Aims and objectives
Hematuria is one of the most common indications for urologic evaluation, and is recognized as a sign of potentially important illness. Therefore, knowledge of the differential diagnosis, principles of evaluation, and strategies for management of hematuria is critical. One goal of this course will be to provide evidence-based algorithms to guide the evaluation of patients presenting with hematuria, and thereby reduce non-clinical sources of variability in adherence to evidence-based practices. Attention will be given to indications for evaluation, including cystoscopy, as well as to the appropriate use of imaging and urinary marker studies.

Meanwhile, the condition of intractable hematuria localizing to the bladder, or hemorrhagic cystitis, may range in severity from a transient condition which quickly resolves after conservative management to a life-threatening condition requiring urgent intervention. Unfortunately, patients in this situation are often elderly and infirm, with medical comorbidities that complicate plans for care. As such, these frequently represent challenging clinical management dilemmas for the urologist. As there exists a lack of large, prospective trials reporting comparative treatment efficacy and safety, a systematic overview of these measures is warranted to facilitate a sequential approach to management. Detailed information will be provided regarding intravesical treatment regimens and associated side effect profiles. Additionally, data will be reviewed supporting...
treatments for refractory disease, including hyperbaric oxygen and selective angioembolization. Medical and surgical management of refractory bleeding from both BPH and prostate cancer will be outlined as well. The course is designed for the practicing urologist, to provide a guidelines-based and case-oriented approach to the evaluation and management of hematuria. Specifically, after attending the course, participants will understand the guideline recommendations for the initial evaluation of patients with asymptomatic microscopic hematuria, as well as the evidence supporting these recommendations. Recommendations for follow-up of these patients will also be covered. In addition, the course will cover the initial and follow-up evaluation for patients presenting with symptomatic microscopic hematuria and gross hematuria. The course will also include a practical, case-based presentation of frequently-encountered clinical management challenges, particularly for refractory hemorrhagic cystitis and persistent BPH-related bleeding. Time will be allotted for questions and interactive discussion, including audience presentation of their own difficult cases for review.

Registration fee excluding VAT
EAU members € 34
Non-EAU member € 50
Residents (members/non-members) € 23
ESU Course 14

08.30 - 11.30  Diagnosis and management of non-muscle invasive bladder cancer (NMIBC)

Room N115-116 (North building, level 1)

Chair: J.A. Witjes, Nijmegen (NL)

Introduction and objective of course
J.A. Witjes, Nijmegen (NL)

Diagnosis of bladder cancer (including markers and importance of TUR) and case discussion
J. Palou, Barcelona (ES)

New diagnostic tools such as PDD and NBI
M. Babjuk, Prague (CZ)

Guideline treatment and follow-up including case discussion
J.A. Witjes, Nijmegen (NL)

Comments on guideline treatment recommendations including case example and discussion
M. Babjuk, Prague (CZ)

BCG failures and treatment options, including case discussion
J.A. Witjes, Nijmegen (NL)

What to do with extravesical urothelial cancer and case discussion
J. Palou, Barcelona (ES)

Closure and evaluation

Aims and objectives
Apart from a very hot meeting room in 2014 in Stockholm, the EAU course in non muscle-invasive bladder cancer was well received with good relevance for practice and educational value. This, at least, was the outcome of the feedback we had. For that reason we decided to keep the program as it was, with obviously updates of news that came out in 2014. Basis of this course are the EAU NMIBC guidelines. One of the hot topics of 2014 was the (world wide) BCG shortage, which shall be addressed in the lecture on BCG failures, where we also need something different from BCG.

We will try to keep the course as practical as possible, with case discussions to get feedback from the audience. Previous years have learned that interactive discussion of these cases with the audience is very productive and highly appreciated. So, although the emphasis is on what one should do (the EAU guideline and its recommendations), we often see patients in daily practice that do not fit into guideline rules and need a different approach. We will present potential options for these patients and discuss cases like that with the audience to illustrate the possibilities beyond the guideline diagnosis and treatment solutions.
The program subjects that will be discussed and illustrated with cases are (1) diagnosis (white light cystoscopy; cytology and markers; (re-)TUR technique), (2) diagnostic innovations (PDD, NBI), (3) risk classification and therapy/throw per risk group, (4) potential exceptions to the guideline recommendations (e.g. single post-TUR instillation, BCG maintenance therapy), (5) BCG failures and what to do in case of BCG shortage, and finally (6) urothelial carcinoma outside the bladder.

In the end we hope that attendees will know when to follow the guideline in NMIBC, when there are points of discussion, and what potential alternatives might be.

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ESU Course 15

08.30 - 11.30 How to write a manuscript and get it published in European Urology

Room N111-112 (North building, level 1)

Chair: J.W.F. Catto, Sheffield (GB)

Why publishing (and publishing on European Urology) is important for you
C. Gratzke, Munich (DE)

Clinical research original article: How to write an article and get it published in European Urology
M.R. Cooperberg, San Francisco (US)

Common problems and potential solutions
J.W.F. Catto, Sheffield (GB)

The importance of statistical design and analysis
A.J. Vickers, New York (US)

How to write a basic research article to be relevant for the readers of European Urology
J-N.L. Cornu, Vincennes (FR)

How to write the perfect Twitter text
A. Kutikov, Philadelphia (US)

Surgery in Motion: How to combine the best possible manuscript and video for the Surgery in Motion Section
A. Mottrie, Aalst (BE)

How to review a paper for European Urology
S. Boorjian, Rochester (US)

Questions and answers
J.W.F. Catto, Sheffield (GB)

Aims and objectives
In this course we will explain the role the European Urology plays in modern medicine. We will focus upon our interaction with authors and how we can encourage high quality medical reports. We will explain in details the review process, focus upon the importance of statistical design and reporting guidelines. We will use practical examples to educate.

To understand the role of European Urology in the field of urology
To understand what makes a successful submission for publication
To learn about statistical design and robust reporting styles
To understand the review process and how best to address this
To understand how we handle and review submissions

This course is free of charge
Sunday, 22 March - ESU Courses

ESU Course 16

12.00 - 16.00  UTUC: Diagnosis and management

Room N107-108 (North building, level 1)

Chair: S.F. Shariat, Vienna (AT)

Epidemiology, diagnosis, evaluation
M. Roupret, Paris (FR)

Prognostic and predictive factors, pathology
S.F. Shariat, Vienna (AT)

Treatment of low risk cancer (high grade Ta, T1 and CIS)
M. Roupret, Paris (FR)

Treatment of localized high risk (invasive) and metastatic cancer
S.F. Shariat, Vienna (AT)

Aims and objectives
Upper tract urothelial carcinoma (UTUC) is an uncommon disease with little evidence-based data to guide clinical decision-making. Recently, the tools available for the diagnosis and management of UTUC have improved significantly, complementing a growing understanding of the biology of this disease. UTUC requires appropriate management at all stages, since both the cure rate and morbidity are very sensitive to nuances of treatment. Yet proper risk stratification remains a challenge owing to the difficulty of clinical staging. This course will address contemporary concepts and controversies, including the timely and accurate diagnosis of UTUC, emphasizing the integration of pathologic and radiographic variables for appropriate risk stratification. Important features regarding the natural history of UTUC will also be emphasized; the role of imaging and endoscopy in clinical decision making, diagnosis, staging and follow-up; and, common pathways of metastatic spread. Up-to-date information regarding boundaries of surgical resection, indication and extent of lymphadenectomy, clinical staging of UTUC, and the role of neoadjuvant chemotherapy in patients with high risk UTUC will be detailed. Patient selection and treatment options for patients with UTUC such as endoscopic management, distal ureterectomy, radical nephroureterectomy and chemotherapy will be discussed.

Objectives: After attending this course, participants should be able to:
- identify problems associated with clinical staging of UTUC
- illustrate importance of accurate staging techniques and their role in clinical decision making maximize ureteroscopic diagnostic biopsy and tumor resection
- be aware of newer modalities such as endoluminal ultrasound and other novel staging methods
- cite current concepts and controversies in the management of low-stage and high-stage UTUC
- discuss and compare the risk, benefit, and side effects of laparoscopic and open radical nephroureterectomy
- understand the management of the bladder cuff
- understand the current role of multimodal therapy for high risk patients - integration of systemic therapy - neo-adjuvant vs. adjuvant treatment
- discuss the need and boundaries of the recommended lymph node dissection

Registration fee excluding VAT
EAU members  € 34
Non-EAU member  € 50
Residents (members/non-members)  € 23
ESU Course 17

12.00 - 14.00 Renal transplantation: Technical aspects, diagnosis and management of early and late urological complications

Room N109-110 (North building, level 1)

Chair: F.J. Burgos Revilla, Madrid (ES)

Selection and urological preparation of transplant recipients; surgical aspects of nephrectomy in living and deceased donor
A.J. Figueiredo, Coimbra (PT)

Laparoscopic living donor nephrectomy: Technical aspects and controversies
F.J. Burgos Revilla, Madrid (ES)

Avoiding complications by proper techniques of renal transplantation; tricks and tips
A.J. Figueiredo, Coimbra (PT)

How to diagnose and manage postoperative and long-term complications following renal transplantation
F.J. Burgos Revilla, Madrid (ES)

Aims and objectives
Given the dramatic improvement in short- and long-term graft and patient survival, renal transplantation has become the most effective treatment of end stage renal failure. Recipients considered for transplantation are currently older and pose more problems than in the past, in some cases requiring specific urological preparation. We would like to share our experience concerning the selected items with the audience. These include how to select and to prepare transplant recipients with surgical or urological problems, how to choose the most safe technique for performing deceased donor and living donor nephrectomy, how to deal with unusual situations of renal procurement or transplantation and finally, for urologists, how to diagnose and manage postoperative and long-term urological and other complications.

Registration fee excluding VAT
EAU members € 34
Non- EAU member € 50
Residents (members/non-members) € 23
ESU Course 18

12.00 - 14.00 Surgical anatomy

Room N117-118 (North building, level 1)

Chair: J-U. Stolzenburg, Leipzig (DE)

Introduction
J-U. Stolzenburg, Leipzig (DE)

Basic pelvic and surgical anatomy for laparoscopic/robotic radical prostatectomy
G. Nabi, Aberdeen (GB)

Patient positioning, port placement and robot docking-principles and trans-peritoneal vs. extra-peritoneal approaches
G. Nabi, Aberdeen (GB)
J-U. Stolzenburg, Leipzig (DE)

Urethral sphincter anatomy. How to preserve urinary continence
J-U. Stolzenburg, Leipzig (DE)

Surgical anatomy for nerve sparing surgery
J-U. Stolzenburg, Leipzig (DE)

Boundaries and technique of pelvic lymph node dissection for radical prostatectomy (standard, extended PLNA) risk stratified approach
G. Nabi, Aberdeen (GB)

Surgical anatomy of the kidney and the retroperitoneum
G. Nabi, Aberdeen (GB)

Anatomical considerations for approaches (retroperitoneal/ transperitoneal access) and trocar placement in laparoscopic and robotic assisted kidney surgery
G. Nabi, Aberdeen (GB)
J-U. Stolzenburg, Leipzig (DE)

How does anatomy influences the technique of robotic/laparoscopic partial nephrectomy
J-U. Stolzenburg, Leipzig (DE)

Summary
J-U. Stolzenburg, Leipzig (DE)

Aims and objectives
In the last 2 decades there has been significant evolution in minimally invasive techniques, both robotic and laparoscopic surgery. The techniques employed in both radical prostatectomy and upper tract renal surgery is regularly being refined with a number of techniques being described in contemporary literature. Regardless of the techniques employed, an emphasis on anatomy is paramount.
Extra-peritoneal and trans-peritoneal approaches have been described in both renal and prostate surgery. Both approaches have pros and cons. It is therefore vital that surgeons undertaking these complex surgeries are familiar with both approaches. A precise anatomical understanding and technological development has enabled standardisation of minimal access radical prostatectomy, partial nephrectomy as well as open surgery.

This course addresses comprehensively important anatomical considerations for open and minimally invasive radical prostatectomy and partial nephrectomy. Key technical aspects such as access, port placement, robotic docking and each step of the procedures will be discussed. Additionally interfascial and intrafascial nerve-sparing surgery will be discussed. In partial nephrectomy the focus is on pedicle control, tumour excision, how to achieve adequate haemostasis and how to shorten ischemia time.

Presentations will be combination of didactic lectures and audio-visual presentations. The audience will have ample opportunity to interact with the teaching faculty to clarify any doubts. The course is aimed at residents and consultants with a specialist interest in advanced upper tract and pelvic surgery.

**Registration fee excluding VAT**

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ESU Course 20

12.00 - 14.00  Ultrasound in urology

Room N115-116 (North building, level 1)

Chair: T. Loch, Flensburg (DE)

Technical basics and new technologies
T. Loch, Flensburg (DE)

Standarization, tuning, acquisition and reporting of ultrasound exams
M. Ritter, Mannheim (DE)

Ultrasound of the kidney and ureter
M. Ritter, Mannheim (DE)

Ultrasound of the bladder
T. Loch, Flensburg (DE)

Ultrasound of the testis
T. Loch, Flensburg (DE)

Ultrasound of the penis
M. Ritter, Mannheim (DE)

Aims and objectives
Ultrasound is the basic imaging tool of the urologist and almost all urologists are using ultrasound in daily practice. Despite this, training and teaching of urological ultrasound is not provided in a satisfactory manner. The aim of the course is to provide the technical basics and standards for the use of ultrasound in urology. For all urological organs such as kidney, ureter, bladder, testis and penis the standard patients positioning and best choice of transducers and settings are provided. Moreover, the standard examination and findings as well as the pathological findings are shown. Where applicable also the interventional and intraoperative ultrasound is addressed. After the course the delegate should know the ideal settings for reliable and informative urological ultrasound as well as the normal and pathological findings. Of note the ultrasound of the prostate is not addressed in this course covered in an separate ESU course.

Registration fee excluding VAT
EAU members € 34
Non-EAU member € 50
Residents (members/non-members) € 23
**ESU Course 21**

**Sunday, 22 March - ESU Courses**

**ESU Course 21**

**12.00 - 14.00 Laparoscopy for beginners**

**Room N111-112 (North building, level 1)**

**Chair: A.D. Joyce, Leeds (GB)**

**Indications for laparoscopy**

A.D. Joyce, Leeds (GB)

**Instrumentation and haemostasis**

X. Cathelineau, Paris (FR)

**Peritoneal access and effects of pneumoperitoneum**

A.D. Joyce, Leeds (GB)

**Avoiding complications**

X. Cathelineau, Paris (FR)

**Aims and objectives**

Training in Urological laparoscopic surgery in Europe is presently inadequate because of several factors:

- a shortage of designated training centres
- a shortage of recognised trainers
- lack of appropriate training facilities, predominantly equipment, expertise or support.

Urologists interested in Laparoscopy must be properly trained in order to be able to perform the procedure safely with the minimum of risk of potential complications. Results from the European Basic laparoscopic Urological Skills (E-BLUS) examination indicates that the level of laparoscopic skills among European residents is low, predominantly due to a lack of opportunity to train.

This course therefore aims to provide the delegate with the core knowledge over the correct use of the imaging system, the specialised instrumentation and the important protocols for accessing and exiting the abdomen. Laparoscopic nephrectomy is seen as the marker procedure in Urology and this course, based on various laparoscopic procedure, aims to familiarise the delegates with the important steps and principles in basic laparoscopy and how to minimise the risk of potential complications.

**Registration fee excluding VAT**

- EAU members € 34
- Non-EAU member € 50
- Residents (members/non-members) € 23
ESU Course 22

14.30 - 17.30 Office management of male sexual dysfunction

Room N107-108 (North building, level 1)

Chair: C. Stief, Munich (DE)

Introduction
C. Stief, Munich (DE)

Diagnostics – What is necessary?
I. Eardley, Leeds (GB)

Testosterone replacement
C. Stief, Munich (DE)

Oral therapy for ED
I. Eardley, Leeds (GB)

Therapy of ED when pills fail
D.J. Ralph, London (GB)

Medical therapy for premature ejaculation
I. Eardley, Leeds (GB)

Surgical topics: Penile implants, priapism, Peyronie’s
D.J. Ralph, London (GB)

What to do after radical prostatectomy?
C. Stief, Munich (DE)

Aims and objectives
The course is aimed at providing practical advice on how to diagnose and treat a patient with premature ejaculation or ED. It will allow an up-to-date understanding of the underlying mechanisms of the erectile process and the aetiology of ED. The recent development of various orally available drugs with different modes of action and distinctly different side-effect profiles enables individually tailored therapies. However, an individually adopted regimen requires an adequate work up that will be comprehensively presented. Although currently available and future oral drugs will be covered in depth, alternative options such as testosterone supplementation, local pharmacotherapy or various devices will be presented with special emphasis since their adequate indication and appropriate use by the urologist makes the distinctive difference in comparison to other specialists in the field. The indications for, and specific aspects for penile prosthesis will be discussed since prostheses still represent an important option for select patients. Then, specific topics with high practical importance as the cardiovascular patient with ED or the post-prostatectomy case will be covered. The course will be very interactive allowing in-depth information on the various aspects of the cutting edge of ED.

Registration fee excluding VAT
EAU members € 50
Non-EAU member € 74
Residents (members/non-members) € 23
ESU Course 23

14.30 - 17.30 Surgery or radiotherapy for localised and locally advanced prostate cancer

Room N109-110 (North building, level 1)

Chair: B. Djavan, Vienna (AT)

Localised prostate cancer

Introduction
B. Djavan, Vienna (AT)

Treatment options and strategies in localised prostate cancer
B. Djavan, Vienna (AT)

How and when to use nomograms and networks
R.J.A. Van Moorselaar, Amsterdam (NL)

Oncology results of radiation therapy
A. Bossi, Villejuif (FR)

Oncological and functional results of radical prostatectomy
B. Djavan, Vienna (AT)

Advanced prostate cancer

Radiotherapy with or without hormonal treatment in advanced PCA
A. Bossi, Villejuif (FR)

Adjutant therapies following radical prostatectomy: What is the standard and what is new?
R.J.A. Van Moorselaar, Amsterdam (NL)

Results of radical prostatectomy for T3 disease
B. Djavan, Vienna (AT)

Take home messages
B. Djavan, Vienna (AT)

Aims and objectives
The decision process towards surgery/active surveillance or radiation is a constantly evolving matter that requires a multitude of various information and inputs. In localised disease old habits have been jeopardised and surgical management seems to be fused with active surveillance in an increasing number of patients with good prognosticators. This course will summarise the decision process and indications for patients with clinically localised disease and help select the optimal treatment based on most recent oncological and functional data.
In locally advanced disease, growing evidence supports the notion of radical surgery to improve outcome. US and European data endorse this policy in a selected group of patients. New radiation protocols and strategies combined with hormone therapy offer as much adequate alternatives. In the second part of this course, controversies regarding the optimal management of locally advanced prostate cancer patients will be discussed and clear recommendations made to facilitate patient counselling and treatment.

### Registration fee excluding VAT

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ESU Course 24

14.30 - 17.30  Flexible ureterorenoscopy and retrograde intrarenal surgery: Instrumentation, technique, tips and tricks, indications

Room N117-118 (North building, level 1)

Chair: O. Traxer, Paris (FR)

Welcome message and introduction of the course
O. Traxer, Paris (FR)

Instrumentation: Endoscopes
O. Traxer, Paris (FR)

Instrumentation: Laser and lithotripsy devices
M. Grasso, New York (US)

Instrumentation: Disposable (wires, retrieving devices, UAS, irrigation devices and others)
P.J. Osther, Fredericia (DK)

Technique: Stones
O. Traxer, Paris (FR)

Technique: Urothelial tumours and strictures
M. Grasso, New York (US)

Tips and tricks and special circumstances
O. Traxer, Paris (FR)

Indications (guidelines) and clinical cases
P.J. Osther, Fredericia (DK)

Conclusions
O. Traxer, Paris (FR)

Aims and objectives
This course will teach the principles of evidence based medicine (EBM) in the context of daily decision-making in urology. We will introduce urology-relevant resources to search and retrieve the latest clinical research studies and provide the tools to systematically evaluate these studies for the quality of evidence they provide. In practical exercises, we will first demonstrate how to assess a study’s methodological strengths and weaknesses to determine how much confidence we can place in its results. Second, we will analyze the actual study results and the degree of certainty with which they are reported. Finally, we will discuss important considerations when deciding whether the results of a given study can and should be applied to the care of an individual patient.
A workshop-style, interactive format is chosen to teach this course. The educational objective is to empower participants to independently search and appraise clinical research studies and retrieve high quality evidence as it becomes available. This course is therefore of exceptional value to all urologists that are seeking to enhance their EBM skills and thereby improve patient care.

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ESU Course 25

Prostate cancer imaging: When and how to use it

14.30 - 17.30

Room N113-114 (North building, level 1)

Chair: J. Walz, Marseille (FR)

Introduction and objective of course
J. Walz, Marseille (FR)

Staging with CT and bone scintigraphy - PET for initial staging and for recurrence
J. Walz, Marseille (FR)

Standardization, acquisition and reporting of multiparametric MRI
B.M. Carey, Leeds (GB)

Reading of a prostate MRI and use of MRI for diagnosis of prostate cancer
B.M. Carey, Leeds (GB)

MRI in staging of prostate cancer
G. Villeirs, Ghent (BE)

MRI in detection of recurrent prostate cancer
G. Villeirs, Ghent (BE)

MRI guided biopsy and image fusion (mp MRI and Ultrasound)
J. Walz, Marseille (FR)

What are possible alternatives to multiparametric MRI?: Contrast enhanced ultrasound - Elastography - ANNA / C-TRUS - Histoscanning - How it works - Critical review of the literature
J. Walz, Marseille (FR)

When to do imaging of the prostate? Case discussion and current practical questions
B.M. Carey, Leeds (GB)
G. Villeirs, Ghent (BE)
J. Walz, Marseille (FR)

Closure and evaluation
Aims and objectives
Reliable imaging of prostate cancer will revolutionize the management of prostate cancer as it will improve diagnosis, surveillance, treatment, and follow up of this disease. To date, the identification of prostate cancer lesions in the prostate as well as reliable initial staging and staging of recurrent disease remains a difficult task. In recent years several new technologies have been developed to overcome this problem. The commonly used imaging techniques for this purpose are multiparametric MRI, choline PET and new ultrasound based imaging tools such as elastography, contrast enhanced ultrasound and the ANNA/C-TRUS system. None of these imaging modalities can be considered as standard today. The aim of the course is to provide an overview on the currently available imaging tools, to provide practical information about their use and to critically assess their clinical performance. It is essential to know the performance of these imaging tools as well as their limitations, in order to obtain a true added value in prostate cancer management. At the end interactive case discussions will address current practical questions such as:
- How to improve performance and standardization of imaging?
- Imaging before initial or repeat biopsy?
- How to stage prostate cancer and what consequences to draw?

After the course, attendees will know what imaging currently can provide in the management of prostate cancer and when to indicate imaging studies. They will also know where current evidence is lacking and where controversies and limitations need to be addressed in the future.

Registration fee excluding VAT
EAU members € 50
Non-EAU member € 74
Residents (members/non-members) € 23
ESU Course 26

14.30 - 17.30 Laparoscopic and robot-assisted laparoscopic radical cystectomy

Room N115-116 (North building, level 1)

Chair: N.P. Wiklund, Stockholm (SE)

Laparoscopic cystectomy in males (video based teaching)
Conventional laparoscopy
R.F. Van Velthoven, Brussels (BE)

Robot-assisted technique with nerve sparing technique
N.P. Wiklund, Stockholm (SE)

Laparoscopic cystectomy in Females (video based teaching)
Conventional cystectomy
J. Rassweiler, Heilbronn (DE)

Robot-assisted cystectomy with organ preservation
N.P. Wiklund, Stockholm (SE)

Laparoscopic lymph node dissection (video based teaching)
Conventional laparoscopy
J. Rassweiler, Heilbronn (DE)

Laparoscopic urinary diversion (video based teaching)
Intracorporeal urinary diversion
R.F. Van Velthoven, Brussels (BE)

Intracorporeal urinary diversion
N.P. Wiklund, Stockholm (SE)

Extracorporeal urinary diversion
J. Rassweiler, Heilbronn (DE)

Controversies in laparoscopic and robotic cystectomy challenge the expert
Oncological outcomes in laparoscopic cystectomy

Challenger
R.F. Van Velthoven

Pro
N.P. Wiklund, Stockholm (SE)

Complications and functional outcomes in laparoscopic cystectomy
Challenger
J. Rassweiler, Heilbronn (DE)
Pro
N.P. Wiklund, Stockholm (SE)

Aims and objectives
At the conclusion of this educational activity, participants should be able to:
• Identify the current indications and contraindications for laparoscopic and robot assisted laparoscopic radical cystectomy with extended lymph node dissection.
• Illustrate the operative steps and techniques for laparoscopic and robot assisted laparoscopic radical cystectomy and extended pelvic lymph node dissection.
• Identify the current indications and contraindications for laparoscopic and robot assisted laparoscopic creation of an intracorporeal and extracorporeal urinary diversion.
• Discuss surgical tricks and tips learned from review of video clips of laparoscopic and robot assisted laparoscopic radical cystectomy.

Registration fee excluding VAT
EAU members € 50
Non-EAU member € 74
Residents (members/non-members) € 23
ESU Course 27

14.30 - 17.30 Management of small renal tumours

Room N111-112 (North building, level 1)

Chair: P. Gontero, Turin (IT)

Introduction
P. Gontero, Turin (IT)

Active surveillance
P. Gontero, Turin (IT)

Ablative therapies
J.J.M.C.H. De La Rosette, Amsterdam (NL)

Surgery
F. Keeley, Bristol (GB)

Clinical cases
P. Gontero, Turin (IT)

Aims and objectives
This course aims to address the complexity in the management of small renal masses. Dealing with a small renal mass is much more than just choosing the fanciest surgical or ablative technique. The attendees will be guided through lectures, videoclips and presentations of clinical cases to critically identify the pitfalls that currently surround the diagnosis and management of small renal masses. The various therapeutic strategies such as surgery (open, laparoscopy and robotic) radical and nephron sparing, cryotherapy, radiofrequency and HIFU will be interactively discussed. The current controversies and indications for active surveillance will also be addressed using real life clinical scenarios. An overview of the published results will be presented and analysed. Interaction among attendees will be promoted as the most important way to have an efficient course.

Registration fee excluding VAT
EAU members € 50
Non-EAU member € 74
Residents (members/non-members) € 23
ESU Course 28

08.30 - 11.30  Prostate cancer – Screening, diagnosis and staging

Room N107-108 (North building, level 1)

Chair: A.R. Zlotta, Toronto (CA)

Screening
J.E. Hugosson, Göteborg (SE)

Diagnosis
A.R. Zlotta, Toronto (CA)

Staging
A.R. Zlotta, Toronto (CA)

Aims and objectives
The incidence of prostate cancer has increased dramatically over the last 10 to 15 years and it is now the most common cancer in males in developed countries. The increase is mainly caused by the growing use of opportunistic screening or case-finding based on the use of prostate-specific antigen (PSA) testing in serum. Using this approach, prostate cancer is detected 5 to 10 years before giving rise to symptoms and on average 17 years before causing the death of the patient. While this has led to detection of prostate cancer at a potentially curable stage, it has also led to substantial overdiagnosis, i.e. detection of cancers that would not surface clinically in the absence of screening. This is confounded by recent evidence that screening reduces disease-specific mortality. A major challenge is thus to identify the cases that need to be treated while avoiding diagnosing patients who will not benefit from being diagnosed and who will only suffer from the stigma of being a cancer patient. Therefore, prognostic markers, which can predict those patients who need to be diagnosed and those who do not, are of major importance. This course is designed for urological trainees and established urologists, who wish to update themselves on the latest information regarding screening, diagnosis and staging in prostate cancer. The course allows interaction with the audience and is in part based on case-scenarios for discussion with the delegates, followed by state-of-the-art presentations. In addition, emphasis will be placed on controversial issues and recent progress in terms of diagnostic tools, staging procedures and prognostic factors. At the end of the course, the participants should have obtained good insights on the following:

• What are the best approaches to screening and early detection of prostate?
• How can we reduce the risk of overdiagnosis and overtreatment?
• How can we identify patients who are best managed by active monitoring/surveillance rather than immediate more active treatment?

Registration fee excluding VAT
EAU members  € 50
Non-EAU member  € 74
Residents (members/non-members)  € 23
ESU Course 29

08.30 - 11.30  Modern management of BPO

Room N109-110 (North building, level 1)

Chair: K.M. Anson, London (GB)

Introduction/scene setting BPO 2015
K.M. Anson, London (GB)

Assessment and medical management
V.A.C. Ramani, Manchester (GB)

Surgical management – Electrosurgery
K.M. Anson, London (GB)

Surgical management – Lasers and less invasive options
R.M. Kuntz, Berlin (DE)

Case presentations
V.A.C. Ramani, Manchester (GB)

Aims and objectives
• To help delegates understand the basic principles behind the assessment of a BPO patient
• To summarise the evidence base for both the medical and surgical management of BPO
• To help delegates understand the patient factors that influence treatment choices using case presentations and delegate participation
• To debate the different health care system factors across Europe that influence patient and surgeon choice of treatment modalities

Registration fee excluding VAT
EAU members  € 50
Non-EAU member  € 74
Residents (members/non-members)  € 23
ESU Course 30

08.30 - 11.30  The infertile couple - Urological aspects

Room N117-118 (North building, level 1)

Chair: W. Aulitzky, Vienna (AT)

Diagnostic work-up, medical treatment
W.H.-G. Weidner, Giessen (DE)

Pathophysiology, diagnosis and treatment of varicocele
W. Aulitzky, Vienna (AT)

Microsurgical refertilisation
W. Aulitzky, Vienna (AT)

Sperm retrieval techniques and genetic aspects of IVF/ICSI
W.H.-G. Weidner, Giessen (DE)

Aims and objectives
This course provides state-of-the-art information on urological aspects of diagnosis and therapy of modern reproductive medicine. Diagnostic procedures should be standardised and coordinated in a timely fashion for both partners, focussing on the possible urological, hormonal and genetic causes of male infertility. In terms of therapy, this course will provide updated information on evidence based data and will discuss the importance of varicoceles in male infertility. We will show microsurgical techniques on video and explain why proper training and skills perfection is key to successful case management. A successful IVF/ICSI outcome depends upon the use of state-of-the-art techniques for sperm retrieval and sperm preparation. We will also provide information on genetic aspects and stress the responsibility of the urologist as an adviser and gatekeeper for the treatment of the infertile couple.

Registration fee excluding VAT
EAU members  € 50
Non-EAU member  € 74
Residents (members/non-members)  € 23
Monday, 23 March - ESU Courses

ESU Course 31

08.30 - 11.30 Infection diseases

Room N113-114 (North building, level 1)

Chair: F.M.E. Wagenlehner, Gießen (DE)

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<td>Classification of UTI and surgical field contamination categories as a basis for treatment and prophylaxis</td>
<td>Z. Tandoğdu, Newcastle Upon Tyne (GB)</td>
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<td>Low grade and recurrent UTI</td>
<td>F.M.E. Wagenlehner, Gießen (DE)</td>
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<td>Male genital infections: Prostatitis, epididymitis and urethritis</td>
<td>T. Cai, Trento (IT)</td>
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<td>Hospital acquired UTI and antibiotic resistance</td>
<td>Z. Tandoğdu, Newcastle Upon Tyne (GB)</td>
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<td>Perioperative prophylaxis with special focus on prostate biopsies, stone surgery and prosthesis implantation</td>
<td>T. Cai, Trento (IT)</td>
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<td>Sepsis and Fournier’s gangrene</td>
<td>F.M.E. Wagenlehner, Gießen (DE)</td>
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**Aims and objectives**

This ESU course on infection diseases provides a broad, up to date coverage of the most important and recent problems of infectious diseases in urology. It targets definitions and classifications of urogenital tract infections as well as topics such as diagnosis, treatment and prophylaxis. Urogenital tract infections range from benign infections, such as uncomplicated and recurrent cystitis to life threatening infections, such as urosepsis. The management of infections in general and of urogenital tract infections especially has been compromised by the rapid and continuous increase of antimicrobial resistance. Basic biologic principles and strategies to compete with antibiotic resistance will be discussed in this workshop.

**Registration fee excluding VAT**

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ESU Course 32

08.30 - 11.30 Urinary tract and genital trauma

Room N115-116 (North building, level 1)

Chair: L. Martínez-Piñeiro, Madrid (ES)

Introduction
L. Martínez-Piñeiro, Madrid (ES)

Blunt and penetrating renal trauma
L. Martínez-Piñeiro, Madrid (ES)

Ureteric injuries - diagnosis and treatment
D.J. Summerton, Leicester (GB)

Bulbar and bulbomembranous urethral trauma
L. Martínez-Piñeiro, Madrid (ES)

Bladder, penile and testicular trauma
D.J. Summerton, Leicester (GB)

Case presentation
D.J. Summerton, Leicester (GB)

Aims and objectives
1. To review the current classifications of renal, ureteric, bladder, urethral and genital trauma
2. To outline the principles of diagnosis and management of renal, ureteric, bladder, urethral and genital trauma. To review the management of uretero-intestinal strictures.
3. To provide a clearer understanding of the role of the treatments which are available for specific patient scenarios
4. To interact with the audience and discuss together management and treatment of real cases

Participants of the course will obtain a clear view on the current management of ureteric iatrogenic lesions and uretero-intestinal strictures, as well as of blunt and penetrating injuries affecting the kidney, ureters, bladder, urethra or genitals in contemporary clinical practice.
More than 50% of the time of the course will be spent with the discussion of real clinical cases.

Registration fee excluding VAT
EAU members € 50
Non-EAU member € 74
Residents (members/non-members) € 23
ESU Course 33

Room N111-112 (North building, level 1)

Chair: C.R. Chapple, Sheffield (GB)

Basic principles, anatomy and minimally invasive management of urethral stricture disease
C.R. Chapple, Sheffield (GB)

Management of anterior urethral stricture disease – an evidence based approach
R. Inman, Sheffield (GB)

Urethroplasty for posterior urethral injuries – an evidence based approach
A. Zhivov, Moscow (RU)

Female strictures/diverticula
C.R. Chapple, Sheffield (GB)

Case discussion
All participants

Aims and objectives
• To be able to counsel and advise a patient on the therapeutic options available.
• To review the treatments available for urethral stricture disease and to do so in the context of different patient based scenarios, in an interactive fashion.
• To have an understanding of the management of the female stricture or diverticulum.
• To provide a clearer understanding of the role and potential for both anastomotic and substitution urethroplasty in the management of urethral stricture disease.
• To review the different materials and techniques used in substitution urethroplasty
• To outline the principles of the surgical management of patients with urethras that have been injured by trauma.

Participants of the course will obtain a clear view on the current role of surgery for the management of urethral stenosis affecting both the anterior and posterior urethra in contemporary clinical practice in both men and women.

Registration fee excluding VAT
EAU members € 50
Non-EAU member € 74
Residents (members/non-members) € 23
Monday, 23 March - ESU Courses

ESU Course 34

12.00 - 16.00  Chronic pelvic pain in men and women

Room N107-108 (North building, level 1)

Chair: E.J. Messelink, Groningen (NL)

Chronic pelvic pain terminology and principles
E.J. Messelink, Groningen (NL)

Pelvic pain in men: Case presentation and discussion
D.S. Engeler, St. Gallen (CH)

Pelvic pain in women: Case presentation and discussion
E.J. Messelink, Groningen (NL)

The multidisciplinary approach: Exchange and discussions
D.S. Engeler, St. Gallen (CH)
E.J. Messelink, Groningen (NL)

Chronic pelvic pain take home messages

Aims and objectives
Urologists do see a lot of patients with chronic pelvic pain, both men and women. They are referred to the urologist because they have concomitant bladder or genital symptoms. The urologist is the specialist in ruling out well known diseases that can cause pain in the pelvic area. For men prostate pain and scrotal pain are the most frequently reported pains. Cases will be presented and discussed. In women bladder pain is the most frequent reason for referral. Cases will be presented and discussed. Please bring in your own cases so we can talk about them.

In patients where no explanation is found, the pain should be looked at as a disease rather than a symptom. Treating this disease should preferably be done within a multidisciplinary team using multimodal treatment options. Who are involved in such a team and what is their role. Experiences from the participants in working within such a team will be discussed and we will try to find the best approach for the patient with chronic pelvic pain.

At the end of this course the participant will know the basic principles of chronic pelvic pain. He will know how to rule out the well known causes. He will know how to approach the patient with chronic pelvic pain, by taking a history and by doing physical examination. He will have knowledge on the myofascial and psychological aspects of chronic pelvic pain. He should be able to refer patients at the right time to the right team.

Registration fee excluding VAT
EAU members  € 34
Non-EAU member  € 50
Residents (members/non-members)  € 23
ESU Course 35

12.00 - 14.00 Ultrasound for the urologist - TRUS and TRUS guided biopsies

Room N109-110 (North building, level 1)

Chair: P. Hammerer, Braunschweig (DE)

Indications for TRUS and biopsy
P. Hammerer, Braunschweig (DE)

Practical aspects of TRUS and TRUS guided biopsies
P. Hammerer, Braunschweig (DE)

Indications for rebiopsy
V. Scattoni, Milan (IT)

Update on new technical developments
V. Scattoni, Milan (IT)

Aims and objectives
The purpose of this ESU course is to define the optimal transrectal ultrasound and to discuss new ultrasound techniques like Elastography and Histoscanning for prostate cancer detection, as well as defining a new standard for transrectal ultrasound-guided prostate biopsies. In addition, techniques to reduce morbidity and to increase patient acceptance will be discussed. Transrectal ultrasound has been performed for more than 20 years, and this technique is now an important part of prostate cancer diagnosis and staging. Anatomic studies of prostatectomy specimens that defined the zonal anatomy of the prostate and provided a detailed mapping of the tumour location have increased our understanding of transrectal ultrasound images, as well as enabling optimal placement of the biopsy needles. The stage migration revealed by PSA-based screening has resulted in most tumours being non-palpable at diagnosis. Therefore in the PSA arena, with tumours at an early stage (non-palpable and sometimes ultrasonographically isoechoic) transrectal ultrasound is needed to enable sampling of all relevant areas of the prostate including those that appear normal. The systematic sampling of the prostate by the sextant biopsy technique improved the detection rate of prostate cancer over sampling hypoechoic or palpable suspicious lesions. However, in men with initially negative biopsies a second set of sextant biopsies will be positive in about 20-30%. We know that the sextant technique is inadequate for sampling of and additional biopsies are needed. Will an increase of prostate biopsies result in patient discomfort? Although some studies report no additional morbidity from the more extensive biopsy protocols, it seems likely that discomfort for the patient would be increased. What can be done to reduce pain and discomfort and improve tolerance for additional biopsies? Simple and efficacious methods are now available to provide anaesthesia in men undergoing prostate biopsies.

Registration fee excluding VAT
EAU members € 34
Non-EAU member € 50
Residents (members/non-members) € 23
ESU Course 36

12.00 - 14.00  Testicular cancer

Room N117-118 (North building, level 1)

Chair: P. Albers, Düsseldorf (DE)

Testis cancer – early stages
N.W. Clarke, Manchester (GB)

Testis cancer – case discussion
N.W. Clarke, Manchester (GB)

Testis cancer – advanced stages
P. Albers, Düsseldorf (DE)

Testis cancer – case discussion
P. Albers, Düsseldorf (DE)

Aims and objectives
The EAU guidelines in testis cancer will be updated in 2014. Based on this European consensus, this ESU course will provide the auditorium with the latest information on diagnostic tools, staging and treatment of testis cancer stage by stage. In early-stage cancer, organ-sparing surgery, the question of testicular microlithiasis, the conflicting issue of testis biopsy and current histopathological prognostic factors for surveillance and individualised treatment options will be discussed with the auditorium including case presentations. The role of conventional as well as laparoscopic RPLND in early stages will be clarified. In advanced-stage cancer, the course participants will learn about stage by stage treatment according to IGCCCG classification. Detailed information on chemotherapy regimens and the handling of side-effects will be provided. In this section of the course, tips and tricks of residual tumour resection will be presented using case reports and intraoperative pictures. In addition, salvage strategies will be discussed in cases of treatment failures. Participants will have enough time to ask questions and discuss their own cases.

Registration fee excluding VAT
EAU members € 34
Non-EAU member € 50
Residents (members/non-members) € 23
ESU Course 37

12.00 - 16.00  Management and outcome in invasive and locally advanced bladder cancer

Room N113-114 (North building, level 1)

Chair: B. Malavaud, Toulouse (FR)

Cystectomy in the management of bladder invasive and locally advanced bladder cancer
M. Burger, Regensburg (DE)

Case discussion on cystectomy in the management of bladder invasive and locally advanced bladder cancer
B. Malavaud, Toulouse (FR)

Bladder sparing approaches to muscle invasive bladder cancer
M. Burger, Regensburg (DE)

Case discussion on bladder sparing approaches to muscle invasive bladder cancer
B. Malavaud, Toulouse (FR)

Cytotoxic chemotherapy in bladder cancer: Neoadjuvant and adjuvant setting and treatment of metastatic disease
B. Malavaud, Toulouse (FR)

Aims and objectives
Bladder cancer is the second most common oncological malignancy in Europe. Invasive and locally advanced bladder tumour is the urological malignancy with the highest mortality. The course will begin with the definition of the disease and different prognostic factors. Among prognosticators of outcome will be discussed the role of early cystectomy in T1 patients with poor prognosis indicators and the limitations of cystectomy in elderly and poor performance status patients. The course will continue with the discussion of the different treatment options. Rationale for considering cystectomy as gold standard, as well as a clear definition of multidisciplinary strategies for bladder sparing treatments with special emphasis in patient selection and potential limitations will be discussed. Finally, the role of systemic chemotherapy in the neoadjuvant and adjuvant to cystectomy setting will be presented, as well as in the treatment of metastatic disease. Specially recommended for elder residents and young urologists starting their career in the field of uro-oncology. Also experienced uro-oncological surgeons will benefit from this course through an update, focused on clinical issues and a practical approach. At the conclusion of this course, the participants should get better insights in terms of:
- Stratifying the patients with invasive and locally advanced bladder cancer in different groups of risk.
- Understanding the rationales outcome and limitations of cystectomy and bladder sparing treatments.
- Defining the current role of neoadjuvant and adjuvant chemotherapy for invasive and locally advanced bladder cancer.
- Measuring the benefits of systemic chemotherapy in terms of progression free survival and overall survival.

Registration fee excluding VAT
EAU members  € 34
Non-EAU member  € 50
Residents (members/non-members)  € 23
ESU Course 38

12.00 - 14.00 General neuro-urology

Room N115-116 (North building, level 1)

Chair: F.R. Cruz, Porto (PT)

Introduction
F.R. Cruz, Porto (PT)

Diagnostics
M.J. Drake, Bristol (GB)

Therapy
F.R. Cruz, Porto (PT)

Case discussions

Aims and objectives
The course aims at introducing neuro-urology to urologists and other caregivers in training and at refreshing the topic to those who consider this subspeciality important for their current clinical practice. For many urologists neuro-urology is a less well known subspeciality that is considered less appealing due to the use of a specific terminology, methods of diagnosis and evaluation and a treatment that very frequently requires individualisation. For many urologists neuro-urology is not part of their training. However as patients with micturition problems of neurogenic cause have nowadays a life span very close to that of normal individuals, expertise in this field will be an inevitable requisite for the average urologist. Terminology has been updated in recent years and its familiarity is necessary not only in order to facilitate communication between caregivers but also to increase access to relevant literature. This will be the object of a complete review. Investigation is a decisive part of the management of patients with micturition problems of neurogenic origin. This is not intended as a urodynamic course but rather as a useful session in which the use of urodynamic and other tools will be clarified. Finally, management of these patients will be reviewed, from the more classic to the more experimental approaches, always keeping in mind that the expected audience will be the average urologist who is willing to increase their knowledge in the field. Thus the different therapeutic approaches will be presented in a more practical and useful way instead of a classical pharmacological approach. This is expected to facilitate the transfer the available information into everyday practice. Particular attention will be given to the use of botulinum toxin. Ultimately, different conditions will be simulated in order to rehearse the main topics. By the end of the course it is expected that participants will be able to adequately investigate and manage the most frequent neuro-urological situations.

Registration fee excluding VAT
EAU members € 34
Non-EAU member € 50
Residents (members/non-members) € 23
ESU Course 39

12.00 - 16.00 Post-surgical urinary incontinence in males

Room N111-112 (North building, level 1)

Chair: E. Chartier-Kastler, Paris (FR)

Introduction
E. Chartier-Kastler, Paris (FR)

Aetiology
F. Van Der Aa, Leuven (BE)

Workout of post-surgical incontinence
E. Chartier-Kastler, Paris (FR)

Conservative treatment for post-surgical incontinence
F. Van Der Aa, Leuven (BE)

Postsurgical LUTS
F. Van Der Aa, Leuven (BE)

Surgical treatment for post-surgical incontinence
E. Chartier-Kastler, Paris (FR)

Aims and objectives
Post-surgical incontinence has a severe impact on the social life of the patient. This course will answer the questions, how much and which investigations are needed for an adequate diagnosis and what the therapeutic options are that can we offer to the patient. The available conservative therapy is described and data on success and failure rates are provided. There is also a focus on new and alternative treatment options. The surgical procedures to solve the problem are presented and data of the literature critically analysed. An important part of the course will be the interactive case discussion with the panel and participants.

At the end of the course the participants should know:
• How to diagnose post surgical urinary incontinence and how to make symptoms objective
• Which conservative therapy should be offered and for how long
• Which operative procedures will provide the best long-term results for the individual situation of the patient
• How to deal with surgical techniques and to know surgical tricks

Registration fee excluding VAT
EAU members € 34
Non-EAU member € 50
Residents (members/non-members) € 23
ESU Course 40

**ESU Course 40**

**14.30 - 17.30**  
**Penile diseases**

**Room N107-108 (North building, level 1)**

**Chair: S. Minhas, London (GB)**

- **Penile dermatology for the urologist**  
  C. Bunker, London (GB)

- **Surgical management of penile diseases**  
  S. Minhas, London (GB)

- **HPV, premalignant lesions and penile cancer**  
  S. Minhas, London (GB)

- **Organ-sparing treatment of penile cancer and management of inguinal lymph nodes**  
  C. Protzel, Rostock (DE)

**Aims and objectives**
This novel course will give a state of the art update on the variety of penile diseases that Urologists will encounter in everyday clinical practice. The faculty will consist of a group of internationally renowned experts in this field. A spectrum of pathologies can affect the penis including benign disorders to cancers. The aetiology, diagnosis and medical management of the common penile diseases including inflammatory conditions of the penis, HPV, BXO and pre-malignant conditions of the penis will be discussed and illustrated with interactive case based discussions. The course will also deal with the surgical management of these conditions including the surgical indications and surgical techniques used in penile reconstructive surgery. Finally, the management of penile carcinoma including the aetiopathogenesis, techniques/outcome of organ sparing surgery and surgical management of advanced disease including lymphadenectomy will be discussed. There will also be interactive case based discussions highlighting the pitfalls and controversies in management of these conditions.

**Registration fee excluding VAT**
- EAU members: € 50
- Non-EAU member: € 74
- Residents (members/non-members): € 23
ESU Course 41
Metastatic prostate cancer

Room N109-110 (North building, level 1)

First and second line hormonal therapy: What should be considered?
K. Miller, Berlin (DE)

What is the role of chemotherapy and immunotherapy in patients with CRPC?
G. Mickisch, Bremen (DE)

New therapeutic options for patients with CRPC – more possibilities, more questions?
K. Pummer, Graz (AT)

Case discussion
G. Mickisch, Bremen (DE)
K. Miller, Berlin (DE)
K. Pummer, Graz (AT)

Aims and objectives
The aim of this course is to provide comprehensive state-of-the-art information about the optimal management of patients with metastatic prostate cancer.
The first lecture will give an overview of the various forms of currently available androgen deprivation therapies such as LHRH analogs and antagonists, address the potential advantages or disadvantages of intermittent treatment, as well as outline the optimal timing of hormonal therapy. In addition, the role of possible second-line hormonal manipulations will be presented.
The second lecture will present and critically discuss the role of chemotherapy as well as immunotherapy at the time when hormone resistance has developed with a special emphasis on efficacy, side effects, sequencing and patients’ selection.
The third lecture will address recent achievements as well as future challenges by reviewing the mode of action and the current role of newer therapeutic options such as testosterone synthesis inhibitors, androgen receptor antagonists, or radionuclide therapy.
At the end of the course, interactive cases will be discussed together with the audience and there will be plenty of time for questions and answers.

Registration fee excluding VAT
EAU members € 50
Non-EAU member € 74
Residents (members/non-members) € 23
ESU Course 42

14.30 - 17.30 Advanced course on laparoscopic nephrectomy

Room N117-118 (North building, level 1)

Chair: V. Pansadoro, Rome (IT)

Introduction
R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Transperitoneal approach
V. Pansadoro, Rome (IT)

Retroperitoneal approach
R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Single port inguinal approach
R. Bollens, Lomme (FR)

Intraoperative complications
R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Difficult nephrectomies
R. Bollens, Lomme (FR)

Partial nephrectomy
R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Special cases
R. Bollens, Lomme (FR)
V. Pansadoro, Rome (IT)

Aims and objectives
Minimally invasive surgery has steadily improved over the last years. Today one can approach with confidence new, difficult and challenging situations.
The course is structured to evaluate and explore the increasing indications and possible complications of Laparoscopic and Robotic kidney surgery.
This course will focus upon common and uncommon complications and how to manage and prevent them.
In addition, special situations such as single port inguinal approach, zero ischemia time, cava thrombus, accidental splenectomy and living donor nephrectomy will be presented.

Registration fee excluding VAT
EAU members € 50
Non-EAU member € 74
Residents (members/non-members) € 23
Monday, 23 March - ESU Courses

**ESU Course 43**

**14.30 - 17.30 Management of locally advanced and metastatic renal cancer**

Room N113-114 (North building, level 1)

Chair: M. Kuczyk, Hanover (DE)

**Neoadjuvant and adjuvant systemic of RCC patients: Possible options, indications, efficacy, evidence and ongoing trials**

S. Osanto, Leiden (NL)

**Surgical options for metastasized renal cell cancer**

M. Kuczyk, Hanover (DE)

**Surgical treatment of locally advanced renal cell cancer**

A. Bex, Amsterdam (NL)

**Aims and objectives**

Although most renal cancers are small and incidentally found, a significant proportion of patients still present with locally advanced or even metastatic renal cell carcinoma (RCC) at first diagnosis or develop metastatic spread during the further course of the disease. RCC is a unique disease where we had important developments in the last 2 decades both in surgical as well as nonsurgical and systemic therapies. Although we have now at least 7 drugs with proven efficacy in metastatic RCC, surgery still remains the only curative therapy.

The first aim of this course is to highlight the role of surgery versus a conservative therapeutic approach. The efficacy of metastasectomy, for example, will be weighed against that of a medical treatment that is mainly based on anti-VEGF directed agents. In addition, new therapeutic concepts including neoadjuvant treatment upfront surgery for locally advanced disease including patients with intracaval thrombosis will be highlighted.

Surgery for locally advanced disease particularly in patients with vena caval thrombus is a challenging situation and tips and tricks of this type of surgery including the clinical results that can be achieved by an aggressive surgical management will be indicated. And finally, the place of cytoreductive nephrectomy during the treatment of metastatic RCC and the role of surgery for the treatment of locally recurrent disease will be discussed.

This course is an excellent opportunity to learn what the urologist can offer to renal cancer patients with difficult tumours and metastatic RCC. The course is an ideal opportunity for all; residents, the practicing urologist and the oncologic urologist. Don’t miss this course if you see patients with advanced RCC in your practice!

**Registration fee excluding VAT**

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ESU Course 44

14.30 - 17.30  Nerve-sparing cystectomy and orthotopic bladder substitution - Surgical Tricks and management of complications

Room N115-116 (North building, level 1)

Chair: A. Stenzl, Tübingen (DE)

Preoperative investigations and selection of patients for orthotopic bladder substitution
J.E. Gschwend, Munich (DE)

Arguments for nerve sparing cystectomy with orthotopic bladder substitution
A. Stenzl, Tübingen (DE)

How to do a nerve-sparing cystectomy in male patients
H. Abol-Enein, Mansoura (EG)

Surgical tricks to avoid complications with orthotopic bladder substitution
J.E. Gschwend, Munich (DE)

Video on how to obtain good functional results in female patients
A. Stenzl, Tübingen (DE)

Tips and Tricks: Male/female orthotopic urinary diversion
H. Abol-Enein, Mansoura (EG)

How to treat complications during follow-up
J.E. Gschwend, Munich (DE)

Aims and objectives
In this course, special emphasis is placed on patient selection and on practical surgical steps: on how to do meticulous pelvic lymph node dissection and nerve-sparing cystectomy in male and female patients, as well as how to do various types of orthotopic bladder substitutes with good long-term functional results. The course is aimed to be interactive with 50% of the time reserved for questions and discussions - also during video presentations - with the audience. At the end of the course, participants should know all the essential and practical steps needed in order to achieve good results with cystectomy and orthotopic bladder substitution.

Registration fee excluding VAT
EAU members € 50
Non-EAU member € 74
Residents (members/non-members) € 23
ESU Course 45

14.30 - 17.30  Lower urinary tract dysfunction and urodynamics

Room N111-112 (North building, level 1)

Chair: P. Abrams, Bristol (GB)

The scientific basics of urodynamics
P. Abrams, Bristol (GB)

Urodynamics - getting philosophy and technique correct
P. Abrams, Bristol (GB)

Urodynamics in neurourology
R. Bosch, Utrecht (NL)

Urodynamics in female urology
P. Abrams, Bristol (GB)

Urodynamics in the child and in men
R. Bosch, Utrecht (NL)

Aims and objectives
Having attended the course, the attendee should:
• Understand the basic physical principles referable to urodynamics
• Be able to assess the quality of a urodynamic trace
• Recognise common artefacts and know how to correct them
• Know the indications for urodynamic studies in children, men, women and neurological patients.

Registration fee excluding VAT
EAU members  € 50
Non-EAU member  € 74
Residents (members/non-members)  € 23

Registration fee excluding VAT
ESU Hands-on training on Urodynamics

Room Africa (Hall 9)

09.30 - 12.30  HOT 1  ESU Hands-on training on Urodynamics - course 1

Chair:  H. Hashim, Bristol (GB)

Tutors:  M.J. Drake, Bristol (GB)
         J.D. Ellis Jones, Bristol (GB)
         A. Gammie, Bristol (GB)
         L. Thomas, Bristol (GB)

Aims and objectives
This workshop aims to provide a practical course offering an interactive “hands-on” environment for doctors, nurses and technicians to improve their skills in urodynamics, with an emphasis on practical aspects including equipment used, interpretation of traces, quality control and trouble-shooting. The use of recorded tests, access to equipment and small groups means that individual problems can be addressed. All the speakers are involved in similar “hands-on” courses, which have ran successfully in the United Kingdom and abroad. The small group format has been shown to work well in addressing individual needs. Access to teaching aids and equipment will simulate the clinical scenario as much as possible within the constraints of the conference setting. At the end of the workshop delegates should feel more confident in their practice of urodynamics.

Registration fee excluding VAT
EAU members, Non EAU-members  € 40.00
Residents  € 26.00
ESU/ERUS Hands-on training Robotic surgery

Room South America (Hall 9)

Course coordinators:
C.M. Annerstedt, Stockholm (SE)
A. Mottrie, Aalst (BE)
J. Rassweiler, Heilbronn (DE)
H. Van Der Poel, Amsterdam (NL)

09.30 - 11.00
HOT 3  ESU/ERUS Hands-on training Robotic surgery - course 1
Chair:  C-H. Rochat, Geneva (CH)
Tutors:  C-H. Rochat, Geneva (CH)
I.C. Acar, Ankara (TR)

11.30 - 13.00
HOT 4  ESU/ERUS Hands-on training Robotic surgery - course 2
Chair:  M. Naudin, Hyon (BE)
Tutors:  M. Naudin, Hyon (BE)
I.C. Acar, Ankara (TR)

13.30 - 15.00
HOT 5  ESU/ERUS Hands-on training Robotic surgery - course 3
Chair:  M. Naudin, Hyon (BE)
Tutors:  M. Naudin, Hyon (BE)
I.C. Acar, Ankara (TR)

15.30 - 17.00
HOT 6  ESU/ERUS Hands-on training Robotic surgery - course 4
Chair:  M. Naudin, Hyon (BE)
Tutors:  M. Naudin, Hyon (BE)
I.C. Acar, Ankara (TR)

Aims and objectives
The European School of Urology (ESU) and the EAU Robotic Urology Section (ERUS) offer an intensive hands-on training course. We will provide training using simulators. The main aims of this 90 minutes course are: improving the participants’ control-skills and hand-eye-coordination, as well as an objective benchmarking of console performance and an introduction into standardized surgical steps in robot-assisted procedures. Therefore, each course is limited to the small number of 6 participants, to facilitate an optimal training setting with only 2 participants per faculty.

Registration fee excluding VAT
EAU members, Non EAU-members  € 40.00
Residents  € 26.00
ESU/ESUT Hands-on training in Advanced Suturing and Anastomosis

Room Asia (Hall 9)

09.45 - 11.45 HOT 7 ESU/ESUT Hands-on training in Advanced Suturing and Anastomosis - course 1

Course coordinators: J. Rassweiler, Heilbronn (DE)  
B. Van Cleynenbreugel, Leuven (BE)

Tutors:  
A. Gözen, Heilbronn (DE)  
P. Macek, Prague (CZ)  
P. Petrut, Cluj Napoca (RO)  
B. Van Cleynenbreugel, Leuven (BE)

Aims and objectives
The aim of this advanced laparoscopic suturing course is to develop skill and knowledge about laparoscopic suturing. Supported by experienced laparoscopist and state of the art laparoscopic technology, you can improve your suturing skills, shorten your learning curve with the help of HD vision and practice an anastomosis. An intermediate level in laparoscopy is mandatory for this course.

Registration fee excluding VAT
EAU members, Non EAU-members  € 40.00  
Residents  € 26.00
### Room Europe (Hall 9)

Course coordinators:  
J.W.F. Catto, Sheffield (GB)  
A. Kutikov, Philadelphia (US)

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**Aims and objectives**

- EAU Congress Attendees will be instructed on how to harness professional Social Media to augment experience of professional meetings, follow urologic news feeds, and engage with the world-wide urologic community.
- Urologists who are expert in the use of Social Media will provide 20 minute small group hands-on workshops on the use of professional Social Media.
- Current Social Media users will have the opportunity to exchange expertise with other Social Media users during small group sessions.

Free registration
Sunday, 22 March - ESU Hands-on training

ESU/ESUT Hands-on training in OnabotulinumtoxinA administration for OAB

Room Europe (Hall 9)

09.30 - 11.15  HOT 8  ESU/ESUT Hands-on training in OnabotulinumtoxinA administration for OAB - Course 1

Chair:  M.J. Drake, Bristol (GB)

Tutors:  H. Hashim, Bristol (GB)
         R. Inman, Sheffield (GB)
         A. Sahai, London (GB)

12.00 - 13.45  HOT 9  ESU/ESUT Hands-on training in OnabotulinumtoxinA administration for OAB - Course 2

Chair:  M.J. Drake, Bristol (GB)

Tutors:  H. Hashim, Bristol (GB)
         R. Inman, Sheffield (GB)
         A. Sahai, London (GB)

14.30 - 16.15  HOT 10  ESU/ESUT Hands-on training in OnabotulinumtoxinA administration for OAB - Course 3

Chair:  H. Hashim, Bristol (GB)

Tutors:  H. Hashim, Bristol (GB)
         R. Inman, Sheffield (GB)
         A. Sahai, London (GB)

Aims and objectives

Botulinum toxin type A administration in Urology has become common practice over the last two decades. Following the completion of Phase 3 registration trials in OAB, OnabotulinumtoxinA received marketing approval for this indication and now has a standardised injection paradigm. This workshop is procedure-focused, and will teach attendees the practicalities of OnabotulinumtoxinA administration through short lectures, videos and hands-on demonstrations using bladder models. Attendees will learn how to reconstitute the product and see different types of equipment available.

Registration fee excluding VAT

EAU members, Non EAU-members  € 40.00
Residents  € 26.00
Sunday, 22 March - ESU Hands-on training

ESU/ESUT Hands-on training GreenLight Laser Vaporisation

Room Africa (Hall 9)

Course directors: J. Rassweiler, Heilbronn (DE)
Q. Traxer, Paris (FR)

Course coordinator: A. Bachman, Basel (CH)

09.30 - 11.00

HOT 11 ESU/ESUT Hands-on training GreenLight Laser Vaporisation - course 1

Chair: J.A. Thomas, Bridgend (GB)

Tutors: R. Hindley, Hook (GB)
J.A. Thomas, Bridgend (GB)
H. Langenhuijsen, Nijmegen (NL)

11.30 - 13.00

HOT 12 ESU/ESUT Hands-on training GreenLight Laser Vaporisation - course 2

Chair: F. Gomez Sancha, Madrid (ES)

Tutors: J. Benejam Gual, Palma de Mallorca (ES)
R. Hindley, Hook (GB)
H. Langenhuijsen, Nijmegen (NL)

13.30 - 15.00

HOT 13 ESU/ESUT Hands-on training GreenLight Laser Vaporisation - course 3

Chair: F. Gomez Sancha, Madrid (ES)

Tutors: J. Benejam Gual, Palma de Mallorca (ES)
H. Langenhuijsen, Nijmegen (NL)

Aims and objectives
The European School of Urology (ESU) and the European Section of Uro-Technology (ESUT) offer an intensive hands-on training course with different models focussing on the endoscopic management of LUTS. The delegates will be taken through a sequential programme of GreenLight-laservaporisation using virtual reality models. A video demonstrating the different steps and tasks of the procedures will be presented and afterwards the delegates will be instructed according to their level of experience in small teams at the models. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

Registration fee excluding VAT
EAU members, Non EAU-members € 40.00
Residents € 26.00
Sunday, 22 March - ESU Hands-on training

ESU/ERUS Hands-on training Robotic surgery

Room South America (Hall 9)

Course coordinators: C.M. Annerstedt, Stockholm (SE)
A. Mottrie, Aalst (BE)
J. Rassweiler, Heilbronn (DE)
H. Van Der Poel, Amsterdam (NL)

09.30 - 11.00

HOT 14  ESU/ERUS Hands-on training Robotic surgery - course 5

Chair:  C-H. Rochat, Geneva (CH)
Tutors:  C-H. Rochat, Geneva (CH)
N. Fossati, Rottofreno (IT)

11.30 - 13.00

HOT 15  ESU/ERUS Hands-on training Robotic surgery - course 6

Chair:  J. Schraml, UstiNadLabem (CZ)
Tutors:  J. Schraml, UstiNadLabem (CZ)
H. Zecha, Gronau (DE)

13.30 - 15.00

HOT 16  ESU/ERUS Hands-on training Robotic surgery - course 7

Chair:  J. Schraml, UstiNadLabem (CZ)
Tutors:  J. Schraml, UstiNadLabem (CZ)
H. Zecha, Gronau (DE)

15.30 - 17.00

HOT 17  ESU/ERUS Hands-on training Robotic surgery - course 8

Chair:  J. Schraml, UstiNadLabem (CZ)
Tutors:  J. Schraml, UstiNadLabem (CZ)
N. Fossati, Rottofreno (IT)

Aims and objectives

The European School of Urology (ESU) and the EAU Robotic Urology Section (ERUS) offer an intensive hands-on training course. We will provide training using simulators. The main aims of this 90 minutes course are: improving the participants’ control-skills and hand-eye-coordination, as well as an objective benchmarking of console performance and an introduction into standardized surgical steps in robot-assisted procedures. Therefore, each course is limited to the small number of 6 participants, to facilitate an optimal training setting with only 2 participants per faculty. Therefore, each course is limited to the small number of 6 participants, to facilitate an optimal training setting with only 3 participants per tutor.

Registration fee excluding VAT

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Sunday, 22 March - ESU Hands-on training

**ESU/ESUT Hands-on training in Advanced Suturing and Anastomosis**

**Room Asia (Hall 9)**

09.45 - 11.45  **HOT 18  ESU/ESUT Hands-on training in Advanced Suturing and Anastomosis - course 2**

Course coordinators:  
J. Rassweiler, Heilbronn (DE)  
B. Van Cleynenbreugel, Leuven (BE)

Tutors:  
A. Gözen, Heilbronn (DE)  
P. Macek, Prague (CZ)  
P. Petrut, Cluj Napoca (RO)  
R. Sanchez Salas, Paris (FR)  
B. Van Cleynenbreugel, Leuven (BE)

**Aims and objectives**
The aim of this advanced laparoscopic suturing course is to develop skill and knowledge about laparoscopic suturing.  
Supported by experienced laparoscopist and state of the art laparoscopic technology, you can improve your suturing skills, shorten your learning curve with the help of HD vision and practice an anastomosis. An intermediate level in laparoscopy is mandatory for this course.

**Registration fee excluding VAT**
EAU members, Non EAU-members  € 40.00  
Residents  € 26.00
Sunday, 22 March - ESU Hands-on training

ESU/ESUT/EULIS Hands-on training Ureterorenoscopy

**Room North America (Hall 9)**

Course coordinators:  
J-T. Klein, Heilbronn (DE)  
J. Rassweiler, Heilbronn (DE)  
O. Traxer, Paris (FR)

09.30 - 11.00 **HOT 19**  
**ESU/ESUT/EULIS Hands-on training Ureterorenoscopy - course 1**

Chair:  
A. Skolarikos, Athens (GR)

Tutors:  
A.J. Gross, Hamburg (DE)  
F. Millán-Rodríguez, Barcelona (ES)  
P.J. Osther, Fredericia (DK)  
C.M. Scoffone, Turin (IT)  
B.K. Somani, Southampton (GB)

11.30 - 13.00 **HOT 20**  
**ESU/ESUT/EULIS Hands-on training Ureterorenoscopy - course 2**

Chair:  
T. Knoll, Sindelfingen (DE)

Tutors:  
A. Breda, Barcelona (ES)  
B. Geavlete, Bucharest (RO)  
G. Giusti, Basiglio (IT)  
G. Kamphuis, Amsterdam (NL)  
J-T. Klein, Heilbronn (DE)

**Aims and objectives**

The European School of Urology (ESU), the EAU Section of Uro-Technology (ESUT) and the EAU Section of Urolithiasis (EULIS) offer an intensive hands-on training course with different models focussing on the endoscopic management of urolithiasis. The delegates will be taken through a sequential programme of Ureterorenoscopy using normal endoscopic instruments in different models. The use of various guide-wires, baskets and intracorporeal lithotripters will be demonstrated. The ESUT and the EULIS faculty consist of experienced surgeons in the field of Ureterorenoscopy. A video demonstrating the different steps and tasks of the procedures will be presented and afterwards the delegates will be instructed according to their level of experience in small teams at the models. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

**Registration fee excluding VAT**

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</table>
Sunday, 22 March - ESU Hands-on training

ESU/ESUT Hands-on training Transurethral therapy of LUTS - Bipolar TURP

Room North America (Hall 9)

Course coordinators:  J-T. Klein, Heilbronn (DE)
                    J. Rassweiler, Heilbronn (DE)
                    O. Traxer, Paris (FR)

13.30 - 15.00  HOT 21  ESU/ESUT Hands-on training Transurethral therapy of LUTS - Bipolar TURP - course 1

Chair:  T.R.W. Herrmann, Hanover (DE)
Tutors:  T. Bach, Hamburg (DE)
         A. Bachmann, Basel (CH)
         A. De La Taille, Créteil (FR)

15.30 - 17.00  HOT 22  ESU/ESUT Hands-on training Transurethral therapy of LUTS - Bipolar TURP - course 2

Chair:  V. Bucuras, Timisoara (RO)
Tutors:  A. Meneghini, Adria (IT)
         A. Lapini, Florence (IT)
         S. Gravas, Larissa (GR)

Aims and objectives
The European School of Urology (ESU) and the EAU Section of Uro-Technology (ESUT) offer an intensive hands-on training course with different models focussing on the endoscopic management of LUTS. The delegates will be taken through a sequential programme of Bipolar TURP using normal endoscopic instruments in different models. A video demonstrating the different steps and tasks of the procedures will be presented and afterwards the delegates will be instructed according to their level of experience in small teams at the models. Finally, all remaining questions can be answered and discussed with all tutors including the demonstration of tips and tricks.

Registration fee excluding VAT
EAU members, Non EAU-members  € 40.00
Residents  € 26.00
**Monday, 23 March - ESU Hands-on training**

### ESU/ESUT Hands-on training in Women’s Health

#### Room Africa (Hall 9)

<table>
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<tr>
<th>Time</th>
<th>Event Description</th>
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<th>Tutors</th>
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<tr>
<td>10.30 - 12.00</td>
<td><strong>HOT 23</strong> ESU/ESUT Hands-on training in Women’s Health - course 1</td>
<td>J.P.F.A. Heesakkers, Nijmegen (NL)</td>
<td>D.J.M.K. De Ridder, Leuven (BE)</td>
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<td>F. Van Der Aa, Leuven (BE)</td>
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<tr>
<td>13.00 - 14.30</td>
<td><strong>HOT 24</strong> ESU/ESUT Hands-on training in Women’s Health - course 2</td>
<td>J.P.F.A. Heesakkers, Nijmegen (NL)</td>
<td>D.J.M.K. De Ridder, Leuven (BE)</td>
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<td>D.M. Castro-Diaz, La Laguna Santa Cruz Tenerife (ES)</td>
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<td>15.00 - 16.30</td>
<td><strong>HOT 25</strong> ESU/ESUT Hands-on training in Women’s Health - course 3</td>
<td>J.P.F.A. Heesakkers, Nijmegen (NL)</td>
<td>F. Van Der Aa, Leuven (BE)</td>
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<td>D.M. Castro-Diaz, La Laguna Santa Cruz Tenerife (ES)</td>
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**Aims and objectives**
The European School of Urology (ESU) and the European Section of Uro-Technology (ESUT) offer a practical hands-on training course with female pelvic models focusing on the placement of slings for the treatment of stress urinary incontinence. The delegates will be taken through a step-by-step programme of surgical treatment of stress urinary incontinence with retropubic, transobturator, and single-incision slings. The programme will begin with a discussion of patient selection and relevant clinical data. Videos demonstrating the different techniques will be presented, and afterwards the delegates will be instructed in small teams on the pelvic trainers. Finally, all remaining questions can be answered and discussed with the tutors, including the demonstration of tips and tricks.

**Registration fee excluding VAT**
- EAU members, Non EAU-members: € 40.00
- Residents: € 26.00
周一，3月23日 - ESU 手动培训

ESU 社交媒体手动培训

房间欧洲（厅9）

课程协调人：
J.W.F. Catto, 英国谢菲尔德
A. Kutikov, 美国费城

- HOT 32  ESU 社交媒体手动培训 - 课程7
- HOT 33  ESU 社交媒体手动培训 - 课程8
- HOT 34  ESU 社交媒体手动培训 - 课程9
- HOT 35  ESU 社交媒体手动培训 - 课程10
- HOT 36  ESU 社交媒体手动培训 - 课程11
- HOT 37  ESU 社交媒体手动培训 - 课程12

目标和目标

- EAU 大会参与者将学会如何利用专业社交媒体来增强专业会议经验，跟踪泌尿学新闻，参与世界泌尿学社区。
- 泌尿科专家将提供20分钟的小组研讨会，介绍专业社交媒体的使用。
- 目前的社交媒体用户将有机会与其他社交媒体用户交换意见。

免费注册
ESU/ESUT European Training in Basic Laparoscopic Urological Skills (E-BLUS)

Room Asia, Room North America (Hall 9)

Course coordinators: B.S.E.P. Van Cleynenbreugel, Leuven (BE)

Exam coordinators: J. Rassweiler, Heilbronn (DE)
B. Van Cleynenbreugel, Leuven (BE)

Tutors:
S. Biyani, Wakefield (GB) S. Larré, Sheffield (GB)
J. Cresswell, Middlesbrough (UK) P. Macek, Prague (CZ)
F. D’Ancona, Nijmegen (NL) G. Pini, Stockholm (SE)
E. Gallyamov, Moscow (RU) O. Rodrigues Faba, Barcelona (ES)
A. Gözen, Heilbronn (DE) G. Siena, Florence (IT)
T. Kalogeropoulos, Athens (GR) D. Veneziana, Reggio Calabria (IT)
E. Katsikos, Patras (GR) C. Wagner, Gronau (DE)
H. Langenhuijsen, Nijmegen (NL) P. Zondervan, Amsterdam (NL)

E-BLUS training and exam timeslots

Saturday 21 March 12.00 – 14.00
14.15 – 16.15
Sunday 22 March 12.00 – 14.00
14.15 – 16.15
Monday 23 March 09.45 – 11.45
12.00 – 14.00

Aims and objectives
One of the main goals of the EAU is to establish and introduce common standards for training and European urological practice in order to improve patient care. The E-BLUS exam certifies a basic level of laparoscopic urological skills. The exercises addresses bimanual dexterity, depth perception, suturing and cutting skills. Clinical application is found in such procedures as partial nephrectomy, total nephrectomy, pyeloplasty and radical prostatectomy. To aid in the training of these skills and to prepare for this E-BLUS exam the online theoretical course is mandatory http://hot.uroweb.org/theoretical-course/

The course will start with E-BLUS training to further develop your laparoscopic skills and to benefit from the knowledge and expertise of international laparoscopy experts. After the training your skills are tested in the E-BLUS exam. Make sure you are prepared for the exam because training time onsite will be limited and without previous training you will most likely not pass the exam. The exercises to be performed can be found on the instructional videos at: http://hot.uroweb.org/exercises/

Registration fee excluding VAT
€ 50.00
The EAU Education Office (ESU) presents interesting recent developments in the field of education and technological innovations. Education & Innovation offers you a hands-on experience with exciting technology, such as virtual simulators, smart phone apps and innovative devices.

Visit Education & Innovation in Hall 9, in front of the ESU HOT Session rooms.

We would like to thank the following companies for their support:
3D SYSTEMS - SIMBIONIX PRODUCTS
ANGIODYNAMICS
EPONA MEDICAL LAPX
ERASMUS MC
MIMIC
### Industry Sessions

#### Friday, 20 March

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<tr>
<td>Industry Session</td>
<td>Innovations in clinical urology</td>
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<td>17.45</td>
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<td>SANOFI page 423</td>
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#### Saturday, 21 March

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<th>Room Paris</th>
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<td>Industry Session</td>
<td>Treatment decisions in a new therapeutic landscape: Taking direct action</td>
<td>Industry Session</td>
<td>How, why, when-risk stratification in newly diagnosed BPH patients with moderate symptoms</td>
<td>Industry Session</td>
<td>Alternative approaches to individualise care in prostate and bladder cancers</td>
<td>Industry Session</td>
<td>The truth about TRT (Testosterone Replacement Therapy) for the treatment of hypogonadism</td>
<td>Industry Session</td>
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<td>19.30</td>
<td>ASTELLAS PHARMA EMER</td>
<td>GLAXOSMITHKLINE</td>
<td>IPSEN</td>
<td>BESINS HEALTHCARE</td>
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#### Sunday, 22 March

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<td>Industry Session</td>
<td>OAB: Who is in control? A patient-centric approach</td>
<td>Industry Session</td>
<td>The good, the bad and the ugly of testosterone? The relevance of proper treatment of hypogonadism</td>
<td>Industry Session</td>
<td>Heart and ADT: Managing benefit/risk ratio</td>
<td>Industry Session</td>
<td>Rationale for more targeted management of BPH patients</td>
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<td>FERRING</td>
<td>PIERRE FABRE</td>
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#### Monday, 23 March

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<td>Industry Session</td>
<td>Modern thinking in the management of male LUTS - but don’t forget the history</td>
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Industry Session by OLYMPUS

16.15 - 17.45  Innovations in clinical urology

Room Stockholm (Hall 10)

Chair: J. Palou, Barcelona (ES)

Welcome and introduction
J. Palou, Barcelona (ES)

Update on flexible HD videocystoscopy and new findings on Narrow Band Imaging
B. Malavaud, Toulouse (FR)

What do you see? A road-map to Narrow Band Imaging in flexible cystoscopy
J. Bjerggaard Jensen, Århus (DK)

Bipolar enucleation of the prostate for BPH
J. Rassler, Leipzig (DE)

URF-V2 for UTUC: When the smallest flexible digital URS meets NBI technology
O. Traxer, Paris (FR)

Close

Sponsored by OLYMPUS
Industry Session by SANOFI

16.15 – 17.45 Optimising survival in advanced prostate cancer

Room Milan (Hall 10)

Chairs: Th.M. De Reijke, Amsterdam (NL)
C.N. Sternberg, Rome (IT)

Welcome and introduction
Th.M. De Reijke, Amsterdam (NL)

Advanced prostate cancer: Achievements and perspectives
Th.M. De Reijke, Amsterdam (NL)

Putting prostate cancer heterogeneity into perspective
C.N. Sternberg, Rome (IT)

mCRPC: Integrating new learnings to optimise patient outcomes
S. Oudard, Paris (FR)

CHAARTED results: Implications for the future
C. Sweeney, Boston (US)

Discussion and closing remarks
C.N. Sternberg, Rome (IT)

Sponsored by SANOFI
Industry Session by ASTELLAS PHARMA EMEA

18.00 - 19.30  Treatment decisions in a new therapeutic landscape: Taking direct action

eURO Auditorium (Hall 10)

Chair:  A. Alcaraz, Barcelona (ES)

Welcome and introduction
A. Alcaraz, Barcelona (ES)

Treatment options for mCRPC patients
K. Fizazi, Villejuif (FR)

Treating chemotherapy-naïve mCRPC in a new landscape: The US experience
C.P. Evans, Sacramento (US)

Navigating new options in treating chemotherapy-naïve mCRPC

Presenters:  
A. Heidenreich, Aachen (DE)
N. Mottet, Saint-Étienne (FR)

Panel:  
C.P. Evans, Sacramento (US)
K. Fizazi, Villejuif (FR)

Facilitator:  A. Alcaraz, Barcelona (ES)

Summary and close
A. Alcaraz, Barcelona (ES)

Sponsored by ASTELLAS PHARMA EMEA
Industry Session by GLAXOSMITHKLINE

18.00 - 19.30 How, why, when—risk stratification in newly diagnosed BPH patients with moderate symptoms

Room Stockholm (Hall 10)

Chair: M. Emberton, London (GB)

Welcome and introduction
M. Emberton, London (GB)

Is the prostate really important in men with LUTS?
S. Gravas, Larissa (GR)

Improving health outcomes in BPH patients with moderate symptoms
M. Emberton, London (GB)

Importance of early treatment in patients with moderate BPH symptoms at risk of progression
To be confirmed

Questions and answers
M. Emberton, London (GB)

Wrap-up and closing remarks
M. Emberton, London (GB)
Industry Session by IPSEN

18.00 - 19.30 Alternative approaches to individualise care in prostate and bladder cancers

Room Paris (Hall 10)

Chair: N.W. Clarke, Manchester (GB)

Welcome and introduction
N.W. Clarke, Manchester (GB)

Innovative diagnostic and risk stratification approaches in primary prostate cancer
M.J. Ribal, Barcelona (ES)

Beyond the androgen receptor – future therapeutic approaches in metastatic castration-resistant prostate cancer
Y. Loriot, Villejuif (FR)

Can the combination of better tumour visualization and en bloc resection lower recurrence rates in NMIBC?
J.A. Witjes, Nijmegen (NL)

Questions and answers

Close

Aims and objectives of this session
Recent developments in caring for patients with urological cancers have focussed on the individualised nature of therapy. This symposium will discuss novel advances in diagnostic and therapeutic approaches for both prostate and bladder cancers.

Recently, there has been a renewed focus on innovative diagnostic biomarkers in prostate cancer. These have the potential to help clinicians determine whom to biopsy, when to re-biopsy, whether to treat or observe, and how to assess therapeutic response. New developments in this area could improve the clinical management of prostate cancer and inform treatment guidelines.

Our understanding of disease biomarkers is evolving in parallel with changes in the treatment landscape for metastatic castration resistant prostate cancer. Recent therapeutic advancements have brought new clinical benefits to patients but there is still room for improvement; better therapies are needed. Alternative therapeutic approaches of interest in prostate cancer include tubulin-targeting agents in early-stage disease, disruption of cell survival, MET/Src pathways and blocking the interaction between cancer and its microenvironment.

In superficial bladder cancer better therapies are imperative. Improved visualisation techniques such as HAL-guided TURBT have the potential to reduce tumour recurrence and improve outcomes. Other techniques including blue light guided en bloc resection and new non-touch techniques may also show additional benefits.

Sponsored by IPSEN
Industry Session by BESINS HEALTHCARE

18.00 - 19.30 The truth about TRT (Testosterone Replacement Therapy) for the treatment of hypogonadism

Room Barcelona (Hall 10)

Chair: F.M.J. Debruyne, Arnhem (NL)

Welcome
F.M.J. Debruyne, Arnhem (NL)

The role of TRT in men’s health: Where do we stand now?
M. Zitzmann, Münster (DE)

Hypogonadism: To treat or not to treat?
J.I. Martínez Salamanca, Madrid (ES)

TRT in daily practice
G. Hackett, Lichfield (GB)

TRT: Controversies vs. reality?
D. Crawford, Aurora (US)

Round table discussion dealing with important clinical questions and relevant cases
D. Crawford, Aurora (US)
F.M.J. Debruyne, Arnhem (NL)
G. Hackett, Lichfield (GB)
J.I. Martínez Salamanca, Madrid (ES)
M. Zitzmann, Münster (DE)

Conclusions
F.M.J. Debruyne, Arnhem (NL)

Aims and objectives of this session
Over the past years, the treatment paradigm for men’s health has evolved and the role of testosterone replacement therapy (TRT) in hypogonadism has become better defined and more recognised. This symposium will discuss the importance of identifying appropriate patients for TRT, provide practical guidance on different treatment options in daily practice, share updates on the latest clinical evidence, give clarity on the risk-benefit of TRT, and address medical needs in the field of hypogonadism.

The panel discussion will provide experts’ opinions, and share a multi-disciplinary approach in the management of hypogonadism.

Sponsored by BESINS HEALTHCARE
Industry Session by CASEN RECORDATI ESPANA, LABORATORIES MAJORELLE, SANDOZ INTERNATIONAL GMBH AND TAKEDA UK LIMITED

18.00 - 19.30  A new approach for the patient with ED

Room N101-102 (North building, level 1)

Chair:  I. Eardley, Leeds (GB)

Opening remarks
I. Eardley, Leeds (GB)

Management of ED: Room for improvement?
H. Porst, Hamburg (DE)

The first ED topical treatment: A new paradigm?
I. Moncada, Madrid (ES)

Alprostadil cream: Patients who most benefit
B. Cuzin, Lyon (FR)

Clinical cases: Discussion with the experts
I. Eardley, Leeds (GB)

Closing remarks
I. Eardley, Leeds (GB)

Sponsored by CASEN RECORDATI ESPANA, LABORATORIES MAJORELLE, SANDOZ INTERNATIONAL GMBH AND TAKEDA UK LIMITED
Industry Session by IBSA INSTITUT BIOCHIMIQUE SA

18.00 - 19.30  Chemo and radiotherapy induced urinary side effects: The role of Glycosaminoglycans (GAGs)

Room N103 (North building, level 1)

Chair:  J. Palou, Barcelona (ES)

Introduction by the Chairman
J. Palou, Barcelona (ES)

Chemotherapy and pelvic radiotherapy induced bladder injury
B. Çetinel, Istanbul (TR)

Treatment of the bladder urothelium injury
N. Harris, Leeds (GB)

New horizons for GAGs therapy in the management of urothelial damage
M. Lazzeri, Milan (IT)

Discussion

Final remarks

Aims and objectives of this session
Primary and secondary therapy for pelvic tumours may cause urinary disturbances in a significant proportion of patients. Chemo and radiotherapy induced cystitis can develop acutely during the treatment or later, resulting in more serious tissue damage. More recently the pathogenesis has focused on the detrimental action on the glycosaminoglycans (GAGs) lining of the bladder urothelium, whose main components are hyaluronic acid and chondroitin sulphate. The positive outcomes obtained in different forms of cystitis with a GAGs replenishment therapy using a combination of high concentration hyaluronic acid and chondroitin sulphate, suggest that such therapeutic approach could also be beneficial in patients presenting with chemo- and radiotherapy induced cystitis. A faculty of experts will review the available clinical evidence and discuss the potential of this therapeutic option.
## Industry Session by MEDAC

### Managing patients with NMIBC: Therapeutic strategies in times of BCG shortage

**Room N104 (North building, level 1)**

**Chair:** P.-U. Malmström, Uppsala (SE)

**Overview of present management of NMIBC. Presentation of audience case questionnaire**
P.-U. Malmström, Uppsala (SE)

**How can we use our limited BCG supplies for a maximum effect?**
A.M. Kamat, Houston (US)

**How can the urologist comply with the EAU Guidelines in times of BCG shortage?**
M. Babjuk, Prague (CZ)

**Device assisted Mitomycin administration as an alternative to BCG for high risk patients**
T.S. O’Brien, London (GB)

**Combining BCG with other intravesical drugs: Outcomes and perspective**
E. Solsona, Valencia (ES)

**Closing remarks**

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Sponsored by MEDAC
Industry Session by MENARINI

18.00 - 19.30  Avanafil: The 4 “S” of a new PDE5-I for ED treatment

Room N105-106 (North building, level 1)

Chair: V.G. Mirone, Naples (IT)

Opening lecture - Fulfilling patient needs: A clinical challenge
V.G. Mirone, Naples (IT)

Align needs, expectations and benefits
K. Hatzimouratidis, Pefka - Thessaloniki (GR)

Why pharmacological profile matters: Clinical considerations
F. Giuliano, Garches (FR)

Avanafil clinical development program: The reason to believe
W.J. Hellstrom, New Orleans (US)

Q&A and closing remarks
V.G. Mirone, Naples (IT)

Aims and objectives of this session
Phosphodiesterase type 5 (PDE5) inhibitors are currently the first line treatment option for ED. However, despite the largely demonstrated efficacy and good tolerability profile, they are eventually inadequate to restore a “normal” sexual life in 40-50% of ED patients, leading to treatment dissatisfaction and even to treatment drop out.

PDE5Is have relatively similar efficacy profiles, and most are recommended to be administered on demand, with a varying time range of dosing before anticipated sexual intercourse. Due to this time, patients have to plan in advance the pill intake before sexual activity, impacting the spontaneity of their sexual life.

Avanafil, a new PDE5-I, differentiates itself because of its fast onset of action and high selectivity for PDE5 vs other PDE subtypes. While its pharmacokinetic profile confers a rapid onset of action, with success reported in 67%-72% of intercourse attempts within 15 minutes of administration up to greater than 6 hours, the high selectivity toward PDE5 vs other PDE isozymes could be related to a favorable safety and tolerability profile.

Pharmacological and pharmacokinetics profile as well as phase II, phase III and recent study results will be presented to support why avanafil can be considered a valid on, demand treatment, providing ED men and their partner with a certain degree of spontaneity given by the freedom from not planning sexual encounters, in alignment with a patient-centered care model where understanding their needs and expectations is key to achieve patient satisfaction and adherence to the treatment.

Sponsored by MENARINI
**Workshop by BIONORICA SE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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<tr>
<td>18.00 - 19.30</td>
<td>Urological infections and stone disease: Different host reactions need different strategies</td>
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**Room N107-108 (North building, level 1)**

**Chair:**  
K.G. Naber, Straubing (DE)

**Different host reactions in urological infections (ABU, cystitis, pyelonephritis)**  
B. Wullt, Lund (SE)

**New approaches for diagnostic and treatment of UTI**  
F.M.E. Wagenlehner, Gießen (DE)

**Different strategies are needed to manage urolithiasis**  
W.L. Strohmaier, Coburg (DE)

Sponsored by BIONORICA SE
Industry Session

14.00 - 17.00  Live surgery: 1st da Vinci Xi Live Surgery in European Urology

Room Milan (Hall 10)

Moderators:  W. Artibani, Verona (I)
             B. Challacombe, London (UK)

Live surgery: Live 3D HD da Vinci® Xi Partial Nephrectomy Surgery with Firefly™ Fluorescence Imaging
A. Mottrie, Aalst (BE)

Live surgery: Live 3D HD da Vinci® Si Advanced Prostatectomy with Extended Lymphnode Dissection
H. van der Poel, Amsterdam (NL)

Sponsored by INTUITIVE SURGICAL
Industry Session by ASTELLAS

17.45 - 19.15  OAB: Who is in control? A patient-centric approach

eURO Auditorium (Hall 10)

Chair:  F. Haab, Paris (FR)

Welcome and introduction
F. Haab, Paris (FR)

Understanding the patient: Impact on patient’s life
C. Leue, Maastricht (NL)

Maximising the treatment potential for patients
J.E. Batista, Barcelona (ES)

What does a patient want?
C. Kelleher, London (GB)

Chairman’s summary: What does success mean to a patient?
F. Haab, Paris (FR)

Questions and answers

Aims and objectives of this session
The aim of this symposium is to consider the challenges in developing a patient-centric approach to managing OAB and how such challenges can be addressed. It will provide a useful insight into the psychology of OAB, the impact it has on patients’ lives and what is required to optimise outcomes from a patient perspective.

Sponsored by ASTELLAS
Industry Session by BAYER PHARMA AG

17.45 - 19.15 The good, the bad and the ugly of testosterone? The relevance of proper treatment of hypogonadism

Room Stockholm (Hall 10)

Chair: G.R. Dohle, Rotterdam (NL)

Testosterone, prostate cancer and LUTS – concerns, evidence, and practical aspects
M. Khera, Houston (US)

Testosterone, obesity and type 2 diabetes
T.H. Jones, Sheffield (GB)

Testosterone therapy and hormonophobia – cardiovascular risk, the media, and the authorities
A. Morgentaler, Boston (US)

Aims and objectives of this session
The intention is to provide a state-of-the-art update on testosterone replacement therapy (TRT). In 2013 and 2014, for the first time several TRT studies with a duration of five years and longer were published. The speakers will highlight effects of long-term treatment regarding efficacy and safety. How does TRT affect the prostate: prostate cancer as well as BPH/LUTS? Practical aspects of TRT will be discussed: how important is it to achieve target levels, how long should patients be treated to obtain optimal results? How important is medication adherence? Which patients should be screened? How should patients be monitored according to EAU guidelines? Finally, the safety concerns regarding testosterone therapy will be discussed. Following two publications suggesting cardiovascular safety issues with testosterone treatment, concerns have been addressed by the European Medicines Agency (EMA). The outcome of the resulting procedure will be addressed.

Sponsored by BAYER PHARMA AG
Industry Session by JANSSEN PHARMACEUTICA NV

17.45 - 19.15  More treatments and new challenges in the management of castration-resistant prostate cancer

Room Milan (Hall 10)

Chairs:  
K. Miller, Berlin (DE)  
P.F.A. Mulders, Nijmegen (NL)

Welcome and introduction  
P.F.A. Mulders, Nijmegen (NL)

Defining different clinical stages in castration-resistant prostate cancer and clinical implications  
A.S. Merseburger, Hanover (DE)  
P.F.A. Mulders, Nijmegen (NL)

Case study and discussion  
L. Martínez-Piñeiro, Madrid (ES)

Recent updates on data impact in the anti-androgen axis  
E. Efstathiou, Houston (US)

The role of corticosteroids in mCRPC – an update from ASCO-GU  
K. Miller, Berlin (DE)

Panel discussion on first-line treatment options in the mCRPC setting  
Panel:  
E. Efstathiou, Houston (US)  
L. Martínez-Piñeiro, Madrid (ES)  
A.S. Merseburger, Hanover (DE)  
K. Miller, Berlin (DE)  
P.F.A. Mulders, Nijmegen (NL)

Closing remarks  
K. Miller, Berlin (DE)
Industry Session by FERRING

17.45 - 19.15  Heart and ADT: Managing benefit/risk ratio

Room N101-102 (North building, level 1)

Chair: A. De La Taille, Créteil (FR)

Welcome and introduction
A. De La Taille, Créteil (FR)

ADT and side effects – are all medications the same?
A. De La Taille, Créteil (FR)

Understanding the mechanisms behind ADT and cardiovascular risk
J. Pinthus, Hamilton Ontario (CA)

ADT and cardiovascular risk: A cardiologist’s perspective
P. Davey, Northampton (GB)

Intermittent androgen deprivation: Still a valid treatment option?
J.M. Wolff, Düsseldorf (DE)

Concluding remarks
A. De La Taille, Créteil (FR)

Aims and objectives
To present the most recent data on androgen deprivation therapy for prostate cancer and discuss the risk/benefit ratio of various treatment options to optimise outcomes based on patient and disease characteristics. Data will be presented in a clinically meaningful way that will facilitate improved patient care.
Industry Session by PIERRE FABRE MÉDICAMENT

17.45 - 19.15  Inflammation and prostatic diseases: From bench to bedside

Room N103 (North building, level 1)

Chair:  F.J. Burgos Revilla, Madrid (ES)

Welcome and introduction
F.J. Burgos Revilla, Madrid (ES)

Prostate and inflammation: Pathophysiology
J.A. Schalken, Nijmegen (NL)

Inflammation and Benign Prostatic Hyperplasia
J.C. Nickel, Kingston (CA)

New results for a lipidosterolic extract of Serenoa repens: The Permin Study
G.Y. Robert, Bordeaux (FR)

How to choose the right extract
F. Scaglione, Milan (IT)

Close
F.J. Burgos Revilla, Madrid (ES)

Aims and objectives
More and more recent findings confirm that prostate inflammation might be the cornerstone of BPH; Prostate inflammation may be the pathophysiology link between well known risk factors, prostate enlargement progression and clinical evolution. The symposium will disclose the results of the first international, prospective, double-blind randomised clinical trial demonstrating anti inflammatory efficacy of a drug in BPH patients. These results could trigger new perspectives in therapeutic management of BPH.

Sponsored by PIERRE FABRE MÉDICAMENT
Industry Session by RECORDATI

17.45 - 19.15  Rationale for more targeted management of BPH patients

Room N104 (North building, level 1)

Chair:  F. Montorsi, Milan (IT)

Welcome and introduction
F. Montorsi, Milan (IT)

A differentiated approach to the management of patients with male LUTS/BPH
C.G. Roehrborn, Dallas (US)

Alpha-blockers and urodynamics
F. Fusco, Naples (IT)

Frequency volume chart: A SiRE study subanalysis
C. Llorente, Madrid (ES)

Clinical cases: Discussion with the experts
F. Montorsi, Milan (IT)

Close
F. Montorsi, Milan (IT)
Industry Session by BAYER HEALTHCARE PHARMACEUTICALS

17.45 - 19.15  Navigating the mCRPC landscape: Exploring key clinical decision points

Room N105-106 (North building, level 1)

Chair:  F. Saad, Montreal (CA)

Welcome and introduction
F. Saad, Montreal (CA)

Investigating clinical practice with radium Ra 223 dichloride in mCRPC to optimise patient outcomes
F. Saad, Montreal (CA)

Steering a course in the pre-chemotherapy setting: Insights from the clinic and patient case studies
G. Kramer, Vienna (AT)

Current approaches in monitoring mCRPC treatment: Guiding examples from real-life patient case studies
B. Tombal, Brussels (BE)

Outlook of the changing mCRPC treatment landscape: Learning from real-life experiences
J.E. Gschwend, Munich (DE)

Panel discussion and meeting close
F. Saad, Montreal (CA)

Aims and objectives of this session

• Understand how to translate clinical data with radium Ra 223 dichloride in metastatic castration-resistant prostate cancer (mCRPC) into clinical practice in order to optimise patient outcomes.

• Evaluate real-life experience in different mCRPC settings via patient case studies, and consider the implications for everyday clinical practice.

• Review clinical management strategies for radium Ra 223 dichloride, including how to identify appropriate patients for treatment, define the optimal treatment schedule, and understand the expected therapeutic outcomes.

Sponsored by BAYER HEALTHCARE PHARMACEUTICALS
Industry Session by BERLIN-CHEMIE AG

Pharmacological treatment of BPH symptoms

Room Retiro (Hall 10, level 1)
For the Retiro room take the stairs/elevator outside hall 10 to the mezzanine level 1

Chair: B. Djavan, Vienna (AT)

Welcome and introduction
B. Djavan, Vienna (AT)

BPH: New perspectives in treating symptoms
B. Djavan, Vienna (AT)

BPH: Medical treatment in international guidelines
M. Brausi, Modena (IT)

BPH symptoms after treatment with Serenoa Repens (Prostamol uno)
A.Z. Vinarov, Moscow (RU)

Tamsulosin and Serenoa Repens in the treatment of BPH symptoms
F.M.J. Debruyne, Arnhem (NL)

Questions and answers
F.M.J. Debruyne, Arnhem (NL)

Sponsored by BERLIN-CHEMIE AG
Sunday, 22 March - EAU Programme

Workshop by LUMENIS

17.45 - 19.15  Making sense of endoscopic enucleation for BPH: A paradigm shift

Room N107-108 (North building, level 1)

Chair:  T. Aho, Cambridge (GB)

Welcome and introduction
T. Aho, Cambridge (GB)

Differences between vaporisation, resection and enucleation for BPH surgery
S.A. Ahyai, Hamburg (DE)

What is the best energy source for enucleation and why?
J.P. Placer Santos, Sant Cugat Del Vallés (ES)

HOLEP. Tips on technique and learning HoLEP? - classic 3 lobe and en bloc
C.M. Scoffone, Turin (IT)

Tips on achieving Ambulatory HoLEP
M. Fourmarier, Aix en Provence (FR)

What added value does the holmium Pulse 120 bring to urology?
T. Aho, Cambridge (GB)

Discussion and conclusion
T. Aho, Cambridge (GB)

Aims and objectives of this session
An educational session that will provide useful summaries for those contemplating enucleation adoption, and also for those already doing HoLEP who are contemplating upgrading from 100 to 120watt.

Sponsored by LUMENIS
Industry Session by ASTELLAS

Monday, 23 March - EAU Programme

<table>
<thead>
<tr>
<th>17.45 - 19.15</th>
<th>Modern thinking in the management of male LUTS - but don't forget the history</th>
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<tbody>
<tr>
<td><strong>Room Stockholm (Hall 10)</strong></td>
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</tbody>
</table>
| **Chairs:** | S. Arlandis Guzman, Valencia (ES)  
P.E. Van Kerrebroeck, Maastricht (NL) |
| **Welcome and introduction** | S. Arlandis Guzman, Valencia (ES) |
| **Patient-physician communication: Do we speak the same language?** | A. Wagg, Edmonton (CA) |
| **Join forces in the treatment of men with LUTS** | M.J. Drake, Bristol (GB) |
| **Managing men with LUTS: A continuous process** | P.E. Van Kerrebroeck, Maastricht (NL) |
| **Close** | |

**Aims and objectives of this session**

This symposium will give insight into the importance of physician-patient communication and will offer concrete guidance to best management of your patients with lower urinary tract symptoms (LUTS), whether they are treatment naïve, come back with persistent symptoms or need follow-up after effective treatment. Patient cases will be thoroughly discussed to put forward current evidence, guidelines and expert opinions for optimal care.
Industry Session by ALLERGAN

17.45 - 19.15  Cracking the code of refractory OAB: When, who and how?

Room N101-102  (North building, level 1)

Chair:  D.J.M.K. De Ridder, Leuven (BE)

Welcome and introduction
D.J.M.K. De Ridder, Leuven (BE)

Determining the right sequence in OAB
M.B. Chancellor, Royal Oak (US)

Access the clinic: Prior medication
M.A. Jiménez-Cidre, Madrid (ES)

Finding the key to patient selection
A. Sahai, London (GB)

Access the clinic: Patient profile
M.A. Jiménez-Cidre, Madrid (ES)

Access the clinic: Live injection
M.A. Jiménez-Cidre, Madrid (ES)

Questions and answers
D.J.M.K. De Ridder, Leuven (BE)

Aims and objectives of this session
This symposium will aim to answer some of the key questions in the treatment of OAB, for patients uncontrolled on oral therapy. When is the right time to move on from first-line oral therapy? Who is appropriate for treatment with BOTOX® (botulinum toxin type A)? How do we optimise the BOTOX® procedure for the patient? Included within the symposium will be a live BOTOX® procedure via satellite link from Hospital Universitario Ramon y Cajal, Madrid.
What are benefits of being a member of the European Association of Urology?

When you join the EAU, you will be part of an international community of over 14,000 medical professionals sharing best practices and the latest know-how in urological research and care. As an EAU member, you benefit from many advantages:

**Career Development**
Whether you are a resident, a young urologist or an experienced specialist, your career can benefit from EAU Membership. The EAU supports you throughout your career with programmes for continuing medical education and certification. For the young and upcoming EAU members we offer several educational programmes, scholarships and clinical visits.

**Free Access to Guidelines**
For any successful clinician, having the most up-to-date evidence-based recommendations on hand is crucial for the successful treatment of your patients. The EAU Guidelines are unparalleled in that regard, used all across the world. They are comprehensively updated on an annual basis and freely accessible for all members.

**Policy**
Urologists are bound by national and, increasingly, international laws that govern treatment options and patient care. The EAU brings together the voices of medical professionals, researchers, innovators and patients on a European platform to keep urological topics on the agendas of the authorities.

**Networking with Peers**
Be sure to develop your international ties! The EAU offers a wide range of events and courses to interact with the best specialists in the field of urology. The Annual EAU Congress is the largest urology-related event in the world where you can network with like-minded professionals. And as a member you benefit from discounts to the registrations fees.

**Latest Research**
Our journal, European Urology, has been a prestigious urological forum for over 35 years, and is currently read by more than 20,000 urologists. It is one of the most widely-cited medical journals in the world and, with an impact factor of 12.48, leading in its field. Members receive free access to full text articles.

As an EAU member you will also receive:
- European Urology Today (6 issues per year)
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**EAU Congress and Meetings**
EAU Members will receive regular information on the Annual EAU Congress, as well as the meetings organised by the different EAU Sections, the EAU Education Office and the EAU Regional Office. Moreover, members will be able to receive a considerable discount on the registration fees of all EAU related meetings and events.

**EU-ACME Programme**
Active, Active International, Junior and Junior International member of the EAU will be automatically participating in the European Urology - Accredited Continuing Medical Education (EU-ACME) Programme. The EU-ACME Programme is based on the EBU/UEMS rules and its primary task is the implementation, promotion and organisation of Continual Medical Education (CME) among European Urologists. It provides the urologists with the system which helps them to keep track of their educational activities, irrespective of the country they practice in or where they have participated in CME and/or CPD activities. For more information see also page 51 and 52.

So if you are not yet an EAU member, make certain to become one in Madrid and visit the EAU Booth A42 in the exhibition.
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<table>
<thead>
<tr>
<th>Year</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1974</td>
<td>12-14 Sept</td>
<td>Padua, Italy</td>
</tr>
<tr>
<td>1976</td>
<td>24-26 Sept</td>
<td>Prague, Czech Republic</td>
</tr>
<tr>
<td>1978</td>
<td>14-16 June</td>
<td>Monte Carlo, Monaco</td>
</tr>
<tr>
<td>1980</td>
<td>28-31 May</td>
<td>Athens, Greece</td>
</tr>
<tr>
<td>1982</td>
<td>12-15 May</td>
<td>Vienna, Austria</td>
</tr>
<tr>
<td>1984</td>
<td>23-26 May</td>
<td>Copenhagen, Denmark</td>
</tr>
<tr>
<td>1986</td>
<td>26-28 June</td>
<td>Budapest, Hungary</td>
</tr>
<tr>
<td>1988</td>
<td>18-21 May</td>
<td>London, United Kingdom</td>
</tr>
<tr>
<td>1990</td>
<td>13-16 June</td>
<td>Amsterdam, The Netherlands</td>
</tr>
<tr>
<td>1992</td>
<td>21-25 July</td>
<td>Genoa, Italy</td>
</tr>
<tr>
<td>1994</td>
<td>13-16 July</td>
<td>Berlin, Germany</td>
</tr>
<tr>
<td>1996</td>
<td>1-4 Sept</td>
<td>Paris, France</td>
</tr>
<tr>
<td>1998</td>
<td>21-25 March</td>
<td>Barcelona, Spain</td>
</tr>
<tr>
<td>1999</td>
<td>7-11 April</td>
<td>Stockholm, Sweden</td>
</tr>
<tr>
<td>2000</td>
<td>12-15 April</td>
<td>Brussels, Belgium</td>
</tr>
<tr>
<td>2001</td>
<td>7-10 April</td>
<td>Geneva, Switzerland</td>
</tr>
<tr>
<td>2002</td>
<td>23-26 Feb</td>
<td>Birmingham, United Kingdom</td>
</tr>
<tr>
<td>2003</td>
<td>12-15 March</td>
<td>Madrid, Spain</td>
</tr>
<tr>
<td>2004</td>
<td>24-27 March</td>
<td>Vienna, Austria</td>
</tr>
<tr>
<td>2005</td>
<td>16-19 March</td>
<td>Istanbul, Turkey</td>
</tr>
<tr>
<td>2006</td>
<td>5-8 April</td>
<td>Paris, France</td>
</tr>
<tr>
<td>2007</td>
<td>21-24 March</td>
<td>Berlin, Germany</td>
</tr>
<tr>
<td>2008</td>
<td>26-29 March</td>
<td>Milan, Italy</td>
</tr>
<tr>
<td>2009</td>
<td>17-21 March</td>
<td>Stockholm, Sweden</td>
</tr>
<tr>
<td>2010</td>
<td>16-20 April</td>
<td>Barcelona, Spain</td>
</tr>
<tr>
<td>2011</td>
<td>18-22 March</td>
<td>Vienna, Austria</td>
</tr>
<tr>
<td>2012</td>
<td>24-28 Feb</td>
<td>Paris, France</td>
</tr>
<tr>
<td>2013</td>
<td>15-19 March</td>
<td>Milan, Italy</td>
</tr>
<tr>
<td>2014</td>
<td>11-15 April</td>
<td>Stockholm, Sweden</td>
</tr>
<tr>
<td>2015</td>
<td>20-24 March</td>
<td>Madrid, Spain</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron L. 322</td>
</tr>
<tr>
<td>Abai X. 471</td>
</tr>
<tr>
<td>Abaka N. 681</td>
</tr>
<tr>
<td>Abaza R. 921, 923, 924</td>
</tr>
<tr>
<td>Abbadessa D. 246</td>
</tr>
<tr>
<td>Abbas M. 940</td>
</tr>
<tr>
<td>Abbosh P.H. 926</td>
</tr>
<tr>
<td>Abbou C. 437</td>
</tr>
<tr>
<td>Abd Elmageed Z.Y. 46, 48</td>
</tr>
<tr>
<td>Abdalla M.A. 340, 470, 952</td>
</tr>
<tr>
<td>Abdel Latif A.M. 340</td>
</tr>
<tr>
<td>Abdel Raouf H. 848</td>
</tr>
<tr>
<td>Abdelazeem M.A. 590</td>
</tr>
<tr>
<td>Abdelbaky A. 579</td>
</tr>
<tr>
<td>Abd-El-Barr A-E-R. 503</td>
</tr>
<tr>
<td>Abdelhamid M.A.M. 1074</td>
</tr>
<tr>
<td>Abdel-Hamid M. 745</td>
</tr>
<tr>
<td>Abdel-Maged A.B. 46, 48</td>
</tr>
<tr>
<td>Abel-Meguid T. A. 499</td>
</tr>
<tr>
<td>Abdel-Rahim M. 745</td>
</tr>
<tr>
<td>Abdel-Raouf R. 745</td>
</tr>
<tr>
<td>Abdelrazzak O. 1074</td>
</tr>
<tr>
<td>Abdelwahab K. 99</td>
</tr>
<tr>
<td>Abdulla A. 388</td>
</tr>
<tr>
<td>Abdulla H. 293</td>
</tr>
<tr>
<td>Abe T. 38, 223</td>
</tr>
<tr>
<td>Abend M. 594</td>
</tr>
<tr>
<td>Abhyanark N. V53</td>
</tr>
<tr>
<td>Abouhashem S. 1081</td>
</tr>
<tr>
<td>Aboumarzouk O. 968</td>
</tr>
<tr>
<td>Aboumohamed A. 336, 713, 877</td>
</tr>
<tr>
<td>Aboutaleb H. 577</td>
</tr>
<tr>
<td>Abou-Taleb A. 579</td>
</tr>
<tr>
<td>Abouzeid A.M. 470</td>
</tr>
<tr>
<td>Abrahamsson P-A. 604, 565</td>
</tr>
<tr>
<td>Abramov R.A. 1063</td>
</tr>
<tr>
<td>Abreu L. 917</td>
</tr>
<tr>
<td>Abu V. 324, 820</td>
</tr>
<tr>
<td>Abu Taha H. 388</td>
</tr>
<tr>
<td>Abumelha S. 179, 292, 293, 299</td>
</tr>
<tr>
<td>Acevedo A.C. 896</td>
</tr>
<tr>
<td>Acher P. 120</td>
</tr>
<tr>
<td>Adams F. 875</td>
</tr>
<tr>
<td>Aden J.K. 662</td>
</tr>
<tr>
<td>Adolfsson J. 561, 677</td>
</tr>
<tr>
<td>Agarwal S. 705</td>
</tr>
<tr>
<td>Agheli M. 117</td>
</tr>
<tr>
<td>Agudelo J.A. V63</td>
</tr>
<tr>
<td>Ahearn S. 526</td>
</tr>
<tr>
<td>Ahlawat R. 842, 921, 923, 924</td>
</tr>
<tr>
<td>Ahmad I. 587</td>
</tr>
<tr>
<td>Ahmad N. 497</td>
</tr>
<tr>
<td>Ahmad R. 216</td>
</tr>
<tr>
<td>Ahmad W. 260</td>
</tr>
<tr>
<td>Ahmed A-F. 100, 339</td>
</tr>
<tr>
<td>Ahmed H.U. 1042</td>
</tr>
<tr>
<td>Ahmed K. 193, 487, 488, 389, 967</td>
</tr>
<tr>
<td>Ahmed S. 216</td>
</tr>
<tr>
<td>Ahn H. 305, 518, 642</td>
</tr>
<tr>
<td>Ahn S.H. 145, 160, 229</td>
</tr>
<tr>
<td>Ahn T.Y. 45</td>
</tr>
<tr>
<td>Ahn Y-J. 659</td>
</tr>
<tr>
<td>Aho T. 976</td>
</tr>
<tr>
<td>Ahyai S.A. 628, 809, 907, 954, 1014, 1068</td>
</tr>
<tr>
<td>Aikawa K. 898</td>
</tr>
<tr>
<td>Aimar R. 58, 58</td>
</tr>
<tr>
<td>Aizawa N. 895</td>
</tr>
<tr>
<td>Ajay D. 461, 462, 468, 959, 1069, V9</td>
</tr>
<tr>
<td>Akaihata H. 360, 898</td>
</tr>
<tr>
<td>Akakura K. 895</td>
</tr>
<tr>
<td>Akbari K. 806</td>
</tr>
<tr>
<td>Akbarken J. 872</td>
</tr>
<tr>
<td>Akbal C. 693</td>
</tr>
<tr>
<td>Akca O. V33</td>
</tr>
<tr>
<td>Akers C. 703, 709</td>
</tr>
<tr>
<td>Akhavein A. 690</td>
</tr>
<tr>
<td>Akiboye D. 987</td>
</tr>
<tr>
<td>Akhavan S. 83, 84, 86</td>
</tr>
<tr>
<td>Akin O. 411</td>
</tr>
<tr>
<td>Akin Y. 194</td>
</tr>
<tr>
<td>Akita T. 16</td>
</tr>
<tr>
<td>Akiyama T. Y. 895</td>
</tr>
<tr>
<td>Akre O. 639, 677, 1010</td>
</tr>
<tr>
<td>Aksenov A.V. 449</td>
</tr>
<tr>
<td>Al Gamdi A.M. 57</td>
</tr>
<tr>
<td>Al Hussein A. Awamleh B. 21, 440, 656, 744</td>
</tr>
<tr>
<td>Al Mehmadi Y. 240</td>
</tr>
<tr>
<td>Alami M. V1</td>
</tr>
<tr>
<td>Albana D. 674</td>
</tr>
<tr>
<td>Albanesi L. 1047</td>
</tr>
<tr>
<td>Albani C. 596</td>
</tr>
<tr>
<td>Albayrak S. 973, V33</td>
</tr>
<tr>
<td>Albers P. 23, 214, 321, 539, 565, 602, 603, 761</td>
</tr>
<tr>
<td>Albersen H. 40, 42, 346, 962</td>
</tr>
<tr>
<td>Alberts A. 770</td>
</tr>
<tr>
<td>Albiini S. 437</td>
</tr>
<tr>
<td>Alcaraz A. 262, 319, 679, 830, 844, V54</td>
</tr>
<tr>
<td>Alcorn D. 418</td>
</tr>
<tr>
<td>Alenezi H. 690</td>
</tr>
<tr>
<td>Alessandra S. 853, 1075</td>
</tr>
<tr>
<td>Alessi A. 597</td>
</tr>
<tr>
<td>Alexander K. 54</td>
</tr>
<tr>
<td>Alexandrov A. V45</td>
</tr>
<tr>
<td>Algarra R. 486</td>
</tr>
<tr>
<td>Alhalabi F. 69</td>
</tr>
<tr>
<td>Ali A.R. 584, 588, 831</td>
</tr>
<tr>
<td>Ali A.S.M. 640</td>
</tr>
<tr>
<td>Ali H. 695</td>
</tr>
<tr>
<td>Alibhai S. 309</td>
</tr>
<tr>
<td>Ali-El-Dein B. 475, 745, 939</td>
</tr>
<tr>
<td>Alimi Q. 654, 727, 915</td>
</tr>
<tr>
<td>Aliotta P. 1092</td>
</tr>
<tr>
<td>Aljabery F.A-S. 1052</td>
</tr>
<tr>
<td>Al-Khoudwir W. 62</td>
</tr>
<tr>
<td>Allasia M. 202, 946</td>
</tr>
<tr>
<td>Allchorne P. 363</td>
</tr>
<tr>
<td>Allen C. 324, 819, 820</td>
</tr>
<tr>
<td>Allen S. 1085</td>
</tr>
<tr>
<td>Allue Lopez M. 847</td>
</tr>
<tr>
<td>Almashat F.A. 179, 292, 293, 299</td>
</tr>
<tr>
<td>Almeida F. 672</td>
</tr>
<tr>
<td>Almqust H. 1050</td>
</tr>
<tr>
<td>Alom M. 674</td>
</tr>
<tr>
<td>Alonso Isa M. 143</td>
</tr>
<tr>
<td>Alotaihi M. 62</td>
</tr>
<tr>
<td>Alp B.F. 378</td>
</tr>
<tr>
<td>Alpajaro S.I.R. 498</td>
</tr>
<tr>
<td>Alpizar Y.A. 795, 797</td>
</tr>
<tr>
<td>Alrawashah S. 342, V42, V70</td>
</tr>
<tr>
<td>Al-Salhi Y. 342, V35, V43, V70</td>
</tr>
<tr>
<td>Alsaiyad A. 499</td>
</tr>
<tr>
<td>Alshalfi M. 430</td>
</tr>
<tr>
<td>Alt C. 762</td>
</tr>
<tr>
<td>Altaylor A. 499</td>
</tr>
<tr>
<td>Altukhov O. 815</td>
</tr>
<tr>
<td>Álvarez A. 89</td>
</tr>
<tr>
<td>Álvarez S. 77, 376</td>
</tr>
<tr>
<td>Álvarez Rodriguez S. 775</td>
</tr>
</tbody>
</table>

Numbers refer to abstract numbers
Abstract authors

Alvarez-Maestro M. 30
Alvarez-Vijande R. 844
Alves R. 846
Alvisi M.F. 824
Ambert V. 370
Amend B. 386, 571
Ameye F. 572
Amiable C. 286
Amini E. 841
Ammirati E. 853, 1075
Amoroso P. 867
Amparore D. 198, 918
Ampe J. 66
Anai S. 26
Anastasiadis E. 809
Ancizu F.J. 486
Andersen G. 1027
Andersen K.K. 14
Anderson C.J. 492, 809
Andersson K-E. 895
Ando R. 395, 971
Anonian S. 691
Andou K. 806
Andrade H. V33
Andren O. 282
Andrés G. 984, V69
Andrews P. V8
Andrich D.E. 463, 466, 472, 951, 957, 960
Anett M. 313
Angelsen A. 323
Angermeier K. V33
Angulo J.C. 251, 566, 882, 984, V69
Anheuser P. V10
Aning J. 532, 650, 735, 737
Annala M. 165
Annino F. V35
Antoch G. 23, 214, 761
Antonelli A. 107, 109, 731, 925
Antoniewicz A.A. 393
Antonini G. 678, 751
Antoniou N. 563
Apfelbeck M. 476, 941
Aponte H. V8
Apostolidis A. 354, 686, 786
Aquino Fournier C. 903
Aragón Chamizo D. 697, 989, 1032
Arai Y. 338, 357, 1044
Araki A. 615
Arana D.M. 251
Arcaniolo D. 243, 248, 248
Ardelt P. 854, 948
Arends T.J.H. 944
Arendsen E. 146
Ariane M. 850
Arias E. V63
Arias-Fúnez F. 82, 376, V62, V66
Arihiro K. 16
Arisawa C. 723, 741, 943
Arlt W. 277
Armean P. 370
Armitage J.N. 696
Armstrong J. 1021
Arnal Chacón G. 697
Aroasio E. 198
Aronen H. 772
Aronson W. 568
Arora S. V77
Arora S. 482
Arrébola Pajares A. 143
Arsov C. 23, 214, 321, 761
Arstad C. V39
Artibani W. 474
Artuso G. 1029
Arya M. 702
Asai A. 273, 738
Asai S. 281
Asano T. 759
Asano T. 759
Asanuma H. 10, 717
Ashikari D. 276
Ashiru O. 30
Asimakopoulos B. 142
Aslam A. 813
Aslan G. 942
Aslan Y. 245, 545
Asseban M. V1
Asutay M.K. 963
Atac F. 348
Atan A. 245, 545
Atar A. 966
Ather M.H. 585, 694
Atkin S. 194
Attallah H. 495
Attisani F. 1047
Audentef F. 491, 850, 1030
Augustin H. 222
Aurelian J. 370
Austin C. 816
Autieri D. 342, V42, V43, V70
Autorino R. V34
Auvinen A. 13, 24, 114
Avelino A. 1091
Aviram G. 593
Avuzzi B. 824
Awadalla A. 93
Ayangbesan A. 440, 656
Ayati M. 841
Aydemir L. 872
Aydin A. 689, 976
Aydur E. 263, 378
Ayres B. 712
Azancot M.A. 85
Azawi N. 103, 734
Aziz A. 538, 649
Azuma H. 330
Azzouzi A.R. 307

B
Babaei H. 1080
Babasaki T. 9
Babic U. 345
Babicz T. 568
Babikuk M. 647, 939, 940, 948
Bächle R. V4
Bachmann A. 258, 410, 508, 572, 724, 854
Bachofner J. 517
Baco E. 307, 727, 915
Badani K. 589
Badawy H. 848
Badenchini F. 824, 1037
Bader M. 586
Badet L. 78, 80
Badran Y. 100, 339
Badraoui M. V1
Bae S. 576
Baekelandt F. 66
Bagnulo R. 401
Bahilo P. 89, 91
Bai P. 284
Bakholdt V. 707, 710
Balbay M.D. 438, 540
Balci M. 245, 545
Baldissera Aradas J.V. 122
Balestri L. 1029
Ballanger P. 519
Ballestero Diego R. V55, V61
Baltaci S.B. 942
Bandini M. 415
Banerjee S. 444
Bang A. 743
Bang W.J. 670

Numbers refer to abstract numbers
Indices

Numbers refer to abstract numbers
<table>
<thead>
<tr>
<th>Abstract authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birkhäuser F.D. V59</td>
</tr>
<tr>
<td>Birnie A. 469, V10</td>
</tr>
<tr>
<td>Birtle A. 939</td>
</tr>
<tr>
<td>Bisconti A. 1075</td>
</tr>
<tr>
<td>Biskup S. 282</td>
</tr>
<tr>
<td>Bissada N. 62</td>
</tr>
<tr>
<td>Bissler J.J. 1</td>
</tr>
<tr>
<td>Bivalacqua T.J. 40, 42, 532, 650, 735, 737, 962</td>
</tr>
<tr>
<td>Bivyan C.S. 334, 968</td>
</tr>
<tr>
<td>Bjarnason G. 7</td>
</tr>
<tr>
<td>Bjartell A. 17</td>
</tr>
<tr>
<td>Bjerklund-Johansen T. 136, 255</td>
</tr>
<tr>
<td>Björklund J 639</td>
</tr>
<tr>
<td>Black P.C. 532, 650, 735, 737, 758</td>
</tr>
<tr>
<td>Bläckberg M. 1050</td>
</tr>
<tr>
<td>Blackwell N.J. 663</td>
</tr>
<tr>
<td>Blaha 7. 794, 989, 1032</td>
</tr>
<tr>
<td>Blaheta R. 285</td>
</tr>
<tr>
<td>Blair C. 865</td>
</tr>
<tr>
<td>Blanco Fernández R. 122</td>
</tr>
<tr>
<td>Blanker M.H. 608</td>
</tr>
<tr>
<td>Blankert B. 778</td>
</tr>
<tr>
<td>Blauwet M.B. 265</td>
</tr>
<tr>
<td>Bliwise D. 550</td>
</tr>
<tr>
<td>Blok B. 1092</td>
</tr>
<tr>
<td>Blondeau J.C. 863</td>
</tr>
<tr>
<td>Blondin D. 761</td>
</tr>
<tr>
<td>Blouin-Lavigne H. 575</td>
</tr>
<tr>
<td>Bocciardi A.M. V31</td>
</tr>
<tr>
<td>Boccon-Gibod L. 565</td>
</tr>
<tr>
<td>Bock H. 65</td>
</tr>
<tr>
<td>Bodoky G. 557</td>
</tr>
<tr>
<td>Boeri L. 137, 181, 185, 302, 632</td>
</tr>
<tr>
<td>Boerman O. 12, 421, 931</td>
</tr>
<tr>
<td>Boers-Sonderen M.J. 12</td>
</tr>
<tr>
<td>Böhm D. 756</td>
</tr>
<tr>
<td>Böhm K. 105, 218, 513, 633, 1031</td>
</tr>
<tr>
<td>Bohris C. 88</td>
</tr>
<tr>
<td>Bokhorst L.P. 115, 770, 1033</td>
</tr>
<tr>
<td>Bolduc S. 610</td>
</tr>
<tr>
<td>Bolkestein M. 931</td>
</tr>
<tr>
<td>Bolla M. 1021</td>
</tr>
<tr>
<td>Bollen L. 42</td>
</tr>
<tr>
<td>Bollito E. 317, 1022, 1037</td>
</tr>
<tr>
<td>Bolong D.T. 498</td>
</tr>
<tr>
<td>Bolton D. 515</td>
</tr>
<tr>
<td>Bomani J. 709</td>
</tr>
<tr>
<td>Bon D. 80</td>
</tr>
<tr>
<td>Bonfondo G. 1022</td>
</tr>
<tr>
<td>Bongini A. V46</td>
</tr>
<tr>
<td>Bonhomme B. 519</td>
</tr>
<tr>
<td>Boni A. 161, V71</td>
</tr>
<tr>
<td>Bonkat G. 258, 854</td>
</tr>
<tr>
<td>Bono P. 567</td>
</tr>
<tr>
<td>Boonen B. 795</td>
</tr>
<tr>
<td>Boorjian S. 724</td>
</tr>
<tr>
<td>Bora S.A. 293</td>
</tr>
<tr>
<td>Borena W. 224</td>
</tr>
<tr>
<td>Borgatti F. 1061</td>
</tr>
<tr>
<td>Borges L.L. 904</td>
</tr>
<tr>
<td>Borghesi M. 109, 415, 722, 805, 821, 906</td>
</tr>
<tr>
<td>Borgmann H. 285</td>
</tr>
<tr>
<td>Borkowitz A. 209</td>
</tr>
<tr>
<td>Borkowska E. 232</td>
</tr>
<tr>
<td>Bonorat F. 89, 91</td>
</tr>
<tr>
<td>Borque A. V17</td>
</tr>
<tr>
<td>Borre M. 14, 231, 557, 559, 1027</td>
</tr>
<tr>
<td>Borys Y. 419</td>
</tr>
<tr>
<td>Bos D. 621</td>
</tr>
<tr>
<td>Bosch J.L.H.R. 362</td>
</tr>
<tr>
<td>Bosio A. 853, 1075</td>
</tr>
<tr>
<td>Bosman B. 610</td>
</tr>
<tr>
<td>Bosnyak Z. 559</td>
</tr>
<tr>
<td>Bosset J-F. 1021</td>
</tr>
<tr>
<td>Bostad L. 1025</td>
</tr>
<tr>
<td>Bostanci Y. 348, V20</td>
</tr>
<tr>
<td>Boström P. 409, 772</td>
</tr>
<tr>
<td>Bott S.R.J. 1042</td>
</tr>
<tr>
<td>Bottero D. 771</td>
</tr>
<tr>
<td>Botticelli L. 933</td>
</tr>
<tr>
<td>Botto H. 326</td>
</tr>
<tr>
<td>Boucletouche K. 710, 1051</td>
</tr>
<tr>
<td>Boud R.K. 61</td>
</tr>
<tr>
<td>Boudes M. 795</td>
</tr>
<tr>
<td>Bouljihad M. 46, 48</td>
</tr>
<tr>
<td>Bouma R. 1078</td>
</tr>
<tr>
<td>Boulos V. 242, 1077</td>
</tr>
<tr>
<td>Bove P. 680, V57</td>
</tr>
<tr>
<td>Boxler S. 457, 762, 769</td>
</tr>
<tr>
<td>Boz M.Y. 973</td>
</tr>
<tr>
<td>Bozkirli I. 194</td>
</tr>
<tr>
<td>Bozlu M. 942</td>
</tr>
<tr>
<td>Bozzi G. 346, 890</td>
</tr>
<tr>
<td>Bozzi G. 331</td>
</tr>
<tr>
<td>Bozzola C. 1022</td>
</tr>
<tr>
<td>Braak D.D.M. 289, 291</td>
</tr>
<tr>
<td>Bracarda S. 557</td>
</tr>
<tr>
<td>Brachulis A. 192, 483</td>
</tr>
<tr>
<td>Bragaglia A. 71</td>
</tr>
<tr>
<td>Brakemeier S. 1</td>
</tr>
<tr>
<td>Braley-Berthoumieux E. 157, 159</td>
</tr>
<tr>
<td>Branco A.W. V6, V22</td>
</tr>
<tr>
<td>Brandt-Larsen M. 375, 932</td>
</tr>
<tr>
<td>Brassetti A. 271</td>
</tr>
<tr>
<td>Brasso K. 14, 323, 427, 529, 932</td>
</tr>
<tr>
<td>Braticevic B. 370</td>
</tr>
<tr>
<td>Britt O. 1010</td>
</tr>
<tr>
<td>Broul D. 316</td>
</tr>
<tr>
<td>Braun M. 282, 756</td>
</tr>
<tr>
<td>Brausi M. 389, 515, 534, 829, 933</td>
</tr>
<tr>
<td>Brechtel A. 374</td>
</tr>
<tr>
<td>Breda A. 852, V19, V75</td>
</tr>
<tr>
<td>Breinl E. 839</td>
</tr>
<tr>
<td>Brescia A. 771</td>
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<tr>
<td>Brewin J. 489</td>
</tr>
<tr>
<td>Brewster S. 428</td>
</tr>
<tr>
<td>Breyer J. 757, 1053</td>
</tr>
<tr>
<td>Brichard N. 491</td>
</tr>
<tr>
<td>Briollais L. 423</td>
</tr>
<tr>
<td>Bristow R. 422</td>
</tr>
<tr>
<td>Brock M. 599</td>
</tr>
<tr>
<td>Bröne B. 62</td>
</tr>
<tr>
<td>Brookman-May S.D. 101, 308, 1026</td>
</tr>
<tr>
<td>Broom R. 7</td>
</tr>
<tr>
<td>Brown C. 210</td>
</tr>
<tr>
<td>Brown L. 447</td>
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<tr>
<td>Brown O.A. 239</td>
</tr>
<tr>
<td>Brown, Jr A. 672</td>
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<td>Brugarolas Rosselló J. 967</td>
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<tr>
<td>Bruggmann R. 903</td>
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<td>Brugnoli A. 136</td>
</tr>
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<td>Bruguière E. 764</td>
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<tr>
<td>Bruinsma S.M. 1036</td>
</tr>
<tr>
<td>Brunacci L. V8</td>
</tr>
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<td>Brunckhorst O. 489</td>
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<tr>
<td>Brunetti C. 71</td>
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<td>Brunner A. 224</td>
</tr>
<tr>
<td>Brunocilla E. 415, 722, 805, 821, 906</td>
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<td>Bruyere F. 572</td>
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<td>Bryant H.E. 426</td>
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<td>Bryant R. 428</td>
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<tr>
<td>Bryant T. 569</td>
</tr>
</tbody>
</table>

Numbers refer to abstract numbers
<table>
<thead>
<tr>
<th>Name</th>
<th>Numbers</th>
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<tbody>
<tr>
<td>Bubendorf L.</td>
<td>410</td>
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<tr>
<td>Bucc S.</td>
<td>V47</td>
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<tr>
<td>Buchner A.</td>
<td>476, 538, 649, 941</td>
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<td>Bucke T.</td>
<td>876</td>
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<td>Budde K.</td>
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<td>Budia A.</td>
<td>89, 91</td>
</tr>
<tr>
<td>Bueno Chomón G.</td>
<td>697</td>
</tr>
<tr>
<td>Buerki C.</td>
<td>431</td>
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<tr>
<td>Bueno S.</td>
<td>422</td>
</tr>
<tr>
<td>Buffardi A.</td>
<td>1075</td>
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<tr>
<td>Buffi N.M.</td>
<td>186, 188, 488, 624, 921, 924, 1031</td>
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<td>Bufo P.</td>
<td>119, 205, 401</td>
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<tr>
<td>Bugeja S.</td>
<td>463, 466, 472, 951, 957, 960</td>
</tr>
<tr>
<td>Bujons A.</td>
<td>502</td>
</tr>
<tr>
<td>Bullock A.J.</td>
<td>1004, 1009</td>
</tr>
<tr>
<td>Buonopane R.</td>
<td>1055, 1082</td>
</tr>
<tr>
<td>Burchardt M.</td>
<td>220, 961</td>
</tr>
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<td>Burchert D.</td>
<td>280</td>
</tr>
<tr>
<td>Burger M.</td>
<td>538, 649, 757, 1053</td>
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<tr>
<td>Burgess N.</td>
<td>696</td>
</tr>
<tr>
<td>Burgio A.</td>
<td>876</td>
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<td>Burgos Revilla F.J.</td>
<td>72, 77, 82, 349, 376, 775, 852, V62, V65, V66</td>
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<tr>
<td>Burgu B.</td>
<td>609</td>
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<tr>
<td>Burke E.M.</td>
<td>320</td>
</tr>
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<td>Burke M.J.</td>
<td>813</td>
</tr>
<tr>
<td>Burkhalter F.</td>
<td>854</td>
</tr>
<tr>
<td>Burkhard B.</td>
<td>191, 1016</td>
</tr>
<tr>
<td>Burkhard F.C.</td>
<td>443, 445, 535, 541, 903</td>
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<td>Burtynk M.</td>
<td>975</td>
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<td>Busato F.</td>
<td>415</td>
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<tr>
<td>Busch J.</td>
<td>773</td>
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<tr>
<td>Buschmann J.</td>
<td>1000</td>
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<td>Buse S.</td>
<td>V45</td>
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<tr>
<td>Buser L.</td>
<td>754</td>
</tr>
<tr>
<td>Buschetto G.M.</td>
<td>678, 751</td>
</tr>
<tr>
<td>Bustamante A.</td>
<td>835</td>
</tr>
<tr>
<td>Bustamante S.</td>
<td>794</td>
</tr>
<tr>
<td>Böttner H.</td>
<td>125, 127, 622</td>
</tr>
<tr>
<td>Buvat J.</td>
<td>125</td>
</tr>
<tr>
<td>Byun S-S.</td>
<td>509, 523, 555, 1039, 1040</td>
</tr>
</tbody>
</table>

**C**
- Caballer V. 91
- Cabanas C. 827
- Cabeza M.A. 321
- Cabrera M. V13
- Cacciapitelli G. 474
- Cacciatore F. 1029
- Cacho J. 251
- Caffaratti J. 502
- Cagiano S. 205, 401
- Cahill D. 189, 210, 363
- Cai J. 727, 915
- Cai T. 136, 141, 255, 948
- Calais Da Silva Junior F. 563
- Calais Da Silva Senior F. 563
- Calareso G. 711
- Caliolo C. 852
- Callierot P. 215
- Callewaert G. 1005
- Calorini L. 411
- Calza E. 434
- Cámara C. 950
- Campain N.J. 532, 650, 735, 737
- Campbell B. 422
- Campi R. 304, 411
- Campos F. 463, 957
- Campos-Juanatey F. 413, 960
- Campos-Silva P. 184
- Can C. 942
- Cancel-Tassin G. 316, 1056
- Cancho Gil M.J. 697
- Canda A.E. 438, 488, 540
- Canes D. V8, V13
- Canter D.J. 926
- Cantelli F. 937
- Capitan C. 572
- Capitanio U. 107, 311, 451, 640, 644, 724, 937, 1017, 1041
- Capogrosso P. 137, 181, 185, 302, 311, 632, 1045
- Capon G. 491
- Capoun O. 557
- Cappia S. 317
- Caputo P. 662
- Caraglia M. 166
- Carballido J. 794
- Carbognin G. 1029
- Carbone A. 101, 155, 342, 385, V42, V43, V70
- Cárdenas Bruque F. 158
- Carelli G. 535
- Carlsson S. 116, 760
- Carlsson S. 639, 1010
- Carmignani G. 906
- Carmignani L. 890
- Carmona O. V13
- Carmona-Echeverria L. 120
- Carneiro A. 221, 767
- Carobbio F. 731
- Carracedo-Calvo D. 82, 349, V66
- Carrasco-Valiente J. 275
- Carrera-Puerta C. V65
- Carrie C. 1021
- Carrieri G. 119
- Carrión Ballard C.J. V55, V61
- Carrouzet J. 727, 915
- Carter S. 544
- Carvalho Varela J. V56
- Carvalho-Dias E. 894
- Cary C. 596
- Casamassima F. 447
- Casanova Ramon-Borja J. 315, V37, V44
- Casanova-Salas I. 315
- Casarrubia G. 1029
- Castagna G. 137, 181, 185, 302, 632
- Castaldo L. 1045
- Castaño J.P. 275
- Castel-Lacanale E. 157, 159
- Castellani P. V29, V68
- Castellano D. 557
- Castelli T. 312, 1097
- Castellucci R. 768
- Castelo-Branco P. 422
- Castiglione F. 962, 1064
- Castle E. V8
- Castro Sader L. 847
- Castro-Díaz D. 1092
- Catanzaro M. 597, 598, 711, 824
- Cathala N. 221, 767
- Cathelineau X. 221, 437, 634, 740, 767, 935, 1013
- Cattaneo G. 58, 434
- Catto J. 227, 232, 426, 527, 747
- Cavallaro G. 155
- Cazzagon M. 1029
- Cazzaniga W. 446, 456, 912, 1017
- Cecchiini L. 950
- Cecchiini M. 410
- Cecconi F. 680, 1048
- Ceci F. 821
- Cek M. 255
- Cekmen M. 396
- Celestino F. 945
- Celia A. 110, 1029

Numbers refer to abstract numbers
<p>| Abstract authors | | | Numbers refer to abstract numbers |
|------------------|-----------------|-----------------|
| Celik S. 558     | Chen L. 494, 698| Choo M.S. 351   |
| Çelik O. 872     | Chen M-F. 977   | Chou M. 268, 606, 616, 689 |
| Celma A. 766     | Chen S. 592     | Chou K-Y. 27, 36 |
| Centra M.A. 1048 | Chen W. 232     | Chou Y-H. 391   |
| Cerruto M.A. 474 | Chen W-J. 977   | Choueiri T.K. 7, 638 |
| Cerundolo L. 428 | Chen X. 862     | Chow K. V32     |
| Cervelló Alcaraz I. 235 | Chen Z. 87 | Chowaniec Y. 307 |
| Cestari A. 974   | Cheng W-M. 811  | Christie A. 379 |
| Çetin H. 348     | Cheng X. 120    | Christensen C. 375, 932 |
| Çetin H. V20     | Chernyav V.A. 106, 810 | Christensen I.J. 427, 753 |
| Cha E. 948       | Chezza F. 722, 821 | Christensen T. 734 |
| Chabert C. 190 | Chetwood A. 56, 60 | Christian M. 560 |
| Chadwick K. 423 | Chew S. 867     | Christie A. 69 |
| Chae Y. 528      | Chi B.H. 145, 160, 229 | Christodoulidou M. 709 |
| Challacombe B. 210, 487, 921, 923, 924, 976, 987, V49 | Chi K. 564 | Christopher N. 292, 299 |
| Chan K.E. 61     | Chiang H-S. 50  | Christopoulos P. V16 |
| Chancellor M.B. 1089 | Chiara A. 623 | Christos P.J. 21, 656, 744 |
| Chandrasekar T. 402 | Chiaradia M. V29 | Chruscikowski E. 1460 |
| Chang C.H.C. 836 | Chigogidze G. 478 | Chuang S-M. 897 |
| Chang C-H. 982   | Chijioke O. 31  | Chughtai B. 575 |
| Chang J. 364     | Chini T. 554, 807 | Chun J. 935 |
| Chang S.G. 392   | Chirinos J. V63 | Chun J-Y. 689 |
| Chang S.L. 337, 620 | Chiu A. 1083 | Chung B.H. 670 |
| Chang S-J. 607   | Chiu H-C. 716, 982 | Chung D.Y. 94 |
| Chang T-J. 49    | Chieueh T-S. 50 | Chung H. 43 |
| Chang W-C. 897   | Chiyomaru T. 29 | Chung H.J. 352, 581, 811, 836 |
| Chang Y-H. 811, 836 | Chlost P. 437, 935, 936 | Chung H.S. 138, 249, 684 |
| Chang Wook J. 373 | Chlost P. 634 | Chung K.J. 869 |
| Chao Q. 226      | Cho I.R. 272    | Chung M.K. 562 |
| Chaparro E. 835  | Cho I-C. 528    | Chung S.K. 998 |
| Chapple C. 149, 265, 1004, 1005, 1009 | Cho J-S. 272 | Chung V. 398 |
| Charles A. 658   | Cho K. 615      | Ci W. 856 |
| Charnas R. 564   | Cho K.S. 94, 548, 670, 789 | Ciaccia M. 1029 |
| Charrua A. 1086  | Cho S.Y. 272, 351, 659, 689, 964 | Ciani O. 146 |
| Chartier-Kastler E. 152 | Cho Y.M. 518 | Cicchetti G. 1037 |
| Chatalic K. 931  | Choeurng V. 431, 1015 | Cicero C. 1029 |
| Chaussy C.G. 1058 | Choi H.C. 548, 789 | Ciciliato S. 474, 1029 |
| Chawla A.K. 699, V14, V15 | Choi H-Y. 784, 832 | Cimino S. 312, 570, 1097 |
| Chegdy E.C.P. 61 | Choi J.B. 689   | Cindolo L. 101, 308, 972 |
| Chen B. 295      | Choi J.D. 145, 160, 229 | Gioff A. 771 |
| Chen D. 926, 1024 | Choi J.Y. 998   | Giotkowska A. 891, 893 |
| Chen H-E. 27, 36 | Choi J-H. 616   | Ciria J.P. 566 |
| Chen J-T. V11    | Choi S. 901, 1007 | Cislo P. 673 |
| Chen K. 856      | Choi S.H. 998   | Ciudin A. 262, 679 |
| Chen K.W.J. 87   | Choi S.Y. 145, 160, 229 | Claeyts T. 728 |
| Chen K-K. 49, 352, 581, 811, 836, 1083 | Choi S-K. 518, 642 | Clarke N.W. 595 |
| Chen L. 862      | Choi T. 392     | Clarke R. 426 |
|                 | Choi W.S. 659   | Cloutier J. 328 |</p>
<table>
<thead>
<tr>
<th>Authors</th>
<th>Abstract Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>De Fidio L.</td>
<td>V57</td>
</tr>
<tr>
<td>De Gennaro M.</td>
<td>605</td>
</tr>
<tr>
<td>De Groote R.</td>
<td>906</td>
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<tr>
<td>De Jong I.J.</td>
<td>565</td>
</tr>
<tr>
<td>De Jong M.</td>
<td>931</td>
</tr>
<tr>
<td>De Jonge P.K.J.D.</td>
<td>874</td>
</tr>
<tr>
<td>De La Iglesia R.</td>
<td>566</td>
</tr>
<tr>
<td>De La Morena J.M.</td>
<td>1035</td>
</tr>
<tr>
<td>De La Peña E.</td>
<td>648, 947, 1054</td>
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<tr>
<td>De La Rosette J.</td>
<td>828, 829, 965</td>
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<tr>
<td>De La Taille A.</td>
<td>117, 270, 437, 922, V29, V68</td>
</tr>
<tr>
<td>De La Torre P.</td>
<td>1026</td>
</tr>
<tr>
<td>De Luca F.</td>
<td>292</td>
</tr>
<tr>
<td>De Luca G.</td>
<td>389, 534</td>
</tr>
<tr>
<td>De Luca S.</td>
<td>317</td>
</tr>
<tr>
<td>De Marchi D.</td>
<td>474</td>
</tr>
<tr>
<td>De Martino M.</td>
<td>200, 647</td>
</tr>
<tr>
<td>De Meerleer G.</td>
<td>447, 728</td>
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<tr>
<td>De Meyer T.</td>
<td>779</td>
</tr>
<tr>
<td>De Nicolás P.</td>
<td>77</td>
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<tr>
<td>De Nunzio C.</td>
<td>101, 271, 308, 544, 563, 554, 939, 958, 1062, V73</td>
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<td>De Porre P.</td>
<td>556, 557, 564, 668</td>
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<td>De Reijer C.M.A.</td>
<td>277, 391</td>
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<tr>
<td>De Ridder D.</td>
<td>40, 42, 74, 149, 795, 797, 902, 1093</td>
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<tr>
<td>De Rooij M.</td>
<td>630</td>
</tr>
<tr>
<td>De Ruberti G.</td>
<td>480, 1048</td>
</tr>
<tr>
<td>De Souza D.B.</td>
<td>184, 490, 917</td>
</tr>
<tr>
<td>De Souza P.</td>
<td>556</td>
</tr>
<tr>
<td>De Torres I.</td>
<td>314</td>
</tr>
<tr>
<td>De Vries M.</td>
<td>291, 362</td>
</tr>
<tr>
<td>De Vries P.</td>
<td>150</td>
</tr>
<tr>
<td>De Vries P.J.</td>
<td>1</td>
</tr>
<tr>
<td>De Wachter S.</td>
<td>356, 798</td>
</tr>
<tr>
<td>De Weijert M.</td>
<td>421, 774</td>
</tr>
<tr>
<td>De Winter P.</td>
<td>702</td>
</tr>
<tr>
<td>Deane L.A.</td>
<td>260</td>
</tr>
<tr>
<td>Debruyne F.M.J.</td>
<td>239</td>
</tr>
<tr>
<td>De Castecker K.P.</td>
<td>438, 540, 728</td>
</tr>
<tr>
<td>Deconinck S.</td>
<td>650</td>
</tr>
<tr>
<td>Deepansh D.</td>
<td>187, 192</td>
</tr>
<tr>
<td>Dehlendorff C.</td>
<td>14</td>
</tr>
<tr>
<td>Dehò F.</td>
<td>186, 640, 1041</td>
</tr>
<tr>
<td>Del Biondo D.</td>
<td>110</td>
</tr>
<tr>
<td>Del Fabbro D.</td>
<td>657</td>
</tr>
<tr>
<td>Del Junco M.</td>
<td>1072</td>
</tr>
<tr>
<td>Del Pozo Jiménez G.</td>
<td>697</td>
</tr>
<tr>
<td>Del Riego S.</td>
<td>1035</td>
</tr>
<tr>
<td>Del Valle J.L.</td>
<td>25</td>
</tr>
<tr>
<td>Del Valle Schaan J.L.</td>
<td>V17, V55, V61</td>
</tr>
<tr>
<td>Del Zingaro M.</td>
<td>67</td>
</tr>
<tr>
<td>Delage F.</td>
<td>215</td>
</tr>
<tr>
<td>Delaney H.</td>
<td>368</td>
</tr>
<tr>
<td>D’Elia C.</td>
<td>474</td>
</tr>
<tr>
<td>Della Camera P.</td>
<td>807</td>
</tr>
<tr>
<td>Dell’Acqua V.</td>
<td>956</td>
</tr>
<tr>
<td>Dell’Att L.</td>
<td>132</td>
</tr>
<tr>
<td>Dell’Oglio P.</td>
<td>188, 311, 451, 624, 644, 799, 1017</td>
</tr>
<tr>
<td>Delongchamps N.B.</td>
<td>333, 685</td>
</tr>
<tr>
<td>Delreux A.</td>
<td>53</td>
</tr>
<tr>
<td>Delsedime L.</td>
<td>117</td>
</tr>
<tr>
<td>Demarco R.B.</td>
<td>430</td>
</tr>
<tr>
<td>Denes B.S.</td>
<td>320</td>
</tr>
<tr>
<td>Deng M.</td>
<td>756, 863</td>
</tr>
<tr>
<td>Denstedt J.</td>
<td>690</td>
</tr>
<tr>
<td>Dente D.</td>
<td>906</td>
</tr>
<tr>
<td>Denys P.</td>
<td>1092</td>
</tr>
<tr>
<td>Denzinger S.</td>
<td>757, 1053</td>
</tr>
<tr>
<td>Deprest J.</td>
<td>74, 1005</td>
</tr>
<tr>
<td>Derrico P.</td>
<td>605</td>
</tr>
<tr>
<td>Deruelle C.</td>
<td>215</td>
</tr>
<tr>
<td>Deruyver Y.</td>
<td>797, 902</td>
</tr>
<tr>
<td>Desai J.</td>
<td>582, 657</td>
</tr>
<tr>
<td>Desar I.M.E.</td>
<td>12</td>
</tr>
<tr>
<td>Descasauald A.</td>
<td>307, 685, 727, 915</td>
</tr>
<tr>
<td>Desoky E.A.E.</td>
<td>95, 97, 377, 584, 588, 683, 970</td>
</tr>
<tr>
<td>Desoky H.</td>
<td>970</td>
</tr>
<tr>
<td>Destefanis P.</td>
<td>202, 853, 946, 1075</td>
</tr>
<tr>
<td>Detmar M.</td>
<td>754</td>
</tr>
<tr>
<td>Detoress E.</td>
<td>766</td>
</tr>
<tr>
<td>Detti B.</td>
<td>807</td>
</tr>
<tr>
<td>Devillier S.</td>
<td>146</td>
</tr>
<tr>
<td>Devisschere P.</td>
<td>728</td>
</tr>
<tr>
<td>Dewulf K.</td>
<td>902</td>
</tr>
<tr>
<td>D’Hauwers K.W.M.</td>
<td>289, 291</td>
</tr>
<tr>
<td>D’Hulst P.</td>
<td>953, 1064</td>
</tr>
<tr>
<td>D’Hulst P.</td>
<td>953</td>
</tr>
<tr>
<td>Dias V.</td>
<td>846</td>
</tr>
<tr>
<td>Díaz M.</td>
<td>905</td>
</tr>
<tr>
<td>Díaz Méndez B.</td>
<td>122, V5</td>
</tr>
<tr>
<td>Díazzi D.</td>
<td>821, 1037</td>
</tr>
<tr>
<td>Dick A.</td>
<td>130</td>
</tr>
<tr>
<td>Dicker A.</td>
<td>430, 672</td>
</tr>
<tr>
<td>Dickman M.</td>
<td>227</td>
</tr>
<tr>
<td>Dietz F.</td>
<td>214</td>
</tr>
<tr>
<td>Diez J.</td>
<td>506</td>
</tr>
<tr>
<td>Diez-Nicolás V.</td>
<td>77, 82, 376, 775, V65</td>
</tr>
<tr>
<td>Dimitriadis F.</td>
<td>176, 786</td>
</tr>
<tr>
<td>Dimitrovski A.</td>
<td>294</td>
</tr>
<tr>
<td>Dimov I.</td>
<td>120</td>
</tr>
<tr>
<td>Ding Q.</td>
<td>59, 110, 284</td>
</tr>
<tr>
<td>Ding S.</td>
<td>402</td>
</tr>
<tr>
<td>Dingweyi V.</td>
<td>234</td>
</tr>
<tr>
<td>Dinis P.J.</td>
<td>846</td>
</tr>
<tr>
<td>Dinkel A.</td>
<td>129</td>
</tr>
<tr>
<td>Dinney C.P.</td>
<td>532, 650, 735, 737</td>
</tr>
<tr>
<td>Dirnhofer S.</td>
<td>410</td>
</tr>
<tr>
<td>Dittono P.</td>
<td>205, 401, 1037</td>
</tr>
<tr>
<td>Dixon C.</td>
<td>827</td>
</tr>
<tr>
<td>Dizey N.D.</td>
<td>404</td>
</tr>
<tr>
<td>Dijajadinicr R.S.</td>
<td>704</td>
</tr>
<tr>
<td>Djimovic R.P.</td>
<td>1071</td>
</tr>
<tr>
<td>Dmochowski R.</td>
<td>1092</td>
</tr>
<tr>
<td>Doerffler A.</td>
<td>307, 727, 915</td>
</tr>
<tr>
<td>Dogra P.N.</td>
<td>718, 873</td>
</tr>
<tr>
<td>Doherty R.</td>
<td>96</td>
</tr>
<tr>
<td>Dohn L.H.</td>
<td>753</td>
</tr>
<tr>
<td>Doizi S.</td>
<td>221, 767</td>
</tr>
<tr>
<td>Doležel J.</td>
<td>861</td>
</tr>
<tr>
<td>Doll A.</td>
<td>314</td>
</tr>
<tr>
<td>Dominguez Elias J.</td>
<td>849</td>
</tr>
<tr>
<td>Dominguez Esteban M.</td>
<td>V17, V25, V55, V61</td>
</tr>
<tr>
<td>Domínguez Escrig J.L.</td>
<td>315, 566, V37, V44</td>
</tr>
</tbody>
</table>

Numbers refer to abstract numbers
Domnisor L. 130
Donel E. 636
Dong D-H. 864
Donis Canet F. V62
Donskov F. 7
Doo S.H. 901, 1007
Doolan P. 526
Döring D. 177
Dorkin T.J. 372
Dornbusch J. 780
Doros G. 240
Dörr M. 643
Doucet L. 215
Doumerc N. 491, 922
Doolan P. 526
Döring D. 177
Döring D. 177
Doros G. 864
Donis Canet F. V62
Donskov F. 7
Doo S.H. 901, 1007
Drayton R. 232, 426
E
Eastham J. 798
Eastham J. 452
Eba J. 329, 338
Ebing J. 854
Eefting B. 1028
Edeling S. 438, 540
Ederer M. 386
Eefting B. 1028
Eging H. 34
Egawa S. 666, 669
Egi H. 485
Egleston B. 1024
Egli A. 258
Ehrlich G. 222
Eiber M. 217, 675, 928
Eibofner F. 1008
Einhorn L. 596
Ekin R.G. 872
Ekman M. 899
Eksi M. 966
El Bakri A. 307, 727, 915
El Bendary L. 970
El Fayoury A.M. 377
El Galaly H. 970
El Harrech E.H.Y. 681
El Kady S.A.M. 588
El Mouallem N.R. 596
El Sayed D. 95
El Sayed E.R. 95, 970
Eladl M. 97, 100
Elalouf V. 333
Elamany F.G. 470
Elasayed E. 97
Elawady M.A. 500
Elbadry M.S. 507
El-Bilsha M.A. 475
El-Dahashory M.Z. 507
Eldred-Evans D. 210
Eleswarapu S. 503
El-Halwagy S. 745
Elhefnawy A. 745
Eliwa A. 95, 970
Elkoushy M. 691
Ellinger J. 538, 756, 863
Elliot D.S. 458
El-Naggar H. 745
El-Nahas A.R. 93, 692, 695, 1076
Elsaadany M. 93, 1076
Elsawy E.A. 500
El-Sawy E.A. 93
Elshal A.M. 93, 500
El-Tahey N. 745
El Tahawy E. 965
Eltez E. 121
Emara A. 56, 60, 575, 809
Emerton M. 324, 819, 820, 1042
Emery S.J. 382
Emiligian E. 502
Eminga O. 121
Emmett-Buck M. 425
Enatsu N. 178
Endress W. 875
Ene C. 553
Ene C.D. 553
Engel C. 671
Engel J. 643
Engel O. 954, 1068
Engelbrecht M.R.W. 828
Engelhardt P.F. 839
Englberger C. 934
Enkelmann A. 834
Enokida H. 29
Ercole E. 532, 650, 735, 737
Erdem O. 194
Erdmann K. 170, 403
Erdogan B.A. 496
Erho N. 430
Erikson T. 64
Erkan A. 545
Erkurt B. 973
Ernst R. 129
Erturhan S. 253
Esperto F. 271
Espiritu P.N. 735
Esteso G. 30
Eswara J.R. 337, 1059, 1060, 1065
Ethans K. 1092
Eto M. 307, 727, 782, 915
Ettala O. 772
Evans A.J. 20, 306, 309
Evans C.P. 402
Evans S. 382
Everaerts W. 795, 797, 902, V32
Evrova O. 1000
Fabbri F. 974
Fabuel-Alcaniz J.J. 72, 376
Fadel F. 848
Fagerlund K. 409
Fahmi A. 495
Fahmy M.B. 501
Fairley A.S. 532, 650, 735, 737
Fajkovic H. 508, 647, 839
Fakhreldin I. 692
Falcone M. 450
Falgares G. 246
Faltas B.M. 440, 656, 744
Falter M. 42
Fan Y. 522, 763, 793, 857
Fan Y.H. 352, 581
Fang D. 763, 1057
Fang Y-H. 359
Fankhauser C.D. 517
Farag F. 459
Fardoun T. 412
Farina E. 455, 621, 912

Numbers refer to abstract numbers
### Abstract authors

<table>
<thead>
<tr>
<th>Author</th>
<th>Page References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farina U.</td>
<td>V46</td>
</tr>
<tr>
<td>Fariña-Pérez L.A.</td>
<td>882, 883, 889</td>
</tr>
<tr>
<td>Farshi A.</td>
<td>1080</td>
</tr>
<tr>
<td>Faith A.</td>
<td>V20</td>
</tr>
<tr>
<td>Favilla V.</td>
<td>312, 1097</td>
</tr>
<tr>
<td>Favorito L.A.</td>
<td>612</td>
</tr>
<tr>
<td>Favreau F.</td>
<td>80</td>
</tr>
<tr>
<td>Fawzi A.M.</td>
<td>95, 377, 387, 584, 588, 683, 970, 1081</td>
</tr>
<tr>
<td>Faydaci G.</td>
<td>496</td>
</tr>
<tr>
<td>Fazli L.</td>
<td>63</td>
</tr>
<tr>
<td>Febbo P.G.</td>
<td>320</td>
</tr>
<tr>
<td>Feber A.</td>
<td>702</td>
</tr>
<tr>
<td>Fecher-Trost C.</td>
<td>3</td>
</tr>
<tr>
<td>Fedeli L.</td>
<td>411</td>
</tr>
<tr>
<td>Fedor H.L.</td>
<td>431</td>
</tr>
<tr>
<td>Fedorko M.</td>
<td>861</td>
</tr>
<tr>
<td>Fehr J.</td>
<td>254</td>
</tr>
<tr>
<td>Feitz W.F.J.</td>
<td>608, 874</td>
</tr>
<tr>
<td>Feldman A.S.</td>
<td>337</td>
</tr>
<tr>
<td>Feldman H.</td>
<td>596</td>
</tr>
<tr>
<td>Feldmeier V.</td>
<td>539</td>
</tr>
<tr>
<td>Fendler A.</td>
<td>773</td>
</tr>
<tr>
<td>Feng F.</td>
<td>630, 1015</td>
</tr>
<tr>
<td>Feoktistov P.I.</td>
<td>817</td>
</tr>
<tr>
<td>Fernandes V.</td>
<td>794</td>
</tr>
<tr>
<td>Fernandes-De-Lima F.</td>
<td>184</td>
</tr>
<tr>
<td>Fernandes-Neto A.</td>
<td>184</td>
</tr>
<tr>
<td>Fernandez D. C.</td>
<td>672</td>
</tr>
<tr>
<td>Fernandez P.L.</td>
<td>830</td>
</tr>
<tr>
<td>Fernández M.</td>
<td>835</td>
</tr>
<tr>
<td>Fernández-Arias M.</td>
<td>882, 883</td>
</tr>
<tr>
<td>Fernández-Pello Montes S.</td>
<td>V5</td>
</tr>
<tr>
<td>Fernandes-Serra A.</td>
<td>315</td>
</tr>
<tr>
<td>Fernando A.</td>
<td>55, 725, 816, 914</td>
</tr>
<tr>
<td>Ferrari L.</td>
<td>1045</td>
</tr>
<tr>
<td>Ferrari M.</td>
<td>974</td>
</tr>
<tr>
<td>Ferreira Filho J.A.D.</td>
<td>917</td>
</tr>
<tr>
<td>Ferreira-Teixeira M.</td>
<td>31</td>
</tr>
<tr>
<td>Ferrière J-M.</td>
<td>519</td>
</tr>
<tr>
<td>Ferriero M.</td>
<td>101, 211, 212, V26, V30</td>
</tr>
<tr>
<td>Ferro M.</td>
<td>771</td>
</tr>
<tr>
<td>Fes Ascanio E.</td>
<td>951, 960</td>
</tr>
<tr>
<td>Fethi A.</td>
<td>V1</td>
</tr>
<tr>
<td>Feuer R.</td>
<td>386</td>
</tr>
<tr>
<td>Fiamigos A.</td>
<td>390</td>
</tr>
<tr>
<td>Fiard G.</td>
<td>491</td>
</tr>
<tr>
<td>Ficarra V.</td>
<td>822</td>
</tr>
<tr>
<td>Fiechtner S.</td>
<td>133</td>
</tr>
<tr>
<td>Figueiredo A.</td>
<td>422, 846</td>
</tr>
<tr>
<td>Figurin K.M.</td>
<td>814</td>
</tr>
<tr>
<td>Fijita N.</td>
<td>1020</td>
</tr>
<tr>
<td>Filleron T.</td>
<td>840</td>
</tr>
<tr>
<td>Finazzi Agrò E.</td>
<td>680, 807</td>
</tr>
<tr>
<td>Finch W.</td>
<td>696</td>
</tr>
<tr>
<td>Finelli A.</td>
<td>20, 306, 309, 755</td>
</tr>
<tr>
<td>Finkelberg E.</td>
<td>890</td>
</tr>
<tr>
<td>Finn J.D.</td>
<td>239</td>
</tr>
<tr>
<td>Finn S.P.</td>
<td>425</td>
</tr>
<tr>
<td>Fiorentino M.</td>
<td>821, 1037</td>
</tr>
<tr>
<td>Fiori C.</td>
<td>58, 109, 198, 317, 434, 701, 918, 925</td>
</tr>
<tr>
<td>Fiorino C.</td>
<td>454, 623</td>
</tr>
<tr>
<td>Fiorino L.</td>
<td>570</td>
</tr>
<tr>
<td>Fiorito C.</td>
<td>927</td>
</tr>
<tr>
<td>Firas A.</td>
<td>435</td>
</tr>
<tr>
<td>Fisch M.</td>
<td>366, 436, 442, 538, 599, 620, 641, 649, 651, 954, 1065, 1068</td>
</tr>
<tr>
<td>Fischer C.</td>
<td>834</td>
</tr>
<tr>
<td>Fischereder K.</td>
<td>222</td>
</tr>
<tr>
<td>Fitzpatrick J.M.</td>
<td>526</td>
</tr>
<tr>
<td>Fizazi K.</td>
<td>556, 564, 567, 596, 668</td>
</tr>
<tr>
<td>Flaiig T.W.</td>
<td>556</td>
</tr>
<tr>
<td>Flamand V.</td>
<td>307, 727, 915, V28, V34</td>
</tr>
<tr>
<td>Flatberg A.</td>
<td>855</td>
</tr>
<tr>
<td>Fleetwood K.</td>
<td>151</td>
</tr>
<tr>
<td>Fleischer K.</td>
<td>291</td>
</tr>
<tr>
<td>Fleschner N.</td>
<td>20, 322, 423, 755</td>
</tr>
<tr>
<td>Flood H.</td>
<td>618, 813, 818</td>
</tr>
<tr>
<td>Flowers D.</td>
<td>569</td>
</tr>
<tr>
<td>Flynn T.</td>
<td>230</td>
</tr>
<tr>
<td>Fode M.</td>
<td>290, 629</td>
</tr>
<tr>
<td>Fodor A.</td>
<td>623</td>
</tr>
<tr>
<td>Foiatto J.C. V22</td>
<td></td>
</tr>
<tr>
<td>Foley R.W.</td>
<td>19</td>
</tr>
<tr>
<td>Foley S.</td>
<td>267</td>
</tr>
<tr>
<td>Folkvalljön Y.</td>
<td>131, 631, 639, 677, 825, 1010</td>
</tr>
<tr>
<td>Fontana D.</td>
<td>853, 1075</td>
</tr>
<tr>
<td>Fonteyne V.</td>
<td>728</td>
</tr>
<tr>
<td>Forstner R.</td>
<td>934</td>
</tr>
<tr>
<td>Forte G.</td>
<td>401</td>
</tr>
<tr>
<td>Fossion L.</td>
<td>437</td>
</tr>
<tr>
<td>Foster C.S.</td>
<td>210</td>
</tr>
<tr>
<td>Fountzilas G.</td>
<td>557</td>
</tr>
<tr>
<td>Fourcade A.</td>
<td>215</td>
</tr>
<tr>
<td>Fournier G.</td>
<td>215</td>
</tr>
<tr>
<td>Fowler S.</td>
<td>725</td>
</tr>
<tr>
<td>Fradet V.</td>
<td>322</td>
</tr>
<tr>
<td>Fradet Y.</td>
<td>322</td>
</tr>
<tr>
<td>Fragalà E.</td>
<td>146, 312, 1097</td>
</tr>
<tr>
<td>Françês A.</td>
<td>950</td>
</tr>
<tr>
<td>Franck Lissbrant I.</td>
<td>1010</td>
</tr>
<tr>
<td>Franco G. V.</td>
<td>V73</td>
</tr>
<tr>
<td>Franco M.</td>
<td>243, 248</td>
</tr>
<tr>
<td>Franco Miranda E.</td>
<td>849</td>
</tr>
<tr>
<td>Franken J.</td>
<td>797</td>
</tr>
<tr>
<td>Frånland M.</td>
<td>760</td>
</tr>
<tr>
<td>Fransen Van De Putte E.E.</td>
<td>739</td>
</tr>
<tr>
<td>Free B.</td>
<td>117, 202, 853, 946, 1075</td>
</tr>
<tr>
<td>Freeman A.</td>
<td>702, 703, 819, 1042</td>
</tr>
<tr>
<td>Freemantle N.</td>
<td>151</td>
</tr>
<tr>
<td>Frees S.</td>
<td>671</td>
</tr>
<tr>
<td>Frego E.</td>
<td>1037</td>
</tr>
<tr>
<td>Frei R.</td>
<td>258</td>
</tr>
<tr>
<td>Freitag M.</td>
<td>769</td>
</tr>
<tr>
<td>Freschi M.</td>
<td>186, 188, 311, 799, 937, 1017, 1045</td>
</tr>
<tr>
<td>Freund P.</td>
<td>1096</td>
</tr>
<tr>
<td>Frey A.</td>
<td>629</td>
</tr>
<tr>
<td>Frias B.</td>
<td>1085</td>
</tr>
<tr>
<td>Friederich H-C.</td>
<td>365</td>
</tr>
<tr>
<td>Friedlander D.</td>
<td>1065</td>
</tr>
<tr>
<td>Friedlander M.</td>
<td>423</td>
</tr>
<tr>
<td>Friedman A.A.</td>
<td>611</td>
</tr>
<tr>
<td>Friis S.</td>
<td>14</td>
</tr>
<tr>
<td>Frisch B.</td>
<td>217, 675</td>
</tr>
<tr>
<td>Fristrup N.</td>
<td>231</td>
</tr>
<tr>
<td>Fritsche H-M.</td>
<td>649</td>
</tr>
<tr>
<td>Fröhlich M.</td>
<td>254</td>
</tr>
<tr>
<td>Frohneberg D.</td>
<td>634, 1013</td>
</tr>
<tr>
<td>Fröhner M.</td>
<td>209, 441, 637, 649, 800</td>
</tr>
<tr>
<td>Frost A.</td>
<td>463, 466, 472, 951, 957</td>
</tr>
<tr>
<td>Frost M.</td>
<td>1</td>
</tr>
<tr>
<td>Fuentes Pastor J.</td>
<td>V55, V61</td>
</tr>
<tr>
<td>Fujii T.</td>
<td>174</td>
</tr>
<tr>
<td>Fujii Y.</td>
<td>395</td>
</tr>
<tr>
<td>Fujii Y.</td>
<td>112, 199, 211, 335, 416, 645, 715, 723, 741, 765, 943, 983, V41</td>
</tr>
<tr>
<td>Fujimoto H.</td>
<td>329, 338, 666</td>
</tr>
<tr>
<td>Fujimoto K.</td>
<td>26, 669</td>
</tr>
<tr>
<td>Fujimura T.</td>
<td>195</td>
</tr>
<tr>
<td>Fujisawa H.</td>
<td>51</td>
</tr>
<tr>
<td>Fujisawa M.</td>
<td>178, 625, 730</td>
</tr>
<tr>
<td>Fujita K.</td>
<td>34</td>
</tr>
<tr>
<td>Fujita N.</td>
<td>169, 203, 536</td>
</tr>
<tr>
<td>Fujita T.</td>
<td>266</td>
</tr>
</tbody>
</table>

Numbers refer to abstract numbers
<table>
<thead>
<tr>
<th>Name</th>
<th>Page Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fujita T.</td>
<td>746, 752, 826, V58</td>
</tr>
<tr>
<td>Fujita Y.</td>
<td>895</td>
</tr>
<tr>
<td>Fujiyama N.</td>
<td>8</td>
</tr>
<tr>
<td>Fukatsu A.</td>
<td>118</td>
</tr>
<tr>
<td>Fukawa T.</td>
<td>51</td>
</tr>
<tr>
<td>Fukuda H.</td>
<td>729</td>
</tr>
<tr>
<td>Fukuda M.</td>
<td>169</td>
</tr>
<tr>
<td>Fukuda T.</td>
<td>178</td>
</tr>
<tr>
<td>Fukuhara H.F.</td>
<td>195, 250</td>
</tr>
<tr>
<td>Fukuhara S.</td>
<td>1087</td>
</tr>
<tr>
<td>Fukumoto K.</td>
<td>717</td>
</tr>
<tr>
<td>Fujita Y.</td>
<td>895</td>
</tr>
<tr>
<td>Fujiyama N.</td>
<td>8</td>
</tr>
<tr>
<td>Fukatsu A.</td>
<td>118</td>
</tr>
<tr>
<td>Fukawa T.</td>
<td>51</td>
</tr>
<tr>
<td>Fukuda H.</td>
<td>729</td>
</tr>
<tr>
<td>Fukuda M.</td>
<td>169</td>
</tr>
<tr>
<td>Fukuda T.</td>
<td>178</td>
</tr>
<tr>
<td>Fukuhara H.F.</td>
<td>195, 250</td>
</tr>
<tr>
<td>Fukuhara S.</td>
<td>1087</td>
</tr>
<tr>
<td>Fukumoto K.</td>
<td>717</td>
</tr>
<tr>
<td>Fujita Y.</td>
<td>895</td>
</tr>
<tr>
<td>Fujiyama N.</td>
<td>8</td>
</tr>
<tr>
<td>Fukatsu A.</td>
<td>118</td>
</tr>
<tr>
<td>Fukawa T.</td>
<td>51</td>
</tr>
<tr>
<td>Fukuda H.</td>
<td>729</td>
</tr>
<tr>
<td>Fukuda M.</td>
<td>169</td>
</tr>
<tr>
<td>Fukuda T.</td>
<td>178</td>
</tr>
<tr>
<td>Fukuhara H.F.</td>
<td>195, 250</td>
</tr>
<tr>
<td>Fukuhara S.</td>
<td>1087</td>
</tr>
<tr>
<td>Fukumoto K.</td>
<td>717</td>
</tr>
</tbody>
</table>

Indices:

- Fujita T.
- Fukita T.
- Fukuda H.
- Fukuda M.
- Fukuda T.
- Fukuhara H.F.
- Fukuhara S.
- Fukumoto K.
- Fukita Y.
- Fukya T.
- Fukuda H.
- Fukuda M.
- Fukuda T.
- Fukuhara H.F.
- Fukuhara S.
- Fukumoto K.
- Fujita Y.
- Fuizyama N.
- Fukatsu A.
- Fukawa T.
- Fukuda H.
- Fukuda M.
- Fukuda T.
- Fukuhara H.F.
- Fukuhara S.
- Fukumoto K.
- Fujita Y.
- Fuizyama N.
- Fukatsu A.
- Fukawa T.
- Fukuda H.
- Fukuda M.
- Fukuda T.
- Fukuhara H.F.
- Fukuhara S.
- Fukumoto K.
- Fujita Y.
- Fuizyama N.
- Fukatsu A.
- Fukawa T.
- Fukuda H.
- Fukuda M.
- Fukuda T.
- Fukuhara H.F.
- Fukuhara S.
- Fukumoto K.
- Fujita Y.
- Fuizyama N.
- Fukatsu A.
- Fukawa T.
- Fukuda H.
- Fukuda M.
- Fukuda T.
- Fukuhara H.F.
- Fukuhara S.
- Fukumoto K.
- Fujita Y.
- Fuizyama N.
- Fukatsu A.
- Fukawa T.
- Fukuda H.
- Fukuda M.
- Fukuda T.
- Fukuhara H.F.
- Fukuhara S.
- Fukumoto K.
- Fujita Y.
- Fuizyama N.
- Fukatsu A.
- Fukawa T.
- Fukuda H.
- Fukuda M.
- Fukuda T.
- Fukuhara H.F.
- Fukuhara S.
- Fukumoto K.
- Fujita Y.
- Fuizyama N.
- Fukatsu A.
- Fukawa T.
- Fukuda H.
- Fukuda M.
- Fukuda T.
- Fukuhara H.F.
- Fukuhara S.
- Fukumoto K.
- Fujita Y.
- Fuizyama N.
### Abstract authors

<table>
<thead>
<tr>
<th>Author</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giliberto G.L.</td>
<td>389</td>
</tr>
<tr>
<td>Gill B.</td>
<td>755</td>
</tr>
<tr>
<td>Gill I.</td>
<td>307, 727, 867, 915</td>
</tr>
<tr>
<td>Gill N.W.</td>
<td>884</td>
</tr>
<tr>
<td>Gill P.</td>
<td>428</td>
</tr>
<tr>
<td>Gillespie J.</td>
<td>798</td>
</tr>
<tr>
<td>Gillett D.</td>
<td>743</td>
</tr>
<tr>
<td>Gimbernat H.</td>
<td>251, 984, V69</td>
</tr>
<tr>
<td>Gingu C.</td>
<td>130</td>
</tr>
<tr>
<td>Giordano G.</td>
<td>546</td>
</tr>
<tr>
<td>Giovacchini G.</td>
<td>930</td>
</tr>
<tr>
<td>Giovannone R.</td>
<td>678, 751</td>
</tr>
<tr>
<td>Giri S.</td>
<td>813, 818</td>
</tr>
<tr>
<td>Giribaldi G.</td>
<td>202</td>
</tr>
<tr>
<td>Giulianelli R.</td>
<td>1047</td>
</tr>
<tr>
<td>Giunchi F.</td>
<td>821</td>
</tr>
<tr>
<td>Giusti G.</td>
<td>161, 972, 1094</td>
</tr>
<tr>
<td>Giwercman A.</td>
<td>17</td>
</tr>
<tr>
<td>Gkekas A.</td>
<td>44</td>
</tr>
<tr>
<td>Glass J.M.</td>
<td>696</td>
</tr>
<tr>
<td>Glavaris S.</td>
<td>431</td>
</tr>
<tr>
<td>Gleave M.</td>
<td>405</td>
</tr>
<tr>
<td>Glimcher L.</td>
<td>230</td>
</tr>
<tr>
<td>Gnanapragasam V.</td>
<td>120, 283</td>
</tr>
<tr>
<td>Goddard J.</td>
<td>886</td>
</tr>
<tr>
<td>Godhardt E.</td>
<td>761</td>
</tr>
<tr>
<td>Godes M.</td>
<td>627</td>
</tr>
<tr>
<td>Godtman R.</td>
<td>1033, 1034</td>
</tr>
<tr>
<td>Godunov B.</td>
<td>70, 383, 985</td>
</tr>
<tr>
<td>Goebell P.J.</td>
<td>6</td>
</tr>
<tr>
<td>Goel A.</td>
<td>705</td>
</tr>
<tr>
<td>Goes C.</td>
<td>1067</td>
</tr>
<tr>
<td>Gogoi N.</td>
<td>572</td>
</tr>
<tr>
<td>Goh B.Y.S.</td>
<td>87</td>
</tr>
<tr>
<td>Goh T.H.A.</td>
<td>843, 851</td>
</tr>
<tr>
<td>Gokani C.</td>
<td>505</td>
</tr>
<tr>
<td>Gokce A.</td>
<td>46, 48</td>
</tr>
<tr>
<td>Gökke M.I.</td>
<td>307, 942</td>
</tr>
<tr>
<td>Golbeck S.</td>
<td>2</td>
</tr>
<tr>
<td>Goldenberger D.</td>
<td>258</td>
</tr>
<tr>
<td>Goldner G.</td>
<td>454</td>
</tr>
<tr>
<td>Golffier R.</td>
<td>415, 821</td>
</tr>
<tr>
<td>Gomella L.</td>
<td>564, 1015</td>
</tr>
<tr>
<td>Gomes A.</td>
<td>422</td>
</tr>
<tr>
<td>Gomes C.</td>
<td>31</td>
</tr>
<tr>
<td>Gomes-Giaocia E.</td>
<td>26</td>
</tr>
<tr>
<td>Gómez V.</td>
<td>77, 376</td>
</tr>
<tr>
<td>Gómez De Vicente J.M.</td>
<td>72, 349</td>
</tr>
<tr>
<td>Gómez Dos Santos V.</td>
<td>82</td>
</tr>
<tr>
<td>Gómez Dos Santos V.</td>
<td>775, 672, V65, V66</td>
</tr>
<tr>
<td>Gómez Ruiz M.</td>
<td>V55</td>
</tr>
<tr>
<td>Gómez Veiga F.</td>
<td>653</td>
</tr>
<tr>
<td>Gómez-Del-Cañizo C.</td>
<td>V66</td>
</tr>
<tr>
<td>Gómez-Ferrer A.</td>
<td>V44</td>
</tr>
<tr>
<td>Gómez-Ferrer A.</td>
<td>315, V37</td>
</tr>
<tr>
<td>Gómez-Gómez E.</td>
<td>275</td>
</tr>
<tr>
<td>Gomez-Lanza E</td>
<td>549</td>
</tr>
<tr>
<td>Gonçalves F. G.F.B.</td>
<td>490</td>
</tr>
<tr>
<td>Goncharova M.I.</td>
<td>946</td>
</tr>
<tr>
<td>González Rodríguez L.</td>
<td>122, V5</td>
</tr>
<tr>
<td>González-Gordaliza C.</td>
<td>376, V65, V66</td>
</tr>
<tr>
<td>Good D.W.</td>
<td>189, 368, 516, 871</td>
</tr>
<tr>
<td>Goo B.</td>
<td>557</td>
</tr>
<tr>
<td>Gördük M.</td>
<td>538</td>
</tr>
<tr>
<td>Goriki A.</td>
<td>9, 47</td>
</tr>
<tr>
<td>Goto T.</td>
<td>287</td>
</tr>
<tr>
<td>Goto Y.</td>
<td>29, 399</td>
</tr>
<tr>
<td>Gotoh M.</td>
<td>118, 266, 329, 338, 1088</td>
</tr>
<tr>
<td>Gottschalk A.</td>
<td>780</td>
</tr>
<tr>
<td>Govorov A.</td>
<td>619</td>
</tr>
<tr>
<td>Grabbert M.</td>
<td>476, 941</td>
</tr>
<tr>
<td>Grabe M.</td>
<td>255</td>
</tr>
<tr>
<td>Grabisz K.</td>
<td>603</td>
</tr>
<tr>
<td>Grabski B.</td>
<td>220</td>
</tr>
<tr>
<td>Graefen M.</td>
<td>191, 424, 622, 628, 634, 635, 661, 804, 808, 905, 907, 935, 935, 938, 1013, 1014, 1016</td>
</tr>
<tr>
<td>Graham S.</td>
<td>572</td>
</tr>
<tr>
<td>Grammet L.</td>
<td>797</td>
</tr>
<tr>
<td>Granata A.M.</td>
<td>467</td>
</tr>
<tr>
<td>Grande P.</td>
<td>1062</td>
</tr>
<tr>
<td>Grande S.</td>
<td>58, 317, 317, 701</td>
</tr>
<tr>
<td>Grange P.</td>
<td>1026</td>
</tr>
<tr>
<td>Granger B.</td>
<td>332</td>
</tr>
<tr>
<td>Grasu A.</td>
<td>370</td>
</tr>
<tr>
<td>Grat J.</td>
<td>672</td>
</tr>
<tr>
<td>Gratzeck C.</td>
<td>346, 394, 643, 791, 891, 892, 893, 896</td>
</tr>
<tr>
<td>Gravas S.</td>
<td>807</td>
</tr>
<tr>
<td>Gray R.</td>
<td>993</td>
</tr>
<tr>
<td>Greaser R.</td>
<td>277</td>
</tr>
<tr>
<td>Green J.S.A.</td>
<td>482</td>
</tr>
<tr>
<td>Greenberg R.</td>
<td>926, 1024</td>
</tr>
<tr>
<td>Greenwell T.</td>
<td>156, 353, 460</td>
</tr>
<tr>
<td>Gregori A.</td>
<td>467</td>
</tr>
<tr>
<td>Gregório B.M.</td>
<td>184, 917</td>
</tr>
<tr>
<td>Grenabo Bergdahl A.</td>
<td>760</td>
</tr>
<tr>
<td>Griffin J.</td>
<td>532, 650, 7735, 737</td>
</tr>
<tr>
<td>Griffin T.W.</td>
<td>556, 668</td>
</tr>
<tr>
<td>Grim I.</td>
<td>380</td>
</tr>
<tr>
<td>Grimm J.</td>
<td>776</td>
</tr>
<tr>
<td>Grimm M-O.</td>
<td>201, 538, 572, 747, 780, 834</td>
</tr>
<tr>
<td>Grimm T.</td>
<td>476, 941</td>
</tr>
<tr>
<td>Grivas N.</td>
<td>390</td>
</tr>
<tr>
<td>Grobohler R.</td>
<td>15, 116</td>
</tr>
<tr>
<td>Grosclaude P.</td>
<td>510</td>
</tr>
<tr>
<td>Gross A.J.</td>
<td>965, V40</td>
</tr>
<tr>
<td>Gross T.</td>
<td>445, 457, 541</td>
</tr>
<tr>
<td>Grosse J.O.</td>
<td>1090</td>
</tr>
<tr>
<td>Grossi M.</td>
<td>899</td>
</tr>
<tr>
<td>Grossi V.</td>
<td>601</td>
</tr>
<tr>
<td>Grossu A.L.</td>
<td>448</td>
</tr>
<tr>
<td>Grözinger G.</td>
<td>1008</td>
</tr>
<tr>
<td>Gruenenfelder J.</td>
<td>148</td>
</tr>
<tr>
<td>Grünwald V.</td>
<td>3</td>
</tr>
<tr>
<td>Grutters J.P.C.</td>
<td>845</td>
</tr>
<tr>
<td>Gryn A.</td>
<td>721</td>
</tr>
<tr>
<td>Gschwend J.E.</td>
<td>23, 32, 35, 129, 133, 217, 511, 636, 643, 675, 749, 928, 1049</td>
</tr>
<tr>
<td>Gsponer J.R.</td>
<td>410</td>
</tr>
<tr>
<td>Gu C.-Y.</td>
<td>864</td>
</tr>
<tr>
<td>Gu D.</td>
<td>993</td>
</tr>
<tr>
<td>Gu W.</td>
<td>204</td>
</tr>
<tr>
<td>Guaglianone S.</td>
<td>111, 212, V26, V30</td>
</tr>
<tr>
<td>Guazzoni G.</td>
<td>102, 166, 186, 188, 451, 488, 621, 624, 799, 801, 823, 956, 1031</td>
</tr>
<tr>
<td>Guabelli M.</td>
<td>161, 1094</td>
</tr>
<tr>
<td>Gudima I.A.</td>
<td>252, 259</td>
</tr>
<tr>
<td>Gudjonsson S.</td>
<td>471, 939, 1050</td>
</tr>
<tr>
<td>Guéguen J.</td>
<td>316</td>
</tr>
<tr>
<td>Guerrero Ramos F.</td>
<td>143</td>
</tr>
<tr>
<td>Guerth F.</td>
<td>35</td>
</tr>
<tr>
<td>Guglielmetti G.B.</td>
<td>413, 904</td>
</tr>
<tr>
<td>Guido G.</td>
<td>593</td>
</tr>
<tr>
<td>Guijarro A.</td>
<td>648, 947, 1054</td>
</tr>
<tr>
<td>Guilliamier S.</td>
<td>460</td>
</tr>
</tbody>
</table>

Numbers refer to abstract numbers
Guillotreau J. 157, 159
Guiot C. 927
Gujadhur R. 301
Gumustas H.G. 194
Guo H.Q. 207
Guo Z. 856
Guragac A. 378
Gurbuz G. 355
Gurioli A. 906
Guru K. 438, 487, 540
Gust K. 285
Gustafsson Y. 1003
Gutiérrez Baños J.L. V17, V25, V55, V61
Gutschi S. 222
Gutschi T. 222
Guven S. 973
Guzel O. 245, 545
Guzelburc V. 973
Gvasalia B.R. 1063
Gvozdev M. 70, 985
Ha H.K. 562
Ha S.B. 4, 373
Ha Y-S. 998
Haab A. C. 464
Haag J. 1003
Habeeb Abid M. 504
Haber G-P. V34
Haddad Z. 405
Hadas R. 405
Hadaschik B. 23, 120, 762, 769
Haddad Z. 430
Hadjipavlou M. 986, 988, 990, 992, 994, 997
Haese A. 191, 938, 1014, 1016
Haferkamp A. 285, 649
Hafez A.T. 500
Hafez K. 296
Hafron J. 975
Hagan S. 46
Hagberg O. 542
Hager B. 800
Guillotreau J. 157, 159
Guiot C. 927
Gujadhur R. 301
Gumustas H.G. 194
Gunia S. 308
Guo H.Q. 207
Guo Y. 28
Guo Z. 856
Guragac A. 378
Gurbuz G. 355
Gurioli A. 906
Guru K. 438, 487, 540
Gust K. 285
Gustafsson Y. 1003
Gutiérrez Baños J.L. V17, V25, V55, V61
Gutschi S. 222
Gutschi T. 222
Guven S. 973
Guzel O. 245, 545
Guzelburc V. 973
Gvasalia B.R. 1063
Gvozdev M. 70, 985
H
Ha H.K. 562
Ha S.B. 4, 373
Ha U.S. 229
Ha Y-S. 998
Haab A. C. 464
Haag J. 1003
Habeeb Abid M. 504
Haber G-P. V34
Habibzada J. 627
Habuchi T. 8, 83, 84, 86, 171, 429
Hach C. V45
Hackett G. 126
Hacking N. 569
Hadas R. 405
Hadaschik B. 23, 120, 762, 769
Haddad Z. 430
Hadjipavlou M. 986, 988, 990, 992, 994, 997
Haese A. 191, 938, 1014, 1016
Haferkamp A. 285, 649
Hafez A.T. 500
Hafez K. 296
Hafron J. 975
Hagan S. 46
Hagberg O. 542
Hager B. 800
Hager M. 934
Haider A. 237
Haider K.S. 237
Hailiang Z. 234
Haince J-F. 322
Hajebrahimi S. 1080
Hakenberg O.W. 538, 649
Halbach R. 282
Halgrimson W. 350, V12, V53
Hall J. 140
Hall S.J. 833
Hallas J. 14
Halleen J. 409
Haller B. 749, 928, 1049
Haman M.F. 219, 449, 572, 708
Harke N.N. 627, 919, 920
Härkönen P. 409
Harraz A. 475, 692, 695
Harris M. 569
Harrison D. 779
Hartmann A. 426, 747, 757, 776, 1053
Hartmann F. 538
Hartmann R. 279
Haruhito A. 405
Harza M. 130
Hasanbegovi M. 98
Haseebuddin M. 926, 1024
Hasenfus A. 163, 166
Hashemi Gheinani A. 903
Hashimoto Y. 203, 521, 536, 653, 655, 657, 726, 1020
Hashimoto Y. 729
Hashimoto Y. 583, 971
Hasner F. 949
Hassan F.A-S. 531
Hassanian A. 242
Hasumi H. 667
Hata J. 898
Hatakeyama S. 169, 203, 429, 521, 536, 653, 655, 657, 726, 1020
Hatayama H. 180
Hatiboglu G. 769
Hattori M. 485
Hattori S. 717
Hatzichristodoulou G. 129, 133, 511
Hatzichristou D. 124, 125, 127
Hatzinger M. 996
Hatzl S. 101
Hauet T. 80
Haupenthal J. 279
Haustermans K. 454
Hayakawa N. 10
Hayashi H. 33
Hayashi N. 667
Hayashi T. 16, 758
Hayashi Y. 395
Hayes B. 425
Hayn M.H. 369
Hayward C.R.W. 321
He J. 207
He Q. 522, 522, 763, 793
Heath P.R. 227
Heberling U. 441
Heck M.M. 35
Hedegaard J.H. 231

Numbers refer to abstract numbers
<table>
<thead>
<tr>
<th>Abstract authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hedlund P. 394, 455</td>
</tr>
<tr>
<td>Heesakkers J. 459</td>
</tr>
<tr>
<td>Hegarty N. 493</td>
</tr>
<tr>
<td>Hegde P. 699, V14, V15</td>
</tr>
<tr>
<td>Heidegger I-M. 224, 525</td>
</tr>
<tr>
<td>Heidenreich A. 601, 1018</td>
</tr>
<tr>
<td>Heinzelmann J. 228, 860</td>
</tr>
<tr>
<td>Heinz H. 804, 1014</td>
</tr>
<tr>
<td>Heister S. 636</td>
</tr>
<tr>
<td>Hekman M. 421</td>
</tr>
<tr>
<td>Héliénon O. 1030</td>
</tr>
<tr>
<td>Hellström W.J. 46, 48</td>
</tr>
<tr>
<td>Hellström M. 760</td>
</tr>
<tr>
<td>Helmy T.E. 500</td>
</tr>
<tr>
<td>Helal A. 336, 589, 713, 877, 978</td>
</tr>
<tr>
<td>Henao S. 950</td>
</tr>
<tr>
<td>Henderson A. 908</td>
</tr>
<tr>
<td>Henderson D. 447</td>
</tr>
<tr>
<td>Hendry J. 418</td>
</tr>
<tr>
<td>Heng D. 7</td>
</tr>
<tr>
<td>Hennes C. 125, 127, 622</td>
</tr>
<tr>
<td>Henneberg M. 791, 891, 892, 893, 896</td>
</tr>
<tr>
<td>Hennessey D. 972</td>
</tr>
<tr>
<td>Hepp Z. 151</td>
</tr>
<tr>
<td>Hergenröther K. 649</td>
</tr>
<tr>
<td>Herkommer K. 23, 129, 511, 636, 643</td>
</tr>
<tr>
<td>Herlein S. 757</td>
</tr>
<tr>
<td>Hermann G.G. 367</td>
</tr>
<tr>
<td>Hermann M. 21</td>
</tr>
<tr>
<td>Hermanns T. 15, 22, 116, 173, 754, 755</td>
</tr>
<tr>
<td>Hernández M. 794</td>
</tr>
<tr>
<td>Hernández V. 648, 947, 1035, 1054</td>
</tr>
<tr>
<td>Hernández Fernández C. 697, 989, 1032</td>
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<tr>
<td>Herranz Amo F. 697, 1032</td>
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<tr>
<td>Herrera F. 1021</td>
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<td>Herrmann A.K. 535</td>
</tr>
<tr>
<td>Herrmann E. 538</td>
</tr>
<tr>
<td>Herrmann T.R.W. 586, 591, 940, 961, V40, V74</td>
</tr>
<tr>
<td>Herr M. 833</td>
</tr>
<tr>
<td>Herschorn S. 148, 265</td>
</tr>
<tr>
<td>Hersharan K. 843</td>
</tr>
<tr>
<td>Herzog W. 365</td>
</tr>
<tr>
<td>Hessel M-L. 289, 291</td>
</tr>
<tr>
<td>Hétet J.F. 307</td>
</tr>
<tr>
<td>Hevia M. 486</td>
</tr>
<tr>
<td>Hevia Palacios V. 77, 376, 775, V65</td>
</tr>
<tr>
<td>Hideki M. 792</td>
</tr>
<tr>
<td>Hieda K. 9, 485</td>
</tr>
<tr>
<td>Hiester A. 214, 761</td>
</tr>
<tr>
<td>Higano C.S. 556</td>
</tr>
<tr>
<td>Higashiyama S. 281</td>
</tr>
<tr>
<td>Hikita K. 176, 358, 1089</td>
</tr>
<tr>
<td>Hillary C. 1004, 1005, 1009</td>
</tr>
<tr>
<td>Hindley R. 56, 60, 572, 1042</td>
</tr>
<tr>
<td>Hiner M.R. 290</td>
</tr>
<tr>
<td>Hinkelammert R. 121</td>
</tr>
<tr>
<td>Hinkelbein W. 454</td>
</tr>
<tr>
<td>Hirayama K. 551</td>
</tr>
<tr>
<td>Hirayama T. 752, 826, V58</td>
</tr>
<tr>
<td>Hirohashi Y. 520</td>
</tr>
<tr>
<td>Hiro M. 203</td>
</tr>
<tr>
<td>Hirvikoski P. 733</td>
</tr>
<tr>
<td>Hjälm Eriksson M. 1010</td>
</tr>
<tr>
<td>Hjelle K.M. 855, 1025</td>
</tr>
<tr>
<td>Hnilicka S. 92, 379</td>
</tr>
<tr>
<td>Ho E.T.S. 444</td>
</tr>
<tr>
<td>Ho J-N. 523</td>
</tr>
<tr>
<td>Ho M. 30</td>
</tr>
<tr>
<td>Hoebeke P. 1067</td>
</tr>
<tr>
<td>Hoeff J-M. 375, 932</td>
</tr>
<tr>
<td>Hoeflters S. 860</td>
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<tr>
<td>Hoepfler J-L. 214, 761</td>
</tr>
<tr>
<td>Hofbauer S.L. 200</td>
</tr>
<tr>
<td>Hofland J. 277</td>
</tr>
<tr>
<td>Hofmeest G. 608</td>
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<tr>
<td>Hoge M. 760</td>
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<tr>
<td>Hohenfellner M. 23, 762, 769</td>
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<tr>
<td>Hollestein-Havelaar A. 610</td>
</tr>
<tr>
<td>Holm P.S. 32</td>
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<tr>
<td>Holmang S. 939</td>
</tr>
<tr>
<td>Holmberg E. 1034</td>
</tr>
<tr>
<td>Holmberg L. 561, 677</td>
</tr>
<tr>
<td>Holombm B. 787</td>
</tr>
<tr>
<td>Holm-Larsen T. 274</td>
</tr>
<tr>
<td>Hölters S. 3</td>
</tr>
<tr>
<td>Holzapfel K. 928, 1049</td>
</tr>
<tr>
<td>Holzbeierlein J.M. 532, 650, 735, 737</td>
</tr>
<tr>
<td>Holzgel D. 643</td>
</tr>
<tr>
<td>Homamoto S. 397</td>
</tr>
<tr>
<td>Homann C. 177</td>
</tr>
<tr>
<td>Homma Y. 195, 250, 278, 714, 895</td>
</tr>
<tr>
<td>Honda M. 108, 176, 303, 358, 414, 732, 1089</td>
</tr>
<tr>
<td>Hong B. 606, 614, 616</td>
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<tr>
<td>Hong J. 305, 518, 614</td>
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<tr>
<td>Hong S.K. 509, 523, 555, 1039, 1040</td>
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<tr>
<td>Hong S-H. 999</td>
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<tr>
<td>Hongo F. 600</td>
</tr>
<tr>
<td>Honig S. 134</td>
</tr>
<tr>
<td>Honoiou O. 41</td>
</tr>
<tr>
<td>Horasanli K. 355</td>
</tr>
<tr>
<td>Horenblas S. 532, 650, 704, 735, 737, 739</td>
</tr>
<tr>
<td>Hori S. 283</td>
</tr>
<tr>
<td>Hori S. 512</td>
</tr>
<tr>
<td>Horsfield C. 35</td>
</tr>
<tr>
<td>Horstmann M. 201, 834</td>
</tr>
<tr>
<td>Hoshi K. 652, 676</td>
</tr>
<tr>
<td>Hoshi S. 652, 676</td>
</tr>
<tr>
<td>Hosseni A. 638, 540</td>
</tr>
<tr>
<td>Hoyer S. 231, 710, 1027</td>
</tr>
<tr>
<td>Heyer-Hansen G. 427, 753</td>
</tr>
<tr>
<td>Honznak A. V29, V68</td>
</tr>
<tr>
<td>Hruby S. 934</td>
</tr>
<tr>
<td>Hsieh C-H. 607</td>
</tr>
<tr>
<td>Hsieh H-M. 391</td>
</tr>
<tr>
<td>Hsieh J-T. 977</td>
</tr>
<tr>
<td>Hsieh T-J. 391</td>
</tr>
<tr>
<td>Hsung S. 558</td>
</tr>
<tr>
<td>Hsu C-K. 607</td>
</tr>
<tr>
<td>Hu J.C. 638</td>
</tr>
<tr>
<td>Hu K. 295</td>
</tr>
<tr>
<td>Hu M. 284</td>
</tr>
<tr>
<td>Hu S. 793</td>
</tr>
<tr>
<td>Hu W.G. 494, 592, 698</td>
</tr>
<tr>
<td>Huang C-N. 391</td>
</tr>
<tr>
<td>Huang C-P. 716, 982</td>
</tr>
<tr>
<td>Huang E. 352, 581, 1083</td>
</tr>
<tr>
<td>Huang I-S. 182</td>
</tr>
<tr>
<td>Huang J. 836</td>
</tr>
<tr>
<td>Huang M. 171</td>
</tr>
<tr>
<td>Huang S-P. 391</td>
</tr>
<tr>
<td>Huang T-H. 811</td>
</tr>
<tr>
<td>Huang Y-H. 811</td>
</tr>
<tr>
<td>Huber A. 15, 116</td>
</tr>
<tr>
<td>Huber J. 365, 374, 800</td>
</tr>
<tr>
<td>Hübe P-A. 475</td>
</tr>
<tr>
<td>Hübler M. 441, 637</td>
</tr>
<tr>
<td>Hübner W. 839</td>
</tr>
<tr>
<td>Huet R. 580</td>
</tr>
<tr>
<td>Huettebrink C. 762</td>
</tr>
<tr>
<td>Hughes-Hallett A. 981</td>
</tr>
<tr>
<td>Hugosson J. 760, 1033, 1034</td>
</tr>
</tbody>
</table>

Numbers refer to abstract numbers
Abstract authors

Jannink S. 774
Janssen C. 63, 758
Janssen M. 776
Jara Rascon J. 989
Jenkins B. 148, 149
Jenkins R. 430
Jensen C.F.S. 290
Jensen J.B. 707, 710, 1051
Jensen N.V. 103
Jenson C. V36
Jenster G. 277, 426
Jentzmik F. 325
Jeon H.G. 832
Jeon S.H. 392
Jeon S.S. 832
Jeong B.C. 832
Jeong C.W. 4
Jeong H. 659, 689, 964
Jeong I.G. 45, 305, 552, 606, 614, 616, 870
Jeong J.Y. 832
Jeong P. 528
Jeong S.H. 373
Jeong S.J. 351, 555, 1039
Jeong W. 75, 76, 842
Jeppesen D. 228
Jereczek-Fossa B. 447
Jerlström T. 54, 2
Jewett M.A.S. 306, 309
Jiang C. 899
Jiang H. 20
Jiang H. 284
Jianwen Z. 899
Jihad E.A. 681
Jilg C.A. 448
Jiménez Alcaide E. 143
Jiménez- Valladolid I.M. 648, 1035
Jiménez-Cidre M.A. 72, 82, 349
Jiménez-Trigos E. 79
Jin J. 28, 522, 788, 793, 857
Jin L. 1057
Jinga V. 370
Jingushi K. 34
Jinzaki M. 717
Jo J.K. 351, 523, 1039, 1040
Joan P. 852
Joergensen S.M. 103
Johannesen T.B. 11
Johansson J-E. 323
Johansson Kollberg P. 1050
John H. 464
Johnson K.A. 569
Johnson M. 431
Joly D. 850
Jones A. 884
Jones L. 809
Jones T.H. 239
Joniau S. 117, 450, 454, 634, 778, 935, 936, 948, 953, 962, 1013, 1064
Jordan T.B. 129
Josef B. 15
Joshi M. 1092
Jou Y-C. 233
Joulin V. 215
Juan Y-S. 897
Juang H-H. 164
Juárez Del Dago P. 447
Jung J. 606, 614, 616
Jun T. 226
Jüngel E. 285
Jun T. 226
Juven E. 285
Jünemann K-P. 219, 449, 708
Kahkönen E. 772
Kahkönen T. 409
Kahn M.H. 669
Kaino T. 450, 454, 533, 537,
Kaminski P-A. 354
Kamalou E.H. V1
Kassai Z. 298
Kaspar E.K. 114
Kasahara T. 652, 676
Kao Y-L. 233
Kapetanovic S. 345
Karagiannis A.A. 828
Karavic J. 508
Karpava V. 634
Karpava V. 634
Karlo C.A. 413
Karnes R.J. 430, 450, 454, 533, 537.
Karppa E.K. 114
Kasahara T. 688
Kashiwagi E. 37
Kaspar E.K. 114
Kassai Z. 298
Kassouf W. 532, 650, 735, 737
Kastner C. 120, V3

K

Kaasinen E. 939
Kaba R. 595
Kabakci A.S. 676
Kacso G. 557
Kadoh T. 126
Kafkasil A. 496
Kageyama Y. 741
Kähkönen E. 772
Kähkönen T. 409
Kahn M.H. 669
Kaiho Y. 357
Kaiser R. 139
Kajikawa K. 144, 256
Kajiwara M. 9, 47
Kakehi Y. 329, 338, 1044
Kalginin S.A. 180
Kallajoki M. 772
Kallidonis P. 390
Kallio J. 733
Kalyvianakis E.D. 124
Kamath S. 812
Kamba T. 700, 287, 669
Kamei J. 250, 895
Kamel H.M. 95, 99, 588
Kamel M. 387
Kaminska P-A. 286
Kamiya H. 583, 971
Kamoi K. 600
Kamoto T. 669, V51
Kanai Y. 399
Kanazawa K. 144, 256, 408
Kanayama H. 51
Kang D.H. 94, 548, 789
Kang H.W. 94, 528
Kang M. 4, 373, 964, 1040
Kang S. 576
Kang T.W. 269, 684
Kanto S. 652, 676
Kao Y-L. 233
Kazamaki J. V28, V33, V34
Kapetanovic S. 345
Karagiannis A.A. 828
Karakiewicz P.I. 102, 105, 327, 451,
454, 455, 508, 633, 634, 640,
644, 647, 724, 736, 801, 823,
909, 912, 1011, 1013, 1017, 1031,
1041
Karakurt S. 165
Karapetyan A. 269
Karvasilis V. 142
Karavitakis M. 519
Karayannis M. 109
Karli A. 476, 538, 941
Karli A. 476, 538, 941
Karlov C.A. 413
Karnes R.J. 430, 450, 454, 533, 537.
634, 913, 935, 936, 1012, 1013,
1017, 1031, 1041
Karpova E.K. 114
Kasahara T. 688
Kashiwagi E. 37
Kaspar E.K. 114
Kassai Z. 298
Kassouf W. 532, 650, 735, 737
Kastner C. 120, V3

Numbers refer to abstract numbers
<table>
<thead>
<tr>
<th>Name</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kasyan G.R.</td>
<td>70, 383, 619, 985</td>
</tr>
<tr>
<td>Katagiri K.</td>
<td>174</td>
</tr>
<tr>
<td>Katalinic A.</td>
<td>800</td>
</tr>
<tr>
<td>Kataoka-Sasaki Y.</td>
<td>41</td>
</tr>
<tr>
<td>Katmawi-Sabbagh S.</td>
<td>881</td>
</tr>
<tr>
<td>Kato H.</td>
<td>297, 785</td>
</tr>
<tr>
<td>Kato M.</td>
<td>118, 1088</td>
</tr>
<tr>
<td>Kato M.</td>
<td>39</td>
</tr>
<tr>
<td>Kato Y.</td>
<td>144, 256, 408</td>
</tr>
<tr>
<td>Kaufman G.J.</td>
<td>134</td>
</tr>
<tr>
<td>Kaufmann A.</td>
<td>148</td>
</tr>
<tr>
<td>Kaukoniemi K.M.</td>
<td>165</td>
</tr>
<tr>
<td>Kaur H.</td>
<td>851</td>
</tr>
<tr>
<td>Kawaguchi S.</td>
<td>309</td>
</tr>
<tr>
<td>Kawahara T.</td>
<td>37, 667</td>
</tr>
<tr>
<td>Kawamoto B.</td>
<td>176, 358, 1089</td>
</tr>
<tr>
<td>Kawamura N.</td>
<td>723, 741</td>
</tr>
<tr>
<td>Kawanishi H.</td>
<td>669</td>
</tr>
<tr>
<td>Kawashima Y.</td>
<td>51</td>
</tr>
<tr>
<td>Kawashima Y.</td>
<td>898</td>
</tr>
<tr>
<td>Kayis A.</td>
<td>609</td>
</tr>
<tr>
<td>Kazunori K.</td>
<td>V41</td>
</tr>
<tr>
<td>Kazutaka S.</td>
<td>V41</td>
</tr>
<tr>
<td>Kearns P.A.</td>
<td>190</td>
</tr>
<tr>
<td>Keck B.</td>
<td>365, 649, 800</td>
</tr>
<tr>
<td>Keeley F.</td>
<td>1079</td>
</tr>
<tr>
<td>Kei I.</td>
<td>360</td>
</tr>
<tr>
<td>Keilholz U.</td>
<td>3</td>
</tr>
<tr>
<td>Keishi K.</td>
<td>408</td>
</tr>
<tr>
<td>Keita M.</td>
<td>615</td>
</tr>
<tr>
<td>Keller D.</td>
<td>1001</td>
</tr>
<tr>
<td>Keller E.X.</td>
<td>517</td>
</tr>
<tr>
<td>Keller I.</td>
<td>903</td>
</tr>
<tr>
<td>Kellhammer N.</td>
<td>57</td>
</tr>
<tr>
<td>Kellkumpu-Lehtinen P-L.</td>
<td>733</td>
</tr>
<tr>
<td>Kelly C.</td>
<td>493</td>
</tr>
<tr>
<td>Kelly J.D.</td>
<td>702</td>
</tr>
<tr>
<td>Kelly M.</td>
<td>818</td>
</tr>
<tr>
<td>Kelly N.</td>
<td>813, 818</td>
</tr>
<tr>
<td>Kempenkenstetten C.</td>
<td>773</td>
</tr>
<tr>
<td>Ken A.</td>
<td>360</td>
</tr>
<tr>
<td>Ken-ichi M.</td>
<td>687</td>
</tr>
<tr>
<td>Kennelly M.</td>
<td>1092</td>
</tr>
<tr>
<td>Kent M.</td>
<td>452</td>
</tr>
<tr>
<td>Keoghane S.R.</td>
<td>469, 831</td>
</tr>
<tr>
<td>Kerst M.</td>
<td>739</td>
</tr>
<tr>
<td>Kesch C.</td>
<td>762</td>
</tr>
<tr>
<td>Kessler T.M.</td>
<td>381, 384, 1095, 1096</td>
</tr>
<tr>
<td>Keton T.</td>
<td>545</td>
</tr>
<tr>
<td>Khadjavi A.</td>
<td>202</td>
</tr>
<tr>
<td>Khairoune A.</td>
<td>1030</td>
</tr>
<tr>
<td>Khalaf K.</td>
<td>151</td>
</tr>
<tr>
<td>Khalil M.</td>
<td>579</td>
</tr>
<tr>
<td>Khalil S.A.</td>
<td>588, 683</td>
</tr>
<tr>
<td>Khan F.</td>
<td>879, 880, 885</td>
</tr>
<tr>
<td>Khan M.H.</td>
<td>V29</td>
</tr>
<tr>
<td>Khan M.S.</td>
<td>473, 489, 499, 976</td>
</tr>
<tr>
<td>Khan R.S.</td>
<td>418</td>
</tr>
<tr>
<td>Khan S.</td>
<td>489</td>
</tr>
<tr>
<td>Khan Z.A.</td>
<td>382</td>
</tr>
<tr>
<td>Khaniipour R.</td>
<td>1072</td>
</tr>
<tr>
<td>Khareba G.</td>
<td>815</td>
</tr>
<tr>
<td>Khatami A.</td>
<td>760, 1034</td>
</tr>
<tr>
<td>Khene Z-E.</td>
<td>412</td>
</tr>
<tr>
<td>Khoef T.</td>
<td>556, 668</td>
</tr>
<tr>
<td>Khiri R.</td>
<td>1078</td>
</tr>
<tr>
<td>Khoder W.X.</td>
<td>54, 57, V60</td>
</tr>
<tr>
<td>Khorrambi S. V35</td>
<td>103</td>
</tr>
<tr>
<td>Khoui H.</td>
<td>1078</td>
</tr>
<tr>
<td>Khullar V.</td>
<td>265</td>
</tr>
<tr>
<td>Khvadagiani G.</td>
<td>478</td>
</tr>
<tr>
<td>Khvadagiani G-J.</td>
<td>478</td>
</tr>
<tr>
<td>Khihara K.</td>
<td>112, 199, 211, 335, 416, 645, 715, 723, 741, 765, 943, 983</td>
</tr>
<tr>
<td>Kikuchi E.</td>
<td>10, 717</td>
</tr>
<tr>
<td>Kikugawa T.</td>
<td>281</td>
</tr>
<tr>
<td>Kil P.</td>
<td>362</td>
</tr>
<tr>
<td>Kilic E.</td>
<td>773</td>
</tr>
<tr>
<td>Kim A.</td>
<td>518, 642</td>
</tr>
<tr>
<td>Kim B.H.</td>
<td>45</td>
</tr>
<tr>
<td>Kim B.H.</td>
<td>361</td>
</tr>
<tr>
<td>Kim B.S.</td>
<td>361, 998</td>
</tr>
<tr>
<td>Kim B.W.</td>
<td>998</td>
</tr>
<tr>
<td>Kim C.H.</td>
<td>869</td>
</tr>
<tr>
<td>Kim C-S.</td>
<td>45, 305, 518, 552, 606, 614, 870</td>
</tr>
<tr>
<td>Kim D.</td>
<td>167</td>
</tr>
<tr>
<td>Kim D.K.</td>
<td>420</td>
</tr>
<tr>
<td>Kim D.S.</td>
<td>392</td>
</tr>
<tr>
<td>Kim G.M.</td>
<td>523</td>
</tr>
<tr>
<td>Kim G.N.</td>
<td>998, V52</td>
</tr>
<tr>
<td>Kim H.</td>
<td>48</td>
</tr>
<tr>
<td>Kim H.H.</td>
<td>4, 373, 964</td>
</tr>
<tr>
<td>Kim H.S.</td>
<td>43, 613</td>
</tr>
<tr>
<td>Kim H.S.</td>
<td>4, 373</td>
</tr>
<tr>
<td>Kim H.T.</td>
<td>998</td>
</tr>
<tr>
<td>Kim H-J.</td>
<td>528</td>
</tr>
<tr>
<td>Kim H-K.</td>
<td>552</td>
</tr>
<tr>
<td>Kim J.</td>
<td>7</td>
</tr>
<tr>
<td>Kim J. C.</td>
<td>689</td>
</tr>
<tr>
<td>Kim J.H.</td>
<td>901, 1007</td>
</tr>
<tr>
<td>Kim J.H.</td>
<td>616, 689</td>
</tr>
<tr>
<td>Kim J.H.</td>
<td>351, 555</td>
</tr>
<tr>
<td>Kim J.H.</td>
<td>145, 160, 229</td>
</tr>
<tr>
<td>Kim J.</td>
<td>832</td>
</tr>
<tr>
<td>Kim J.K.</td>
<td>373</td>
</tr>
<tr>
<td>Kim J.S.</td>
<td>998, V52</td>
</tr>
<tr>
<td>Kim J.W.</td>
<td>145, 160, 229</td>
</tr>
<tr>
<td>Kim J.W.</td>
<td>659</td>
</tr>
<tr>
<td>Kim J.-H.</td>
<td>616</td>
</tr>
<tr>
<td>Kim K.B.</td>
<td>351, 555</td>
</tr>
<tr>
<td>Kim K.D.</td>
<td>145, 160</td>
</tr>
<tr>
<td>Kim K.H.</td>
<td>869</td>
</tr>
<tr>
<td>Kim K.H.</td>
<td>361</td>
</tr>
<tr>
<td>Kim K.H.</td>
<td>420, 670</td>
</tr>
<tr>
<td>Kim K.S.</td>
<td>45, 305, 606, 614, 616</td>
</tr>
<tr>
<td>Kim K.T.</td>
<td>869</td>
</tr>
<tr>
<td>Kim M.</td>
<td>4, 351, 373</td>
</tr>
<tr>
<td>Kim M.S.</td>
<td>145, 160, 229</td>
</tr>
<tr>
<td>Kim N.</td>
<td>870</td>
</tr>
<tr>
<td>Kim S.H.</td>
<td>229</td>
</tr>
<tr>
<td>Kim S.O.</td>
<td>138, 249, 684</td>
</tr>
<tr>
<td>Kim S.P.</td>
<td>102, 638</td>
</tr>
<tr>
<td>Kim S.U.</td>
<td>901, 1007</td>
</tr>
<tr>
<td>Kim S.W.</td>
<td>999</td>
</tr>
<tr>
<td>Kim S.W.</td>
<td>964</td>
</tr>
<tr>
<td>Kim T.H.</td>
<td>154, 268, 832</td>
</tr>
<tr>
<td>Kim T.H.</td>
<td>145, 160, 229</td>
</tr>
<tr>
<td>Kim T.J.</td>
<td>351, 555</td>
</tr>
<tr>
<td>Kim T.-H.</td>
<td>361, 998</td>
</tr>
<tr>
<td>Kim T.-K.</td>
<td>192, 483</td>
</tr>
<tr>
<td>Kim T.-W.</td>
<td>528</td>
</tr>
<tr>
<td>Kim W.T.</td>
<td>528</td>
</tr>
<tr>
<td>Kim W-J.</td>
<td>528</td>
</tr>
<tr>
<td>Kim Y.H.</td>
<td>613</td>
</tr>
<tr>
<td>Kim Y.-J.</td>
<td>528</td>
</tr>
<tr>
<td>Kim Y.-S.</td>
<td>272</td>
</tr>
<tr>
<td>Kim Y.-W.</td>
<td>528</td>
</tr>
<tr>
<td>Kimura H.</td>
<td>174</td>
</tr>
<tr>
<td>Kimura K.</td>
<td>118</td>
</tr>
<tr>
<td>Kimura T.</td>
<td>686</td>
</tr>
<tr>
<td>Kimura T.</td>
<td>39</td>
</tr>
<tr>
<td>Kingswood J.C.</td>
<td>1</td>
</tr>
<tr>
<td>Kinsella J.E.</td>
<td>363</td>
</tr>
<tr>
<td>Kira S.</td>
<td>790</td>
</tr>
<tr>
<td>Kirecci S.L.</td>
<td>355</td>
</tr>
<tr>
<td>Kirfel J.</td>
<td>282</td>
</tr>
<tr>
<td>Kirk K.A.</td>
<td>662</td>
</tr>
</tbody>
</table>

Numbers refer to abstract numbers
Abstract authors

Kirkgoz Karabulut E. 253
Kirkham A. 324, 819
Kishi R. 615
Kishimoto T. 51
Kislinger I. V8
Kiss B. 92, 443
Kiss Z. 298
Kitahara S. 943
Kitamura H. 520
Kitamura Y. 329, 338
Kitano H. 9
Kitayama M. 203
Kitsios P. 1021
Kitta T. 615
Kiudhi H. 1087
Kivinummi K. 165
Kiyohide F. 512
Kjaer A. 375, 932
Kjærgaard Nielsen T. 1027
Klaassen Z. 589
Klette D.E. 75, 76, 187, 191, 369, 439, 503, 560, 611, 638, 660, 664, 905, 938, 1011, 1016
Kliment J. 563
Klimov A.V. 106, 810
Klocek H. 224, 422, 525
Kloke H.J. 845
Kloke T. 129
Klotz L. 1043
Klug S.J. 780
Klümper N. 756
Kluth L.A. 116, 327, 508, 647, 651, 724, 954
Kluth M. 424
Kneebone R. 489
Kneitz B. 524, 634, 1013
Kneitz S. 524
Knight R.B. 662
Knispel H. 572
Knox J. 7
Knutsson A. 558
Ko K. 94
Ko Y.H. 361
Kobak W. 350, V12
Kobatake K. 9, 485
Kobayashi H. 729
Kobayashi I. 144, 256
Kobayashi K. 330, 774
Kobayashi K. 41
Kobayashi T. V51
Kobayashi T. 180, 287
Kocakaya R. 966
Koch R. 209, 441, 637
Kochetov A.G. 1063
Kocjančič E. 64, 350, V12
Koga F. 5, 206, 943
Koga H. 1044
Koga S. 802
Kogan M.I. 252, 259
Kohn M. 163
Kohri K. 395, 397, 583, 971
Koike H. 297, 785
Kojima T. V51
Kojima Y. 895
Kojima Y. 203, 521, 536, 1020
Koll F. 32
Kölle S. 177
Kollidas S. 381, 384, 1096
Kolontarev K. 619
Komai Y. 665, 715, 765
Komarov M.I. 106
Komay M. 174
Kommu S.S. 492, 809
Komnatska I. 419
Kondo M. 1087
Kondo T. 729
König F. 838
Koning G. 931
Koönk Y. 409, 787
Kononenko O.A. 916
Koo K.C. 420, 670
Kooiman G. 1026
Kook H.R. 509, 523
Korkolopoulou P. 175
Kornmo T. V39
Korshunov M.N. 183
Korshunova E.S. 183
Kortmann B.B.M. 608
Kosaka N. 257
Kosaka T. 10, 717
Koska M. 6
Kouji K. 806
Koutlis N. 307, 727, 915
Koutsianiari E. 142
Koutsilieris M. 44
Koves B. 255
Kowalski J. 11
Krabbe L-M. 532, 650, 724, 735, 737
Kraft S. 424
Kramer M.W. 940, V40
Kramer U. 386, 1008
Kranz J. V10
Krarup K.P. 707, 710
Krasny S.A. 748, 1046
Krause F. 201
Krauspe R. 603
Kraywinkel K. 800
Krebs A. 965
Kretschmer A. 476, 941
Kriegel C. 622
Kriegler D. 2
Kriegmair M. 321
Kriegmair M. 313, 1014
Krischel M. 887
Kristensen V.M. 367
Kristiansen G. 23
Kröger N. 7
Kromann B. 707, 710
Kron M. 636
Kronenberg P.M. 1073
Krönig M. 448
Kruck S. 586, 591
Ktech N. V63
Ku J.H. 4, 373
Ku J.Y. 562
Kübler H. 217, 511, 675, 749, 928
Kuczynski M. 23, 220, 783, 940, 961, V40, V74
Kuefner D. 137, 185
Kuehn M. 875
Kuhl M. 1068
Kuhlencord K. 1068
Kuk C. 423, 755
Kulchavenya E. 255
Kulkarni G.S. 20
Kulkarni M. 809
Kulkarni M. 492, 712
Kulkarni S.B. 956
Kumar A. 196, 197, 514, 626, V36
Kumar P. 477
Kumar R. 718, 719, 873

Numbers refer to abstract numbers
Kumar V. 444, 706
Kume H. 195, 250, 714
Kunath T. 891, 934
Kuo J-Y. 836
Kupriyanov Y.A. 383
Kurbatov D. 570
Kurihara S. 297
Kuroiwa K. 329, 338
Kuronen-Stewart C. 976
Kurozumi A. 399
Kuru T.H. 120, 762, 769, 1018
Kusaka A. 655
Kushida N. 898
Kutikov A. 304, 926, 1024
Kwak C. 4, 373
Kwang T.W. 138
Kweldam C.F. 115
Kwiatkowski M. 15, 116, 321, 423
Kwon D.D. 138, 249, 684
Kwon E. 913
Kwon J.K. 145, 160, 229, 548, 789
Kwon O. 1039
Kwon S.Y. 998
Kwon T. 305, 552, 870
Lacking C. 4, 373
Kwok T.W. 138
Kweldam C.F. 115
Kwiatkowski M. 15, 116, 321, 423
Kwon D.D. 138, 249, 684
Kwon E. 913
Kwon J.B. 913
Kwon J.K. 145, 160, 229, 548, 789
Kwon O. 1039
Kwon S.Y. 998
Kwon T. 305, 552, 870
Kwon T.G. 998
Kyosuke K. 792
Kyung Y.S. 552, 870

L
La Croce G. 137, 181, 185, 302, 632
La Pera G. 243, 248
La Rocca R. 243, 248
Labadie K. 690
Labarthe-Last M. 162
Ladan F. 405
Laerum O.D. 753
Laganà F. 1029
Laguerre B. 654
Laguna Pes M.P. 828
Lahme S. 133
Laimoun M. 745
Laird A. 779
Lakshmanan Y. 503
Lallas C. 1015
Lam L. 431
Lam V. 364
Lam W. 49
Lamb B.W. 482
Lambe M. 131
Lambropoulos A. 786
Lamche M. 911
Lammers R.E.D. 362
Lanciotti M. 304
Landman J. 690, 865, 1072
Lane B. 192, 483
Lang H. 286
Lange D. 63
Lange T. 172
Langenhuijsen H. 421
Langenhuijsen J.F. 12, 845
Langetepe J. 1068
Lanz C. 333
Lanzi F. 480, 1048
Lapini A. 925
Lara Isla A. 143
Larbi A. 911
Larcher A. 102, 105, 188, 218, 513, 621, 624, 736, 801, 823, 921, 923, 924, 956, 1012, 1031
Larner T. 572
Larré S. 307, 727, 915, 948
Larribere L. 1006
Larsen T. 550
Larson T. 827
Lasaponara F. 853
Lasker G.F. 46, 48
Laso-García I.M. 72, V62, V65, V66
Larner T. 572
Larré S. 307, 727, 915, 948
Larribere L. 1006
Larsen T. 550
Larson T. 827
Lasaponara F. 853
Lasker G.F. 46, 48
Laso-García I.M. 72, V62, V65, V66
Lastilla G. 205
Lata R. 843
Latil A.G.A. 270
Latomon L. 165
Lau M.W. 595
Laus J. 749
Lausenmeyer E. M. 1053
Lavelle R. 69
Lavin M. 426
Ławiski M. 393
Lawrence H.J. 320
Lawrence N. 7
Lawrenzschuk N. 515
Lazzeri M. 146, 188, 624, 956
Le N-B. P. 461, 462, 468, V9
Le Guichet T. 850
Le Roux P. J. 492, 809
Leão R. R. 422
Lebratt D.A. 405
Lee C. 305, 606, 614
Lee C. 45, 305, 552, 870
Lee C.H. 562
Lee M. 614, 642
Lee D. 614, 642
Lee D.H. 94
Lee D.H. 670
Lee D.G. 392
Lee E. 557
Lee G. 147
Lee H. 509, 523, 1039
Lee H.J. 901, 1007
Lee H.M. 832
Lee H.S. 555, 1040
Lee H.W. 784
Lee I.J. 351, 509, 555
Lee J. 7
Lee J.K. 555
Lee J.K. 4, 373
Lee J.K. 523
Lee J.K. 823
Lee J.N. 998
Lee J.S. 789
Lee J.W. 964
Lee J.Y. 999
Lee J.Y. 94, 548, 789
Lee J.Z. 562
Lee J-H. 247
Lee K.S. 998
Lee K-S. 154, 268, 689
Lee L. 301
Lee R. 21, 508, 724
Lee S. 523, 1039
Lee S. 642
Lee S.B. 659, 689, 964
Lee S.D. 562
Lee S.E. 154, 509, 523, 555, 832, 1039, 1040
Lee S.H. 392
Lee S.H. 94
Lee S.J. 392, 901, 1007
Lee S.W. 154, 832
Lee S.W. 247
Lee S.Y. 145, 160, 229
Lee S. C. 528, 555
Lee W-J. 977
Lee Y. 576
Lee Y.H. 528
Lee Y.L. 351, 1039, 1040
Lee Y.J. 4, 351, 373
Lee Y-L. 897
Leeb R. 177

Numbers refer to abstract numbers
Abstract authors

Leenders G.J.L.H. 115
Legendre C. 850
Legraeven D. V48
Leh S. 855
Lei L. 858
Leibovich B. 724
Leitenberger A. 940, V40
Leitner L. 381, 384, 1096
Lemke N. 875
Lemon G. 1003
Lendvay T. 192, 483
Lennon G. 818
Lenormand C. 307, 727, 915
Lentz A.C. 462
Léon P. 307, 316, 331, 332, 727, 915, 1056
Leonhäuser D. 1090
Leow J. 620
Lepetukhin A. 570
Lepri E. V71
Lerut E. 778
Lesage F. 1005
Lesmana H. 513
Lesovoy V. 815
Lestring J.F.P. 904
Lelendre J. 328
Leto A. V43, V70
Leue C. 153
Leveckis J. 812
Levitski A. 405
Lezrek M. V1
Li C. 530
Li H. 423
Li H. 59, 110
Li H. 1083
Li J. 556, 668
Li J.X. 494, 592, 698
Li L. 522, 857
Li S. 763
Li W. 28
Li X. 793
Li X. 763, 856, 1057
Li Y. 37
Li Marzi V. 807
Liang L. 236, 858
Liang L. 28
Liao C.H. 50
Liao-Persson J.L.P. 404
Librenjak D. 839
Liechti M.D. 1096
Liedberg F. 471, 1050
Liguori G. 803, V47
Lilja H. 428
Lillaz B. 853
Lim J.S. 613
Lim M.L. 1003
Lim S.W. 160
Lim Y.M. 843
Lim Y.M. 851
Lima E. 894
Lin A. 352, 581, 811, 836, 1083
Lin C-C. 811
Lin J. V11
Lin J. 646
Lin J-F. 27, 36
Lin T-L. 359
Lin T-P. 811, 836
Lin Y-C. 27, 36
Lin Y-F. 50
Lin Y-H. 164
Linares A. 30
Linares Espinos E. 30
Linares Quevedo A.I. 768
Lindberg H. 753
Linder B. 458
Lindley A. 382
Lindner V. 286
Linsell S. 192, 483
Linsen L. 42
Linxweiler J. 163, 166
Lipman T. 422
Lippert S. 427
Lipshultz L.J. 134
Lisova G. 815
List S. 224
Lista G. 188, 624, 799
Lister J. 151
Liu C. 791, 891, 893
Liu C-C. 391
Liu C-J. 233
Liu G. 134
Liu H. 230
Liu K. V7
Liu Q. 522, 857
Liu S-P. 977
Liu W. 28
Liu X. 40
Liu Y. 763
Livi L. 807
Livingstone M. 227
Lizée D. 740
Lledó E. 852
Lledó García E. 989, 1032
Llorente C. 648, 947, 1035, 1054
Lloyd J. C. 461, V9
Lo K. 755
Lo Vullo S. 598
Lobato R. 506
Locatelli I. 621
Loch T. 220
Locente D. 401
Lodde M. 101
Loeb S. 131, 639, 825, 1010
Loertcher H. V4
Loff A. 375, 932
Logothetis C.J. 556
Loidl W. 508, 572
Lokman U. 245
Lombardo R. 271, 544, 546
Lomidez S.V. 817
Lonardi C. 474
Londhe A. 557, 564
Long J-Y. 897
Longhi B. 722, 805
Longo F. 380
Longo N. 109, 925
Lopez L. 68
Lopez R. 766
López B. 1054
López F. 566
López V. V2
López-Acón J.D. 89, 91
Lopez-Cobo S. 30
López-Fando Lavalle L. 72, 349
López-Güerrero J.A. 315
López-Oliva M.E. 794
López-Pereira P. 506
Lorente D. 85
Lorente García D. 847
Loriot Y. 596
Lotan Y. 327, 508, 532, 647, 650, 735, 737
Lotfy Z. 745
Lotrecchiano G. 101, 308
Louie-Johnsun M.W. 190
Lovegrove C. 487
Loveman C. 151
Lozano J.J. 319, 830
Lozynskyi R. 419
Lu L.T. 788
Lu R. 320
Lu S-Y. 359
Lu X. 428

Numbers refer to abstract numbers
<table>
<thead>
<tr>
<th>Authors</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martorana G.</td>
<td>109, 415, 722, 805, 821, 906, 925, 1037</td>
</tr>
<tr>
<td>Martov A.</td>
<td>940, V40</td>
</tr>
<tr>
<td>Masago T.</td>
<td>108, 303, 414, 732</td>
</tr>
<tr>
<td>Masoni T.</td>
<td>807</td>
</tr>
<tr>
<td>Massard C.</td>
<td>567</td>
</tr>
<tr>
<td>Massenio P.</td>
<td>119</td>
</tr>
<tr>
<td>Massfelder T.</td>
<td>286</td>
</tr>
<tr>
<td>Mastroianni R.</td>
<td>111, V26, V30</td>
</tr>
<tr>
<td>Masui K.</td>
<td>551</td>
</tr>
<tr>
<td>Masumori N.</td>
<td>41, 520</td>
</tr>
<tr>
<td>Masuzawa N.</td>
<td>551</td>
</tr>
<tr>
<td>Matei Deliu V.</td>
<td>771</td>
</tr>
<tr>
<td>Mathieu R.</td>
<td>412, 580, 647, 654</td>
</tr>
<tr>
<td>Mathur V.</td>
<td>433</td>
</tr>
<tr>
<td>Matillon X.</td>
<td>78, 80</td>
</tr>
<tr>
<td>Matloob R.</td>
<td>311, 640</td>
</tr>
<tr>
<td>Matos D.</td>
<td>1086</td>
</tr>
<tr>
<td>Matrone A.</td>
<td>401</td>
</tr>
<tr>
<td>Matsubara A.</td>
<td>9, 16, 47, 485</td>
</tr>
<tr>
<td>Matsubara N.</td>
<td>665</td>
</tr>
<tr>
<td>Matsuda Y.</td>
<td>41</td>
</tr>
<tr>
<td>Matsugasumi T.</td>
<td>307, 727, 915</td>
</tr>
<tr>
<td>Matsui H.</td>
<td>250</td>
</tr>
<tr>
<td>Matsui H.</td>
<td>785</td>
</tr>
<tr>
<td>Matsui Y.</td>
<td>180</td>
</tr>
<tr>
<td>Matsukawa Y.</td>
<td>118, 266, 1088</td>
</tr>
<tr>
<td>Matsumoto H.</td>
<td>330, 774</td>
</tr>
<tr>
<td>Matsumoto K.</td>
<td>10</td>
</tr>
<tr>
<td>Matsumoto K.</td>
<td>327, 746, 752, 826, V58</td>
</tr>
<tr>
<td>Matsumoto R.</td>
<td>38, 223</td>
</tr>
<tr>
<td>Matsumoto-Miyai K.</td>
<td>1087</td>
</tr>
<tr>
<td>Matsumana S.</td>
<td>176</td>
</tr>
<tr>
<td>Matsuo T.</td>
<td>273, 738</td>
</tr>
<tr>
<td>Matsuoka Y.</td>
<td>112, 199, 211, 335, 416, 645, 715, 723, 741, 765, 983, V41</td>
</tr>
<tr>
<td>Matsushita K.</td>
<td>178</td>
</tr>
<tr>
<td>Matsushita R.</td>
<td>29</td>
</tr>
<tr>
<td>Matsuyama H.</td>
<td>330, 774</td>
</tr>
<tr>
<td>Mattei A.</td>
<td>578</td>
</tr>
<tr>
<td>Matthies C.</td>
<td>594</td>
</tr>
<tr>
<td>Mattioli S.</td>
<td>878</td>
</tr>
<tr>
<td>Mauvee B.P.</td>
<td>814</td>
</tr>
<tr>
<td>Mauvee V.</td>
<td>106, 557, 810, 814, 817</td>
</tr>
<tr>
<td>Matzkin H.</td>
<td>593</td>
</tr>
<tr>
<td>Maurer T.</td>
<td>35, 217, 675, 749, 928, 1049</td>
</tr>
<tr>
<td>Maurin C.</td>
<td>491</td>
</tr>
<tr>
<td>Mavilla L.</td>
<td>1047</td>
</tr>
<tr>
<td>Mawrin C.</td>
<td>860</td>
</tr>
<tr>
<td>May M.</td>
<td>308, 538, 649</td>
</tr>
<tr>
<td>Mayer E.</td>
<td>981</td>
</tr>
<tr>
<td>Mayor De Castro J.</td>
<td>697</td>
</tr>
<tr>
<td>Mayrhofer K.</td>
<td>222</td>
</tr>
<tr>
<td>Mazcuñán Fuentes F.</td>
<td>158</td>
</tr>
<tr>
<td>Mazyar G.</td>
<td>405</td>
</tr>
<tr>
<td>Mazzei F.</td>
<td>1048</td>
</tr>
<tr>
<td>Mazzoleni F.</td>
<td>771</td>
</tr>
<tr>
<td>Mazzoli S.</td>
<td>141</td>
</tr>
<tr>
<td>Mazzoni L.N.</td>
<td>411</td>
</tr>
<tr>
<td>McArthur R.</td>
<td>492, 809</td>
</tr>
<tr>
<td>McCann A.</td>
<td>301</td>
</tr>
<tr>
<td>McChrysal J.</td>
<td>230</td>
</tr>
<tr>
<td>McCormack M.</td>
<td>102, 736</td>
</tr>
<tr>
<td>McGowan T.</td>
<td>557, 564</td>
</tr>
<tr>
<td>McGrath J.S.</td>
<td>532, 650, 735, 737</td>
</tr>
<tr>
<td>McGuire B.</td>
<td>818</td>
</tr>
<tr>
<td>Mclhenny C.</td>
<td>489</td>
</tr>
<tr>
<td>McKee C.</td>
<td>628</td>
</tr>
<tr>
<td>McLaughlin L.</td>
<td>481, 618</td>
</tr>
<tr>
<td>McMorran D.R.</td>
<td>516</td>
</tr>
<tr>
<td>McNeile S.A.</td>
<td>189, 321, 368, 516, 871</td>
</tr>
<tr>
<td>Mearini E.</td>
<td>V71</td>
</tr>
<tr>
<td>Mearini L.</td>
<td>67, 73</td>
</tr>
<tr>
<td>Mediavilla E.</td>
<td>V17, V25</td>
</tr>
<tr>
<td>Mediavilla Dise E.</td>
<td>V55, V61</td>
</tr>
<tr>
<td>Medina L.</td>
<td>V8, V13</td>
</tr>
<tr>
<td>Medina R.</td>
<td>830</td>
</tr>
<tr>
<td>Medina Gonzalez A.</td>
<td>V5</td>
</tr>
<tr>
<td>Medina Polo J.</td>
<td>143</td>
</tr>
<tr>
<td>Melhose M.</td>
<td>V4</td>
</tr>
<tr>
<td>Mehnert U.</td>
<td>381, 384, 1095, 1096</td>
</tr>
<tr>
<td>Meierhans Ruf S.D.</td>
<td>379, 445, 541</td>
</tr>
<tr>
<td>Meijer R.P.</td>
<td>739</td>
</tr>
<tr>
<td>Meilân E.</td>
<td>251, V69</td>
</tr>
<tr>
<td>Meineke V.</td>
<td>594</td>
</tr>
<tr>
<td>Mehardt M.</td>
<td>780</td>
</tr>
<tr>
<td>Meissner C.</td>
<td>445, 541</td>
</tr>
<tr>
<td>Meissnitzer M.</td>
<td>934</td>
</tr>
<tr>
<td>Méjean A.</td>
<td>727, 915</td>
</tr>
<tr>
<td>Méjean A.</td>
<td>850, 1030</td>
</tr>
<tr>
<td>Mele F.</td>
<td>58, 701</td>
</tr>
<tr>
<td>Meliani E.</td>
<td>V46</td>
</tr>
<tr>
<td>Meloni G.</td>
<td>450</td>
</tr>
<tr>
<td>Melnick A.</td>
<td>V54</td>
</tr>
<tr>
<td>Melone F.</td>
<td>V46</td>
</tr>
<tr>
<td>Menchi I.</td>
<td>411</td>
</tr>
<tr>
<td>Mendoza Segura I.</td>
<td>697</td>
</tr>
<tr>
<td>Mendoza Sotelo M.A.</td>
<td>700, V50</td>
</tr>
<tr>
<td>Mengoni F.</td>
<td>71</td>
</tr>
<tr>
<td>Menguell L.</td>
<td>319, 830</td>
</tr>
<tr>
<td>Menhadji A.</td>
<td>1072</td>
</tr>
<tr>
<td>Menon R.</td>
<td>282</td>
</tr>
<tr>
<td>Mercola D.</td>
<td>865</td>
</tr>
<tr>
<td>Merino Narro I.</td>
<td>486</td>
</tr>
<tr>
<td>Merlo F.</td>
<td>1029</td>
</tr>
<tr>
<td>Merseburger A.S.</td>
<td>940, V40, V74</td>
</tr>
<tr>
<td>Mertens L.L.S.</td>
<td>532, 650, 735, 737, 739</td>
</tr>
<tr>
<td>Meskawi M.</td>
<td>105, 1031</td>
</tr>
<tr>
<td>Messas A.</td>
<td>V42, V43</td>
</tr>
<tr>
<td>Mete F.M.</td>
<td>872</td>
</tr>
<tr>
<td>Metzger I.</td>
<td>1049</td>
</tr>
<tr>
<td>Meyer M.</td>
<td>800</td>
</tr>
<tr>
<td>Meyer PT</td>
<td>448</td>
</tr>
<tr>
<td>Meynert A.</td>
<td>779</td>
</tr>
<tr>
<td>Miah S.</td>
<td>426</td>
</tr>
<tr>
<td>Miano R.</td>
<td>680, V3</td>
</tr>
<tr>
<td>Michel C.</td>
<td>850</td>
</tr>
<tr>
<td>Michel M.S.</td>
<td>313</td>
</tr>
<tr>
<td>Michels L.</td>
<td>381, 384, 1096</td>
</tr>
<tr>
<td>Michi U.</td>
<td>622, 628, 804, 1014</td>
</tr>
<tr>
<td>Miederer M.</td>
<td>671</td>
</tr>
<tr>
<td>Miernik A.J.</td>
<td>875</td>
</tr>
<tr>
<td>Miftakhova R.M.</td>
<td>404</td>
</tr>
<tr>
<td>Mikami J.</td>
<td>203, 521, 536, 1020</td>
</tr>
<tr>
<td>Miki T.</td>
<td>600</td>
</tr>
<tr>
<td>Milanese G.</td>
<td>906</td>
</tr>
<tr>
<td>Milanesi M.</td>
<td>546, 807</td>
</tr>
<tr>
<td>Millar J.</td>
<td>515</td>
</tr>
<tr>
<td>Millefiorini E.</td>
<td>1094</td>
</tr>
<tr>
<td>Miller D.C.</td>
<td>192, 483</td>
</tr>
<tr>
<td>Miller F.</td>
<td>571</td>
</tr>
<tr>
<td>Miller K.</td>
<td>556, 564, 572, 773</td>
</tr>
<tr>
<td>Millouret V.</td>
<td>1000</td>
</tr>
<tr>
<td>Mills J.</td>
<td>134</td>
</tr>
<tr>
<td>Mills R.</td>
<td>444</td>
</tr>
<tr>
<td>Minami S.</td>
<td>746</td>
</tr>
<tr>
<td>Minami T.</td>
<td>666</td>
</tr>
<tr>
<td>Miñana B.</td>
<td>453</td>
</tr>
<tr>
<td>Minervini A.</td>
<td>107, 109, 304, 411, 807, 925</td>
</tr>
<tr>
<td>Minhas S.</td>
<td>179, 292, 293, 299, 703</td>
</tr>
</tbody>
</table>
Minowada S. 651
Minner S. 1047
Mireya D. 187
Mirkina K. 269
Miron V. 109, 136, 141, 243, 248, 621, 799, 906, 925, 937
Mischinger J. 531
Misrai V. 575
Misuraca L. V73
Mita K. 9
Midali P. 405
Mitchell T. 168
Mitropoulos D. 175
Mitrovic M. 1071
Mitsui K. 144
Mitsui T. 615
Mitsunari K. 273, 738
Mitsuzuka K. 1044
Mitterberger M. V21
Mitrous E.V. 252, 259
Miura M. 8
Miura N. 281
Miyagawa Y. 1087
Miyajima A. 10, 717
Miyake H. 178, 625, 730
Miyake M. 26
Miyake T. 51
Miyamoto H. 33, 37, 667
Miyamoto K. 47
Miyashita C. 615
Miyata Y. 273, 738
Miyazaki A. 625, 730
Miyazaki J. 39
Miyazaki M. 866
Miyazaki Y. 287
Miyazawa Y. 297, 785
Miyoshi Y. 33
Mizoguchi S. 687
Mizuno R. 10, 717
Mizusawa J. 329, 338
MI ochová H. 861
Moch H. 754
Mochizuki K. 746
Mochizuki T. 900
Mochizuki Y. 738
Modunutti D. 803
Mohammed A. 20
Mohee A.R. 595
Moilanen E. 733
Mokanszki A. 298
Mokhles I. 495
Molina A. 556, 557
Molinié V. 326
Molinetbo E. 549
Molisso G. V38
Moll J.M. 277
Molnar Z. 298
Mombelli G. 465
Mombert A. 221, 767
Momkaz G. 792, 1002
Momozono H. 625
Momastyrskaya K. 903
Moncada E. V75
Mondaini N. 141, V46
Monga G. 1022
Monrós J.L. 315
Monsalve S. 506
Montagnani I. 304
Montanari E. 380
Monteleone Pasquetti E. 807
Montgomery B.S.I. 564, 1042
Montgomery J.S. 532, 650, 735, 737
Montie J. 192, 483
Montiel R. V63
Montironi R. 909, 1037
Montoya G. V2
Moon D.A. 190, 921, 923, 924
Moon D.G. 244
Moon K.H. 305
Moon Y.T. 165, 160
Moore C. 148
Moore C.M. 321, 324, 819, 820
Moreira P. 846
Morelon E. 78
Moreno C. 653
Moreno J. V2
Moreno M.M. 275
Moreso F. 85
Morgan J. V27
Morgan T.M. 532, 650, 735, 737
Morgia G. 109, 146, 312, 554, 570, 906, 925, 1097
Morhardt D.R. V64
Mori K. 521, 536, 1020
Morikawa N. 144, 256
Morimoto S. 723, 741, 943
Morinaga S. 144, 408
Morita S. 33
Morita T. 10, 717
Morita T. 866
Moritz R. 538
Moriya K. 615
Moriyama M. 33
Moriyama S. 335, 943
Morizane S. 108, 303, 358, 414, 732
Morlino S. 824
Morote Robles J. 85, 314, 433, 565, 566, 766, 847
Morra I. 58, 434
Morris E. 428
Morris M. J. 672
Morrissey C. 526
Mortensen J.C. 929
Mortezavi A. 173, 254, 407, 517
Morton H.C. 372
Mosbah A. 695, 1076
Moschini D. V42
Moschini M. 533, 537, 644, 740, 909, 913, 1012, 1045
Moschonas D. 175
Mosharafa A.A. 1074
Moskalev I. 63, 758
Mosquera Madera J. V5
Mostafai H. 1080
Mota A. 846
Mota P. 894
Mottrie A. 193, 438, 487, 488, 540, 906, 921, 923, 924, 981
Mouraviev V. 674
Mourmouris P. 390
Mozer P. 316, 331, 332, 764
Mozer P. 1056
Mrsic E. 2
Mucevic A. 447
Muck T. 365, 374
Mueller A. 346
Mugnier C. 68
Muhammad S. 702
Muhlig M.M. 231
Muilwijk T. 1093

Numbers refer to abstract numbers
### Abstract authors

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muir G.</td>
<td>120, 210, 572</td>
</tr>
<tr>
<td>Mukhtar B.M.B.</td>
<td>156</td>
</tr>
<tr>
<td>Mulder S.F.</td>
<td>12</td>
</tr>
<tr>
<td>Mulder Z.</td>
<td>608</td>
</tr>
<tr>
<td>Mulders P.F.A.</td>
<td>12, 421, 556, 668, 774</td>
</tr>
<tr>
<td>Muller B.G.</td>
<td>828, 829</td>
</tr>
<tr>
<td>Muller D.</td>
<td>515</td>
</tr>
<tr>
<td>Müller G.</td>
<td>6, 210, 572</td>
</tr>
<tr>
<td>Muller S.F.</td>
<td>12</td>
</tr>
<tr>
<td>Mulder Z.</td>
<td>608</td>
</tr>
<tr>
<td>Mulders P.F.A.</td>
<td>12, 421, 556, 668, 774</td>
</tr>
<tr>
<td>Muller B.G.</td>
<td>828, 829</td>
</tr>
<tr>
<td>Muller D.</td>
<td>515</td>
</tr>
<tr>
<td>Müller G.</td>
<td>258</td>
</tr>
<tr>
<td>Müller L.</td>
<td>6</td>
</tr>
<tr>
<td>Müller M.</td>
<td>1068</td>
</tr>
<tr>
<td>Müller S.C.</td>
<td>538, 756, 863</td>
</tr>
<tr>
<td>Müller–Myhsk B.</td>
<td>594</td>
</tr>
<tr>
<td>Multhoff G.</td>
<td>32</td>
</tr>
<tr>
<td>Mulvin D.</td>
<td>818</td>
</tr>
<tr>
<td>Mundy A.R.</td>
<td>463, 466, 472, 951, 957, 960</td>
</tr>
<tr>
<td>Muñoz A.</td>
<td>93</td>
</tr>
<tr>
<td>Munegato S.</td>
<td>450, 906</td>
</tr>
<tr>
<td>Mungan N.A.</td>
<td>942</td>
</tr>
<tr>
<td>Muñoz Fernández De Legaria M.</td>
<td>768</td>
</tr>
<tr>
<td>Munver R.</td>
<td>575</td>
</tr>
<tr>
<td>Müinz C.</td>
<td>31</td>
</tr>
<tr>
<td>Müinz M.</td>
<td>6</td>
</tr>
<tr>
<td>Mural T.</td>
<td>33</td>
</tr>
<tr>
<td>Muramatsu H.</td>
<td>144, 408</td>
</tr>
<tr>
<td>Muraoa K.</td>
<td>176, 358, 1089</td>
</tr>
<tr>
<td>Muret Z.</td>
<td>491</td>
</tr>
<tr>
<td>Muroi A.</td>
<td>806</td>
</tr>
<tr>
<td>Murphy D.G.</td>
<td>V32</td>
</tr>
<tr>
<td>Murphy K.</td>
<td>19</td>
</tr>
<tr>
<td>Murphy T.B.</td>
<td>19</td>
</tr>
<tr>
<td>Murray K.S.</td>
<td>113</td>
</tr>
<tr>
<td>Murtola T.J.</td>
<td>13, 114</td>
</tr>
<tr>
<td>Muschel R.</td>
<td>428</td>
</tr>
<tr>
<td>Muschter R.</td>
<td>572</td>
</tr>
<tr>
<td>Muselaers C.H.J.</td>
<td>12</td>
</tr>
<tr>
<td>Musi G.</td>
<td>771</td>
</tr>
<tr>
<td>Musquera M.</td>
<td>319, 844, V54</td>
</tr>
<tr>
<td>Mustonen M.V.J.</td>
<td>567</td>
</tr>
<tr>
<td>Musunuru B.</td>
<td>1043</td>
</tr>
<tr>
<td>Muto G.</td>
<td>101, 212</td>
</tr>
<tr>
<td>Muto G.L.</td>
<td>212</td>
</tr>
<tr>
<td>Muzzonigro G.</td>
<td>906</td>
</tr>
<tr>
<td>Myatt A.</td>
<td>879, 880, 885</td>
</tr>
<tr>
<td>Mytilekas K.V.</td>
<td>354</td>
</tr>
<tr>
<td>Mytsyk Y.O.</td>
<td>419</td>
</tr>
<tr>
<td>Myung S.C.</td>
<td>145, 229</td>
</tr>
</tbody>
</table>

**N**

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Na Y.G.</td>
<td>613</td>
</tr>
</tbody>
</table>

---

Numbers refer to abstract numbers
Noguchi M. 742
Noh C.H. 351, 555
Nohales G. 950
Nojima M. 520
Noldus J. 337, 366, 435, 436, 442, 599, 649
Nonboe L. 1027
Nonomura K. 38, 223, 615
Nonomura N. 1, 34, 1087
Noon A. 232, 755
Nordin P. 631
Nørgaard J.P. 274, 550
Noriko O. 792
Norio S. 665
Noris Chiorda B. 623
Noro A. 723, 943
North S. 532, 650, 735, 737
Notarpietro A. 202
Nouhaud F.X. 307, 727, 915, 922
Noureldin Y. 579, 691
Novak D. 1006
Novara G. 109, 193, 487, 906, 921, 923, 924, 981
Novotny V. 641, 649, 747
Nowak M. 282, 756
Nowroozi M.R. 841
Nozaki K. 714
Nozawa M. 666
Numahata K. 652, 676
Numao N. 112, 199, 211, 335, 416, 645, 715, 723, 741, 765, 983, V41
Nunes P. 846
Nuñez L. V13
Nunzi E. 71
Nusch A. 6
Nyberg T. 438, 540
Nyirady P. 508
Nykter M. 165

O
Obaje A. 780
Obbink H. 1036
Oberndorfer R. 643
Obinata D. 276
O’Brien T. 55, 473, 725, 816, 914
Ochsner K. 445, 541
Ockrim J.L. 156, 353, 460
Oddens J. 939
Oderda M. 68, 117, 437, 450, 927, 936
Oelke M. 543, 807
O’Farrell S. 561
Offermann A. 282, 756
O’Flynn K. 684
Ogawa O. 287, 669
Ogawa S. 714
Ogawa T. 174
Ogawa Y. 715
Oh J.J. 523, 555, 1039
Oh S.J. 172
Oh S-J. 351, 689
Ohba K. 273, 738
Ohashi T. 429
Oka S. 669
Okada A. 395, 397, 583, 971
Okada Y. 180, 287
Okada Y. 669
Okamoto T. 657
Okamura K. 939
O’Kelly F. 481, 484, 493, 618
Okunov Z. 690, 865, 1072
Okihara K. 600
Okita Y. 39
Okyo O. 652
Okihara K. 600
O’Krongly D. 433
O’Malley P. 21, 440, 656, 744
Onaca M.G. 1028
Ondrus D. 604
Onrusova M. 604
O’Neill A. 526
Ono O. 652
Ono M. 7
Oosterlinck W. 939, 1067
Oosterwijk E. 12, 421, 774, 874
Ordaz Jurado G. 935
Orecchia R. 447
O’Rourke C.J. 425
Orsini X. 727, 915
Ortiz A. 77
Osaamu O. 180
Osborn P. 469
Osborne C. 658
Osman N. 1004, 1005
Osman Y.S. 590, 692
Osmonov D. 449, 708
Ost P. 447, 728
Østraat Ø. 1027
Otero-Je Jeo I. 882, 883
Othman M. 695
Ottaviano G. 434, 918
Otto W. 757, 1053
Otuntemur A. 396
Ou Y-C. 233
Ouzzane A. V34
Overholser S.M. 662
Owada Y. 774
Oya M. 10, 717
Oyen W.J.G. 12
Ozay N. 396
Ozbek E. 396
Ozcelik H. 623
Özdemir-Van Brunschot D.M.D. 845
Ozden E. 348, V20
Ozgul A. 347
Ozono S. 866

P
Pacchioni D. 117
Pacik D. 861
Paciotti M. 137, 181, 185, 302, 632
Padovan B. 597
Paganini G. 549
Pahernik S. 572, 769, 975

Numbers refer to abstract numbers
<table>
<thead>
<tr>
<th>Authors</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pai A.</td>
<td>492</td>
</tr>
<tr>
<td>Pajovic B.</td>
<td>294</td>
</tr>
<tr>
<td>Pakarainen T.J.</td>
<td>24</td>
</tr>
<tr>
<td>Pal R.P.</td>
<td>216</td>
</tr>
<tr>
<td>Palazzetti A.</td>
<td>853, 1075</td>
</tr>
<tr>
<td>Palisaar R-J.</td>
<td>649</td>
</tr>
<tr>
<td>Pallás Costa Y.</td>
<td>158</td>
</tr>
<tr>
<td>Palleschi G.</td>
<td>101, 155, 342, 385, V42, V63, V70</td>
</tr>
<tr>
<td>Palmela Leitão T.M.</td>
<td>V56</td>
</tr>
<tr>
<td>Palmer K.</td>
<td>196, 197, 514, 626, V36</td>
</tr>
<tr>
<td>Palminteri E.</td>
<td>958, 1062</td>
</tr>
<tr>
<td>Palou Redorta J.</td>
<td>433, 830, 840, 948, 1026, V75</td>
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<td>Pan C-C.</td>
<td>836</td>
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<tr>
<td>Panagiota T.</td>
<td>358, 1089</td>
</tr>
<tr>
<td>Panagopoulos A.</td>
<td>1079</td>
</tr>
<tr>
<td>Panarello D.</td>
<td>906</td>
</tr>
<tr>
<td>Pang K.H.</td>
<td>426, 527</td>
</tr>
<tr>
<td>Panopoulou M.</td>
<td>142</td>
</tr>
<tr>
<td>Panoselli Z.</td>
<td>651</td>
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<tr>
<td>Papagiannopoulou D.</td>
<td>786</td>
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<tr>
<td>Panaitolaki T.</td>
<td>301</td>
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<td>Pantuck A.</td>
<td>7</td>
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<td>Paoli B.</td>
<td>824</td>
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<td>Papa N.</td>
<td>515</td>
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<td>Papagiannopoulou D.</td>
<td>260</td>
</tr>
<tr>
<td>Pappot H.</td>
<td>375, 753</td>
</tr>
<tr>
<td>Pascual J.I.</td>
<td>486</td>
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<tr>
<td>Pasini L.</td>
<td>1045</td>
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<tr>
<td>Pastore A.L.</td>
<td>101, 155, 342, 385, V42, V63, V70</td>
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<td>Patard J.J.</td>
<td>307, 727, 915</td>
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<td>Patel M.</td>
<td>364, 743</td>
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<td>Patel S.</td>
<td>816</td>
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<tr>
<td>Patel V.</td>
<td>196, 197, 514, 626, V36</td>
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<td>Paterson R.L.</td>
<td>663</td>
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<td>Patathakis K.</td>
<td>812</td>
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<td>868</td>
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<td>Patni L.</td>
<td>868</td>
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<td>Patriarca C.</td>
<td>1037, 1045</td>
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<td>Patruno G.</td>
<td>V3</td>
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<tr>
<td>Pastuchan O.</td>
<td>1050</td>
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<td>Pattison J.</td>
<td>55</td>
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<td>Pavani N.</td>
<td>803, V47</td>
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<td>Pavone C.</td>
<td>246</td>
</tr>
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<td>Peabody J.O.</td>
<td>75, 76, 187, 191, 192, 369, 439, 483, 487, 611, 660, 664, 905, 938, 978, 1011, 1016</td>
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<td>Pechoel M.</td>
<td>220</td>
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<td>Peccoraro A.</td>
<td>137, 181, 185, 302, 632</td>
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<tr>
<td>Peech D.M.</td>
<td>163</td>
</tr>
<tr>
<td>Peck T.</td>
<td>194</td>
</tr>
<tr>
<td>Pelhivanov N.</td>
<td>564</td>
</tr>
<tr>
<td>Pellegrini F.</td>
<td>972</td>
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<tr>
<td>Pellegrini P.</td>
<td>1029</td>
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<td>Pellegrino C.</td>
<td>544</td>
</tr>
<tr>
<td>Pena E.</td>
<td>V63</td>
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<tr>
<td>Peña J.A.</td>
<td>V17, V25, V75</td>
</tr>
<tr>
<td>Peng J.</td>
<td>763</td>
</tr>
<tr>
<td>Pengchao L.</td>
<td>226</td>
</tr>
<tr>
<td>Pena F.J.</td>
<td>503, V27</td>
</tr>
<tr>
<td>Penttinen H.</td>
<td>567</td>
</tr>
<tr>
<td>Peracchia G.</td>
<td>389, 534</td>
</tr>
<tr>
<td>Pereira-Sampaio M.A.</td>
<td>490, 917</td>
</tr>
<tr>
<td>Perepanova T.</td>
<td>255</td>
</tr>
<tr>
<td>Peretti D.</td>
<td>853, 1075</td>
</tr>
<tr>
<td>Pérez Cadavid S.</td>
<td>143</td>
</tr>
<tr>
<td>Pérez García C.</td>
<td>122</td>
</tr>
<tr>
<td>Pérez-Albacete M.</td>
<td>882, 883</td>
</tr>
<tr>
<td>Pérez-Fernández E.</td>
<td>648, 947, 1035, 1054</td>
</tr>
<tr>
<td>Peri L.</td>
<td>844, V54</td>
</tr>
<tr>
<td>Perner S.</td>
<td>282, 756, 863</td>
</tr>
<tr>
<td>Perrea D.</td>
<td>175</td>
</tr>
<tr>
<td>Perri D.</td>
<td>467</td>
</tr>
<tr>
<td>Perron-Vernge M-A.</td>
<td>215</td>
</tr>
<tr>
<td>Perry A.S.</td>
<td>425</td>
</tr>
<tr>
<td>Persson M.</td>
<td>375, 932</td>
</tr>
<tr>
<td>Persyn S.</td>
<td>798</td>
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<tr>
<td>Pertiea A.</td>
<td>478</td>
</tr>
<tr>
<td>Perugia C.</td>
<td>680</td>
</tr>
<tr>
<td>Peschechera R.</td>
<td>972</td>
</tr>
<tr>
<td>Pesci V.</td>
<td>1071</td>
</tr>
<tr>
<td>Pessutti D.</td>
<td>V6</td>
</tr>
<tr>
<td>Peter S.</td>
<td>232</td>
</tr>
<tr>
<td>Peters I.</td>
<td>220, 783</td>
</tr>
<tr>
<td>Peters J.</td>
<td>267</td>
</tr>
<tr>
<td>Peters J.</td>
<td>V32</td>
</tr>
<tr>
<td>Peters M.V.</td>
<td>810</td>
</tr>
<tr>
<td>Petersen L.J.</td>
<td>929</td>
</tr>
<tr>
<td>Peterson A.C.</td>
<td>461, 462, 468, 955, 959, 1066, 1069, V9</td>
</tr>
<tr>
<td>Petralia G.</td>
<td>V31</td>
</tr>
<tr>
<td>Petrenciu C.</td>
<td>672</td>
</tr>
<tr>
<td>Petrides N.</td>
<td>324, 820</td>
</tr>
<tr>
<td>Pétrissans M-T.</td>
<td>270</td>
</tr>
<tr>
<td>Petrozza V.</td>
<td>385</td>
</tr>
<tr>
<td>Petru B.</td>
<td>V76</td>
</tr>
<tr>
<td>Petruzzo P.</td>
<td>78</td>
</tr>
<tr>
<td>Petsis D.</td>
<td>V16</td>
</tr>
<tr>
<td>Peyrard S.</td>
<td>1</td>
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<td>Peyromaureau M.</td>
<td>333</td>
</tr>
<tr>
<td>Peyronnet B.</td>
<td>53, 412, 654, 721, 922</td>
</tr>
<tr>
<td>Pfalzgraf D.</td>
<td>313</td>
</tr>
<tr>
<td>Pfister C.</td>
<td>307, 727, 915</td>
</tr>
<tr>
<td>Pfister D.</td>
<td>601, 1018</td>
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<tr>
<td>Phé V.</td>
<td>331, 1056</td>
</tr>
<tr>
<td>Philippou Y.</td>
<td>324, 986, 992, 994, 997</td>
</tr>
<tr>
<td>Pipps S.</td>
<td>871</td>
</tr>
</tbody>
</table>
Abstract authors

Rangel L. 458
Ranzoni S. 467
Rao N. 718, 719
Rasner P. 619
Rasool K. 709
Raspollini M.R. 304, 1037
Rassweiler J. 437, 940, V67
Rathkopf D.E. 556, 564, 668
Ratti D. 890
Raugei A. 807
Rausch S. 531
Ravanini J. 904
Ravali P. 435
Rawal S. 705, 921, 923, 924
Rawandale A.V. 868
Rawlings T. 69
Raynaud J-P . 326
Raza J. 487
Raza S.J. 489
Raza S. 690
Razz M. 890
Razve H. 690
Rcehe S. 766
Real F.X. 1022
Recio P. 794
Recker F. 15, 116, 423
Redmond C. 818
Redondo C. 251, 984, V69
Reece S. 177
Reeves M. 433
Regelman M. 724
Regeniter A. 258
Regis F. 1022
Regis L. 314, 766
Rehman I. 426
Rehrauer H. 903
Reig Ruiz C. 158
Reis F. 31
Reiseler L. 1025
Reiss P. 954, 1068
Reix B. 307, 727, 915
Relle J. 975
Remzi M. 839
Ren D. 763
Renard-Penna R. 316, 332, 764, 1056
Rendon R. 755
Renninger M. 531
Rentsch C.A. 282, 410
Requena M. J. 275
Resch I. 839
Resta N. 401
Retz M. 35, 749, 1049
Reuben R.L. 871
Reuning-Scherer J. 673
Reventós J. 314
Rey D. 68
Reynburn H. 30
Reznor G. 366, 560, 641
Rh K.H. 420
Ribal M.J. 319, 830, 844
Rieux T. 314
Righetto M.L. 991
Rijo E. 827
Rijo M. 950
Ripoli A. 342, 385, V42, V70
Rischke C. 448
Rischmann P. 53, 157, 159, 510
Rissenhoff J. 409
Rittel S. 610
Rivas Del Fresno M. V5
Rivera M. 658
Rivero M. V63
Riviere J. 68
Rizk J. 491
Rizzello M. 155
Rizzi S. 722, 805
Rizzo G. 1047
Roaiah M.F. 242
Robben H. 289
Robert G.Y. 270, 519, 685
Roberts R. 433
Robertson C. 829
Robertson C. 563
Robertson N.L. 819
Robinson D.E. 639, 825
Robles J.E. 486
Rocca A. 135
Rocchini L. 740
Rocco B. 196, 197, 308, 514, 626, 925, V36
Roche J-B. 68
Roche J. 444
Rode J. V68
Roder M.A. 427, 529
Rodney S. 702
Rodrigues-Santos P. 31
Rodríguez J. 80
Rodríguez N. 502
Rodriguez A. 950
Rodríguez O. V75
Rodriguez R. 950
Rodriguez Fernández E. 697, 1032
Rodriguez Morales-Bermudez A.R. 980
Rodriguez Villamil L. 122, V5
Rodríguez-Alcázar J. 30
Rodríguez-Antolín A. 453
Rodríguez-Cabello M.A. 72, 82
Rodríguez-Díez C. 486
Rodríguez-Faba O. 380, 852, 1026, V19
Rodríguez-Patrón R. 82, 376, V66
Roehrborn C.G. 239
Roelink J. 572
Roethke M. 762, 769
Rogers A. 831
Rogers C. 191, 921, 923, 924, 938, 1016, V27, V72
Rohmann F. 337, 435, 599, 649
Rohde J. 978
Rohou T. 580
Roigas J. 538
Rojas E. 835
Rolevich A.I. 748, 1046
Rolo F. 846
Romagnoli C. 975
Romagnoli D. 722, 805, 821

Numbers refer to abstract numbers
<table>
<thead>
<tr>
<th>Authors</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez L. V63</td>
<td></td>
</tr>
<tr>
<td>Sánchez M. 314</td>
<td></td>
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<tr>
<td>Sánchez Gómez F.J. 768</td>
<td></td>
</tr>
<tr>
<td>Sand P. 149</td>
<td></td>
</tr>
<tr>
<td>Sanda M.G.</td>
<td>21</td>
</tr>
<tr>
<td>Sandin R. 11</td>
<td></td>
</tr>
<tr>
<td>Sandner P. 42</td>
<td></td>
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<tr>
<td>Sandri S.D. 465</td>
<td></td>
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<tr>
<td>Sandstrom K. 561</td>
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<td>Sang Hoon S. 607</td>
<td></td>
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<td>Sangalli M. 974</td>
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<td>Sangar V.K. 595</td>
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<tr>
<td>Sanguezdolce F. 119, 205, 401, 1026</td>
<td>Sangal M.</td>
</tr>
<tr>
<td>Sant G. 433</td>
<td></td>
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<tr>
<td>Santiago Martin M. 308</td>
<td></td>
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<tr>
<td>Santos A. 563</td>
<td></td>
</tr>
<tr>
<td>Santos J.P. 1085</td>
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<td>Sanz E. 376</td>
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<td>Sapino A. 321</td>
<td></td>
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<tr>
<td>Sarapohja T. 567</td>
<td></td>
</tr>
<tr>
<td>Saratlija-Novakovic Z. 839</td>
<td></td>
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<tr>
<td>Sarda K. 347, 496</td>
<td></td>
</tr>
<tr>
<td>Sarikaya S. 348</td>
<td></td>
</tr>
<tr>
<td>Sarkar S. 482</td>
<td></td>
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<tr>
<td>Sarle R. 192, 483</td>
<td></td>
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<td>Sarno L. 623</td>
<td></td>
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<td>Sarti E. V46</td>
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<td>Sartor O. 672, 673</td>
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<td>Sasada T. 742</td>
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<tr>
<td>Sasagawa I. 652, 676</td>
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<td>Sasaki M. 41</td>
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<td>Satake Y. 357</td>
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<td>Sathe A. 35</td>
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<td>Sato A. 759</td>
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<td>Sato F. 669, 687</td>
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<td>Sato T. 174</td>
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<td>Sato Y. 746, 752</td>
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<td>Satoh S. 83, 84, 86</td>
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<td>Satoh T. 669</td>
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<td>Satoh T. 521, 536, 1020</td>
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<td>Saussine C. 572</td>
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<td>Sauter G. 424, 432, 808</td>
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<td>Savas S. 423</td>
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<td>Saxton J. 444</td>
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<td>Sayo H. 866</td>
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<td>Scalici Gesolfo C. 246</td>
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<td>Scanlan P. 871</td>
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<td>Scano R. 137, 181, 185, 302</td>
<td>Schaefer E.</td>
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<tr>
<td>Scattoni V. 186, 640, 930, 937</td>
<td>Schütte G.</td>
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<td>Schmid M. 531</td>
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<td>Schmidhuber J. 830</td>
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<td>Schmutz R. 92</td>
<td></td>
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<tr>
<td>Schneevoigt S. 476, 941</td>
<td></td>
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<td>Schneeweiß R. 860</td>
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<td>Schneider A. 307, 727, 915</td>
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<td>Schneider M.P. 1095</td>
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<td>Schnöller T. 325</td>
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<td>Schon G. 920</td>
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<td>Schonthaler M. 875</td>
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<td>Schon G. 919</td>
<td></td>
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<tr>
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<td>Schouts I.G. 770</td>
<td></td>
</tr>
<tr>
<td>Schostak M. 572, 622</td>
<td></td>
</tr>
<tr>
<td>Shottelius M. 675</td>
<td></td>
</tr>
<tr>
<td>Schrader A. 325</td>
<td></td>
</tr>
<tr>
<td>Schramek P. 911</td>
<td></td>
</tr>
<tr>
<td>Schreiber A. 892</td>
<td></td>
</tr>
<tr>
<td>Schrieff P. 804</td>
<td></td>
</tr>
<tr>
<td>Schröder F.H. 115, 239</td>
<td></td>
</tr>
<tr>
<td>Schröder S. 863</td>
<td></td>
</tr>
<tr>
<td>Schubert M. 524</td>
<td></td>
</tr>
<tr>
<td>Schubert-Fritschle G. 643</td>
<td></td>
</tr>
<tr>
<td>Schuler J. 410</td>
<td></td>
</tr>
<tr>
<td>Schultze-Seemann W. 448</td>
<td></td>
</tr>
<tr>
<td>Schumacher M.C. 438, 540</td>
<td></td>
</tr>
<tr>
<td>Schuppe H-C. 139, 300</td>
<td></td>
</tr>
<tr>
<td>Schwab M. 747</td>
<td></td>
</tr>
<tr>
<td>Schwab T. 919</td>
<td></td>
</tr>
<tr>
<td>Schwab C. 769</td>
<td></td>
</tr>
<tr>
<td>Schuwaiger M. 217, 675, 928</td>
<td></td>
</tr>
<tr>
<td>Schwantek U. 1090</td>
<td></td>
</tr>
<tr>
<td>Schwartzmann I. V75</td>
<td></td>
</tr>
<tr>
<td>Schwartz R. 513, 907</td>
<td></td>
</tr>
<tr>
<td>Schweiger M. 422</td>
<td></td>
</tr>
<tr>
<td>Schwentner C. 438, 531, 540</td>
<td></td>
</tr>
<tr>
<td>Sciens C. 467</td>
<td></td>
</tr>
<tr>
<td>Sciotti S. 829</td>
<td></td>
</tr>
<tr>
<td>Scipioni F. 480, 1048</td>
<td></td>
</tr>
<tr>
<td>Scoffone C.M. 573, 700, V50</td>
<td></td>
</tr>
<tr>
<td>Scrin L. 267</td>
<td></td>
</tr>
<tr>
<td>Seab J-A. 532, 650, 735, 737</td>
<td></td>
</tr>
<tr>
<td>Sebaey A. 579</td>
<td></td>
</tr>
<tr>
<td>Sebastianelli A. 554</td>
<td></td>
</tr>
</tbody>
</table>
Sebe P. 307
Secco S. V31
Seckin B. 378
Seckiner I. 253
Seddik S. 727
Sedigh O. 853
Segersten U. 837
Segoloni G. 853
Seidenader J.S. 120
Seiler R. 90, 92
Seisen T. 316, 331, 332, 1056
Seitz A.K. 749, 1049
Seitz C. 508, 647
Sejima T. 108, 176, 303, 358, 414, 732, 1089
Sekerci C.A. 693
Seki N. 29, 399
Sekine Y. 785
Seklehner S.A. 839
Selimovi M. 98
Selli C. 534
Selph J. P. 461, 462, 468, 959, 1069, V9
Selvaggi F.P. 205
Selvaggio O. 205
Semenas J.S. 404
Semjonow A. 121
Semple C. 779
Sen H. 253
Senel C. 245
Sener T.E. 693
Serretta V. 948
Sentani K. 16
Sentinelli S. 1037
Seo J.T. 689
Seo S.J. 832
Sequeiros T. 314
Serafni G. 597
Serefoğlu E.C. 346
Serino A. 137, 181, 185, 302, 632
Serni S. 109, 304, 411, 554, 807, 906, 925
Seron D. 85
Serra N. 701
Serrano–Brambila E. V2
Serrao E. 120
Serretta V. 948
Seth J. 783
Servian P. 766
Seth A. 718, 873
Sethia K. 706
Sevodalis N. 482
Severi G. 515
Seyam R. 62
Sfoggas V. 686
Sgouridou M. 888
Shaaban A.A. 745
Shabana W. 95, 97, 99, 388
Shah A. 217
Shah J.B. 532, 650, 735, 737
Shah T. 290
Shaher H. 579
Shahid S. 489
Shahin A.M.S. 95, 97, 99, 387, 388, 584
Shahrokh S.F. 308
Shaiikhbrahim Z. 282, 756
Shaker H. 479
Shams Ud Din A. 334
Shan G. 763
Shan M. 673
Shang H–S. 50
Shanmugabavan Y. 1042
Shannon T. 190
Shao S. 865
Shariat S.F. 105, 200, 327, 331, 332, 371, 451, 454, 455, 456, 508, 532, 533, 537, 660, 647, 650, 724, 735, 737, 801, 823, 909, 912, 948, 1017, 1041
Sharma D. 712
Sharma V. 818
Shatynska–Mytsyk I. 419
Shaw B. 444
Shchukin D.V. 815
Shema M. 848
Shehab El-Dein A.B. 590, 692, 695
Shehata M. 807
Shi G-H. 864, 1023
Shi H. 862
Shihabab N. 180
Shibata Y. 297, 785
Shichiri V. 551
Shim M. 518, 642
Shimada S. 1087
Shimizu S. 176, 358, 1089
Shimizu Y. 669
Shimy M. 848
Shin J.H. 613
Shinmei S. 9, 16
Shinoda K. 10, 717
Shinojima T. 10, 717
Shioda M. 782
Shipway D. 658
Shiraiishi T. 600
Shitara T. 826
Shoji K. 9, 16, 47
Shokeir A. 590, 692, 695
Shoma A. 692
Shore N.D. 556, 564, 668, 672
Shrestha K.R. 999
Shrivastava N. 873
Shrotri N. 572
Shtyrya Y.A. 183
Shu W. 871
Shudong Z. V7
Shuhei K. 806
Shumoff S. 269
Siddiqui E. 265
Sidi A. V24
Siegel S. 152
Siener R. 23
Sievert K.D. 149, 386, 571, 1008
Sikic D. 649
Sikka S. 46, 48
Sikorski A. 574
Silecchia G. 155
Silverman J. 1042
Silvestri L. 155, 342, 385, V42, V43, V70
Silvestri T. 474, 1029
Simone C. 107, 109, 731, 925
Simms M. 162, 879, 880, 885
Simon R. 172, 424, 432
Simón Vallés C. 235
Simones S.A. 109
Simoniato A. 606
Simone C. 401
Simone G. 101, 111, 212, V26, V30
Simoneschi G. V73
Simonini G. 534
Sinek A. 355
Şimşek F. 693, 963, 1084
Sinescu I. 130
Singh A. 705
Singh P. 718, 719
Siracusano S. 474, 1029
Sirma H. 172

Numbers refer to abstract numbers
Sitkin I. 570
Sivaraman A. 221, 767, 935
Sjoberg D.D. 113, 310, 318, 413, 433, 452
Sjöqvist S. 1003
Skogstrand T. 855
Skolarikos A. 390, 965, 1079
Skoneczna I. 557
Skopek M. 839
Skovgaard D. 375, 932
Skriver C. 14
Skuginna V. 90
Skvortcov I. 106
Smal M.P. 748
Smaldone M. 926, 1024
Small E.J. 556, 668
Smith A.D. V40
Smith D. 743
Smith G.D. 290
Smith M.R. 556, 668, 672
Smith N. 880, 885
Smith T.M. 134
Smits M. 344
Smoragiewicz M. 7
Snijkers A. 150
Soave A. 651, 954, 1068
Soberck JI. 393
Socrates A. 760
Soda T. 1087
Sodano M. 109, 731, 925
Sofer M. 593
Sojiane S. 915
Sofield D. 190
Sofikitis N. 176
Soga T. 866
Sohn M. 305, 614, 642
Soichiro O. 360
Sola I. 648, 947, 1054
Solanki R. 582
Solberg Eikrem Ø. 855
Solier Mesquita R. 235
Soll O. 11
Solomon E. 353, 460
Solsone E. 315, 939, V37, V44
Somani B.K. 569, 965, 968
Somay A. 396
Sommer P. 707, 710
Son H. 659, 689, 964
Song C. 305, 518, 642
Song G. 45
Song K.H. 43, 613
Song M. 689
Song P.H. 361
Song S.H. 45, 305, 614, 616, 659
Song W. 763
Song Y.S. 901, 1007
Sønsen J. 290, 629
Sonpavde G. 596
Sood A. 18, 75, 76, 187, 191, 369, 439, 503, 560, 611, 638, 641, 660, 664, 801, 823, 842, 905, 921, 923, 938, 978, 1011, 1016, 1059, 1060
Sooirakumaran P. 822
Sopeña Sutil R. 143
Sørensen H.T. 14
Sørensen J.A. 707, 710
Soria F. 946
Sotelo Noguera R. V8, V13
Soto Poveda A. 158
Soukup T. 482
Soulié M. 157, 159, 307, 510, 721, 727, 915
Sountoulides P. 308
Southgate J. 497
Souvatzoglou M. 928
Soygur T. 609
Soytas M. 973
Spagni M. 59, 110, 1061
Spahn M. 457, 524, 634, 935, 936, 948, 1013
Spahovii H. 98
Spaliviero M. 113, 413
Spanidis M. 671
Spanikova B. 604
Spanic D. 345
Spatafora S. 59, 110, 1061
Speckman M. 484
Sperduti I. 101
Sperling D. 1059, 1060
Spisser P.E. 532, 650, 735, 737
Spinoit M. 344
Stefans A. 401
Stelmasuk K. V22
Stenman U. 13
Stenzl A. 386, 531
Stephenson A.J. 532, 650, 735, 737
Stephenson W. 473
Sternberg C.N. 556, 557
Steuber T. 661, 804, 907, 1014
Steurer S. 432
Stewart G.D. 189, 321, 368, 779, 871
Steyerberg E.W. 1033
Stief C.G. 54, 57, 88, 177, 308, 394, 476, 538, 663, 649, 791, 891, 892, 893, 896, 941, V60
Stillebroer A.B. 12
Stocco T. 1029
Stöckle M. 163, 166, 228, 279, 776, 860

Numbers refer to abstract numbers
Abstract authors

Taylor A.E. 277
Tazi H. V1
Te A. 575
Teber D. 437
Tei H. 730
Teishima J. 9, 16, 47, 485, 669
Tejido Sánchez Á. 143
Teleb M. 97, 99, 388, 970
Telli O. 609
Telonis D. 674
Tempia A. 434
Templeton A. 7
Tenke P. 255
Tennstedt P. 218, 424, 432, 628, 808, 907
Tenti G. 1062
Terachi T. 669
Terada N. 180, 278, 287
Terrasa J-B. 491
Terry J.E. 491
Terrone C. 107, 109, 852, 906, 925, 927, 1022
Teubel W. 277
Teuchert L.M. 261, 300
Thalgott M. 35
Thalmann G.N. 90, 92, 379, 410, 443, 457, 535, V59
Tharwat M. 475, 1076
Thelen P. 279
Therese S. 54
Thibault F. 491
Thind P. 753
Thomas B.G. 663
Thomas C. 44
Thomas C. 671
Thomas D. 301
Thomas J.A. 572
Thomas K. 473, 816
Thompson H. 724
Thompson I.M. 21
Thompson P.M. 988, 990, 993
Thomsen F.B. 323, 529
Thornhill J. 481, 484, 618
Thorpe A.C. 301, 532, 572, 650, 735, 737
Thoulouzan M. 215, 721
Thum M.Y. 179, 293
Thüroff J. 63, 671, 758
Thüroff S.F.M. 1058
Thuyssbaert G. 728
Tian Z. 102, 736, 1031
Tiemessen T.M. 874
Tienza A. 686
Tierney G. 833
Tilki D. 172, 513, 628, 635, 804, 808, 907, 1014
Tillou X. 307
Timilshina N. 306, 309
Timsit M-O. 850, 1030
Tinay . 693, 942, 963, 1084
Tinel H. 42
Tinzl M.V. 404
Tiong H. Y. 87, 843, 851
Tiscione D. 136
Tissot V. 215
Tjutotena M. 356
Tobar V. 844
Tober P. 907
Tobisawa Y. 169, 429, 521, 536, 1020
Tobisu K. 5, 206
Todd M.B. 564, 668
Todenhöfer T. 531
Tofcoli L. 474, 1029
Toft B.G. 710
Togliardi E. 711
Toi A. 20, 423
Tokas T. 220
Tokatli N.Z. V67
Tokunori Y. 792, 1002
Tolba R.H. 1090
Tolkach Y. 961
Toma M. 209
Tomaskin R. 146
Tomasi S. 176
Tomlins S. 430
Top T. 1084
Topazio L. 680
Torelli T. 597, 598, 711, 824
Torgersen K.M. 11
Torigoe T. 520
Torino G. 605
Tornic J. 484
Torre E. 411
Torres A.M. 82
Torres-Mercado L. V2
Tosco L. 634, 935, 936
Tosev G. 769
Tosi N. 480, 1048
Tosoian J. 431
Tou Z. 530
Touijer L.A. 113, 413, 452
Touti D. 681
Tozawa K. 395, 397, 583, 971
Trabucco S. 401
Trabulsi E.J. 1015
Tracey J. V64
Trachtenberg J. 20, 423
Traish A. 240
Trassier M. 89, 91
Traxer O. 328, 1073, V67
Tree A. 447
Trenti E. 101
Trettel A. 219
Trilla E. 85
Trilla Herrera E. 847
Trock B. 430, 431
Troiano F. 119
Trombetta C. 803, V47
Trooskens G. 779
Trottmann M. 177
Truán D. V55
Truán Cacho D. V61
Trudeau V. 1031
Trujillo E. 773
Truss M. 308
Tsai H-T. 233
Tsai T-F. 27, 36
Tsai Y-S. 233
Tsaur I. 285
Tsaavas P. 492, 809
Tsatis A.C. 320
Tsivian A. V24
Tsivian V. V24
Tsounapi P. 176
Tsourlakis M.C. 432
Tsuchiya N. 8, 83, 84, 86, 171
Tsuda M. 38, 223
Tsui K-H. 164
Tsujikawa K. 34
Tsujimura A. 1087
Tsukuda F. 802
Tsumura H. 752, V58
Tsuruta H. 8, 83, 84, 86, 171
Tsuzaki T. 118
Tu L.M. 64
Tubaro A. 101, 271, 308, 544, 546, 554, 572

Numbers refer to abstract numbers
Abstract authors

Verri C. 945
Verrill C. 428
Verrini G. 534
Vertosick E. 310
Verze P. 136, 141, 243, 346, 474, 906
Vespasiani G. 680, V3, V57
Vesprini D. 1043
Vessella R.L. 165
Vetterlein M. 1068
Vezzaro R. 1029
Vicente-Antón J. 79
Vicente-Ferrer S. 79
Vickers A.J. 452
Vidal Faune A. 443
Vieira I.B. 123
Viejo G. 122
Vierstraete S. 1067
Viggiani F. 71
Vignoli J. 411
Vignozzi L. 554
Vikstrom L. 288
Vila Reyes H. 849
Vilaseca A. 310, 452, 844
Villa L. 328, 394
Villa S. 1021
Villa S. 824
Villavicencio H. V19, V75
Villeirs G. 728
Villers A. V28, V34
Vincendeau S. 580
Vincent V. 633
Vind-Kezunovic S. 1051
Vinogradov I.V. 183
Viola D. 59, 110, 1061
Viola M. 389, 534
Violette P. 690
Viphakone N. 227
Visakorpi T. 165
Visalli F. 474, 1029
Vitale G. 166
Viterbo R. 926, 1024
Vitrup I.V. 417, 916
Vittori G. 304, 411, 480
Vittosi G. 1048
Vivas-Conseulo D. 91
Vlachiotis I. V16
Vlajnic T. 410
Voets T. 795, 797, 902
Vogelzang N. J. 672
Voinea S. 130
Volkova M.I. 106, 810, 814, 817
Volpe A. 193, 906, 921, 923, 924, 925, 1022
von Der Maase H. 753
von Hardenberg J. 1003
Von Klot C.A. V74
Von Laer D. 224
Von Mäßenhausen A. 756
Von Ruette T. V59
Voss A. 834
Voultsiadou A. 786
Vouros I. 686
Voylenko O.A. 417, 916
Vrijens D. 153
Vukalovich P.S. 916
Vukotic V. 345
Vukovic M. 294
Vuong N.S. 307, 727, 915
Vuorela A. 567
Vuorikoski H. 787
Vural K. 872
W
Wadhwa H. 350, V53
Wadhwa K. 120, 283, V3
Wadood M. 479
Wafa E.W. 93
Wagdy A. 99
Wagenlehner F.M.E. 136, 139, 167, 255, 261, 280, 300, 538
Wagenpfeil S. 511
Wagg A. 267
Wagner A. 919
Wagner W. 594
Wahab A. 262, 679
Wahlors T. 13
Waidelich R. 57, 308, 891, 893, 896
Waingankar N. 926, 1024
Wakai K. 806
Walcher U. 586, 591
Waldron I. 812
Waldken M. 299
Walker P.W. 662
Wallis M. 65
Walsh A.L. 425
Walsh L. 813, 818
Walter C. 671
Walter M. 201, 780
Walter M. 381, 384, 1096
Walton T.J. 216
Waltregny D. 755
Walz J. 936
Wan F.-N. 864
Wang B. 59
Wang C.F. 1023
Wang D. 28
Wang H. 295
Wang H. 763
Wang H.H. 955
Wang H.K. 1023
Wang L. 522, 857
Wang R. 862
Wang R. 763
Wang T-D. 977
Wang X. 763
Wang X. 862
Wang X.F. 494, 698
Wang Y. 791, 891, 892, 893, 896
Wang Z.C. 666
Warlé M.C. 845
Waseda Y. 741
Watanabe H. 714
Watanabe M. 144, 256, 408
Watkin N. 712
Watson R.W. 19, 526
Wawroschek F. 979
Weber J. 940
Webster G.D. 461, 462, 468, 959, 1066, 1069, V9
Weckx F. 1093
Wedge D. 168
Wegelin O. 1028
Wegiel B. 288
Wei J.T. 21
Weidner W. 139, 167, 255, 261, 280, 300, 538, 949
Weineisen M. 675
Weinhold P. 394
Weirich G. 675
Weisbach L. 651
Welk B. 1097
Wells C. 7
Wester H.-J. 217, 675, 928
Wetterauer C. 410
Wetterauer U. 448, 571, 875
Weyne E. 40, 902
Wezel F. 1003, 1006
Whelan P. 260
Whelan P. 563
White M. 428, 662
Widmer C. 808
Wiederkehr C. 22
Wiegel T. 454

Numbers refer to abstract numbers
<table>
<thead>
<tr>
<th>Authors</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yoshihisa M.</td>
<td>792, 1002</td>
</tr>
<tr>
<td>Yoshikawa K.</td>
<td>408</td>
</tr>
<tr>
<td>Yoshikawa T.</td>
<td>287</td>
</tr>
<tr>
<td>Yoshikazu T.</td>
<td>1002</td>
</tr>
<tr>
<td>Yoshimoto T.</td>
<td>715</td>
</tr>
<tr>
<td>Yoshimura K.</td>
<td>666</td>
</tr>
<tr>
<td>Yoshimura N.</td>
<td>1089</td>
</tr>
<tr>
<td>Yoshino Y.</td>
<td>266</td>
</tr>
<tr>
<td>Yoshinobu K.</td>
<td>895</td>
</tr>
<tr>
<td>Yoshiyama M.</td>
<td>900</td>
</tr>
<tr>
<td>Yoshiyuki K.</td>
<td>360</td>
</tr>
<tr>
<td>Yoshiizawa T.</td>
<td>144, 256, 408</td>
</tr>
<tr>
<td>Yosuke M.</td>
<td>512</td>
</tr>
<tr>
<td>You D.</td>
<td>45, 552, 606, 616, 870</td>
</tr>
<tr>
<td>Youn C.S.</td>
<td>613</td>
</tr>
<tr>
<td>Yousef M.</td>
<td>495</td>
</tr>
<tr>
<td>Youseff D.</td>
<td>735</td>
</tr>
<tr>
<td>Yousefi K.</td>
<td>430, 431, 1015</td>
</tr>
<tr>
<td>Youssef F.</td>
<td>880, 885</td>
</tr>
<tr>
<td>Youssef M.K.</td>
<td>377, 584, 683, 970, 1081</td>
</tr>
<tr>
<td>Yu E.</td>
<td>532, 568, 650, 735, 737</td>
</tr>
<tr>
<td>Yu H.S.</td>
<td>138, 249, 684</td>
</tr>
<tr>
<td>Yu L.</td>
<td>409</td>
</tr>
<tr>
<td>Yu M.K.</td>
<td>556</td>
</tr>
<tr>
<td>Yu T.</td>
<td>V7</td>
</tr>
<tr>
<td>Yu W.</td>
<td>763, 793</td>
</tr>
<tr>
<td>Yu X.</td>
<td>646</td>
</tr>
<tr>
<td>Yuan Y.</td>
<td>763</td>
</tr>
<tr>
<td>Yuichi S.</td>
<td>360</td>
</tr>
<tr>
<td>Yuki E.</td>
<td>688</td>
</tr>
<tr>
<td>Yule C.</td>
<td>236</td>
</tr>
<tr>
<td>Yun J.H.</td>
<td>901, 1007</td>
</tr>
<tr>
<td>Yun S.J.</td>
<td>528</td>
</tr>
<tr>
<td>Yura K.</td>
<td>51</td>
</tr>
<tr>
<td>Z</td>
<td></td>
</tr>
<tr>
<td>Zacchero M.</td>
<td>927</td>
</tr>
<tr>
<td>Zacharis A.</td>
<td>780</td>
</tr>
<tr>
<td>Zacho H.D.</td>
<td>929</td>
</tr>
<tr>
<td>Zafar N.</td>
<td>919</td>
</tr>
<tr>
<td>Zaffuto E.</td>
<td>912, 937, 1012, 1041</td>
</tr>
<tr>
<td>Zahel T.</td>
<td>1049</td>
</tr>
<tr>
<td>Zahir R.A.</td>
<td>V1</td>
</tr>
<tr>
<td>Zahran M.</td>
<td>475, 695</td>
</tr>
<tr>
<td>Zaiton F.</td>
<td>339</td>
</tr>
<tr>
<td>Zakaria M.</td>
<td>745</td>
</tr>
<tr>
<td>Zamani N.</td>
<td>200</td>
</tr>
<tr>
<td>Zanni G.</td>
<td>1041</td>
</tr>
<tr>
<td>Zanoni M.</td>
<td>974</td>
</tr>
<tr>
<td>Zanotelli T.</td>
<td>731</td>
</tr>
<tr>
<td>Zappala S.</td>
<td>318, 433</td>
</tr>
<tr>
<td>Zare R.</td>
<td>840, V39</td>
</tr>
<tr>
<td>Zargar H.</td>
<td>532, 650, 737, V33</td>
</tr>
<tr>
<td>Zargar H.</td>
<td>735</td>
</tr>
<tr>
<td>Zargar-Shoshtari K.</td>
<td>532, 650, 737</td>
</tr>
<tr>
<td>Zastrow S.</td>
<td>209, 308, 780</td>
</tr>
<tr>
<td>Zattoni F.</td>
<td>450, 913</td>
</tr>
<tr>
<td>Zattoni F.</td>
<td>925, 991, 1029</td>
</tr>
<tr>
<td>Zaum M.</td>
<td>602, 603</td>
</tr>
<tr>
<td>Zecchini V.</td>
<td>283</td>
</tr>
<tr>
<td>Zecchini G.</td>
<td>110</td>
</tr>
<tr>
<td>Zeca H.</td>
<td>627</td>
</tr>
<tr>
<td>Zegna L.</td>
<td>1022</td>
</tr>
<tr>
<td>Zehnder P.</td>
<td>V59</td>
</tr>
<tr>
<td>Zeissig S.R.</td>
<td>800</td>
</tr>
<tr>
<td>Zelhof B.</td>
<td>969</td>
</tr>
<tr>
<td>Zellweger T.</td>
<td>282, 410</td>
</tr>
<tr>
<td>Zennami K.</td>
<td>144, 256, 408</td>
</tr>
<tr>
<td>Zenobi-Wong M.</td>
<td>1000</td>
</tr>
<tr>
<td>Zer Y.</td>
<td>253</td>
</tr>
<tr>
<td>Zerbib M.</td>
<td>333</td>
</tr>
<tr>
<td>Zettinig O.</td>
<td>217</td>
</tr>
<tr>
<td>Zhan L.</td>
<td>673</td>
</tr>
<tr>
<td>Zhang C.</td>
<td>422</td>
</tr>
<tr>
<td>Zhang G-M.</td>
<td>864, 1023</td>
</tr>
<tr>
<td>Zhang H.</td>
<td>468</td>
</tr>
<tr>
<td>Zhang H-L.</td>
<td>864, 1023</td>
</tr>
<tr>
<td>Zhang J.</td>
<td>856</td>
</tr>
<tr>
<td>Zhang L.</td>
<td>522, 857</td>
</tr>
<tr>
<td>Zhang Q.</td>
<td>522, 857</td>
</tr>
<tr>
<td>Zhang W.</td>
<td>165</td>
</tr>
<tr>
<td>Zhang X.</td>
<td>862</td>
</tr>
<tr>
<td>Zhang X.</td>
<td>592</td>
</tr>
<tr>
<td>Zhang X.</td>
<td>59, 110</td>
</tr>
<tr>
<td>Zhao C.</td>
<td>763</td>
</tr>
<tr>
<td>Zhao S.</td>
<td>430</td>
</tr>
<tr>
<td>Zheng Y.</td>
<td>149</td>
</tr>
<tr>
<td>Zheng Y.</td>
<td>37</td>
</tr>
<tr>
<td>Zhou L.</td>
<td>28, 763, 856, 1057</td>
</tr>
<tr>
<td>Zhu W.</td>
<td>284</td>
</tr>
<tr>
<td>Zhu Y.</td>
<td>104, 204, 720, 864, 1023</td>
</tr>
<tr>
<td>Zi X.</td>
<td>865</td>
</tr>
<tr>
<td>Zidan E.M.</td>
<td>475</td>
</tr>
<tr>
<td>Zieher M.</td>
<td>525</td>
</tr>
<tr>
<td>Zigeuner R.</td>
<td>2, 101, 308</td>
</tr>
<tr>
<td>Zili T.</td>
<td>447</td>
</tr>
<tr>
<td>Zimmerm P.</td>
<td>69</td>
</tr>
<tr>
<td>Zlotta R.</td>
<td>20, 422, 423, 755</td>
</tr>
<tr>
<td>Zogg A.</td>
<td>592</td>
</tr>
<tr>
<td>Zwarthoff E.C.</td>
<td>837</td>
</tr>
<tr>
<td>Zondervan P.J.</td>
<td>828</td>
</tr>
<tr>
<td>Zonnenberg B.A.</td>
<td>1</td>
</tr>
<tr>
<td>Zorn K.</td>
<td>575</td>
</tr>
<tr>
<td>Zouari M.</td>
<td>1078</td>
</tr>
<tr>
<td>Zraik I.</td>
<td>1090</td>
</tr>
<tr>
<td>Zubillaga Guerrero S.</td>
<td>V55, V61</td>
</tr>
<tr>
<td>Zucchi A.</td>
<td>67</td>
</tr>
<tr>
<td>Zudaire J.J.</td>
<td>486</td>
</tr>
<tr>
<td>Zugail A.</td>
<td>499</td>
</tr>
<tr>
<td>Zuppari F.</td>
<td>623</td>
</tr>
<tr>
<td>Zwarthoff E.C.</td>
<td>837</td>
</tr>
</tbody>
</table>

Numbers refer to abstract numbers
# Abstract sorted by Topic

<table>
<thead>
<tr>
<th>Topic</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenals</td>
<td>713, 714, 715, 716, 717, 718, 719, 720, 721</td>
</tr>
<tr>
<td>Education and training</td>
<td>356, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, V1, V6, V64</td>
</tr>
<tr>
<td>Female LUTS</td>
<td>148, 149, 150, 151, 152, 153, 154, 155, 156, 263, 265, 266, 267, 268, 269, 274, 349, 350, 351, 352, 353, 354, 64, 65, 66, 67, 69, 72, 73, 74, V4</td>
</tr>
<tr>
<td>Functional urology</td>
<td>1006, 1009, 1085, 1086, 1087, 1089, 1090, 1092, 1093, 1094, 1095, 1096, 1097, 1098, 998</td>
</tr>
<tr>
<td>History of urology</td>
<td>879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 896, 897, 898, 899, 900, 901, 902, 903</td>
</tr>
<tr>
<td>Imaging in urology (non-prostate)</td>
<td>206, 375, 376, 377, 378, 379, 381, 382, 383, 384, 385, 386, 792, 812</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262</td>
</tr>
<tr>
<td>Infertility</td>
<td>174, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 289, 290, 291, 292, 293, 295, 296, 297, 298, 299, 300, 301, 302</td>
</tr>
<tr>
<td>Kidney transplantation</td>
<td>75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 842, 843, 844, 845, 846, 847, 848, 849, 85, 850, 851, 852, 853, 854, 86, 87, V19, V22</td>
</tr>
<tr>
<td>Male incontinence</td>
<td>357, 358, 359, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, V9</td>
</tr>
<tr>
<td>Male LUTS</td>
<td>1090, 553, 555, 577, 579, 678, 788, 790, 791, 793, 891, 892, 893, 896, 901, 999</td>
</tr>
<tr>
<td>Medical therapy</td>
<td>272, 273, 360, 361, 543, 544, 545, 546, 547, 548, 569, 551, 552, 554, 576, 679, 789, V48</td>
</tr>
<tr>
<td>Intervention therapy</td>
<td>569, 570, 572, 573, 574, 575, 578, 580, 581, 689, V49, V50, V52</td>
</tr>
<tr>
<td>Neuro-urology</td>
<td>1091, 1092, 1093, 1094, 1095, 1096, 1097, 157, 158, 159, 161, V5</td>
</tr>
<tr>
<td>Penile cancer</td>
<td>702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, V16</td>
</tr>
<tr>
<td>Peri-operative management</td>
<td>1076, 355, 657, 658, 659, 660, 661, 662, 663, 664, 665, 68, 70, V8</td>
</tr>
<tr>
<td>Prostate cancer: Cell biology</td>
<td>422, 423, 424, 425, 426, 427, 429, 430, 431, 432, 433, 520, 521, 523, 524, 525, 526, 527, 528, 529, 530, 239, 399, 401, 402, 403, 404, 405, 407, 409, 410, 567, 674, 827</td>
</tr>
<tr>
<td>Prostate cancer: Screening/diagnosis: Imaging</td>
<td>218, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 772, 819, 820, 927, 929, 930, 931</td>
</tr>
<tr>
<td>Staging: Pathology and imaging</td>
<td>428, 517, 518, 771, 928, 932, 933, Numbers refer to abstract numbers</td>
</tr>
</tbody>
</table>
Numbers refer to abstract numbers

### Sexual dysfunction and andrology

**Basic research**

175, 294, 40, 41, 42, 43, 44, 45, 46, 47, 48, 50, 51

**Diagnosis and treatment**


V46, V47

### Stones

**ESWL**

100, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98

**Medical/research**

380, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 99, V2

**Open and percutaneous**


**Ureteroscopy**

1072, 1073, 1074, 1075, 1077, 1078, 1079, 1081, 1082, 1083, 1084, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, V62, V67

### Testis tumours

594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604

### Trauma and emergencies in urology

339, 340, 342, 344, 345, 346, 347, 348

### Upper tract benign disease

53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, V56, V57, V58, V60

### Urethral strictures, urethroplasty and genital reconstruction

1058, 1059, 1060, 1061, 1062, 1063, 1064, 1065, 1066, 1067, 1068, 1069, 1070, 1071, 617, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, V10, V12, V14, V15

### Urothelial tumours

**Basic research**

14, 223, 224, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 26, 27, 28, 29, 30, 31, 32, 34, 35, 36, 37, 38, 39, 746, 747, 748, 749, 751, 752, 753, 754, 755, 756, 757, 758, 759

**Diagnosis**

647, 648, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 841
### Management of infiltrative/advanced tumours

**Non surgical management**


**Management of non-muscle invasive bladder cancer**

33, 840, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, V39, V40

**Staging**

1045, 1046, 1047, 1048, 1049, 1050, 1051, 1052, 1053, 1055

**Upper urinary tract**


---

Numbers refer to abstract numbers
Sessions sorted by Topic

Andrology
75, 102, 121, 143, 151, 162, 170, 286, 346, 379, 391, 427, 428, 431

LUTS/BPE
72, 76, 87, 147, 166, 183, 192, 231, 235, 253, 275, 309, 345, 390, 406, 412, 416, 425, 439, 441, 442, 443

Functional urology

History
114, 308, 325

Infections
121, 145, 164, 392, 432

Kidney transplantation
89, 108, 125, 175, 200, 302, 345, 374

Paediatric urology
84, 198, 222, 241, 346, 351

Penis/testis
76, 137, 239, 257, 283, 377, 397, 401

Prostate cancer

Reconstructive urology
80, 117, 153, 191, 218, 294, 337, 366

Renal tumours
70, 74, 81, 83, 89, 91, 95, 96, 123, 138, 139, 156, 175, 176, 191, 202, 205, 208, 265, 273, 277, 280, 281, 288, 291, 297, 304, 314, 328, 331, 345, 358, 375, 377, 388, 403, 404

Robotic surgery
70, 89, 132, 137, 205, 224, 291, 353, 358, 408, 413

Stones

Trauma
182, 393

Urothelial tumours
70, 73, 74, 78, 80, 81, 87, 89, 91, 94, 100, 119, 123, 129, 160, 180, 187, 196, 202, 212, 229, 243, 248, 267, 269, 277, 288, 290, 300, 318, 335, 345, 370, 373, 377, 386, 398, 405, 426, 430

Numbers refer to page numbers
## List of Speakers (not abstracts)

<table>
<thead>
<tr>
<th>A</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Abou C-C., 195, 291</td>
<td></td>
</tr>
<tr>
<td>Abdel-Fattah M.S., 203</td>
<td></td>
</tr>
<tr>
<td>Abol-Enein H., 76-77, 117, 180-181, 405</td>
<td></td>
</tr>
<tr>
<td>Abolella H.A., 84</td>
<td></td>
</tr>
<tr>
<td>Abrahamsson P-A., 69-71, 343</td>
<td></td>
</tr>
<tr>
<td>Abrams P., 406</td>
<td></td>
</tr>
<tr>
<td>Ahallal Y., 138</td>
<td></td>
</tr>
<tr>
<td>Ahlawat R., 89, 132</td>
<td></td>
</tr>
<tr>
<td>Ahmed H.U., 89, 130, 298-299</td>
<td></td>
</tr>
<tr>
<td>Ahmed K., 116</td>
<td></td>
</tr>
<tr>
<td>Aicher W.K., 90</td>
<td></td>
</tr>
<tr>
<td>Akilov A., 85</td>
<td></td>
</tr>
<tr>
<td>Al-Kohlany K., 76</td>
<td></td>
</tr>
<tr>
<td>Albers P., 76, 174, 346, 397</td>
<td></td>
</tr>
<tr>
<td>Albersen M., 102-103, 261</td>
<td></td>
</tr>
<tr>
<td>Albrecht W., 76</td>
<td></td>
</tr>
<tr>
<td>Alcaraz A., 70, 200, 291</td>
<td></td>
</tr>
<tr>
<td>Ali-El-Dein B., 300-301</td>
<td></td>
</tr>
<tr>
<td>Anderson P., 248-249</td>
<td></td>
</tr>
<tr>
<td>Andersson K-E., 127</td>
<td></td>
</tr>
<tr>
<td>Andreasen K.H., 115</td>
<td></td>
</tr>
<tr>
<td>Andrich D.E., 117</td>
<td></td>
</tr>
<tr>
<td>Anson K.M., 390</td>
<td></td>
</tr>
<tr>
<td>Apostolidis A., 71, 341</td>
<td></td>
</tr>
<tr>
<td>Araki M., 87</td>
<td></td>
</tr>
<tr>
<td>Arsov C., 98</td>
<td></td>
</tr>
<tr>
<td>Artibani W., 72-73, 261, 292, 353</td>
<td></td>
</tr>
<tr>
<td>Atallah K., 81</td>
<td></td>
</tr>
<tr>
<td>Aulitzky W., 391</td>
<td></td>
</tr>
<tr>
<td>Autorino R., 154</td>
<td></td>
</tr>
<tr>
<td>Auvinen A., 281</td>
<td></td>
</tr>
<tr>
<td>Ayati M., 80</td>
<td></td>
</tr>
<tr>
<td>Ayubov B., 85</td>
<td></td>
</tr>
<tr>
<td>Bedke J., 202, 273-274</td>
<td></td>
</tr>
<tr>
<td>Belahnech Z., 81</td>
<td></td>
</tr>
<tr>
<td>Benakila K., 82</td>
<td></td>
</tr>
<tr>
<td>Benotmane M., 81</td>
<td></td>
</tr>
<tr>
<td>Bensalah K., 280, 331-332</td>
<td></td>
</tr>
<tr>
<td>Bensmail Gueticha S.E., 81</td>
<td></td>
</tr>
<tr>
<td>Bergh A., 227-228, 277</td>
<td></td>
</tr>
<tr>
<td>Bettocchi C., 121-122, 170</td>
<td></td>
</tr>
<tr>
<td>Bex A., 280, 297, 404</td>
<td></td>
</tr>
<tr>
<td>Birder L., 261</td>
<td></td>
</tr>
<tr>
<td>Bjarteli A., 214</td>
<td></td>
</tr>
<tr>
<td>Bjerggaard Jensen J., 135</td>
<td></td>
</tr>
<tr>
<td>Bjerklund Johansen T.E., 121-122, 364</td>
<td></td>
</tr>
<tr>
<td>Black P., 83, 229-230</td>
<td></td>
</tr>
<tr>
<td>Blok B.F.M., 203</td>
<td></td>
</tr>
<tr>
<td>Bochner B., 95</td>
<td></td>
</tr>
<tr>
<td>Bogaert G., 351</td>
<td></td>
</tr>
<tr>
<td>Bollens R., 191, 403</td>
<td></td>
</tr>
<tr>
<td>Boorjian S., 368, 372</td>
<td></td>
</tr>
<tr>
<td>Borkowski T.A., 233</td>
<td></td>
</tr>
<tr>
<td>Bosch R., 606</td>
<td></td>
</tr>
<tr>
<td>Bossi A., 174, 380</td>
<td></td>
</tr>
<tr>
<td>Brausi M., 80, 112, 119, 200</td>
<td></td>
</tr>
<tr>
<td>Breda A., 125, 132, 195, 292, 361</td>
<td></td>
</tr>
<tr>
<td>Briganti A., 130, 279, 345</td>
<td></td>
</tr>
<tr>
<td>Brookman-May S.D., 91</td>
<td></td>
</tr>
<tr>
<td>Brouwer O.R., 137</td>
<td></td>
</tr>
<tr>
<td>Bryan R.T., 300</td>
<td></td>
</tr>
<tr>
<td>Buchholz N.N-P., 115</td>
<td></td>
</tr>
<tr>
<td>Bucuras V., 291</td>
<td></td>
</tr>
<tr>
<td>Bud us l., 129</td>
<td></td>
</tr>
<tr>
<td>Buffi N.M., 91, 358</td>
<td></td>
</tr>
<tr>
<td>Bultitude M., 237-238</td>
<td></td>
</tr>
<tr>
<td>Bunker C., 401</td>
<td></td>
</tr>
<tr>
<td>Burchardt M., 292</td>
<td></td>
</tr>
<tr>
<td>Burger M., 196, 398</td>
<td></td>
</tr>
<tr>
<td>Burgos F.J., 303</td>
<td></td>
</tr>
<tr>
<td>Burgos Revilla F.J., 125, 302, 374</td>
<td></td>
</tr>
<tr>
<td>Burkhard F.C., 261, 346, 366</td>
<td></td>
</tr>
<tr>
<td>Castro-Diaz D.M., 70-71, 127</td>
<td></td>
</tr>
<tr>
<td>Cathelineau X., 294, 378</td>
<td></td>
</tr>
<tr>
<td>Cathomas R., 96-97</td>
<td></td>
</tr>
<tr>
<td>Catto J.W.F., 89, 91, 137, 290, 352, 372</td>
<td></td>
</tr>
<tr>
<td>Cechovß M., 135</td>
<td></td>
</tr>
<tr>
<td>Ček H.M., 122</td>
<td></td>
</tr>
<tr>
<td>Celia A., 328</td>
<td></td>
</tr>
<tr>
<td>Challacombe B.J., 358</td>
<td></td>
</tr>
<tr>
<td>Chapple C.R., 74, 90-91, 343, 394</td>
<td></td>
</tr>
<tr>
<td>Charalampous S., 128</td>
<td></td>
</tr>
<tr>
<td>Chartier-Kastler E., 78-79, 147, 400</td>
<td></td>
</tr>
<tr>
<td>Chauchereau A., 123</td>
<td></td>
</tr>
<tr>
<td>Chen C-S., 72</td>
<td></td>
</tr>
<tr>
<td>Chibber P., 89</td>
<td></td>
</tr>
<tr>
<td>Chkhotua A.B., 85, 125</td>
<td></td>
</tr>
<tr>
<td>Choi J.B., 78</td>
<td></td>
</tr>
<tr>
<td>Choo M-S., 78-79, 395</td>
<td></td>
</tr>
<tr>
<td>Chung Y-C., 72</td>
<td></td>
</tr>
<tr>
<td>Chun F.K-H., 294</td>
<td></td>
</tr>
<tr>
<td>Chung B.H., 251</td>
<td></td>
</tr>
<tr>
<td>Chuyen V.L., 75</td>
<td></td>
</tr>
<tr>
<td>Claessens F., 67, 206-207</td>
<td></td>
</tr>
<tr>
<td>Clarke N.W., 246, 290, 397</td>
<td></td>
</tr>
<tr>
<td>Coloby P., 81</td>
<td></td>
</tr>
<tr>
<td>Colombel M., 123</td>
<td></td>
</tr>
<tr>
<td>Cooperberg M.R., 89, 333-334, 352, 372</td>
<td></td>
</tr>
<tr>
<td>Cornu J-N.L., 91, 135, 192, 372</td>
<td></td>
</tr>
<tr>
<td>Costa C.S.R., 102</td>
<td></td>
</tr>
<tr>
<td>Costantini E., 88, 127</td>
<td></td>
</tr>
<tr>
<td>Crawford D., 69, 345</td>
<td></td>
</tr>
<tr>
<td>Cruz F.R., 72-73, 127, 147, 399</td>
<td></td>
</tr>
<tr>
<td>Cuguz Z., 123, 277</td>
<td></td>
</tr>
<tr>
<td>Cuzick J., 69</td>
<td></td>
</tr>
<tr>
<td>Cuzin B., 162</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Babjuk M., 78, 134, 290, 318-319, 370</td>
<td></td>
</tr>
<tr>
<td>Bach T., 68, 116, 132, 134</td>
<td></td>
</tr>
<tr>
<td>Bachmann A., 76, 264, 292</td>
<td></td>
</tr>
<tr>
<td>Badlani G., 253</td>
<td></td>
</tr>
<tr>
<td>Bangma C.H., 69, 87, 281</td>
<td></td>
</tr>
<tr>
<td>Barbagli G., 191</td>
<td></td>
</tr>
<tr>
<td>Barkan G.A., 123</td>
<td></td>
</tr>
<tr>
<td>Barret E., 132, 292</td>
<td></td>
</tr>
<tr>
<td>Bartoletti R., 122</td>
<td></td>
</tr>
<tr>
<td>Bauer R., 70, 216-217</td>
<td></td>
</tr>
<tr>
<td>Baumert H., 362</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cai T., 392</td>
<td></td>
</tr>
<tr>
<td>Calvert R., 188-189</td>
<td></td>
</tr>
<tr>
<td>Calvo F., 67</td>
<td></td>
</tr>
<tr>
<td>Capitanio U., 139-140</td>
<td></td>
</tr>
<tr>
<td>Carbone A., 224</td>
<td></td>
</tr>
<tr>
<td>Carey B.M., 129, 187, 384</td>
<td></td>
</tr>
<tr>
<td>Carlsson S.V., 281</td>
<td></td>
</tr>
</tbody>
</table>

Numbers refer to page numbers
De Nunzio C., 91, 135, 192
De Ridder D.J.M.K., 88, 127, 192, 357
De Santis M., 67, 202, 345, 356
Deger S., 91, 117-118
Denis L., 67
Derouiche A., 81
Desai M.R., 344
Descarzeaud A., 262
Di Tonno P., 126
Dieckmann K.P., 283
Digesu A., 127
Dik P., 198
Dinkelmann-Smit M., 286
Djavan B., 80, 112, 119, 134, 173, 380
Djeffal C., 81
Djinovic R.P., 117, 263
Dohle G.R., 121-122, 170
Dominguez-Escrig J., 292
Drake M.J., 72, 231-232, 262, 399
Drewa T.A., 218-219
Droupy S., 106
Dubey D., 89
Duijvesz D., 134
Duran I., 96
Eardley I., 262, 379
Eberli D., 203, 337
Egawa S., 87, 233-234
Eissa M., 84
El Sayegh H., 81
Elgammal M.Y., 76
Emberton M., 87, 132, 292
Engeler D.S., 395
Esen T., 235-236
Evans C.P., 227
Eversaert K., 261
Fanti S., 130, 285, 316
Fariña-Pérez L.A., 114, 308
Feick G., 185-186
Feitz W.F.J., 198, 346
Felderhof J.F., 325
Ferreira Coelho M.X., 129
Ficarra V., 83
Figueiredo A.J., 108-109, 125-126, 374
Fisch M., 117, 135, 320
Fode M., 286
Foo K.T., 345
Fradez J., 178
Fredes T., 291
Friedlander T., 202
Fusco F., 121
Futterer J.J., 125, 129
Füssel S., 210
Gakis G., 243
Galan A., 76, 115
Galan A., 76, 115
Gallina A., 306
Gambardia G., 115
Geavlete B., 76, 166
Geavlete P.A., 116, 130
Gerlinger M., 95
Ghiani K., 225
Giannarini G., 91, 136, 214-215
Giessing M., 125
Giusti G., 133
Giwerzeman A., 286
Glass J.M., 344
Gomez Dos Santos V., 126
Gomez Sancha F., 292
Gontero P., 267, 388
Govorov A., 139
Grabe M.J., 122, 145-146, 262
Graeven M., 132, 137, 174, 329
Grasso M., 382
Gratze C., 253-254, 262, 372
Greene D., 364
Griffiths L., 220
Grimm M-O., 280, 345
Gschwendi J.E., 94, 405
Guileyev F., 85-86
Gómez Rivas J.A., 136
Gómez Veiga F., 138
Haberkorn U., 285
Hachi K., 82
Hadaschik B.A., 85, 316
Hakenberg O.W., 135, 360
Hallén Gruftman A.K.I., 291
Hamdy F.C., 68-69, 120, 194
Hamm B., 279
Hammerer P., 396
Har A., 283
Hartmann A., 123, 196
Harutyunyan Y.S., 85
Hashim T., 357
Hatzichristou D.G., 286
Hayek S., 116
Heesakkers J.P.F.A., 127, 275-276
Heidenreich A., 80, 120, 174, 200, 251-252, 345
Hernández Fernández C., 70
Herrmann T.R.W., 133
Hmida W., 82
Honeck P.H., 91
Hong J.H., 78, 180
Horenblas S., 257-258
Hosseini S.J., 80
Hovhannisyan R., 85
Hoznek A., 115
Hruby S., 292
Hruz M., 195
Huang J., 73
Hugosson J.E., 69, 194, 389
Huland H., 194
Høyer M., 120
Inman R., 394
Irani J., 173
Ito A., 87
Jacqmin D., 68
Jad A., 76
Jaidane M., 81
Janscheck G., 119, 259, 279, 362
Javad-Zada S., 85
Jenster G., 149, 173
Jeong B.C., 79
Jeronoimo C., 269
Joniau S.G., 135, 153, 174, 329-330
Joual A., 81
Joyce A.D., 378
Jung S.I., 78
Junker K., 123, 277

Indices
Numbers refer to page numbers
List of Speakers (not abstracts)

K
Kadioglu A., 122, 151
Kalldiannis P., 136
Kakouk J.H., 133
Karazanashvili G., 85-86
Karnes R.J., 312
Kastner C., 136
Kasyan G.R., 173
Kawano Y., 87
Keeley F., 388
Kelly J., 196
Kessler T.M., 127
Khakimkhodzhaev Z., 86
Kiemeney L.A.L.M., 269-270, 288
Kim J.C., 216
Kim W.J., 78
Kimura T., 87
Kinjo M., 88
Klatte T., 83, 273
Klein J-T., 311
Kliesch S., 287
Knoll T., 115-116, 339-340, 345, 355
Knowles M., 100
Kobayashi T., 87
Kochakarn W., 74
Kocjanicic E., 127, 357
Kok D.J., 115
Kramer G., 190
Kruck S., 292
Kuczyk M., 95, 156, 404
Kumar R., 320
Kuntz R.M., 390
Kuo H-C., 72
Laguna M.P., 70, 132, 283, 291
Lahme S., 116, 344
Larré S., 135
Lawrentschuk N., 283
Lazzeri M., 127, 183
Lebret T., 290
Lee J.Y., 78
Lee K-S., 78
Lerner S.P., 94
Leslie S., 137
Lezrek M., 81
Liao C-H., 72
Liao L.M., 72
Liatsikos E., 255, 291, 355
Liedberg F., 73, 117
Ljungberg B., 156, 280
Lledo García E., 125-126
Llorente C., 337
Loeb S., 69, 210-211, 290
Lopes T., 72
Lopez Pereira P., 198
Lorincz A., 69
Lue T., 262
Lumen N., 117
Maitland N.J., 174
Malavaud B., 292, 398
Malek R., 74
Mamoulakis C., 235
Margreiter M., 134
Martínez Salamanca J.L., 143
Martínez-Piñeiro L., 76-77, 393
Masood J., 81
Mastris K., 67
Matikainen M.P., 178
Mattei A., 194
Matveev V., 176, 280
Maurer T., 119
McClinton S., 84, 255-256, 343
Mejean A., 243
Mengual L., 304
Merceburger A.S., 190
Messas A., 205
Messelink E.J., 395
Meuleman E.J., 121, 162-163
Miano R., 188
Michel M.S., 262
Mickisch G., 402
Müller S.C.M., 134
Nabi G., 375
Nagele U., 175, 292
Naik R., 323
Naito S., 88
Necchi A., 136
Nemr E., 306
Nicola N., 239-240, 283
Nijman J.M., 84, 351
Nikoleishvili D.O., 85
Nilsson S., 285
Ninkovic M., 263
Nishiyama H., 87
Nomura M., 88
Nomura N., 87
Nouira Y., 76, 81
N’Dow J., 84, 194
Oelke M., 192, 264
Ohl D.A., 151-152, 262
Olapade-Olaopa E.O., 84
Oldenburg J., 239, 283
Olson Bro J.D., 302
Osanto S., 120, 404
Osborne C.W., 250
Osman N., 173

Numbers refer to page numbers
Indices

Ost P., 285
Osther P.J., 76, 136, 291, 344, 382
Ounnoughene M., 81
Oya M., 208
O’Brien T.S., 89, 196, 346
P
Palma P., 70
Palminteri E., 117
Palou J., 70, 94, 220-221, 370
Pan T-J., 73
Pansadoro V., 117, 191, 403
Papatsoris A., 115
Patard J.J., 176-177
Patel A., 361
Patruno G., 135-136
Pereira Arias J.G., 344
Pereira e Silva R., 136
Peri Cusi L., 200
Perner S., 123, 168
Phé V., 127
Pickard R.S., 121, 164, 262
Pickles T., 333
Pili R., 123
Pinthus J., 288
Piéchaud P-T., 292, 353
Plata M., 70
Ploumidis A., 137
Ploussard G., 83, 174
Porpiglia F., 95, 265, 266, 362
Porst H., 286
Powles T., 202, 267-268
Probert C., 196
Propping S., 231
Protzel C., 257, 401
Puhr M., 149-150, *
Pummer K., 132
Pushkar D., 87, 366
R
Rabenalt R., 271-272, *
Radziszewski P., 127, 203, 345
Rainfray M., 356
Ralph D.J., 122, 262, 379
Ramani V.A.C., 135, 390
Ramon De Fata Chillon F., 70
Rane A., 132
Rassler J., *
Rassweiler J., 74, 91, 116, 132-133, 195, 291-292, 386
Recker F., 173
Reis Santos J.M., 76, 115, 237
Reisman Y., 143-144, *
Renard Penna R., 131
Ribal M.J., 74, 135
Richard S., 288
Rink M., 248
Ritter M., 377
Robert G.Y., 275
Robles J.E., 128
Rocco B., 120, 244
Rochat C-H., 292
Rodrigues De Lima E.A., 321
Rodriguez Faba O., 229
Ronanau C.G.H., 90
Roobol M.J., 98-99, 129
Rosario D.J., 185, 190
Rosenberg J.E., 123
Roupret M., 83, 290, 345, 373
Saad F., 83, 174
Saglam R., 137
Sakamoto S., 110
Salomon G., 130
Saltirov I., 115
Sanchez Salas R.E., 90, 130, 132
Sanchez-Carbayo M., 100-101, 277
Sanguedolce F., 91, 134-135, 261
Sansalone S., 118
Santer F.R., 206
Sarıca K., 91, 115-116, 198, 291
Sarikaya S., 135
Scattoni V., 129, 396
Schalten J.A., 90
Schäfer J., 130
Schwatch M., 288
Schneider G., 125
Schrader R., 222
Schultheiss D., 114, 308
Schwab M., 68
Schoeffe C.M., 116, 292, 339, 355
Sedelaar J.P.M., 134-135, 364
Seibold J., 241
Seitz C.C., 115
Serafininides E., 182
Serrano D., 74
Sfaxi M., 81
Shalekennov B.U., 85
Shangchun R., 73
Shariat S.F., 94, 373
Sien R., 115
Sievert K-D., 118, 195, 326-327
Silay M.S., 91, 135, 241
Silva Ramos M., 125
Siha S., 89
Skolarikos A., 115, 133, 292, 311
Smaoui W., 81
Smelov V., 121, 164
Smith R.D., 110-111
Sofikitis N., 121
Sohn M., 117
Sonksen J.O.R., 286, 346
Sosnowski R., 185-186
Sotelo Noguera R., 71, 344
Spinol A-F., 222
Srougi M., 70
Stenzl A., 68-69, 173, 405
Stephanenko M., 134
Stephenson A., 246
Sternberg C.N., 119
Stewart G., 304-305
Stief C., 74, 154, 379
Stolzenburg J-U., 191, 292, 375
Straub M., 116, 361
Stubendorf B., 126
Studer U.E., 94
Suardi N., 141
Subramaniam R., 198
Sulser T., 195
Summerton D.J., 182, 393
Sung G.T., 78, 318
Sweeney C., 173
T
Takahashi S., 87
Tandogdu Z., 392
Tanguay S., 83
Tasca A., 104-105
Taylor C., 125
Tejedor-Jorge A., 125
Tekgel S., 84, 127, 198, 351
Tenke P., 121
Terrone C., 108, 125
Thalmann G.N., 94, 120, 212

Numbers refer to page numbers
### List of Speakers (not abstracts)

<table>
<thead>
<tr>
<th>Name</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas C.</td>
<td>85-86</td>
</tr>
<tr>
<td>Thomas K.</td>
<td>196</td>
</tr>
<tr>
<td>Thüroff J.W.</td>
<td>85-86</td>
</tr>
<tr>
<td>Tiselius H-G.</td>
<td>344</td>
</tr>
<tr>
<td>Tombal B.</td>
<td>119, 190, 345</td>
</tr>
<tr>
<td>Touijer K.</td>
<td>67, 81, 314-315</td>
</tr>
<tr>
<td>Traxer O.</td>
<td>115, 133, 135, 291, 321-322, 343, 382</td>
</tr>
<tr>
<td>Trinchieri A.</td>
<td>115</td>
</tr>
<tr>
<td>Trombetta C.</td>
<td>117, 129</td>
</tr>
<tr>
<td>Turmanidze N.</td>
<td>85</td>
</tr>
<tr>
<td>Türk C.</td>
<td>84, 116, 343</td>
</tr>
<tr>
<td>Uemura H.</td>
<td>271</td>
</tr>
<tr>
<td>Umbas R.</td>
<td>74</td>
</tr>
<tr>
<td>Unwin R.J.</td>
<td>115</td>
</tr>
<tr>
<td>Uvin P.</td>
<td>135</td>
</tr>
<tr>
<td>Valdagni R.</td>
<td>67</td>
</tr>
<tr>
<td>Valiquette L.</td>
<td>83</td>
</tr>
<tr>
<td>Van Cleynenbreugel B.S.E.P.</td>
<td>224</td>
</tr>
<tr>
<td>Van Der Aa F.</td>
<td>91, 153, 203, 400</td>
</tr>
<tr>
<td>Van Der Poel H.G.</td>
<td>133, 285, 291</td>
</tr>
<tr>
<td>Van Kerrebroeck P.E.</td>
<td>114, 325</td>
</tr>
<tr>
<td>Van Koeveringe G.</td>
<td>261, 309-310</td>
</tr>
<tr>
<td>Van Moorselaar R.J.A.</td>
<td>205, 380</td>
</tr>
<tr>
<td>Van Poppel H.</td>
<td>67, 87, 94-95, 360</td>
</tr>
<tr>
<td>Van Soest R.</td>
<td>173, 190</td>
</tr>
<tr>
<td>Van Velthoven R.F.</td>
<td>132, 175, 291, 386</td>
</tr>
<tr>
<td>Vasquez J.L.</td>
<td>134, 136</td>
</tr>
<tr>
<td>Vaz I.</td>
<td>84</td>
</tr>
<tr>
<td>Vela Navarrete R.</td>
<td>114</td>
</tr>
<tr>
<td>Verze P.</td>
<td>91, 121</td>
</tr>
<tr>
<td>Vickers A.J.</td>
<td>69, 372</td>
</tr>
<tr>
<td>Villavicencio Mavrich H.</td>
<td>70</td>
</tr>
<tr>
<td>Villeirs G.</td>
<td>67, 129, 173, 384</td>
</tr>
<tr>
<td>Villers A.</td>
<td>72-73, 130, 158-159, 292</td>
</tr>
<tr>
<td>Viney R.</td>
<td>182</td>
</tr>
<tr>
<td>Visakorpi T.</td>
<td>288</td>
</tr>
<tr>
<td>Volpe A.</td>
<td>95</td>
</tr>
<tr>
<td>Vuksanovic A.</td>
<td>265</td>
</tr>
<tr>
<td>Wagenlehner F.M.E.</td>
<td>122, 392</td>
</tr>
<tr>
<td>Wagg A.</td>
<td>166-167</td>
</tr>
<tr>
<td>Waltregny D.A.O.</td>
<td>106, 366</td>
</tr>
<tr>
<td>Walz J.</td>
<td>87, 129-131, 141-142, 279, 291, 384</td>
</tr>
<tr>
<td>Wang C-C.</td>
<td>73</td>
</tr>
<tr>
<td>Weidner W.H-G.</td>
<td>121-122, 391</td>
</tr>
<tr>
<td>Weinberger S.</td>
<td>125</td>
</tr>
<tr>
<td>Wendt-Nordahl G.</td>
<td>116</td>
</tr>
<tr>
<td>Wespes E.</td>
<td>122</td>
</tr>
<tr>
<td>Wiegel T.</td>
<td>295</td>
</tr>
<tr>
<td>Wijkstra H.</td>
<td>129-130</td>
</tr>
<tr>
<td>Wiklund N.P.</td>
<td>70, 90, 94, 117, 120, 132, 291, 386-387</td>
</tr>
<tr>
<td>Wirth M.</td>
<td>83, 85, 173</td>
</tr>
<tr>
<td>Witjes J.A.</td>
<td>87, 290, 370</td>
</tr>
<tr>
<td>Witjes W.P.J.</td>
<td>135</td>
</tr>
<tr>
<td>Wood D.N.</td>
<td>218</td>
</tr>
<tr>
<td>Wouters M.W.J.M.</td>
<td>119</td>
</tr>
<tr>
<td>Wu C-T.</td>
<td>73</td>
</tr>
<tr>
<td>Wullt B.</td>
<td>121</td>
</tr>
<tr>
<td>Xie L-P.</td>
<td>72-73</td>
</tr>
<tr>
<td>Xu K-X.</td>
<td>72</td>
</tr>
<tr>
<td>Xylinas E.N.</td>
<td>91</td>
</tr>
<tr>
<td>You R.</td>
<td>326</td>
</tr>
<tr>
<td>Yossepowitch O.</td>
<td>295-296</td>
</tr>
<tr>
<td>Yuen J.</td>
<td>74</td>
</tr>
<tr>
<td>Zargar H.</td>
<td>137</td>
</tr>
<tr>
<td>Zastrow S.</td>
<td>314</td>
</tr>
<tr>
<td>Zehnder P.C.</td>
<td>104</td>
</tr>
<tr>
<td>Zhang Y.</td>
<td>72</td>
</tr>
<tr>
<td>Zhivov A.</td>
<td>117, 394</td>
</tr>
<tr>
<td>Zigeuner R.E.</td>
<td>331</td>
</tr>
<tr>
<td>Zimmern R.E.</td>
<td>183-184, 203</td>
</tr>
<tr>
<td>Zlotta A.R.</td>
<td>335-336, 389</td>
</tr>
<tr>
<td>Zwarthoff E.C.</td>
<td>160-161</td>
</tr>
</tbody>
</table>

Numbers refer to page numbers
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