acceptable." Five-year overall survival rates range from 36%-74%, with salvage cystectomy rates ranging from 10%-30%.
Methods: We retrospectively reviewed patients treated with radiotherapy for MIBC in the Southeast of Ireland between February 2013 to February 2023. Data was collected from medical records and RT databases.
Results: We identified 72 patients (55 males,17 females) with a median age of 76 years (range 59–91). Radical radiotherapy (radRT) was performed with curative intent in 32 patients and palliative radiotherapy (palRT) in 32 patients. Indications for radRT included: refused surgery/wanted bladder preservation (n = 19,53%), unfit for radical cystectomy (n = 15,41%), adjuvant radRT for positive margins following RC (n = 2,6%).
Of the radRT patients, concurrent/neoadjuvant chemotherapy was given in 31 (86% of patients had TMT), surveillance cystoscopies were performed in 20(56%), and cross-sectional surveillance imaging was carried out in 29(81%). The salvage cystectomy rate was 5.6%(n = 2). The 2- and 5-year overall survival (OS) was 50% and 42%, respectively in the radRT cohort.
Only 2(5.6%) patients had radRT between 2013 and 2019 due to desire for bladder sparing treatment but this number increased to 17(47%) for the years 2020–2023. 92% of radRT in this series was performed between 2020 and 2023 Vs 8%(n = 3) between 2013 and 2019.
Conclusions: RadRT is being increasingly used for treatment of MIBC, with a growing number of patients requesting bladder preserving treatment. Implementing a TMT approach requires close collaboration between different specialties and strict patient adherence to surveillance. Our study highlights salvage cystectomy, cystoscopic and imaging surveillance rates lower than other published series.

Reference

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Oral 33 The Impact of Hand-Pump versus Pressurised-Bag Irrigation on Intrarenal Pressure During Flexible Ureteroscopy: A Prospective Multi-Centre Analysis

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Introduction: Elevated intrarenal pressure (IRP) values may be associated with adverse clinical outcomes in endourology. However, the impact of different irrigation systems on human IRP during ureteroscopy is unknown.
Methods: We designed a multi-centre randomised trial. Consenting patients undergoing flexible ureteroscopy were allocated to pressure-bag or manual hand-pump irrigation. The COMETTMII pressure guidewire (Boston Scientific) was deployed cystoscopically and passed retrograde to the renal pelvis. A link device and AVVIGOTM integration platform produced a live intrarenal pressure trace. Patient demographics and intraoperative variables were recorded. Intrarenal pressure profiles were exported and analysed using Microsoft Excel.
Results: Thirty patients were recruited; 15 in each arm. Mean age was 57.28 ± 19 years and did not differ between arms; male:female ratio was 1:1. Flexible ureterorenoscopy was performed for urolithiasis in 28 and diagnostic purposes in 2. A ureteric access sheath was passed in 14. Mean intrarenal pressure with pressurised-bag irrigation at 100mmHg was 23.56 ± 11.36mmHg (max. 74.8 mmHg). With pressurised-bag irrigation at 150 mmHg, mean IRP was 42.48 ± 30.1 mmHg (max. 193.8 mmHg). Mean IRP with hand-pump irrigation was significantly higher at 60.6 ± 10 mmHg (max. 240.2 mmHg) (p = 0.03). Greater variance, representative of pressure peaks and troughs, was seen with hand-pump irrigation (σ2 496.3 versus 216). One case of urosepsis occurred in each arm.
Conclusion: Although user-dependent, manual hand-pump irrigation has the potential to produce a more fluctuant intrarenal pressure profile with a higher overall mean IRP as compared to pressurised-bag irrigation during flexible ureterorenoscopy.

Oral 34 Urinary, Bowel and Sexual function Outcomes reported by Men undergoing Radiotherapy and Surgery for localised Prostate Cancer in Ireland

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Introduction: Prostate cancer remains the commonest cancer detected in Irish men, and the third commonest cause of cancer death. Early detection and treatment are associated with significant side-effects such as Sexual dysfunction, Urinary leakage, Radiation cystitis, Proctitis and Infertility. The Irish Prostate Cancer Outcomes Research (IPCOR) project captured data on 6816 men newly diagnosed with prostate cancer between 2016 and 2020.
Methods: Men were invited to complete patient reported outcomes (PROMs) following their treatment. A 52% responses rate was achieved, and 873 completed PROMs were available for analysis. The data requested included demographic and social data, EPIC-26, EORTC-QLQ-C30, Supportive care needs survey and the EQ-5D-5L survey.
Results: Men reported urinary function as a big problem, moderate problem, small problem, very small problem or no problem undergoing both surgery (6%, 8%, 11%, 32% and 39%) and radiotherapy (2%, 10%, 12%, 31% and 42%) over the preceding 4 weeks. Similarly, men reported bowel function undergoing surgery (0.7%, 2%, 5%, 15% and 73%) and radiotherapy (1.3%, 7%, 11%, 25% and 52%). Similarly men reported sexual function undergoing surgery (31%, 16%, 19%, 11% and 17%) and radiotherapy (25%, 14%, 10%, 13% and 26%).
Discussion: Irish men report significant sexual dysfunction following treatment for localised prostate cancer. Bowel complications are also reported in a significant proportion of men undergoing radiotherapy, whereas urinary dysfunction is uncommon. This population level data should be shared with men undergoing prostate cancer treatment, and can be used to provide men with the necessary support to address these issues.