

Keywords: Small cell; ureteral carcinoma; systematic review; neuroendocrine

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AB074. Indications, techniques and outcomes for ileal ureter replacement: a multicenter experience in China

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Background: Ileal ureter replacement is a selective technique for ureteral reconstruction without being limited by the defect length. This study aim to present the techniques, experiences, and outcomes related to ileal ureter replacement among patients in a multicenter in China.

Methods: A multicenter retrospective study of patients with long ureteral defects who underwent ileal ureter replacement was conducted from January 2010 to January 2015. Patient characteristics, indications for surgery, intraoperative variables, surgical complications, and postoperative outcomes were reviewed. Follow-ups, including clinical evaluation, serum creatinine, electrolyte level, urine routine test, and radiographic examination were performed.

Results: A total of 23 patients in 7 tertiary care centers underwent ileal ureter replacement. Specifically, 20 underwent unilateral ileal ureter replacement, 2 received combined ileal-ureter substitution and Boari flap-psoas hitch, and 1 had bilateral ileal ureter replacement. The main indication for surgical intervention was presence of iatrogenic injuries (n=15), the majority of which resulted from a urologic surgical procedure (n=11). Median follow-

up time was 45 months. Six early complications (grade 2) and 6 late complications occurred postoperatively. Small bowel-related complication occurred in only 1 patient with incomplete ileus, which was resolved by conservative treatment. Renal function improved or remained stable in 22 patients (95.7%). Metabolic acidosis was detected in only 1 patient who underwent bilateral ureteral replacement.

Conclusions: Ileal ureter replacement remains feasible and safe for the treatment of long ureteral defects. Technical considerations described in the study may ease and reduce complications following the procedure.

Keywords: Ileum; reconstructive surgical procedures; iatrogenic injury; ureter

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AB075. The application of internal suspension technique in retroperitoneal laparoscopic partial nephrectomy for renal ventral tumors

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Background: To evaluate the feasibility of our novel technique using natural suspension technique in retroperitoneal laparoscopic partial nephrectomy for the management of renal ventral tumors.

Methods: Between January 2013 and July 2016, a total of 145 patients underwent retroperitoneal laparoscopic partial nephrectomy with or without our natural suspension technique. For patients underwent natural suspension technique, surgeons preserved the external fat of the renal

tumor as suspension traction measure when separating the kidney. The technique provided traction on the tumor that would stabilize the tumor and maintain the tension during tumor resection. Propensity-score matching was performed according to age, gender, tumor size, tumor location and R.E.N.A.L. nephrometry score, which resulted in 32 patients with natural suspension technique matched to 32 without the technique. Patient characteristics, intraoperative and postoperative outcomes were compared between the groups. **Results:** Baseline characteristics including age, gender, tumor size, preoperative eGFR, ASA score and R.E.N.A.L. score were statistically similar for the cohorts. The use of our new technique resulted in shorter WIT (15.0 *vs.* 19.0 minutes; $P=0.002$) and tumor resection time (4.0 *vs.* 7.5 minutes; $P<0.001$). The Trifecta outcomes were significantly improved (87.5% *vs.* 62.5%, $P=0.021$) with our technique. No statistic differences were observed in the operation time, estimated blood loss, margin status and overall surgical complications between the two groups.

Conclusions: This novel technique is a feasible and safe procedure in retroperitoneal laparoscopic partial nephrectomy for the management of renal ventral tumors. Prospective, larger studies are warranted for further evaluation.

Keywords: NSS; suspension technique; laparoscopy; kidney cancer

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AB076. High expression of FTL protein in prostate cancer and its clinical significance

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Background: To study the differential expression of FTL in prostate cancer and benign prostatic hyperplasia (BPH) and its clinical significance

Methods: Thirty cases of prostate cancer and 30 cases of BPH were selected according to the random number table method, and performed immunohistochemistry experiments; 4 cases of prostate cancer and 4 cases of BPH were collected, and performed protein blotting experiments.

Results: High expression rate of FTL protein in prostate cancer and BPH were 63.3% and 20%, respectively. The difference has statistically significant ($P<0.05$). The FTL protein was no significant difference in the groups of age, PSA, prostate volume, Gleason score, clinical stage and lymph node metastasis ($P>0.05$). The expression level of FTL protein has statistically significant in the group of distant metastases ($P<0.05$). The expression level of FTL protein in prostate cancer and BPH were (1.52 ± 0.27) and (0.41 ± 0.21) , respectively, and it has statistically significant ($P<0.05$).

Conclusions: FTL protein is highly expressed in prostate cancer, and it can be used as a new diagnostic tool for prostate cancer. FTL protein plays an important role in the development of prostate cancer.

Keywords: Prostate cancer; FTL protein; benign prostatic hyperplasia (BPH); diagnostic tool

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