

characteristics mentioned above. *Results:* Among our 60 patients, 58 had organ confined disease (8 pT2a: 13%, 6 pT2b:10 %, 41 pT2c: 68%) while 2 patients had extracapsular invasion (pT3a: 3%), though no seminal vesicle involvement (pT3b) was detected in this cohort. In 50 cases (83%) the resection margins were free from cancer (R0), while 10 cases (17%) showed positive margins (R1). The pathological Gs was 6 in 18 cases (30%), 3+4 in 27 (45%), 4+3 in 14 (23%) and 8-10 in 1 (2%). According to the risk based analysis, 45 patients (75%) were at low risk of aggressive disease, while the percentage of intermediate risk patients was about 23%, and only 1 patient (2%) harboured a high risk prostate cancer. *Conclusion:* According to our study, the inclusion criteria of Prostate Cancer Research International Active Surveillance (P.R.I.A.S.) have high accuracy in the prediction of organ confined and low-intermediate risk prostate cancer. Our results seem to be consistently better than those of the actual literature, maybe thanks to the anatomopathological review performed by a single experienced uropathologist, which allowed us to exclude 53 patients who would have compromised the accuracy of our results. Thus, according to our experience, the actual Active Surveillance parameters can be safely adopted, only if the review is performed by a single uropathologist of proven experience.

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TRENDS IN PARTIAL NEPHRECTOMY USE IN ITALY: DATA FROM PIEDMONT REGION IN THE LAST DECADE

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Introduction: Recent studies have shown that partial nephrectomy (PN) has equivalent oncologic outcomes with radical nephrectomy (RN) for localized renal tumors. The most recent international guidelines for renal cell carcinoma (RCC) recommend the use of nephron sparing surgery (NSS) for renal lesions up to 7 cm in size whenever technically feasible. Despite this, PN remains underused in North America. Aim of this study was to evaluate trends in PN use during the last decade in a north-western Italian region. *Patients and Methods:* The regional archives of hospital discharge records in Piedmont region from January 2000 to December 2010 were retrospectively analysed. All procedures recorded with the ICD-9 codes 55.3, 55.4 (PN) and 55.5 (RN) performed for a primary diagnosis of renal tumor (189.0) were included in the analysis (n=6180). The surgeries were performed in 43 different urological institutions, that were

stratified according to academic status and hospital nephrectomy volume (high >300, intermediate 100-300, low <100 nephrectomies in the study period). Trends in the use of PN were assessed overall and according to institution type. *Results:* The overall number of surgical procedures for renal tumors performed in Piedmont region increased significantly from 2000 to 2010 (+27%). RN is the preferred surgical treatment, but an increasing use of PN was observed over the study period. This trend is more significant in centres with high renal surgical volume (+ 19.9%) and in non academic centres (+13.7%). *Discussion and Conclusion:* PN is increasingly performed in the last decade in Piedmont region. The most significant increase in the indications to NSS was observed in institutions with high renal surgical volume. However, PN remains relatively underused and strategies to enhance conservative treatments of renal tumors should be implemented.

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FLUORESCENT CYSTOSCOPY WITH HEXAMINOLEVULINATE: DIAGNOSTIC ACCURACY FOR NON MUSCLE INVASIVE BLADDER CANCER

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Introduction: The sensitivity of white light cystoscopy (WLC) can be improved especially for the detection of flat urothelial neoplasms. Fluorescent or blue light cystoscopy (BLC) has the potential to overcome the limitations of WLC. Aim of this study was to compare the diagnostic accuracy of WLC and BLC in the diagnosis of urothelial cancer and to identify the conditions where BLC can provide the highest diagnostic advantage over WLC. *Patients and Methods:* 71 patients with a suspicious primary or recurrent bladder tumor were enrolled in the study. Patients who had intravesical instillations in the 3 months before the procedure were not eligible. After intravesical instillation of Hexaminolevulinat 85 mg one hour before the procedure, the patients underwent WLC followed by BLC. All observed lesions were reported in a diagram, biopsied or resected. Detection rate and false detection rate of the two techniques were compared. Data were stratified according to pathology of bladder lesions and bladder site where the lesions were observed. A subset analysis was also performed to assess the diagnostic accuracy of WLC and BLC in patients who had (n=36) or had not (n=35) undergone previous intravesical treatments to prevent recurrence and progression. *Results:* Overall 270 bladder