UP-90
Evaluation of trends in treatment of metastatic hormone-sensitive prostate cancer across Canada during the COVID-19 pandemic
Carlos Sterca1, Di liàng1, Zachary Veitch2, Sebastian J. Hotte3, Nimira Almohamed4, Lori Wood3, Srikala Sridhar1
1Medical Oncology and Hematology, University Health Network-Princess Margaret Hospital, Toronto, ON, Canada; 2Medical Oncology and Hematology, Saint Michael's Hospital, Toronto, ON, Canada; 3Medical Oncology and Hematology, Tom Baker Cancer Centre, University of Calgary, Calgary, AB, Canada; 4Medical Oncology, Oncology Juravinski Cancer Centre, Hamilton, ON, Canada; 1Medical Oncology, Nova Scotia Health, Dalhousie University, Halifax, NS, Canada

Introduction: The impact of the COVID-19 pandemic on the management of metastatic hormone-sensitive prostate cancer (mHSPC) is unknown. Recent Canadian recommendations favor the use of androgen-receptor-axis targeted therapies (ARATs) over docetaxel to minimize risk of COVID-19 infections. We aimed to characterize how the pandemic has influenced current practice patterns of medical oncologists in Canada who treat mHSPC.

Methods: Using SurveyMonkey®, we conducted an online survey among 119 participating members of the Genitourinary Medical Oncologists of Canada (GUMOC) in January 2021. The survey consisted of 16 questions, including demographics, treatment approach before and during the pandemic, and outcomes of any COVID-19-positive patients with mHSPC.

Results: Response rate was 42% (n=50). Most respondents were male (65%) and practiced in academic centers (71%). The majority (64%) described a change in practice patterns during the pandemic. For low- (LV) and high-volume (HV) mHSPC, the proportion of respondents offering ARATs increased from 73% to 79% and from 63% to 84%, respectively. Increased use of granulocyte colony-stimulating factor primary prophylaxis with docetaxel was reported by 35% of respondents, with 22% offering it to more than half of the patients on chemotherapy. Roughly half (45%) intended to maintain these practice changes beyond the pandemic. Only nine (18%) reported having mHSPC patients diagnosed with COVID-19, all of which were diagnosed prior to initiation of systemic therapy. Among these patients, 77% were treated with ARAT, none with docetaxel; four required hospitalizations (one required ICU), and all recovered.

Conclusions: During the pandemic, Canadian medical oncologists reported using more ARATs and less docetaxel for patients with mHSPC. Many plan to maintain these changes post-pandemic. Further research is warranted to examine whether these practice changes impact outcomes. Encouragingly, no deaths related to COVID-19 among patients with mHSPC have been reported.

UP-91
Association between patients’ and urologists’ perspectives with telemedicine
Bruno Turcotte1, Frédéric Pouliot1, Michele Lodde2, Lynda Bélanger1, David Simonyan1, Francis Simard1, Noémie Gaudreau3, Amélie Bolduc-Mokhtar1
1Urology, CHU de Québec - Université Laval, Quebec, QC, Canada; 2Patient’s experience expertise office, CHU de Québec - Université Laval, Quebec, QC, Canada; 3Department of Nursing Sciences and School of Design (public services), Université Laval, Quebec, QC, Canada; 1Clinical and Evaluative Research Platform, CHU de Québec - Université Laval, Quebec, QC, Canada

Introduction: The COVID-19 pandemic has accelerated the development of telemedicine due to confinement measures. Excellent patient and doctor satisfaction rates were expressed in several studies conducted with patients from different specialties. However, the potential association between patients’ and doctors’ perspectives was not assessed.

Methods: During the first four weeks of the first regional confinement, 1679 telephone consultations were assessed by all 18 urologists practicing in the region of Quebec City as being either complete, suboptimal, or incomplete. Patients were contacted again to enquire about their perspectives on their telemedicine consultations. We used a French adaptation of a questionnaire inspired by the Patient Experiences Questionnaire for Out-of-Hours Care (PEQ-OHC).

Results: A total of 356 patients were contacted and 315 accepted to complete the questionnaire. Of this group, 104 were classified as non-oncologic, 121 as oncologic, 41 as cancer suspicion, and 49 as pediatric patients. The mean patients’ satisfaction with their telephone consultation was 8.8/10 (median 9/10). Also, 86.9% of patients rated the quality of the consultation as either excellent or very good. However, 46.7% of patients would have preferred an in-person visit for their urological consultation outside of the pandemic. We found a significant association between urologists’ perspective of consultation completeness and patients’ preference to see their doctor in person (p=0.03), but not with overall satisfaction rate (p=0.6).

Conclusions: We found a positive association between patients’ and urologists’ perspectives of telemedicine. Half of the patients would have preferred an in-person visit. Nevertheless, they rated satisfaction with telemedicine as high. After the pandemic, it will be important to incorporate telemedicine as an alternative for patients’ first or follow-up visits, especially those with geographical, pathological, and socioeconomic considerations.

UP-92
The impact of COVID-19 lockdown on prostate cancer investigations: An Australian experience
Sean Ong1,2, Dominic Bagguley1,3, Declan Murphy1,3, Nathan L. Lawsrentschuk1
1EJ Whitten Prostate Cancer Research Centre, Epworth HealthCare, Melbourne, Australia; 2Division of Surgery, Peter MacCallum Cancer Centre, Melbourne, Australia

Support: Epworth Medical Foundation.

Introduction: In response to the COVID-19 pandemic, a gradual and measured lockdown occurred in Australia from March 2020 and tightened in April 2020. This included both social restrictions, as well as restrictions to elective surgical procedures in an effort to both mitigate and prepare for spread of the virus. The state of Victoria, having undergone a second lockdown while the remainder of Australia normalized, enables a unique geographical, pathological, and socioeconomic consideration.

Results: The six-month average of PSA tests performed in Australia between October 2019 and March 2020 was 143,568. In April 2020, that number dropped to 96,479, a 32.80% decrease. A similar decline was noted in the number of multiparametric (mp) MRIs performed in April 2020, with 2806 scans performed compared to the average 3696 over the preceding year.
four months, a 24.08% reduction. Prostate biopsy numbers followed a similar trend, falling from a national six-month average of 1924 to 1496, a 22.25% decrease. Across the country, recovery was generally seen in the number of PSAs, mpMRIs, and prostate from May 2020 onwards, with the exception of Victoria, which continued to struggle with ongoing COVID-19 cases and their related restrictions.

**Conclusions:** This data shows a decrease in prostate cancer screening and surveillance throughout the COVID-19 lockdown in Australia. Further correlation with prostate cancer registries is needed to predict the “catch up” that is needed for delayed and missed diagnoses.

UP-93
Prolonged followup: The impact of telehealth implementation in a urology clinic during the COVID-19 pandemic

Trent Pattenden1, Isaac Thangasamy1

1Urology, Ipswich Hospital, Ipswich, Australia

**Introduction:** Prior to the COVID-19 pandemic, use of telehealth in urology was lower than other specialties. Widespread adoption of telehealth began April 2020 as a physical distancing measure. Restrictions on in-person encounters ended October 2020. This study aims to define the effect of telehealth on encounter outcomes in a urology outpatient clinic.

**Methods:** Urology outpatient clinic encounters at Ipswich Hospital, Queensland between July 2019 and December 2020 were retrospectively reviewed. Telehealth impact was assessed by comparing outcomes for different encounter modalities from October to December 2020 with those prior to telehealth implementation (July to December 2019). Bonferroni corrected goodness of fit Chi-squared tests were used for inferential statistics.

**Results:** Encounters increased 24% between Q3 2019 (n=1208) and Q4 2020 (n=1514) (Fig. 1). Eighty-four percent (n=1120) of all Q2 2020 encounters were telehealth; 58% of Q4 2020 encounters were still conducted via telehealth despite no restrictions. When comparing Q4 2020 outcomes to those before implementing telehealth (July to December 2019), significantly more patients were booked for further followup from all encounter types; this relationship was strongest for new (χ²=130.04, p<0.003) and review (χ²=664.62, p<0.003) phone encounters (Table 1). Significantly more patient attending in-person review encounters were booked for an elective operation (χ²=16.68, p<0.003) (Table 2). Significantly more patients were discharged from clinic when attending phone (χ²=27.35, p<0.003) (Table 3) compared with prior to telehealth implementation.

**Conclusions:** The largest change in outcomes after telehealth implementation was an increase in the number of future review appointments booked. More work in patient selection for telehealth is needed to reduce inefficiencies with this model of care.

**UP-93. Table 1. Outcome: Booked for followup encounter**

<table>
<thead>
<tr>
<th></th>
<th>New phone</th>
<th>Review phone</th>
<th>New</th>
<th>Review</th>
<th>Review video</th>
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*p<0.003, significant for alpha 0.05 adjusted for Bonferroni correction.

**UP-93. Table 2. Outcome: Booked for operation**

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</table>

*p<0.003, significant for alpha 0.05 adjusted for Bonferroni correction.

**UP-93. Table 3. Outcome: Discharge from clinic**

<table>
<thead>
<tr>
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<th>Review phone</th>
<th>New</th>
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<th>Review video</th>
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*p<0.003, significant for alpha 0.05 adjusted for Bonferroni correction.

UP-94
The surgical management of prostate cancer during COVID-19 lockdown in Australia

Sean Ong1,2, Dominic Bagguley1,2, Declan Murphy1,2, Nathan L. Lawrence1,2

1El Whitten Prostate Cancer Research Centre, Epworth HealthCare, Melbourne, Australia; 2Division of Surgery, Peter MacCallum Cancer Centre, Melbourne, Australia

**Introduction:** In response to the COVID-19 pandemic, a lockdown occurred in Australia beginning in March 2020. This included both social restrictions, as well as restrictions to elective surgical procedures in an effort to both mitigate and prepare for spread of the virus. The state of Victoria, having undergone a second lockdown while the remainder of Australia normalized, enables a unique comparison between relatively closely matched populations and healthcare systems. Radical prostatectomy (RP) represents the gold-standard surgical approach for localized prostate cancer. Generally, it booked as a category 1 procedure and should be performed within 30 days. As such, we hypothesize that the number of RPs performed was minimally affected by the COVID-19 lockdown.

**Methods:** Medicare Item Reports were obtained from publicly listed sources for all prostatectomies in Australia from October 2019 to September 2020. Trends were observed and comparisons made to the same month the previous year.

**Results:** The six-month average of RPs performed in Australia between October 2019 and March 2020 was 612. In April 2020, that number dropped to 528, a 13.73% decrease. The following five-month average
This study analyzes data from 123 individuals who declined or withdrew from the Co-Tele-Surge study, an all-remote prospective study that aims to describe the perioperative cognitive trajectories of older adults (65 and older) who undergo general anesthesia with a one-year follow-up. Concurrently, we are conducting the present study using the sample of individuals who either withdrew, declined, or were ineligible for participation in the Co-Tele-Surge study. Our study aimed to assess both examiners’ and candidates’ experiences and satisfaction with a teleconference format for the OSCE component of the examination.

Methods: A survey was sent to all examiners and candidates following the QUEST examination in December of 2020. The Telemedicine Satisfaction Questionnaire (TSQ), a previously validated tool for clinical encounters with three sub-domains (quality of care provided, similarity to face-to-face encounter, and perception of the interaction), was modified for the purposes of evaluating the OSCE encounter. The survey includes 14 questions, which are all answered using a five-point Likert scale.

Results: There were 14/16 responses from examiners (87.5%) and 24/39 responses from candidates (61.5%). Overall, the online format was judged to be a good experience by 13/14 (92.9%) of examiners and 21/24 (87.5%) of candidates. However, when asked specifically if the virtual OSCE was an acceptable way to determine a candidate’s competency to practice urology independently, only 8/14 (57.1%) of examiners and 15/24 (62.5%) of candidates agreed.

Conclusions: This study demonstrates an overall good satisfaction rate among both examiners and candidates when using a teleconference format for an OSCE aimed at simulating the RCPS examination. Further research is needed to determine ways of optimizing the virtual delivery of an OSCE should this method be used for licensing purposes moving forward.

UP-95
Virtual Objective Structured Clinical Examination during COVID-19: A 360 satisfaction assessment from examiners and candidates
Danielle Jenkins1, Naji J. Touma1
1Department of Urology, Queen’s University, Kingston, ON, Canada
Introduction: The COVID-19 pandemic has led to major changes in the healthcare system, including medical education. In order to limit face-to-face interactions, teleconference mediums have been widely adopted for the delivery of curriculums, as well as examinations. The Queen’s Urology Exam Skills Training (QUEST), an annual mock examination aimed at simulating the Royal College of Physicians and Surgeons of Canada (RCPS) for chief residents across Canada, was moved to an online format for this year’s cohort. This exam consists of an Objective Structured Clinical Examination (OSCE), as well as a written multiple-choice examination. Our study aimed to assess both examiners’ and candidates’ experiences and satisfaction with a teleconference format for the OSCE component of the examination.

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UP-96
Lessons learned with remote research among older adults during COVID-19: A qualitative reflection
Rachel Gautschon1, Maram Khalef1, Hannah Yaremko1, Cassidy H. Colhoun1, Kevin Krysial1, Collette vanDyk2, Stephen M. Petts2, Varunakumar (Varun) Bathini2, Maura Marcucci2, Philippe D. Violette1,2,4
1Surgery, Woodstock Hospital, Woodstock, ON, Canada; 2Health Research Methods Evidence and Impact, McMaster University, Hamilton, ON, Canada; 3Faculty of Science, Western University, London, ON, Canada; 4Faculty of Medicine and Dentistry, University of Saskatchewan, Saskatoon, SK, Canada
Support: This research was supported in part by the 2020 Community Urologist CPTD grant.
Introduction: Remote research promises to deliver many benefits, such as convenience, cost savings, and efficiency. The COVID-19 pandemic has hastened the trend toward telemedicine and remote research; however, the remote setting presents a unique set of challenges. We sought to systematically assess our experience in conducting remote research in one multi-institutional longitudinal study using qualitative methods.

Methods: Co-Tele-Surge is an all-remote prospective study that aims to describe the perioperative cognitive trajectories of older adults (65 and older) who undergo general anesthesia with a one-year followup. Concurrently, we are conducting the present study using the sample of individuals who either withdrew, declined, or were ineligible for participation in Co-Tele-Surge. We use a modified qualitative descriptive analytic strategy as described by Neergaard et al (2009). This approach seeks to identify central themes and subthemes for non-participation among patients who withdrew, declined, or were ineligible.

Results: This study analyzes data from 123 individuals who declined to participate (46), were ineligible (55), or withdrew from participation (22) from the Co-TELE-SURGE study. A major theme present in all cohorts included difficulty with technology (28% of declined, 18% of ineligible, 36% of withdrawn). Other predominant themes included change in clinical course (23% of withdrawn), loss of interest (18% of withdrawn), uninterested (70% of declined), and communication (35% of ineligible). Table 1 demonstrates the predominant themes and subthemes of each cohort.

Conclusions: The major theme for non-participation with remote research in older adults was barriers to technology across all three patient groups. Limitations include uncertainty about whether thematic saturation was attained with current sample. Understanding barriers to participation can help to better retain and encourage participation in future remote studies involving older adults.

UP-97
Using narrow band imaging during flexible cystoscopy to improve the detection of pathognomonic indicators of bladder pain syndrome: A pilot study
Christopher Ciampa1, Anthony J. Kiosoglou1
1Urology, Queen Elizabeth II Jubilee Hospital, Brisbane, Australia
Introduction: Bladder pain syndrome (BPS) is a chronic condition that affects the urinary bladder. The BPS definition continues to evolve, as progressing research leads to better understanding of the condition. Diagnostic evaluation of BPS is derived from a combination of symptomology and pathognomonic findings, historically discovered at rigid cystoscopy and...
We compared sensitivity of F/C using conventional WLI to NBI, identifying capillary-rich mucosa in all (100% sensitivity). NBI additionally showed capillary-rich areas without ulceration within further 21 cases (reported as normal mucosa with WLI) and subsequently associated with glomerulation and petechial hemorrhage at hydrodistension. NBI diagnosed five cases of biopsy-confirmed bladder carcinoma in situ, which were missed with WLI.

Conclusions: Results suggest that detection of BPS lesions is increased by 25% when performing F/C with NBI compared with WLI (increased sensitivity of 25%). These results support inclusion of F/C with NBI in a diagnostic schema for BPS and should be further clarified with additional studies.

UP-97: Fig. 1. Comparison of WLI (left) and NBI (right) for proven Hunner’s ulcer at biopsy. Note the lack of identifiable features when viewed with WLI compared with NBI.

UP-97: Fig. 2. WLI view of a bladder at flexible cystoscopy. Note the lack of features/areas of abnormality (see Fig. 3).

UP-97: Fig. 3. The same bladder as Fig. 2 but viewed with NBI. Make note of the obvious abnormality at the center of the image (erythematous urothelium with centrally radiating telangiectasia to an area of fibrosis [Hunner’s lesion]).

Results: The sensitivity of F/C using WLI was found to be 71% (60/85 cases). Assessment using NBI modality of the same WLI-positive bladders identified capillary-rich mucosa in all (100% sensitivity). NBI additionally showed capillary-rich areas without ulceration in further 21 cases (reported as normal mucosa with WLI) and subsequently associated with glomerulation and petechial hemorrhage at hydrodistension. NBI diagnosed five cases of biopsy-confirmed bladder carcinoma in situ, which were missed with WLI.

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UP-99
A novel sublingual vaccine for recurrent urinary tract infection in women: Preliminary results from the pre-COVID-19 cohort in the first North American Uromune early clinical experience study

Methods: We compared sensitivity of F/C using conventional WLI to NBI, identifying capillary-rich mucosa in all (100% sensitivity). NBI additionally showed capillary-rich areas without ulceration in further 21 cases (reported as normal mucosa with WLI) and subsequently associated with glomerulation and petechial hemorrhage at hydrodistension. NBI diagnosed five cases of biopsy-confirmed bladder carcinoma in situ, which were missed with WLI.

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UP-100
Association between radical cystectomy prophylactic antimicrobial regimen and postoperative infection

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Exhibit 4: Infections

on surgeon preference (cefazolin/metronidazole or ampicillin/ciprofloxacin/metronidazole or other). A univariable and multivariable logistic regression model was created to determine the association between antimicrobial regimen and postoperative infection within 30 days. Infection characteristics including type, timing, and antimicrobial susceptibilities were also reported.

Results: There were 165 patients included. Mean age was 69.8 years (standard deviation [SD] 10.2), 121 (73.3%) were male, and 72 (43.6%) had orthotopic neobladder diversion. Ninety-six patients (58%) received cefazolin/metronidazole prophylaxis, 50 (30%) received ampicillin/ciprofloxacin/metronidazole, and 19 (11.5%) received another regimen. Surgical site infection occurred in 35 patients (21.2%) and urinary tract infection (UTI) occurred in 34 (21.0%). There was no association between antimicrobial regimen and postoperative infection (risk ratio [RR] 0.99; 95% confidence interval [CI] 0.50–1.99). Median time to infection was 12 days. Twenty-two patients (22/69, 31.9%) required re-admission, and 32 patients (32/69, 46.4%) developed sepsis. The most common causative organism was Klebsiella sp. for surgical site infections (11/35; 31.4%) and E. coli for UTI (9/34; 26.5%). Thirteen patients (13/69; 18.8%) had >2 organisms cultured. Resistance was to ampicillin in 58%, cefazolin in 30%, amox/clav in 28%, and ceftriaxone in 24%.

Conclusions: Infections are common after radical cystectomy. There was no association between antimicrobial regimen and incidence of postoperative infection. Further study is required to determine optimal prophylactic antimicrobial regimen and timing.