Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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**Results:** Elevated HERV-K gag mRNA expression predicts a PCa diagnosis (OR 6.19; 95% CI 3.7–9.7). HERV-K gag protein expression was elevated in PCa versus BPH (Fisher exact test, p = 0.001). A non-significant increase in IFN-γ (p = 0.238) and IFN-β (p = 0.147) plasma levels was seen. Decreasing levels of IFN-γ were found with increasing ISUP grade (p = 0.351) and primary pattern (p = 0.033). Conversely, increasing levels of IFN-β were found with increasing ISUP grade (p = 0.212) and primary pattern (p = 0.129).

**Conclusions:** HERV-K is significantly elevated in men with PCa. IFN-γ and IFN-β are involved in anti-viral responses. Decreasing IFN-γ levels seen with increased ISUP grade may represent deregulation of IFN-γ anti-tumour immune responses in high-grade disease. Conversely, increased IFN-β levels may represent increased HERV-K activation of type I IFN response in high-grade disease. We speculate an inflamed state, with increased HERV-K activation may contribute to more aggressive disease.

**Abstract 42**

**Impact of COVID-19 on a one-stop haematuria clinic**

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**Introduction:** The One-stop haematuria clinic (OSHC) at Tallaght Hospital has been in situ for over 10 years, allowing multi-modality assessment (flexible cystoscopy and renal ultrasound) of haematuria in a single visit. The recent impact of Covid-19 led to a dramatic reduction in the number of patients seen in our hospitals1. We report the impact of service reductions on our haematuria clinic.

**Methods:** A retrospective review of medical notes of patients scheduled to attend the haematuria clinic during the calendar year 2020 were reviewed, comparing a pre- (prior to March 2020) and post-Covid era.

**Results:** In the pre-Covid era, 56 patients were offered appointments at the OSHC with 84% attending. 96% had a same day ultrasound and 64% were discharged after a single visit. 10% had subsequent CT urogram scans. No cancers were detected in this cohort. In the post-Covid setting, 230 patients were offered appointments with 60% attending. Only 56% had same day ultrasound and only 36% were discharged after a single visit. 10 bladder cancers and 1 renal cancer were detected. There was increased utilisation of same-day CT scanning but also increased use of subsequent CT urograms (18%). Return visits to outpatients from 21% pre-covid to 46% post-covid. Of these, 25% were to review imaging results.

**Conclusions:** The Covid crisis has led to a decrease in the efficiency of the OSHC. Attempts to minimise patients potential exposure to Covid-19 has had the unintended effect of increasing the number of visits required to get a diagnosis.

**Reference**
1. Collins P.M., Madden A., O’Connell C. et al. Urological service provision during the COVID-19 period: the experience from an Irish tertiary centre. *Ir J Med Sci* (2020). https://doi.org/10.1007/s11845-020-02352-x.

**Abstract 44**

**Distal urethral carcinoma: Contemporary management with phallus preserving techniques**

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**Introduction:** Primary urethral carcinoma is a rare clinical entity with an incidence of 1 case per million in the United Kingdom1. Cancers of the distal urethra are most commonly of squamous subtype and often associated with Human Papilloma Virus infection. Penile preserving techniques are recommended in tumours of the pendulous urethra with a number of surgical approaches described. Herein, we describe the surgical management of 7 patients presenting with primary urethral carcinoma.

**Methods:** Seven patients diagnosed with primary urethral carcinoma of the distal urethra were identified using a prospectively maintained penile cancer database at our institution from May 2017 to November 2020.

**Results:** The mean age at presentation was 56.5 (33–80) years. Presenting symptoms included visible lesion, LUTs and a groin mass. Three patients had lesions located within the glanular urethra and had a distal urethrectomy and primary closure. Two patients with lesions extending proximal to the glanular urethra and into or beyond the fossa navicularis had a distal urethrectomy with a hypospadic neomeatus formation. One patient with tumour extending into the glans penis underwent distal urethrectomy and partial glansectomy with split thickness skin graft. A partial penectomy was performed for one patient with urethral tumour invading the corporal heads. Mean follow-up was 23.4 (±17.0) months. There have been no recurrences recorded to date.

**Conclusion:** Penile preserving techniques are feasible in patients with tumours of the pendulous urethra and do not appear to compromise local control.

**Reference**
1. Smith Y, Hadway P, Ahmed S, Perry MJ, Corbishley CM, Watkin NA. Penile-preserving surgery for male distal urethral carcinoma. *BJU International*. 2007;100(1):82–7.

**Abstract 43**

**Departmental urethrography in Ireland**

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**Introduction:** Urethrography for urethral reconstruction is ideally performed by the intended operating urologist. However, urethral reconstruction in Ireland is centralised to a single tertiary centre thus most stricture disease is encountered at non-specialist units. Radiology departmental urethrography is frequently used in these units to diagnose structure disease.

**Methods:** A review of all departmental urethrograms for stricture disease reported on the NIMIS platform from January 2019 to March 2021 was performed.

**Results:** 121 urethrograms assessing for urethral disease were performed from 102 male patients. None were performed on female patients. 63 (52%) were performed in the national referral centre. 11 different hospitals and 34 different radiologists performed and reported urethrography. The mean age was 45 years (range 18–88). 89% were requested by urologists. Within the national referral centre, 54% were to evaluate primary stricture disease, 24% to evaluate anastomosis in the early post urethroplasty period and 19% were performed where stricture recurrence with prior urethroplasty was suspected. Outside the national referral centre, 58% were performed to evaluate stricture disease, 20% to evaluate pelvic fracture urethral injury and 14% to evaluate urethral injury associated with trauma. No patient from outside the national referral centre had a post-op urethrogram.

**Conclusions:** There is marked variation in the indications for departmental urethrography within and without the national referral centre. Formalisation of referral pathways may help standardisation of urethrography.

**Reference**
1. Smith Y, Hadway P, Ahmed S, Perry MJ, Corbishley CM, Watkin NA. Penile-preserving surgery for male distal urethral carcinoma. *BJU International*. 2007;100(1):82–7.