CONCLUSIONS: (1) Patients who undergo RC because of a solitary or concomitant CIS of the bladder are at a significant increased risk of tumour involvement of the ureter. (2) FSA as intraoperative analysis can be regarded as accurate. (3) Patients with tumour-involved ureters and especially left positive margins are at a higher risk of upper urinary tract recurrence.

Source of Funding: None

**1151 WHAT DO PATIENTS FEEL ABOUT THE INFORMATION PROVISION AND SUPPORT WITH DECISION MAKING PRIOR TO CYSTECTOMY AND URINARY DIVERSION (UD) SURGERY AND DOES IT CORRELATE WITH THEIR QUALITY OF LIFE (QOL) POST-SURGERY: RESULTS FROM A PROSPECTIVE STUDY**

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**INTRODUCTION AND OBJECTIVES:** Urinary diversion is performed on the diseased or malignant bladder by either incontinent or continent diversion method. Our aim was to ask patients about the information provided to them and help/support received towards decision making prior to surgery. We also prospectively evaluate the QoL of these patients undergoing urinary diversion pre and 9–12 months post surgery.

**METHODS:** Thirty patients completed the information provision and decision making questionnaire relating to surgery. The questions included the quality of care, consultation time and information provided by the doctor. We also asked who had most influence on the decision of cystectomy and whether they were satisfied with their involvement in making this decision and if all the questions were satisfactorily answered. QoL was measured prospectively using SEIQoL-DW, EORTC QLQ-C30 and SWLS questionnaire.

There was no difference in the QoL pre and post-surgery using surgery, majority (22/30) felt that it was equally shared with the doctor. Of the 27 patients who had questions regarding the surgery, 25 got a satisfactory answer for all of their questions. Regarding the influence on decision making for surgery, majority (22/30) felt that it was equally shared with the doctor. There was no difference in the QoL pre and post-surgery using SEIQoL-DW, EORTC QLQ-C30 and SWLS questionnaire.

**CONCLUSIONS:** Patients felt supported and reassured from the doctor with all necessary information required for the surgery. Pre-operative patient involvement in the informed decision making and in urinary diversion surgery helps in preserving patients’ QoL post surgery.

| Source of Funding: None |

**1152 PROMOTING MUSCLE AND NERVE REGENERATION AFTER HUMAN URINE-DERIVED STEM CELLS EXPRESSION OF VASCULAR ENDOTHELIAL GROWTH FACTOR FOR POTENTIAL USE IN TREATMENT OF STRESS URINARY INCONTINENCY**

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**INTRODUCTION AND OBJECTIVES:** Stem cell therapy for stress urinary incontinency (SUI) has recently provided a promising alternative for repair of deficient urethral function. Muscle-derived stem cells, bone marrow-derived stem cells, and adipose-derived stem cells are regarded as candidates for this therapy. We have recently demonstrated that stem cells can be isolated from human urine and these urine-derived stem cells (USC) can give rise to mesodermal cell lineages, including muscle cells. The aim of this study was to determine the role of vascular endothelial growth factor (VEGF) expressing USC and endothelial cells on angiogenesis and grafted cell survival, growth, myogenic differentiation and innervations.

**METHODS:** USC were obtained from ten urine samples (five healthy individual donors, ages: 3–27). USC were infected with adenovirus containing the human VEGF gene (USC/Ad-VEGF). The USC (5×10^6 cells) in 500 µl collagen-I gel were subcutaneously implanted into 28 nude mice (two injections per mouse) and the animals were divided into five groups (G) as follows: G1, USC/Ad-VEGF plus endothelial cells; G2, USC/Ad-VEGF; G3, USC/Ad-GFP; G4, Skeletal muscle cells; G5, cell free as control. At day 28 after implantation, the grafts were assessed grossly and with immunohistochemistry for human nuclear markers, endothelial markers (CD 31 and vWF), muscle markers (alpha-smooth muscle actin, desmin and myosin) and nerve muscle markers (S-100, GFAP, Neurofilament).

**RESULTS:** Extensive vascularization was observed in G1 (USC/Ad-VEGF plus endothelial cells) compared to the non-VEGF controls, and immunofluorescent staining for muscle markers revealed that the grafts in this group contained large numbers of cells with a myogenic phenotype. Additionally, there were significantly more implanted cells expressing human nuclear markers and endothelial markers in group 1. Finally, a larger number of peripheral nerve fibers were observed in the grafts in the USC/Ad-VEGF plus endothelial cells group. However, a few new nerve fibers expressed human nuclear markers, suggesting that most of these regenerated nerve fibers are derived from the host nerve tissue.

**CONCLUSIONS:** VEGF expression by USC enhanced cell survival as well as endothelial and myogenic differentiation of USC. In addition, VEGF expression appeared to significantly increase nerve regeneration as well. This approach might have important clinical implications for the development of novel cell therapies for the correction of SUI.

Source of Funding: None

**1153 OBESITY, INFLAMMATION AND OVERACTIVE BLADDER: PRELIMINARY RESULTS FROM A PILOT STUDY OF SERUM LEPTIN AND MCP-1 LEVELS IN MEN AND WOMEN WITH AND WITHOUT OAB SYMPTOMS**

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**INTRODUCTION AND OBJECTIVES:** An association between obesity and symptoms of overactive bladder (OAB) has been reported...