

normal group.

When diagnosing renal carcinoma by ErbB3 protein, the AUC of ROC was 0.790 ($P \leq 0.001$). When setting the cutoff as 11.714 pg/mL, the max Youden index was 0.519, the sensitivity was 0.619 and the specificity was 0.900. The Kappa value of diagnostic test was 0.530 ($P \leq 0.001$). In the same way, when diagnosing clear cell renal carcinoma by ErbB3 protein, the AUC of ROC was 0.802 ($P \leq 0.001$). When setting the cutoff as 13.9804 pg/mL, the max Youden index was 0.525, the sensitivity was 0.645 and the specificity was 0.880. The Kappa value of diagnostic test was 0.542 ($P \leq 0.001$). According to the most appropriate cutoff of renal cell carcinoma and clear cell renal cell carcinoma diagnostic test, we divided the renal cell group into ErbB3 high-expression group and ErbB3 low-expression group. Comparing the patients' BMI, tumor diameter and creatinine between two groups, there was no significant difference. There was no correlation between the ErbB3 content and patients' BMI, tumor diameter and creatinine by correlation analysis. Basing on the preoperative data, we divided the renal cell group into hypertension and normotension group, there was no significant difference between two groups about the ErbB3 content. Also, we compared the expression of ErbB3 between hyperglycemia and euglycemia groups, there was no difference. We got similar results in analysis of clear cell renal cell carcinoma.

Conclusions: (I) The expression of urine ErbB3 protein in renal cell carcinoma, clear cell renal carcinoma and prostate cancer was lower than normal people. (II) The expression of urine ErbB3 protein had no significant difference between urinary calculus group, BPH group and normal control. (III) The expression of urine ErbB3 protein in urothelium carcinoma was higher than normal people. (IV) When diagnosing renal carcinoma by urine ErbB3 protein, the AUC of ROC was 0.790. The diagnostic cutoff was 11.714 pg/mL, the max Youden index was 0.519, the sensitivity was 0.619 and the specificity was 0.900. The Kappa value of diagnostic test was 0.530. When diagnosing clear cell renal carcinoma by urine ErbB3 protein, the AUC of ROC was 0.802. The diagnostic cutoff was 13.9804 pg/mL, the max Youden index was 0.525, the sensitivity was 0.645 and the specificity was 0.880. The Kappa value of diagnostic test was 0.542. (V) There was no relation between the expression level of urine ErbB3 protein and patients' BMI, tumor diameters, creatinine, blood pressure and blood glucose in renal cell carcinoma and clear cell renal cell carcinoma.

Keywords: Renal cell carcinoma; ErbB3; ELISA; diagnostic test

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AB055. PKC ϵ inhibits isolation and stemness of side population cells via the suppression of ABCB1 transporter and PI3K/Akt, MAPK/ERK signaling in renal cell carcinoma cell line 769P

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Background: In this study, to identify the function of PKC ϵ in renal cancer stemness of 769P SP cells.

Methods: we reduced the expression of PKC ϵ in 769P cells by using siRNA. Then, the ratios of sorted SP cells were evaluated. Moreover, cancer stem cell (CSC) phenotype of 769P SP cells was assessed by performing clone formation assays, drug sensitivity assays *in vitro* and *in vivo*.

Results: Down-regulation of PKC ϵ suppressed the CSC potential of sorted 769P SP cells and inhibited proliferation potential, resistance to chemotherapeutics and *in vivo* tumor formation ability.

Conclusions: Our study reveals that PKC ϵ contributed to the SP cells isolation from 769P cell line, proliferation, and resistance to chemotherapeutics. Thus, PKC ϵ may work as an important mediator in cancer stem cell pathogenesis of renal cell cancer.

Keywords: PKC epsilon; side population cells; cancer stem cell (CSC); renal cell carcinoma

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AB056. Cytoreductive radical prostatectomy for men with oligo-metastatic prostate cancer

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Background: To present our preliminary surgical experience with cytoreductive radical prostatectomy for patients with oligometastatic prostate cancer.

Methods: Ten selective cases with oligometastatic prostate cancer diagnosed by bone scan and biopsy of prostate underwent cytoreductive radical prostatectomy. The operating time, estimated blood loss and perioperative complication were recorded and evaluated. Follow up studies were performed with an evaluation for postoperative PSA level and the status of the urinary voiding.

Results: The mean age was 65.1 years (range, 55–78 years), initial PSA level was 70.27 ng/mL (range, 8.56–280.0 ng/mL), biopsy Gleason score was 8 (range, 6–9), Preoperative clinical stage 1 case T4N0M1, 3 cases T3N1M1, 4 cases T3N0M1, 2 cases T2N0M1. All the operations were successfully performed. The total operative time range was 110–260 min with mean time of 200 min. The blood loss was 85–350 mL with mean 140 mL and no blood transfusion was required. The catheter was removed after a mean [range] of 14 [9–16] days. No intra-operative complications occurred. Eight patients had positive surgical margins. The mean [range] hospital stay was 7 [3–15] days

after surgery. All the cases were continent after removal of the catheter. No cases demonstrated vesicourethral stricture. All ten patients had decreased PSA after operation 6 weeks.

Conclusions: Cytoreductive radical prostatectomy for patients with oligometastatic prostate cancer could be safe, effective, and appropriate. Cytoreductive radical prostatectomy might be a treatment option in the multimodal management of oligo-metastatic prostate cancer.

Keywords: Prostate cancer; oligo-metastatic; cytoreductive radical prostatectomy

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AB057. Intravesicular administration of sodium hyaluronate ameliorates the inflammation and cell proliferation of cystitis cystica et glandularis involving interleukin-6/Stat3 signaling pathway

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Background: In this study, we evaluate the clinical use of intravesical sodium hyaluronate in Cystitis cystica et glandularis (CCEG) patients who have completed treatment and investigate the role of the IL-6/Stat3 pathway in CCEG