

EAU 2025

Over 4 days, attendees immersed themselves in cutting-edge research, live surgical demonstrations, and thought-provoking debates



Congress Review

Review of the European Association of Urology (EAU) Congress 2025

Location:	Madrid, Spain
Date:	21 st –24 th March 2025
Citation:	EMJ Urol. 2025;13[1]:10–23. https://doi.org/10.33590/emjurol/SOCP7236

THIS YEAR the Spanish capital, Madrid, provided the backdrop for Europe's biggest urological event, the 40th Annual European Association of Urology (EAU) Congress. Taking place from 21st–24th March 2025, this year's congress hosted a record number of delegates in the organisation's history. Over 4 days, attendees immersed themselves in cutting-edge research, live surgical demonstrations, and thought-provoking debates that showcased the rapid advancements shaping the future of urology.

The Opening Ceremony set the stage for an exhilarating congress, beginning with a flamenco performance that captivated the audience. As the dancing concluded, the EAU Secretary General Arnulf Stenzl, University of Tübingen Medical School, Germany, took to the stage to extend a warm welcome to all participants. Stenzl highlighted the unprecedented number of abstract submissions this year, an impressive 5,745, which is a testament to the growing influence of the EAU as a global platform for innovation and scientific exchange. He also emphasised the importance of collaboration within the urological community, recognising the dedication of professionals working together to advance patient care.

A major highlight of the Opening Ceremony was the presentation of the EAU awards, where outstanding contributions to the field were recognised. Honorary membership was awarded to several distinguished urologists who have left a lasting impact on European urology. Truls-Erik Bjerklund Johansen, University of Oslo, Norway, was honoured for his instrumental role in shaping

guidelines on infectious diseases in urology. Ivan Minčík, University of Prešov, Slovakia, expressed heartfelt gratitude, noting that despite the rain outside, receiving this recognition was a sunny moment in his career. Meanwhile, David Winkle, UroMed South Brisbane, Australia, was acknowledged for his extensive leadership roles within urological societies, including his tenure as President of The Urological Association of Asia, Singapore.

The EAU Willy Gregoir Medal, named after the esteemed Brussels-based urologist and first Secretary General of the EAU, was awarded to Francesco Montorsi, University Vita-Salute San Raffaele, Milan, Italy. In his acceptance speech, Montorsi dedicated the award to his patients and their families, emphasising that “all we do is for them”. Another significant honour, the EAU Frans Debruyne Lifetime Achievement Award, was bestowed upon Anders Bjartell, Lund University, Sweden, acknowledging his decades of dedication and profound contributions to the EAU and the broader urological community.

Young talent in the field was also celebrated, with Isabel Heidegger, Innsbruck Medical University, Austria, receiving the EAU Crystal Matula Award for 2025, a prestigious distinction awarded to a promising young European urologist with the potential to shape the future of the specialty. The EAU Prostate Cancer Research Award, recognising the best published paper on clinical or experimental studies in prostate cancer, was presented to Jonas Hugosson, University of Gothenburg, Sweden.

The ceremony concluded just as it began, with live music and another dazzling flamenco performance, setting an energetic tone for the days ahead. Of the comprehensive scientific programme, some of the standout sessions were the much-anticipated 'Game Changer' sessions, which focussed on groundbreaking techniques in prostate cancer diagnosis. One of these sessions, chaired by Eamonn Rogers, National University of Ireland, Galway, and Jochen Walz, Institut Paoli-Calmettes Cancer Centre, Marseille, France, delved

into innovative methodologies that have the potential to revolutionise existing diagnostic protocols. Meanwhile, the European School of Urology offered hands-on training sessions, equipping young urologists with essential skills that will shape their future careers.

Beyond the scientific sessions, the exhibition floor buzzed with excitement as industry leaders unveiled cutting-edge technologies and innovations set to redefine the standard of urological care. EAU25 reaffirmed its commitment to pushing the boundaries of the field, providing a dynamic platform for knowledge exchange and professional development.

EAU25 proved to be a resounding success, and, as the event came to a close, anticipation was already building for EAU26, set to take place in London, UK. Stay tuned for further updates on what promises to be another exceptional gathering of the global urological community, but, for now, enjoy our review of EAU25.



**A major highlight of the
Opening Ceremony was the
presentation of the EAU awards**



Long-Term Outcomes of Open Urorectal Fistula Repair

URORECTAL fistulas (URF) following prostate cancer treatment are rare but significantly impact patients' quality of life. Despite various surgical approaches, long-term outcome data, particularly those incorporating patient-reported outcome measures (PROMs), remain limited. This study, presented at EAU25, details a decade-long retrospective analysis of URF repairs at a specialist centre, providing insights into survival rates and patient experiences.¹

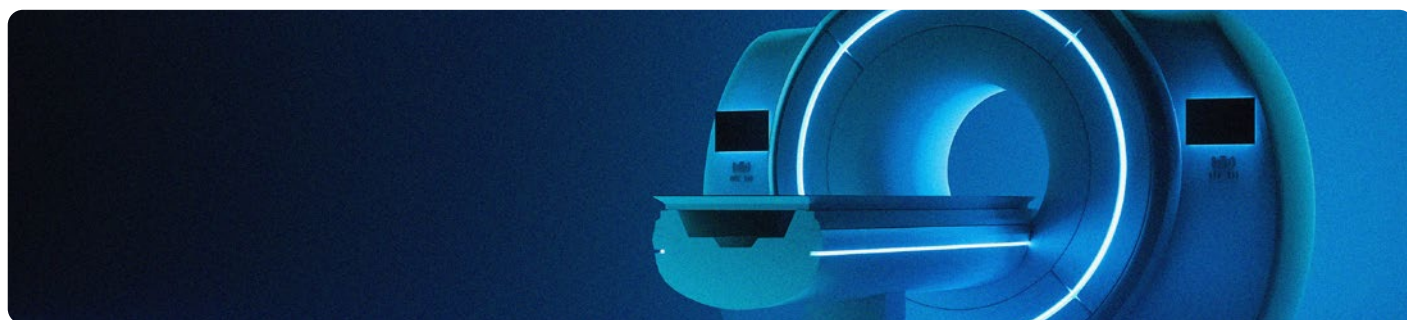
From 2014–2024, 29 men underwent open URF repair, with a median age of 68 years and a median BMI of 26. The interval between radical prostatectomy and URF repair was a median of 10 months. Notably, 17% of patients had undergone pelvic radiotherapy, and 41% required redo repairs. Common symptoms included rectal urine leakage (48%), pneumaturia (24%), recurrent infections (21%), alguria (21%), and faecaluria (10%). Surgical repair was predominantly transperineal (90%), with a smaller proportion requiring transabdominal intervention (10%). The median operative time was 90 mins, and long-term follow-up data were available for fistula recurrence (median 50 months) and reintervention (median 58 months).

The study reports excellent long-term outcomes, with estimated 5-year recurrence-free and reintervention-free survival rates of 96% and 75%, respectively. PROMs were evaluated at a median of 71 months post-repair, with complete data from 16 patients. The median six-item Lower Urinary Tract Symptoms score was four, the ICIQ-UI SF quality of life

questionnaire score was 11, and the Wexner faecal incontinence score was three, indicating that while voiding function and faecal continence were largely preserved, moderate urinary incontinence persisted in some patients. Patient satisfaction remained high, with a median ICIQ-Satisfaction score of 21 and an overall satisfaction score of nine.

This study highlights the durability of open URF repair, even in complex cases. While recurrence rates are low and patient satisfaction is generally high, persistent urinary incontinence remains a challenge, likely due to underlying disease-related factors.

“The study reports excellent long-term outcomes, with estimated 5-year recurrence-free and reintervention-free survival rates of 96% and 75%, respectively”



MRI-Based Active Surveillance for Gleason Grade 2 Prostate Cancer

ACTIVE surveillance has shown to be a safe management option for patients with Gleason Grade (GG) 2 prostate cancer (PCa), according to data presented at EAU25.²

Researchers presented the first reported European series of patients with GG 2 PCa who were selected for active surveillance based on MRI imaging prior to biopsy. Whilst uptake of active surveillance in patients with GG 2 PCa has been historically low, it has been hypothesised that fine-tuning patient selection based on MRI may be a safe option. Hence, this multicentre study enrolled 139 patients with GG 2 PCa between 2016–2024 in 10 reference centres in France, Spain, Italy, Switzerland, and Germany, who had been selected for active surveillance based on MRI imaging prior to biopsy.

“**The first reported European series of patients with GG 2 PCa who were selected for active surveillance based on MRI imaging prior to biopsy**”

Baseline MRI showed a Prostate Imaging Reporting and Data System 4–5 lesion in 59% of patients. The median event-free follow-up was 38 months, and whilst there were two cases of metastasis, there were no deaths due to PCa. The estimated 5-year metastasis-free survival rate was 98%, the estimated 5-year treatment-free survival was 45%, and the estimated GG 3 reclassification-free survival was 77%. During the follow-up, 56 patients underwent definitive treatment, and 26 patients underwent GG 3 reclassification.

The final analysis revealed an estimated 5-year GG 3 reclassification-free survival rate of 81% (95% CI: 69–94) for patients within the EU criteria, and 73% (95% CI: 62–86) for patients outside the criteria. Additionally, the estimated 5-year treatment-free survival rate was 43% (95% CI: 30–61) for patients within the EU criteria, and 49% (95% CI: 36–66) for patients outside. Importantly, the estimated 5-year metastasis-free survival rate was 100% (95% CI: 100–100) for patients within the EU criteria, and 96% (95% CI: 91–100) for those outside, and the estimated 5-year overall survival rate in patients within and outside the EAU criteria was 95% (95% CI: 90–100), and 91%, respectively.

These results demonstrate that active surveillance with an MRI-based selection process is a safe management option in patients with GG 2 PCa. The authors emphasise that future studies should prioritise redefining current active surveillance inclusion criteria to identify low-risk GG 2 subgroups, particularly those at low absolute risk of distant progression.



The estimated 5-year metastasis-free survival rate was 100% (95% CI: 100–100) for patients within the EU criteria, and 96% (95% CI: 91–100) for those outside

Barriers to Acceptance of Inclusive Prostate Cancer Measures

ACCEPTANCE of sexual and gender minorities has shown to vary across different parts of the UK, according to new research presented at EAU25.³ This, along with geographic inequities in disclosing sexual orientation or gender identity (SOGI), poses significant barriers to national implementation of SGM-inclusive prostate patient-reported outcome measures (PROM).

A nationwide search was conducted to determine the attitudes towards LGBTQ+ rights, hate crimes statistics, and individuals' comfort levels in expressing their SOGI in healthcare settings. Examples of these metrics included 'not open about sexuality in healthcare', 'not open about gender identity in healthcare', 'experienced a hate crime', 'think LGBTQ+ rights have "gone too far"', and finally, 'opposed to LGBTQ+ teaching'.

“A nationwide search was conducted to determine the attitudes towards LGBTQ+ rights, hate crimes statistics, and individuals' comfort levels in expressing their SOGI in healthcare settings”

The results found that, compared to people in urban areas, those in rural areas were less likely to feel comfortable expressing their SOGI in healthcare settings. Additionally, the Northeast of England and London had the highest rates of reported LGBTQ+ hate crimes, at 35% and 25%, respectively. Moreover, the highest percentage of people (29%) that thought LGBTQ+ rights have 'gone too far' was seen in Wales, whilst the lowest (12%) was recorded in the Midlands.

These geographic disparities highlight the need for tailored local campaigns to help reduce stigma and encourage people to feel more comfortable disclosing their sexual orientation and gender identity in the healthcare setting. As a result, the implementation of national initiatives such as the Sexual Minorities and Prostate Cancer Scale (SMACS) should be better.



Northeast of England and London had the highest rates of reported LGBTQ+ hate crimes, at 35% and 25%, respectively

Day-Care Percutaneous Nephrolithotomy Proves Safe and Effective

PERCUTANEOUS nephrolithotomy (PCNL) can be safely performed as a day-care procedure in carefully selected patients, reducing hospital stay without increasing complications or readmissions, according to an abstract presented at EAU25.⁴



“A structured Day-Care PCNL Checklist was formulated to identify the optimal patient cohort based on preoperative, intraoperative, and postoperative factors”

This prospective observational study included patients with renal stones who underwent PCNL, with day-care defined as discharge within 24 hours post-surgery. The primary outcomes included readmission rates, unplanned emergency department visits, and complications classified using the Clavien-Dindo system. Statistical analyses were conducted using Student's t-test, Mann-Whitney U test, and Chi-squared test. A structured Day-Care PCNL Checklist was formulated to identify the optimal patient cohort based on preoperative, intraoperative, and postoperative factors.

A total of 300 patients underwent day-care PCNL, with a mean age of 47 (± 13.00) years and mean BMI of 27 (± 13.52). The mean stone volume was 1,625 ($\pm 1,376.24$) mm³, and the mean S.T.O.N.E. nephrolithometry score was 6.06 (± 0.75). Tract size averaged 20.79 Fr (± 5.34), with 169 patients undergoing mini-PCNL (≤ 20 Fr) and 131 undergoing standard PCNL (> 20 Fr). The overall stone-free rate was 93%. The unplanned revisit rate was 6.0%, with a 4.3% readmission rate, occurring on average 9 (± 5.34) days post-surgery. Significant risk factors for readmission included a Charlson Comorbidity Index Score ≥ 2 ($p=0.024$) and stone volume $> 5,000$ mm³ ($P=0.021$), while diabetes was associated with Clavien-Dindo ≥ 2 complications ($P=0.039$). Complications included five cases of Clavien-Dindo Grade 1, 12 of Grade 2, and one of Grade 3b.

These findings confirm that PCNL can be performed safely as a day-care procedure in selected patients, maintaining high stone-free rates and acceptable readmission risks. The proposed Day-Care PCNL Checklist may help clinicians optimise patient selection and ensure favourable outcomes.



Predicting Long-Term Failure After Urethroplasty Surgery

URETHRAL stricture disease is a significant contributor to male lower urinary tract symptoms, often necessitating surgical intervention. According to an abstract presented at EAU25, urethroplasty is now considered the gold standard treatment for strictures that do not respond to endoscopic management; however, long-term recurrence-free survival rates, and the key predictors of treatment failure remain insufficiently explored.⁵



A total of 291 patients were included in the study, with 91 (31.27%) experiencing stricture recurrence

In this retrospective single-centre study, the authors analysed medical records of male patients who underwent urethroplasty from January 2003–December 2014. Failure was defined as the necessity for additional instrumentation for stricture release or confirmed anatomical failure with clinical implications, identified through cystoscopy or cystourethrogram. Various patient- and surgery-related factors that could predict long-term failure were assessed, including age, American Society of Anaesthesiologists (ASA) score, smoking habits, cardiovascular risk factors, stricture aetiology, location, length, preoperative urine cultures, and surgical technique. Statistical analyses, including Kaplan-Meier survival estimates and Cox-proportional hazards regression models, were utilised to determine significant predictors.

A total of 291 patients were included in the study, with 91 (31.27%) experiencing stricture recurrence. Among those who remained recurrence-free, the median follow-up period was 114.5 months. Notably, half of all recurrences occurred within 33 months post-surgery, while the

remaining failures were observed over the subsequent decade. Survival analyses identified age ($p=0.003$), ASA score ($p=0.007$), and smoking habits ($p=0.035$) as statistically significant predictors of recurrence. Stricture localisation ($p=0.010$), length ($p=0.008$), preoperative urine culture results ($p=0.022$), and surgical technique ($p=0.042$) also influenced recurrence risk. Multivariable Cox regression analysis further highlighted ASA score ($p=0.007$, HR=1.98, 95% CI: 1.20; 3.24), smoking ($p=0.015$; HR=1.76; 95% CI: 1.12; 2.78), and stricture localisation ($p=0.005$; HR=2.18; 95% CI: 1.26; 3.77) as the most significant predictive factors.

The study findings confirm that urethroplasty failure can occur even years after surgery, emphasising the need for long-term patient monitoring. ASA score, smoking status, and stricture localisation are the strongest predictors of recurrence. Using these variables, the authors developed an accessible prediction model for recurrence-free survival, offering clinicians a valuable tool for patient counselling and aiding in future clinical decision-making.

Augmented Reality-3D Guidance System Enhances Lymph Node Detection in High-Risk Prostate Cancer

A NOVEL augmented reality (AR)-3D guidance system for extended pelvic lymph node dissection (ePLND) during robot-assisted radical prostatectomy (RARP) is feasible, safe, and enhances identification of nodal metastases, according to research presented at EAU25.⁶

Prostate-Specific Membrane Antigen-PET (PSMA-PET) has redefined staging accuracy in high-risk prostate cancer (PCa), leading to increased identification of cN1 disease. Despite this advancement, the role of local therapies like RARP in cN1 disease remains underexplored, particularly due to challenges arising from the localisation of suspicious lymph nodes outside of standard templates. Therefore, researchers have developed an AR-3D-PSMA guided PLND based on preoperative PSMA-PET for real-time intraoperative identification of nodal metastases during RARP in high-risk patients.

In this study, 13 patients with PSMA-PET-confirmed cN1 PCa underwent RARP with AR-3D-guided ePLND between April 2023–June 2024. Preoperative 3D virtual models of pelvic anatomy and PSMA-avid nodal regions were integrated into the robotic console's AR interface for real-time intraoperative navigation. The median operative time was 280 minutes, with 150 mL blood loss and 4-day hospitalisation. No intraoperative complications occurred, but one patient experienced a Clavien-Dindo Grade 3 complication.

Pathological nodal involvement was confirmed in 69% of cases, with 15% showing metastases outside standard templates (pararectal/presacral). Among the 117 nodal regions analysed, AR-3D-PSMA guidance demonstrated 67% sensitivity, 89% specificity, 48% positive predictive value, 95% negative predictive value, and an area under the curve value of 0.77. Postoperatively, 46% of patients achieved PSA <0.1 ng/mL at 40 days.

“Preoperative 3D virtual models of pelvic anatomy and PSMA-avid nodal regions were integrated into the robotic console's AR interface”

The results show that AR-3D-PSMA-guided ePLND during RARP is feasible and safe, and enhances intraoperative identification of nodal metastases both within and beyond traditional dissection templates. While the technique's high negative predictive value (95%) supports its utility in excluding regions without disease, its moderate positive predictive value (48%) highlights the need for refined imaging-pathology correlation. These findings advocate for integrating PSMA-PET-driven AR navigation into surgical planning for high-risk cN1 PCa, potentially optimising oncologic outcomes through precision dissection.



AR-3D-PSMA guidance demonstrated 67% sensitivity, 89% specificity, 48% positive predictive value, 95% negative predictive value, and an area under the curve value of 0.77

Objective Assessment of Intraoperative Skills for Bladder Tumour Resection

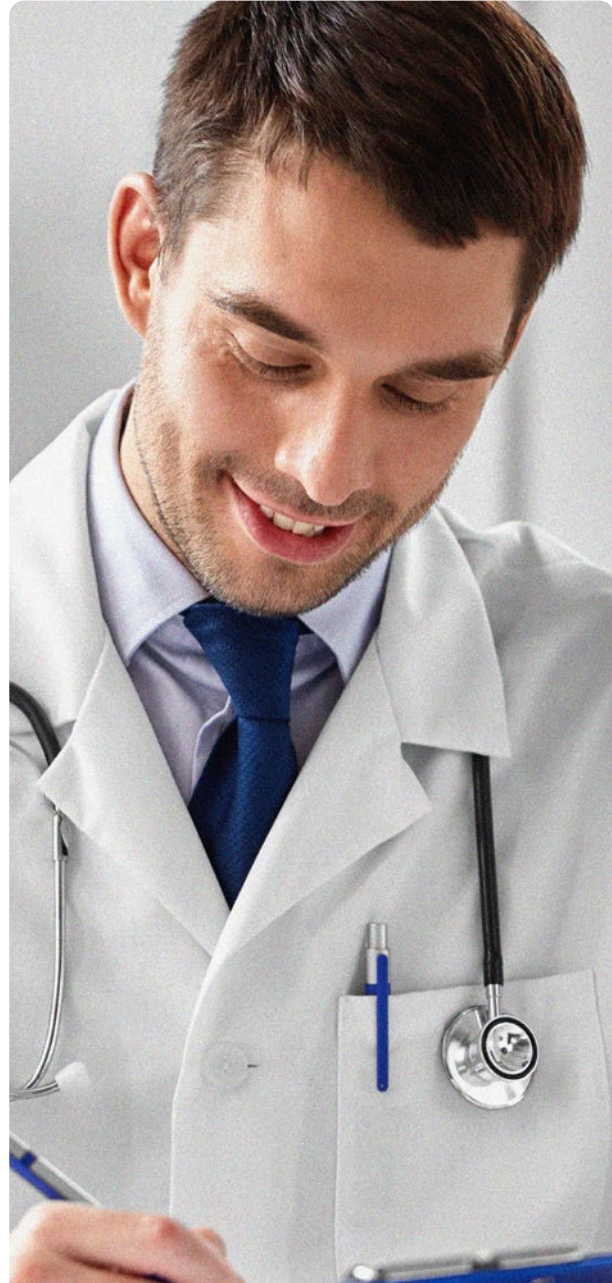
A STUDY, presented at EAU25, has highlighted the importance of objective performance metrics in evaluating the skills of urology residents performing Transurethral Resection of Bladder Tumour (TURBT), a common procedure for young urologists.⁷

Researchers sought to assess the reliability and validity of performance metrics defined through Proficiency-Based Progression (PBP), a training methodology aimed at ensuring optimal skill development. To do so, they compared the performances of 15 novice urologists (≤ 25 TURBT procedures) and 15 experts (≥ 100 TURBT procedures) by having two blinded experienced urologists score anonymised videos of the surgeries.

“To do so, they compared the performances of 15 novice urologists (≤ 25 TURBT procedures) and 15 experts (≥ 100 TURBT procedures)”

Compared to novices, experts made 77%, 71%, and 89% fewer total (tE), normal (nE), and critical (CE) errors. The median errors for expert surgeons were one (tE), zero (nE), and one (CE), while for novices, they were three (tE), five (nE), and two (CE). Statistical differences ($p < 0.05$) were found between the two groups for all error categories, with $p < 0.005$ for median tE, nE, and CE.

These results emphasise the reliability of performance metrics in distinguishing skill levels in TURBT procedures. Furthermore, they suggest that the PBP approach offers a valuable tool for establishing clear proficiency benchmarks. By using these objective metrics, residency programs can more accurately track progress and target areas for improvement, leading to higher-quality training and, ultimately, better patient outcomes.



Compared to novices, experts made 77%, 71%, and 89% fewer total, normal, and critical errors.



Image-Guided Navigation Enhances Precision in Robotic Surgery

NEW research presented at EAU25 has demonstrated the feasibility of integrating image-guided navigation (IGN) into robotic sentinel lymph node biopsy (SLNB) for prostate cancer, offering improved anatomical orientation and surgical precision.⁸



Among 12 patients with 31 SNs, IGN successfully localised 25 SNs (81%)

This single-centre prospective feasibility study included patients with prostate cancer scheduled for robotic SLNB, with IGN integration assessed using electromagnetic (EM) tracking and ultrasound (US). Sentinel node (SN) locations were identified preoperatively via Single-photon emission computed tomography (SPECT)/CT scans and reconstructed into a 3D model. Intraoperatively, patient alignment with this model was achieved through US acquisition using an EM-tracked drop-in probe.

Surgical instruments were equipped with EM sensors for live tracking, with real-time stereoscopic visualisation displayed in the da Vinci Xi system. Surgeons navigated towards SNs using tracked instruments, with SN localisation confirmed intraoperatively via fluorescence, *ex vivo* radioactivity verification, or both. Feasibility was defined as a successful SN removal rate of over 75% using IGN.

Among 12 patients with 31 SNs, IGN successfully localised 25 SNs (81%). Intraoperative US acquisition and image registration were rapid (median: 10 min; interquartile range: 8–14 min), intuitive, and seamlessly integrated into the surgical workflow. The combination of 3D stereoscopic visualisation and instrument tracking enabled improved anatomical identification. IGN was not used in one patient (five SNs, 16%) due to technical failure, and in another, one SN (3%) was not identified by any method. No patient complications were reported.

These findings confirm that IGN is a safe and effective tool in robotic surgery, providing an intuitive and well-integrated approach for enhanced surgical precision.

“Sentinel node locations were identified preoperatively via SPECT/CT scans and reconstructed into a 3D model”

Anticholinergic Burden Increases Risk in Patients with Overactive Bladder Syndrome

RESEARCH presented at EAU25 assessed whether baseline anticholinergic burden, measured by the Anticholinergic Cognitive Burden (ACB) score, is associated with increased cardiovascular and urological complications after initiating anti-muscarinic therapy.⁹

The retrospective study analysed electronic health records from 43 hospitals and affiliated clinics between 2017–2021, and identified 13,947 adult patients who have recently begun anti-muscarinic monotherapy. The ACB score was calculated for all patients based on prescription records. Patients with $ACB \geq 1$ were compared with the control group $ACB=0$. After propensity score matching, a total of 9,854 patients were analysed, and cardiovascular and urological complications were compared between groups.

Results showed that patient with $ACB \geq 1$ experienced significantly higher rates of complications. For urological outcomes, the incidence of acute retention of urine was significantly higher in the group with baseline $ACB \geq 1$ at 4.5% compared to 3.5% in the control group (relative risk [RR]: 1.25; $p=0.028$). $ACB \geq 1$ was also associated with statistically higher incidence of urinary tract infections which occurred in 9.4% of patients versus 6.3% (RR: 1.50; $p<0.001$). Cardiovascular complications were also higher in patients with baseline $ACB \geq 1$, including ischaemic heart disease (6.3% versus 3.8%; RR: 1.65; $p<0.001$), acute coronary syndrome (2.0% versus 1.2%; RR: 1.66; $p=0.002$), congestive heart failure (2.9% versus 1.7%; RR: 1.66; $p<0.001$), atrial fibrillation (3.5% versus 2.2%; RR: 1.59; $p<0.001$), and stroke (4.5% versus 3.4%; RR: 1.32; $p=0.006$).

The study authors emphasised that this is the first study to report on the clinical importance of baseline anti-cholinergic burden in the treatment of patients with overactive bladder syndrome. The results showed that the ACB score was associated with a higher incidence of urological and cardiovascular complications after initiation of anti-muscarinic drugs. Clinicians should assess the ACB score before starting therapy, especially in older adults or those on multiple medications, to minimise adverse outcomes.

“This is the first study to report on the clinical importance of baseline anti-cholinergic burden in the treatment of patients with overactive bladder syndrome”



Long-Term Study of Complications of Catheterisable Conduits in Patients with Bladder Exstrophy

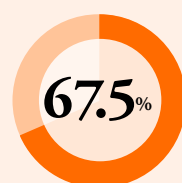
NEW research presented at EAU25 evaluated continent catheterisable conduits (CCC) for effective bladder management in patients with bladder exstrophy-epispadias complex (EEC) who often rely on CCCs for effective bladder management.¹⁰ The aim was to evaluate the incidence, timing, and clinical management of complications over an extended follow-up period.

The study was conducted at a specialist urology centre, where the researchers analysed 40 patients with EEC who underwent CCC, with a mean follow-up of 21 years. Most patients (92.5%) also had augmentation cystoplasty. Data on complication types, timing, and outcomes were reviewed using descriptive and Cox regression analyses.

Results showed that complications were common, occurring in 67.5% of patients. Catheterisation difficulties were the most frequent (66.6%), primarily due to distal conduit stenosis often linked with skin issues. Urinary incontinence occurred in one-third of cases, mainly due to bladder overactivity or conduit mechanism failure. Other complications included granulomas (30%) and polyps (22.2%). The median time to onset varied by complication, about 7 years for incontinence, nearly 10 years for stenosis, and over 22 years for polyps. While minimally invasive interventions were effective in 56% of cases, recurrences were common, particularly in stenosis and polyp-related issues.

Catheterisation difficulties were the most frequent (66.6%), primarily due to distal conduit stenosis often linked with skin issues

The results showed that CCCs present a substantial rate of long-term complications in patients with EEC, often emerging a decade or more after the initial procedure. The findings reinforce the necessity of life-long follow-up and proactive management to address functional decline, prevent recurrence, and preserve patient quality of life.



Results showed that complications were common, occurring in 67.5% of patients



References

1. Wagner MC et al. Long-term patient-reported outcomes following urorectal fistula repair post-prostate cancer treatment. Abstract A0001. EAU25, 21-24 March, 2025.
2. Uleri A et al. Active surveillance of grade group 2 prostate cancer: oncological outcomes from a contemporary European cohort. Abstract A0032. EAU25, 21-24 March, 2025.
3. Wheeler LT et al. Barriers to acceptance of an inclusive prostate cancer PROM for sexual and gender minority patients: a narrative synthesis of national datasets. Abstract A0149. EAU25, 21-24 Madrid, 2025.
4. Viswanath K et al. Day care PCNL: who qualifies? Introducing the day-care PCNL checklist. Abstract A0100. EAU25, 21-24 March, 2025.
5. Adriaensen E et al. Long-term recurrence-free survival of urethroplasty and its possible predictors of failure: a retrospective single center analysis. Abstract A0324. EAU25, 21-24 March, 2025.
6. Bianchi L et al. Augmented reality PSMA-PET 3D guided lymph node dissection during robot-assisted radical prostatectomy. Abstract A0533. EAU25, 21-24 March, 2025.
7. Diana P et al. Objective assessment of intraoperative skills for Transurethral Resection of Bladder Tumor (TURBT): construct validity of Proficiency Based Progression (PBP) training curriculum. A0782. EAU25, 21-24 March, 2025.
8. Aguilera Saiz L et al. Image-guided navigation during robotic surgery using electromagnetic tracking and ultrasound. A0835. EAU25, 21-24 March, 2025.
9. Liu AQ et al. Prediction of OAB treatments' outcomes: on the way to tailored treatment. Abstract A0857. EAU25, 21-24 March, 2025.
10. Osorio Iriarte JC et al. Complications of catheterizable conduits in patients with bladder exstrophy: a long-term study. Abstract A0136. EAU25, 21-24 March, 2025.