

PODIUM SESSIONS

PS-01 Penile disorders and penile surgery

PS-01-001

IDIOPATHIC PARTIAL THROMBOSIS IS ASSOCIATED WITH CYCLING AND THE PRESENCE OF A FIBROUS WEB ON MRI

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Objective: Idiopathic partial thrombosis (IPT) of the corpus cavernosum (CC) is a rare condition constituting of thrombosis of the proximal CC, causing perineal swelling and pain during erection. The aetiology is not fully understood, but advanced imaging with MRI demonstrates a fibrous web in the crus cavernosum in most IPT cases. In this abstract we provide an overview of 15 new IPT cases, for which 12 received conservative treatment and 3 surgical treatment.

Methods: A multicentre retrospective analysis was performed to analyse presentation, diagnosis, treatment and outcome of 15 cases of IPT.

Results: Patients most frequently presented with perineal pain and swelling (13/15; 80%), unilateral (9/15; 60%) or bilateral (4/15; 27%), and pain during erection (9/13; 69%) Penile curvature, dysuria or fever (each 1/15; 7%) was uncommon. Remarkably, most patients reported being a frequent cyclist (9/15; 60%) with the episode of IPT occurring after cycling activity (7/15; 47%), highlighting a possible provocative factor in the onset of IPT. In all cases blood test with clotting tests (raised D-dimers (6/15; 40%)) ultrasound and MRI were performed. MRI showed thrombosis and a fibrous web in all of the cases (15/15; 100%), more bilaterally (10/15; 67%) than unilaterally (5/15; 33%). All patients were initially treated conservatively with LMWH (11/15; 73%) (prophylactic or therapeutic dose) and subsequent or simultaneous anti-aggregant therapy, resulting in resolution in most of the cases. When conservative treatment fails, surgical incision of the web with saphenal graft repair or Heincke Miculicz reconstruction was performed with good functional outcome.

Conclusion: Cycling is often seen as a provocative factor in IPT cases. We recommend the systematic use of MRI for diagnosis of a cavernous web which is seen in almost all of IPT patients. Conservative treatment with anticoagulatory therapy provides good outcome in most of the cases. For therapy resistant cases surgery is a valuable option.

Policy of full disclosure: None

PS-01-003

SURGICAL OUTCOMES AND PATIENTS' SATISFACTION WITH SUPRAPUBIC PHALLOPLASTY

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Objective: The purpose of this study was to assess the medical outcomes and patients' satisfaction with this suprapubic phalloplasty.

Methods: The study involves a descriptive cross-sectional analysis of 24 transsexual female-to-male patients who have undergone suprapubic phalloplasty. Medical outcomes from the three-stage surgery were

collected from the hospital files of 24 patients, who were also interviewed to assess their satisfaction, sexual function, and psychosexual well-being.

Results: Duration of surgery and of hospital stay was relatively short in the first (1 hour 30 minutes; 3 days) and last (1 hour 40 minutes; 3 days) stage of surgery involving tissue expansion and neophallus release. These two stages were associated with few complications (17% and 4% minor complications respectively, 12% additional complications with hospitalization for the first stage). The second stage involving tubing was associated with longer surgery and hospital stay (2 hour 15 minutes; 5 days) and had more complications (54% minor complications and 29% requiring hospitalization) although fewer than one-step surgery. No loss of neophallus was reported. Overall, 95% of patients were satisfied with their choice of phalloplasty, 95% with the appearance, 81% with the length (Mean = 12.83 cm), and 71% with the circumference (Mean = 10.83 cm) of their neophallus. Satisfactory appearance was significantly correlated ($P < 0.01$) with penile length ($r = 0.69$) and diameter ($r = 0.77$). Sexual satisfaction was significantly correlated with penile diameter ($r = 0.758$), frequency of orgasm ($r = 0.71$), perceived importance of voiding while standing ($r = 0.56$), presurgery satisfaction with sexuality ($r = 0.58$), current masculine-feminine scale ($r = 0.58$), attractive-unattractive scale ($r = 0.69$), and happy-depressed scale ($r = 0.63$).

Conclusion: Suprapubic phalloplasty, despite the lack of urethroplasty, offers an interesting alternative for patients concerned with the stigmatizing scar on the donor site.

Policy of full disclosure: None

PS-01-004

METAIDOIOPLASTY: ALTERNATIVE FOR SEX REASSIGNMENT SURGERY IN FEMALE-TO-MALE TRANSSEXUALS. EVALUATION OF PATIENTS' SATISFACTION BY A NEW QUESTIONNAIRE

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Objective: To present the results of our experience and evaluate the satisfaction of the patients in general, as well as on the urinary and sexual field from a new questionnaire.

Methods: This is a single center retrospective cohort study including 26 consecutive patients undergoing métaidoioplasty between March 2008 and April 2013. An elongation of the clitoris associated with an urethroplasty was realized at first, followed by a scrotoplasty 3 to 6 months later, completed if necessary by installing testicular implants. The collection of operating data and the complications was made from the computerized medical record. Patients were contacted by telephone to answer the new questionnaire developed in the department concerning the global satisfaction, the evaluation of urinary and sexual function.

Results: The median measure of the métaidoioplasty in traction was 4.6 cm (2.5–7 cm). The median follow-up was 30 months (6–66) with 11% (3/26) of extended urethral fistula. Minor fistula which managed nonoperatively or operated secondarily during the scrotoplasty occurred in 12 patients (46%). The answer's rate to the questionnaire was 81% (21/26). On the urinary plan, 95% (20/21) of patients were satisfied with the way they urinate, 80% (16/20) could void in a standing position. No patient had urinary incontinence. On the sexual plan, the sensibility was kept in 100% of cases, 81% (17/21) were satisfied by the appearance of the métaidoioplasty. In a global way, 95% (20/21) felt male, 10% (2/21) thought about another reconstruction, and 2 patients underwent abdominal phalloplasty.

Conclusion: The metoidioplasty is an interesting alternative for rapid reassignment without too many scars. Satisfaction is good on urinary and sexual plan. It does not dissuade the later realization of another technique.

Policy of full disclosure: None

PS-01-005

SUPERFICIAL EXCISION OF GLANS EPITHELIUM FOR PENILE CANCER AND COVERING WITH TACHOSIL®

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Objective: Therapy for carcinoma in situ or T1-cancer has to take into consideration preservation of morphology, function, and cosmetics while offering a high cure rate. The aim of our work was to demonstrate the feasibility and the clinical outcome after wide excision of the epithelial and subepithelial layer of the glans and the covering with a collagen sponge coated with the human coagulation factors fibrinogen and thrombin (TachoSil®).

Methods: We enrolled 11 consecutive patients with superficial penile cancer. Staging was performed using the 2002 TNM system. The cosmetic results was accessed using a 5-graded scale ranging from very dissatisfied to very satisfied. Under microscopic control with magnification of 20 to 30 times the tumor in the glans penis was excised continuously with a lateral margin of a minimum of 5 mm. After excision the defect was covered with a fitted TachoSil®-fleece.

Results: The median age of the patients at presentation was 46 years (range 38–53). Histopathological examination of the specimens confirmed squamous cell carcinoma and tumor-free surgical margins in all cases. Of the 11 patients referred, the tumors were T_aG1 in 3 patients, T_aG2 in 1, T_{is}G1 in 2, T_{is}G2 in 2, T₁G1 in 2, and T₁G2 in 1 patient. At a follow-up of 6 to 36 months, local recurrence occurred in 1 patient with carcinoma in situ in the sixth month after surgery, which was managed by a second glans-preserving surgery without recurrence. All patients are alive without any sign of local recurrency or metastasis at the current date. The shape and appearance of the glans penis was preserved in every patient. The cosmetic results were regarded as satisfying/very satisfying by 81.8% (9 of 11 patients), and the remaining 18.1% (2 of 11 patients) were less satisfied with the cosmetics results.

Conclusion: The present data suggests that glans-preserving surgical technique using TachoSil® as defect covering is technically safe and functionally and cosmetically satisfying. This technique might be especially suitable for young men with superficial penile cancer.

Policy of full disclosure: None

PS-01-006

PERSONAL EXPERIENCE USING STAGE TECHNIQUE FOR CONGENITAL PENILE CURVATURE

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Objective: Congenital penile curvature can present with both mono or biplanar defects, the latter of which entails more technically demanding surgery. We perform this new technique to value the efficacy and safety in correcting any kind of congenital penile curvature.

Methods: Between May 2013 and March 2014, 22 patients with disabling congenital biplanar ventro-lateral (n = 9) or ventral (n = 14) curvature of the penis underwent stepwise superficial tunica albuginea excisions. The mean follow-up period was 11 months (range, 6–16 months). The procedure is based on the geometrical principles of the Egidio technique for any kind of penile curvature correction and objectified the curvature performing multiple 3-mm excisions of the

superficial tunica albuginea without compromising the inner layer in the point of the maximum curvature, thus repeat the procedure till the straightening. The resulting improved distribution of the bending force of the curvature without compromise erectile function.

Results: We evaluated the rate of successful penile straightening, the complication rate, and patient satisfaction. Mean age at surgery was 21 years (range, 15–28 years). Mean degree of curvature was 65° (range, 40°–90°). There was no recurrent curvature. No intra- or post-operative complications were encountered. Complete correction of the penile axis was obtained in 98% (n = 21). The excellent functional outcomes resulted in a high level of patient satisfaction, including improved self-esteem, libido, sexual intercourse, and psychosexual relief. One patient had a residual curvature of 30°.

Conclusion: We confirm this new technique as an excellent surgical option for correcting any kind of congenital penil curvature.

Policy of full disclosure: None

PS-01-007

HOW TO IMPROVE EXTRACORPOREAL SHOCK WAVE THERAPY IN THE MANAGEMENT OF PATIENTS WITH PEYRONIE'S DISEASE? RESULTS FROM A RANDOMIZED TRIAL COMPARING PLAQUE INJECTION EITHER WITH A SALINE SOLUTION OR WITH A HYDROCORTISONE SOLUTION

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Objective: To investigate whether intra-plaque injection either with a saline solution (SS) or with hydrocortisone (HC) can improve extracorporeal shock wave therapy outcomes in PD patients.

Methods: Patients with PD were enrolled in a prospective, randomized, single blinded trial comparing either plaque injection with 10 mL saline solution (SS) injection or plaque injection with hydrocortisone (HC; 100 mg in 2 mL) before ESWT. Shock waves (SW) were performed 4 times, once weekly in sessions of 3000 SW using the Dornier Aries delivery system. Main outcome measures were: International Index of Erectile Function (IIEF-5), pain during erection using a Visual Analog Scale (VAS), plaque size, penile curvature, and LUE-Score. Follow-up was performed at 1 and 3 months.

Results: 50 patients with a mean age of 61 years were enrolled in the trial. Main symptoms were penile curvature and/or erectile dysfunction for a mean duration of 23 months. Therapy was well tolerated by all patients. In the SS group (n = 25), there was a significant decrease in pain and in penile curvature (p-value = 0,01; mean decrease of 10°), a significant improvement in LUE score, but no significant difference in plaque size or IIEF-5 score, as compared to baseline. In the HC group (n = 25), only pain was improved. Intergroup analyses were all in favor of SS injection.

Conclusion: In this series, ESWT combined with HC injected in the plaque showed no added value of the steroid. At the opposite, ESWT combined with SS injection seemed to reproduce the results observed after ESWT alone in the literature, with the potential of a better efficacy on penile curvature. A limitation of this study is the absence of a trial arm in which no injection would have been performed; yet, in this instance, no blinding would have been possible.

Policy of full disclosure: None

PS-01-008

DOES EARLY INSERTION OF A MALLEABLE PROSTHESIS STILL ALLOW LATER UPSIZING OF CYLINDERS IN PATIENTS WITH ISCHEMIC PRIAPISM?

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Objective: Early insertion of a malleable penile prosthesis in refractory ischaemic priapism is easier to perform than a delayed prosthesis despite the presence of tissue oedema and cavernosal muscle necrosis. This not only preserves the penile length but also allows the option of an interval exchange to an inflatable prosthesis after a few months. The aim of this study was to assess whether exchanging to an inflatable implant allows upsizing of the cylinders in patients with ischaemic priapism.

Methods: Over a 24 month period 10 patients with ischaemic priapism underwent an early (within 2 weeks) insertion of a malleable (Coloplast Genesis®) penile implant. The mean age was 42.7 years (range 35–69) and the median duration of priapism was 7 days (range 5–10). The aetiology was sickle cell disease (2 patients), idiopathic (4 patients) and antipsychotic agents (4 patients). Following a median period of 5.7 months (range 3.8–11.5) all of these patients underwent exchange of their penile implant to a 3 piece inflatable (AMS 700® or Titan Coloplast®) prosthesis and the size of the cylinders recorded.

Results: There have been no complications after a median follow up of 12 months following the exchange of implant. During the reoperation for the exchange of malleable to inflatable, it was noticed a median upsize in the length of the cylinders of 1 cm in either one or both corporal bodies (range 0–2 cm). 50% of the patients had deliberate downsizing initially due to previously performed T shunt or winter shunt. The mean IIEF-5 score preoperatively was 24 (range 23–25). After the initial insertion of penile implant the satisfaction rate according to the IIEF-5 was 80%, 3 months postoperatively and that was increased to 90%, 3 months following the exchange.

Conclusion: The treatment of refractory ischemic priapism can be achieved with an insertion of a malleable penile implant. Although some patients have a shorter implant inserted initially due to shunt procedures having been performed distally, following a period of resolution the cylinders can be upsized at the elective exchange.

Policy of full disclosure: None

PS-01-009

IMPLANT OF AN INTRACORPORAL PHANTOM IN ORDER TO PREVENT PENILE SHORTENING AFTER PENILE PROSTHESIS REMOVAL DUE TO PROSTHETIC DEVICE INFECTION OR DISTAL URETHRAL EROSION

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Objective: Device infection is one of main complication of penile implants. The most conservative management is complete prosthesis removal and delayed reimplantation, but it allows to shaft fibrosis, penile length shortening and more difficult reimplantation. Aim of this study is to report our technical approach and functional outcome in salvage procedure to manage penile prosthesis infection or urethral erosion.

Methods: From June 2009 to April 2014, 10 patients referred to our tertiary care center for a clinical suspicion of infection of their penile prosthesis implants or distal urethral erosion due to their prosthesis

and all of them underwent a salvage procedure. All patients underwent systemic antibiotic treatment before and after surgery. During first surgical step cultures were collected, infected prosthesis were removed and the site irrigated with antibacterial solutions. In 8 patients a soft silicone prosthesis was placed in corpora cavernosa, one patient underwent implantation of an inflatable prosthesis and another one of a malleable implant. The patients were discharged the day after and they were placed on oral antibiotic treatment for 2 weeks following this procedure. Treatment was adapted to the antibiogram results. Twelve months after the first step 5 patients with soft implants underwent substitution of the device with an inflatable penile prosthesis. The other 3 patients treated with a soft prosthesis implantation are already scheduled for substitution.

Results: After the first step surgery we didn't observe prosthesis loss. Cultures were negative in 5 cases (e.g. patients presenting urethral erosion). The 5 positive cultures showed the following infecting agents: *S. epidermidis*, *P. acnes*, *A. species* and in 2 cases multibacterial infection. The 5 patients that underwent reimplantation of an inflatable prosthesis show no infection after a mean follow up of 22,6 months.

Conclusion: This two steps salvage procedure is a feasible and safe option in the management of infected penile implants.

Policy of full disclosure: None

PS-01-010

PENILE LENGTHENING AND WIDENING WITHOUT GRAFT ACCORDING TO A MODIFIED SLIDING TECHNIQUE

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Objective: To present a modification of the so called "sliding technique" for the restoration of penile length and girth for patients suffering from penile shortening and erectile dysfunction.

Methods: Between January 2013 and January 2014, 143 patients underwent our modified "sliding technique" for penile length and girth restoration with concomitant penile prosthesis implantation without any graft. All patients had severe ED associated with penile shortening with or without curvature, inability to have sexual intercourse and consecutive dissatisfaction with their sexual life.

Results: The mean age at the time of surgery was 56 years (range, 40–72). The etiology of penile shortening and narrowing were: Peyronie's disease, post radical prostatectomy, post brachytherapy and external radiotherapy, post intracavernous injection therapy, post penile fracture, post redo-hypospadias repair and post priapism in 53.8%, 14.7%, 7%, 21%, 2.1%, 0.7% and 0.7% of cases. Mean deviation of the penile axis was 45° (range, 0–100). Postoperative hematoma were seen in 24.5% on the base of penile shaft however spontaneous absorption resolved without any additional drainage. Laminar superficial hematoma on pubic area was seen in the majority of the cases and absorption was seen in 2 to 3 weeks. Temporary partial glans numbness was reported in 5%, however it vanished with the course of the follow-up. Glans sensitivity, ability to achieve orgasm and ejaculation were preserved. The penile axis was straightened in all cases. Our approach led to a mean penile length gain of 3.1 cm (range, 2–7). All patients resumed sexual intercourse and were able to perform satisfactory sexual intercourse. No penile prosthesis infection was observed.

Conclusion: Our modification of the "sliding technique" is safe and effective and are associated with reduced operative times, less cost and low infection rate.

Policy of full disclosure: None

PS-01-011

SAFETY AND EFFECTIVENESS OF COLLAGENASE CLOSTRIDIUM HISTOLYTICUM (CCH) TREATMENT IN EU PATIENTS WITH PEYRONIE'S DISEASE: A COMPARISON OF EU ENROLLED SUBJECTS VERSUS ALL SUBJECTS ENROLLED IN A PHASE 3 OPEN-LABEL STUDY

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Objective: CCH (Xiapex®, Sobi AB (publ)) is an intralesional treatment for Peyronie's disease (PD) approved by the FDA (Xiaflex®, Auxilium Pharmaceuticals, Inc) and pending approval by EMA. The safety and effectiveness of CCH in the treatment of PD in European patients was compared to all patients participating in a phase 3, open-label study in the United States, New Zealand, and Europe.

Methods: 347 subjects, including 191 EU subjects, participated. 2 injections of CCH followed by plaque modeling were repeated for ≤4 treatment cycles. The co-primary efficacy endpoints were percent improvement in curvature deformity and change in Bother domain of the Peyronie's Disease Questionnaire (scoring 0–16) at week 36. For each of these endpoints, a 95% confidence interval of the mean was calculated assuming normally distributed means.

Results: Mean (SD) penile curvature deformity was 53.0° (14.82) vs 55.7° (15.37) in all and EU subjects respectively and mean PD symptom bother was 7.4 (3.53) vs 6.8 (3.54) at baseline. For both co-primary endpoints, statistically significant improvements were seen. The mean percent improvement of penile curvature was 34.4% (95% CI 31.2–37.6%) in the overall population and 34.7% (30.8–38.6%) in EU subjects, and a mean improvement of 3.3 (95% CI 3.7–2.8) and 2.8 (3.4–2.3) points in subject-reported Peyronie's disease bother was observed among all subjects and EU subjects, respectively. The majority of treatment emergent adverse events were transient, non-serious, mild or moderate in intensity, and local to the penis.

Conclusion: Significant and clinically meaningful improvements in penile curvature deformity and PD symptom bother scores were observed in European patients, and of similar magnitude as in the overall population. CCH was generally well tolerated, with adverse events primarily transient and local to injection site. In conjunction with previous studies, the results of this open-label study support the use of CCH in the treatment of PD.

Policy of full disclosure: Clinical investigator for Auxilium (DJR, LAL, MKG, BC, HP, IM, VM); consultant for American Medical Systems, Lilly, Coloplast (DJR); speaker, Menarini (DJR); clinical investigator for Allergan (DJR); clinical investigator for Coloplast (LAL); consultant to Auxilium, American Medical Systems, and Coloplast (LAL), consultant to Auxilium and Biospecifics Technologies Corporation (MKG); consultant and speaker for Lilly, Menarini, Auxilium (HP); consultant to Lilly, Menarini, Auxilium (BC); employee Sobi AB (HO); employee Auxilium Pharmaceuticals, Inc (GL, JPT)

PS-01-012

MEANINGFUL CHANGE IN PEYRONIE'S DISEASE FOLLOWING TREATMENT WITH COLLAGENASE CLOSTRIDIUM HISTOLYTICUM: RESULTS FROM TWO LARGE DOUBLE-BLIND, RANDOMIZED, PLACEBO-CONTROLLED PHASE 3 STUDIES

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Objective: The clinical efficacy of collagenase clostridium histolyticum (CCH) in subjects with Peyronie's disease (PD) was shown in The Investigation for Maximal Peyronie's Reduction Efficacy and Safety Studies (IMPRESS) I and II, two large identical phase 3 randomized, double-blind, placebo-controlled studies. The degree of penile curvature improvement associated with subject-report of meaningful change has not yet been reported. Using the Global Assessment of PD (GAPD), we present subject-reported change in symptoms and effects of PD and penile curvature improvement following CCH treatment in the combined IMPRESS I and II studies.

Methods: CCH-treated subjects in the identical IMPRESS I and II (N = 545) phase 3 studies received a maximum of 4 treatment cycles, each separated by a 6-week period. Subjects received up to 8 injections of 0.58 mg CCH, 2 injections per cycle separated by approximately 24–72 hours, with the second injection in each followed 24–72 hours later by plaque modeling. CCH-treated subjects who completed the GAPD and underwent goniometer penile curvature evaluation at baseline and at least once following CCH injection were included in the current analyses. The GAPD asked a subject to assess the overall change in the symptoms and effects of PD on his life. Possible responses ranged from –3 (much worse) to 3 (much improved).

Results: At Week 52, 25% and 75% of CCH-treated subjects achieved penile curvature ≤20° and <45°, respectively. These men also reported a meaningful change (GAPD rating ≥1) in PD symptoms and effects, with mean percent improvements in penile curvature of 25.5%, 42.7%, and 69.8% for penile curvature deformity at Week 52 of 30°–<45°, 21°–<30°, and ≤20°, respectively.

Conclusion: 75% of men with PD reported meaningful change in PD symptoms and effects of PD on their life following CCH treatment that resulted in ≥25% improvement in penile curvature deformity.

Policy of full disclosure: Wayne J. G. Hellstrom: Auxilium Pharmaceuticals, Inc. (Scientific Study/Trial, Consultant/Advisor) Marc Gittleman: Auxilium Pharmaceuticals, Inc. (Scientific Study/Trial) Ronny B. W. Tan: None Hans Olivecrona: Sobi AB (Employee) James P. Tursi, Ted Smith, Gregory J. Kaufman, Nigel A. Jones: Auxilium Pharmaceuticals, Inc. (Employee) Culley C. Carson: Auxilium Pharmaceuticals, Inc. (Scientific Study/Trial, Consultant/Advisor)

PS-01-013

SEXUAL FUNCTION AFTER SURGICAL TREATMENT FOR PENILE CANCER: WHICH ORGAN SPARING APPROACH GIVES THE BEST RESULTS?

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Objective: To compare the postoperative sexual function of patients who underwent wide local excision (WLE) or glansctomy with urethralglanduloplasty (GLS) for penile cancer.

Methods: We reviewed clinical data of 41 patients affected by superficial, localized penile cancer between 2006 and 2013. Patients with severe erectile dysfunction and not interested in resuming an active sexual life were selected for penile partial amputation(1); patients with preoperative satisfying erectile function and concerned about the preservation of their sexual potency (2) were scheduled for WLE (GROUP A) or GLS (GROUP B). Patient sexual function was assessed with the IIEF questionnaire and the Sex Encounter Profile (SEP). At 1 year, patients who had received conservative surgery were asked to fill again the questionnaires and they were questioned about their genital sensibility and the ejaculatory reflex persistence

Results: Among the 41 patients enrolled, 12 underwent WLE (29,2%), 23 GLS (56%) and 6 penile partial amputation without resurfacing (14,6%). A decrease in postoperative IIEF was recorded in both groups, but was statistically significant only in group B (p = 0,003). As for the SEP, while no significant changes were recorded postoperatively in group A, a marked reduction was reported for group B, with a statistically significant decrease in the possibility of achieving penetrative intercourse (p 0,006) and in the perceived satisfaction during sexual activity (p 0,004). In group A, an unmodified postoperative genital sensibility was recorded, with ejaculatory reflex preservation in 75% of cases; on the other hand, group B had a reduction of genital sensibility in 59,1% of patients, with 9,1% referring total absence of erogenous sensations. The ejaculatory reflex was preserved in 68,2% of cases.

Conclusion: WLE lead to better sexual outcomes and less postoperative complications as compared to GLS. WLE could represent the best conservative approach in the treatment of localized primary penile cancer

Policy of full disclosure: None

PS-02 ED: Risk factors and medical management

PS-02-001

ERECTILE DYSFUNCTION IS COMMON AMONG MEN WITH ACROMEGALY AND IS ASSOCIATED WITH MORBIDITIES RELATED TO GH EXCESS RATHER THAN TO A DIRECT GH EFFECT ON ERECTILE FUNCTION

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Objective: No data are available on sexual function in acromegalic men (AM). This study was aimed at evaluating sexual function in AM.

Methods: A multicenter-based, retrospective analysis of a non-selected series of 34 AM (mean age 58.7 ± 13.1 years) was performed. Patients were interviewed using SIEDY structured interview, a 13-item tool made up of three scales which identify and quantify components concurring with sexual dysfunctions, useful in the assessment of ED-related morbidities. Several clinical and biochemical parameters were taken. Penile color-Doppler ultrasound (PCDU) was performed in a subgroup of 17 AM. AM reporting erectile dysfunction (ED; n = 14) were compared with matched patients free from acromegaly or pituitary disease (controls), selected from a cohort of more than 4000 subjects enrolled in the X Sexual Medicine and Andrology Unit.

Results: ED was reported by 41% of AM. Adjusting for age and testosterone, ED subjects had a higher prevalence of hypertension, glucose abnormalities, history of major adverse cardiovascular events (MACE) and a longer smoking habit. Accordingly, ED was associated with a higher organic component and worse PCDU parameters. No relationship between ED and testosterone levels or acromegaly-related parameters was found. However, AM with severe ED reported lower intercourse frequency and longer disease duration. In a case-control analysis, comparing AM with ED- matched-controls free from acromegaly (1:5 ratio), AM had a worse ED problem and a higher organic component of ED, as derived from SIEDY score. In line with these data, patients with acromegaly had higher prevalence of MACE history at enrolment and lower PCDU parameters.

Conclusion: AM are at an increased risk of developing ED, especially those with cardio-metabolic morbidities. Our data suggest including a sexual function evaluation in routine AM follow-up.

Policy of full disclosure: None

PS-02-002

PHOSPHODIESTERASE TYPE-5 INHIBITOR USE IN TYPE 2 DIABETES IS ASSOCIATED WITH A REDUCTION IN ALL CAUSE MORTALITY

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Objective: There is an ongoing need for new adjunctive therapies in the treatment of myocardial infarction (MI). Phosphodiesterase type-5 inhibitors (PDE5is) are cardioprotective and antiarrhythmic in animal models of MI although there is currently no clinical data to corroborate these findings. We sought to determine whether PDE5 inhibition in males with type 2 diabetes (T2DM), and high attendant cardiovascular risk, was associated with reduced mortality.

Methods: We retrospectively analysed the pseudoanonymised records of 42 GP practices in Cheshire, UK and identified all 7860 men

diagnosed with T2DM before 1 January 2007. Baseline clinical characteristics and PDE5i treatment data were obtained. Mean follow-up was 6.4 years (January 31, 2014) and all deaths were ascertained from GP records.

Results: Of the 1,663 (21.2%) men prescribed a PDE5i, the proportion of deaths was significantly lower than those never prescribed a PDE5i (14.3% versus 18.9%). All-cause mortality rates (per 1000 person-years) were similarly lower (21.1 (19.0–24.5) versus 29.3 (27.7–31.1); $P < 0.0001$). There was a 28% reduction in all-cause mortality (univariate logistic regression: 0.72 (0.61, 0.83); $P < 0.0001$) in men on a PDE5i over the period with similar reduction in men with a history of AMI (OR = 0.70 (0.50–0.98); $P = 0.04$). This reduction remained but was attenuated (OR: 0.83 (0.70, 0.99); $P = 0.04$) after multivariate regression adjusting for age, current smoking history (1.53 (1.21, 1.92); $P < 0.0001$), hypertension and acute myocardial infarction (AMI) history, creatinine levels, prescribed statins and beta-blocker use.

Conclusion: In a population of men with T2DM, on-demand use of PDE5Is was associated with decreased risk of both overall mortality and mortality in those with a history of AMI. We speculate that this observation may be a direct cardio-protective effect of PDE5Is through a decreased breakdown of cyclic GMP. Further studies are required to characterise these possible cardio-protective effects with both on-demand and chronic dosing.

Policy of full disclosure: None

PS-02-003

SEVERE OBSTRUCTIVE SLEEP APNEA SYNDROME AND ERECTILE DYSFUNCTION: A PROSPECTIVE RANDOMISED STUDY TO COMPARE SILDENAFIL VERSUS NASAL CONTINUOUS POSITIVE AIRWAY PRESSURE

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Objective: A high incidence of erectile dysfunction (ED) among patients with obstructive sleep apnea syndrome (OSAS) has been reported. In this prospective randomized controlled trial, we investigated 82 men with ED consecutively who were referred to the outpatient clinic for sleep disorders and had severe OSAS (AHI > 30 events/h) without any other comorbidities as a possible cause of ED. The aim of this study was to evaluate and compare the efficacy of sildenafil versus continuous positive airway pressure (CPAP) in men with ED and severe OSAS.

Methods: 82 patients were randomised to 2 main treatment groups: group 1 patients (n = 41) were treated with 100-mg sildenafil 1 h before sexual intercourse without CPAP, and group 2 patients (n = 41 men) were treated with only nasal CPAP during night time sleep. Both groups were evaluated with the same questionnaires (International Index of Erectile Function-EF domain; Sex Encounter Profile; Erectile Dysfunction Inventory Treatment Satisfaction) 12 weeks after treatment.

Results: In patients receiving sildenafil treatment, 58.2% of those who attempted sexual intercourses were successful compared to 30.4% in the CPAP group. The mean number of successful attempts per week was significantly higher in the sildenafil group compared to the CPAP group (2.9 vs 1.7, respectively; $p < 0.0001$). The mean IIEF-EF domain scores were significantly higher in the sildenafil group compared to the CPAP group ($p < 0.0001$). The overall satisfaction rate was 68% with sildenafil treatment and 29% with CPAP treatment.

Conclusion: In the present study sildenafil was more effective than CPAP in treating ED associated with OSAS, as indicated by a significantly higher rate of successful attempts at intercourse and higher IIEF EF domain scores. Our study is, to date, the only trial that has investigated sildenafil in patients with severe OSAS.

Policy of full disclosure: None

PS-02-004

SEXUAL FUNCTION IN MEN WHO UNDERWENT PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY FOR ACUTE MYOCARDIAL INFARCTION

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Objective: The aim of the study was to evaluate the changes of sexual function of men who had the acute myocardial infarction treated with Percutaneous Transluminal Coronary Angioplasty (PTCA).

Methods: One hundred men aged 18–70 years old hospitalized in the Cardiology Unit of The Medical University of Warsaw were eligible for the study. All patients had acute myocardial infarction and underwent PTCA. The first evaluation visit was up to 3 days after PTCA and the second – between 4th and 6th month post PTCA. Changes in sexual activity and behaviors after the therapy were measured by the International Index of Erectile Function (IIEF-15) and Changes in Sexual Functioning Questionnaire (CSFQ).

Results: Of the 100 men eligible for the study only 60 were evaluated during the second visit (study group). There was no statistical differences in scores of IIEF and CSFQ after PTCA compared to scores before the intervention. However, when cut-off points were used, there was a significant decrease in the prevalence of severe erectile dysfunction according to IIEF (25.0% vs 16.7%; $p = 0.02$). No differences in the prevalence of Orgasmic and Desire dysfunction, as well as love overall satisfaction were noted. The analysis of changes of sexual functions after PTCA revealed an increase in the prevalence of sexual dysfunctions according to CSFQ – 26.7% vs 33.3% ($p = 0.2$) – there was an increase in the prevalence of low pleasure and arousal dysfunction (81.7% vs 88.3%, $p = 0.14$ and 80.0% vs 85.0%, $p = 0.37$, respectively). In contrast, the prevalence of desire dysfunctions decreased – 95.0% vs 88.35, $p = 0.14$. None of the differences were statistically significant.

Conclusion: Sexual function in men who underwent PTCA as a treatment for acute myocardial infarction were improved 4 to 6 months postoperatively. The men with severe erectile dysfunction will benefit from PTCA the most.

Policy of full disclosure: None

PS-02-005

ERECTILE FUNCTION AFTER RADICAL PROSTATECTOMY: DO PATIENTS RETURN TO BASELINE?

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Objective: Variations in study methodology have resulted in controversy regarding the incidence of erectile dysfunction (ED) after radical prostatectomy (RP). The most commonly utilized questionnaire is the IIEF. However, this questionnaire has not been validated specifically for the situation. The purpose of this study was to report post-RP ED as assessed by the IIEF5 questionnaire and by subjective patient perception.

Methods: This is a sub-analysis from a cross-sectional questionnaire study in patients following RP (Frey et al, J. Sex. Med, 2014). Preoperative erectile function was evaluated using the IIEF-5. A questionnaire designed to capture information on demographics, co-morbidity, and sexual function was mailed to the participants. The questionnaire included the IIEF-5 and the question “Is your erectile function as good as before the surgery (yes/no)”. The validity of this question was confirmed by a test-retest analysis. We included men who had undergone RP between 1 and 3 years before the study and who had been sexually active prior to their surgery.

Results: A total of 210 participants fulfilled the inclusion criteria. The mean age was 65 years and the mean time since surgery was 23 months.

Mean preoperative IIEF5-5 score was 21.7 [95% CI 20.6–22.9]. At the time of the study it had dropped to 9.9 [95% CI 8.6–11.3]. Forty-nine patients (23.3%, [95% CI 18.9%–28.5%]), who did not report use of erectile aids, showed no decline in IIEF-5 score. However, only 14 patients (6.7%, [95% CI 4.4%–10.1%]) reported that their erections were as good as before the surgery. Bilateral nervesparing ($p=0.003$) and the absence of cardiovascular disease ($p=0.04$) were the only significant predictors of a subjective return to baseline erectile function.

Conclusion: Return to baseline erectile function following radical prostatectomy is a rare event. The IIEF5 questionnaire may not adequately reflect the patients' experience.

Policy of full disclosure: Mikkel Fode: Advisory board member and speaker for Astellas, Eli Lilly and Menarini. Speaker for Bayer Anders Frey: None Henrik Jakobsen: None Jens Sønksen: Advisory board member and speaker for Astellas, Eli Lilly and Menarini.

PS-02-006

ROBOT-ASSISTED RADICAL PROSTATECTOMY IS ASSOCIATED WITH FASTER AND GREATER RECOVERY FROM ORGASM ASSOCIATED INCONTINENCE

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Objective: To assess the rate and predictors of orgasm-associated incontinence (climacturia) in patients who underwent retropubic (RRP) or robot-assisted (RARP) bilateral nerve-sparing radical prostatectomy for organ-confined prostate cancer (PCa).

Methods: Data from 666 preoperatively sexually-active patients submitted to RRP or RARP were analysed. Patients completed a 28-item questionnaire about sensitive issues regarding sexual function (namely, orgasmic function; climacturia; orgasm-related feeling of ejaculating; orgasmic-related pain; morphometric characteristics of the penis). Patients completed the IIEF and the International Consultation on Incontinence Questionnaire (ICIQ-SF). Differences in time to recovery from climacturia were assessed using a log-rank test.

Results: Data from RRP [$n=313$ (47%); mean (SD) age: 62.2 (6.5) yrs; range: 44–76] and RARP [$n=353$; (53%); 62.0 (6.8) yrs; range: 39–78] patients were analysed. Overall, 226 (33.9%) reported climacturia at a 46-month mean (34.7) follow-up assessment; no differences in rate of climacturia were observed between RRP [108/313 (34.5%)] and RARP [118/353 (33.4%)] patients. No differences were found in terms of self-reported volume of urine leakage at orgasm between RRP and RARP patients. Overall, 127 (41%) patients recovered IIEF-EF ≥ 22 after RRP vs 183 (59%) after RARP (x_2 9.1; $p=0.003$). Recovery of urinary continence represented by a lowering of ICIQ-SF scores was 265 (46.8%) and 301 (53.2%) after RRP and RARP (x_2 2.5; $p=0.1$), respectively, at mean follow-up. At log-rank analyses RARP technique (HR: 2.8; $p<0.001$), recovery of urinary continence (HR: 1.48; $p=0.02$) and recovery of IIEF-EF ≥ 22 (HR: 1.71; $p<0.001$) were associated with a faster recovery from climacturia.

Conclusion: These findings showed that one third of patients submitted to RP reported climacturia. Recovery from climacturia was greater and faster following RARP than RRP, and in patients who recovered satisfactory erectile functioning and urinary continence.

Policy of full disclosure: None

PS-02-007

THE EFFECT OF “EARLY” VS. “LATE” ADMINISTRATION OF LOW-DOSE TADALAFIL ON NOCTURNAL PENILE TUMESCENCE IN THE ACUTE PHASE AFTER NERVE-SPARING RADICAL PROSTATECTOMY

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Objective: Several pathophysiologies are postulated for postoperative erectile function rehabilitation. In previous prospective studies we showed nocturnal penile tumescence and rigidity (NPTR) in the acute phase during the first night after catheter removal in 93% of the patients after nerve-sparing radical prostatectomy (nsRP) and the improvement of erectile function by using daily low dose PDE5-inhibitors. The “optimal” time to initiate a rehabilitation program with PDE5-inhibitors is still unknown.

Methods: 20 sexual active patients were operated by nerve-sparing retropubic radical prostatectomy. All patients completed an IIEF-5 questionnaire concerning erectile function preoperatively. To maintain and support recovery of spontaneous erectile function 10 patients received tadalafil 5 mg/d at night starting at the 3rd night after surgery (group 1). A control of 10 patients received tadalafil 5 mg/d at night beginning one day after catheter removal (group 2). 8 days after surgery the transurethral catheter was removed and an erectometer measurement of NPTR (Rigi-Scan®) was carried out on each patient at the following night.

Results: Baseline IIEF-5 as well as nerve-sparing status were comparable in both groups. In the “early” tadalafil group (group 1) 2–5 erections were recorded (mean 3.4 erections/night) during the first night after catheter removal. The “delayed” tadalafil group (group 2) showed 1–4 erections (mean 2.5 erections/night) within this acute phase after nsRP ($p<0.05$).

Conclusion: “Early” low dose tadalafil beginning at the 3rd night after surgery leads to a significant increase of nocturnal penile tumescence in the acute phase after nsRP compared to a “delayed” administration of PDE5-inhibitors after catheter removal. If “early” PDE5-inhibitors also lead to significant improvement to further erectile function rehabilitation, further follow-up is needed.

Policy of full disclosure: None

PS-02-008

EVALUATION OF MALE SEXUAL DYSFUNCTION AFTER IMPLEMENTATION OF ROBOT ASSISTED SURGERY FOR RECTAL CANCER: A SINGLE CENTER STUDY

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Objective: Erectile (ED) and ejaculatory/orgasmic (OD) dysfunction may be side effects to rectal cancer surgery. It is unknown if robotic technique confers an advantage. Our objective was to report post-operative ED and OD and to identify possible predictors including the use of conventional or robot-assisted laparoscopic surgery.

Methods: In July 2013, a questionnaire was mailed to all patients who underwent rectal surgery between January 2009 and May 2013 at Herlev Hospital. Single questions were used to retrospectively assess pre-operative sexual dysfunction. Participants completed the IIEF-Erectile Function (EF) and Orgasmic Function (OF) domains regarding postoperative function. Surgical data were collected from hospital records. Possible predictors of post-operative dysfunction were tested by non-parametric statistics on univariate analyses. Factors with a p -value of <0.2 were included in multiple linear regression models.

Results: Fifty-four questionnaires (response rate 52.9%) were available for analysis. The median age was 70 years (range 49–85). Twenty-

nine men had undergone robot-assisted surgery. Forty-seven patients reported to be sexually active before their surgery with 9/47 suffering from ED and 4/47 from OD. The mean postoperative IIEF-EF in patients with no preoperative ED was 10.2 [95% CI 6.7%– 13.8%]. Twenty patients were categorized with severe ED. Only 5 patients had received ED treatment. In patients without pre-operative OD, the mean post-operative IIEF-OF was 3.7 [95% CI 2.3%– 5.1%]. Only 11 did not suffer from OD. On the multivariate analyses older age was the only predictor of a low IIEF-EF score ($p = 0.0012$). Older age ($p = 0.007$) and having a rectal extirpation procedure ($p = 0.013$) were predictors of poor orgasmic function.

Conclusion: ED and OD are common after surgery for rectal cancer. In spite of this the use of erectile aids in our cohort was limited. Robotic surgery did not seem to be associated with ED or OD.

Policy of full disclosure: Mikkel Fode is a consultant and speaker for Astellas, Eli Lilly and Menarini and a speaker for Bayer

PS-02-009

ERECTILE DYSFUNCTION SHOCK WAVE THERAPY (EDSWT) IMPROVES HEMODYNAMIC PARAMETERS IN PATIENTS WITH VASCULOGENIC ERECTILE DYSFUNCTION (ED): A TRIPLEX-BASED SHAM-CONTROLLED TRIAL

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Objective: Several reports have documented the subjective improvement of erectile function after EDSWT in patients with vasculogenic ED. Data of objective assessment of penile hemodynamics are lacking. The purpose of the study was to assess penile hemodynamics before and after ESWT.

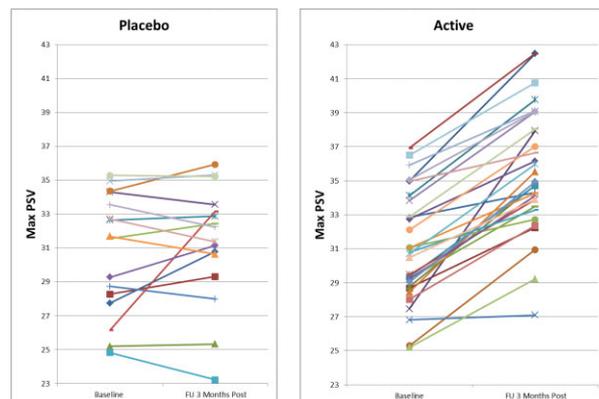
Methods: This is a double-blind, randomized, controlled trial. 46 ED patients were randomized; 30 of them underwent EDSWT, while 16 had sham procedure in a double blind fashion. All patients had penile triplex by the same investigator right before and 3 months post-treatment. Patient demographics, as well as IIEF was assessed before, at 1, 3 and 6 months post-treatment.

Results: Mean IIEF improved by 4.3 and 4.6 points at 1 and 3 months follow-up, while at the sham group the improvement was 1.8 and 1.4 respectively ($p < 0.001$). Mean peak systolic velocity increased by 4.5 and 0.6 cm/sec for the EDSWT and the sham groups respectively ($p < 0.001$)

Conclusion: The present study confirms the beneficial effect of EDSWT in penile hemodynamics. Such results offers objective documentation of the value of this relatively new treatment modality, which is the only available offering cure in several ED patients.

Policy of full disclosure: Medispec Israel offered an unrestricted research grant for the purpose of the study

Individual Plots Describing Maximal Peak Systolic Volume:



PS-02-011

CARDIOVASCULAR RISK ASSOCIATED WITH TESTOSTERONE BOOSTING MEDICATIONS

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Objective: Recent reports significantly halted the enthusiasm regarding androgen boosting, suggesting that testosterone supplementation (TS) increases cardiovascular (CV) events. The aim of this study was to meta-analyze the effect of TS on male CV incidence.

Methods: An extensive Medline Embase and Cochrane search was performed. All randomized controlled trials (RCTs) comparing the effect of TS vs. placebo on different CV outcomes were included.

Results: Out of 2747 retrieved articles, 75 were included in the study. In addition, one completed but still unpublished study was also considered. Retrieved trials included 3040 TS treated and 2468 placebo treated men for a mean duration of 34 weeks. Our analyses, performed on the largest number of studies collected so far, indicate that TS is not related to any increase in CV risk even when composite ($HR = 1.01[0.58;1.78]$; $p = 0.97$) or single adverse events were considered. In RCTs performed in subjects with metabolic derangements a protective effect of TS on CV risk was observed ($HR = 0.19[0.04;0.85]$; $p = 0.03$).

Conclusion: Present systematic analysis does not support a causal role between TS and adverse CV events. Our results are in agreement with a large body of literature from the last twenty years supporting TS of hypogonadal men as a valuable strategy in improving a patient's metabolic profile, reducing body fat and increasing lean muscle mass, which would ultimately reduce the risk of heart disease.

Policy of full disclosure: G Corona has received consultancy fees from Bayer, Besins, Otsuka, Eli-Lilly and Menarini, M Maggi has received consultancies from Bayer, Prostrakan, GSK, Eli-Lilly and Menarini and AM Isidori has received consultancies from Bayer, Besins, Otsuka, and Menarini. The authors have no other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript apart from those disclosed.

PS-02-012

PREVALENCE OF SEXUAL DESIRE AND SATISFACTION AMONG PATIENTS WITH SCREEN-DETECTED DIABETES AND IMPACT OF INTENSIVE MULTIFACTORIAL TREATMENT. RESULTS FROM THE ADDITION-DENMARK STUDY

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Objective: Sexual problems are common in people with diabetes. It is unknown whether early detection of diabetes and subsequent intensive treatment is associated with sexual health. The purpose of this study was to describe the prevalence of sexual desire and sexual satisfaction among people with screen-detected diabetes and compare the impact of intensive multifactorial treatment (IT) versus routine care (RC) on these measures.

Methods: A cross-sectional analysis of the ADDITION-Denmark trial cohort six years post-diagnosis. (Study website: <http://www.addition.au.dk/>). Patients were recruited in 190 general practices around Denmark. 968 male and female patients with screen-detected

type 2 diabetes were included and had received either RC or IT for their type 2 diabetes. Low sexual desire and low sexual satisfaction was measured using the Danish National Health Interview Survey 2000.

Results: Mean (SD) age was 64.9 (6.9) years. The prevalence of low sexual desire was 53% (RC) and 54% (IT) among women, and 24% (RC) and 25% (IT) among men. The prevalence of low sexual satisfaction was 23% (RC) and 18% (IT) among women, and 27% (RC) and 37% (IT) among men. Men in the IT group reported lower levels of sexual satisfaction than men in the RC group, odds ratio 1.56; 95% CI [1.11; 2.19].

Conclusion: Low sexual desire and low sexual satisfaction are frequent among men and women with screen-detected diabetes and intensive treatment might have a negative impact on men's sexual satisfaction.

Policy of full disclosure: None

PS-03 Psychosexual issues and management

PS-03-001

BODY IMAGE DISTURBANCE, SEXUAL FUNCTIONING AND HORMONAL LEVELS: A LONGITUDINAL STUDY IN ANOREXIA NERVOSA PATIENTS

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Objective: To evaluate the relationship between body image disturbance, sexual functioning and hormonal levels in women with anorexia nervosa (AN), before and after a cognitive behavioral therapy.

Methods: A total of 32 patients with AN were assessed at baseline and at 1-year follow-up after a standard individual cognitive behavioral therapy (CBT). Subjects were studied by means of the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders IV, Female Sexual Function Index (FSFI), Eating Disorder Examination Questionnaire (EDE-Q), Body Uneasiness Test (BUT), Symptom Checklist-90, Beck Depression Inventory (BDI), Spielberg's State-Trait Anxiety Inventory (STAD). A blood sample was collected at two time points, to evaluate FSH, LH, progesterone and estrogen.

Results: After treatment, 21 of the patients (65%) recovered a normal Body Mass Index (BMI). A significant difference between these patients and those who did not recovered BMI was found in terms of EDE-Q, BUT FSFI scores, and hormonal levels at follow up (all $p < 0.01$). Within recovered patients a significant difference was found between those who showed lower body image disturbance and the other patients, in terms of FSFI cores ($p < 0.05$). Overall, reduction in BUT and EDE-Q severity was directly associated with FSFI improvement. The moderating effect of hormones levels was also considered in the model.

Conclusion: Body image disturbance was found to be a specific maintaining factor for sexual dysfunction in AN subjects. Recovering a normal BMI is a crucial target of cognitive behavioral therapy for AN patients. However, body image disturbance represents the key to distinguishing between partially and fully recovered individuals, and an improvement in body uneasiness should be the final hurdle in recovery.

Policy of full disclosure: None

PS-03-003

AN INTEGRATED APPROACH WITH VARDENAFIL ORODISPERSIBLE (V) AND COGNITIVE-BEHAVIORAL SEX THERAPY (CBST) FOR THE TREATMENT OF ERECTILE DYSFUNCTION (ED)

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¹Sexual Medicine and Andrology, Experimental and Clinical Biom, Florence, Italy; ²Sexual Medicine and Andrology, Florence, Italy

Objective: Erectile Dysfunction (ED) is considered a multifactorial disease, where organic and psychological aspects are often interconnected. The aim of our study is to compare the efficacy of combined vardenafil (V) and Cognitive-Behavioral Sex Therapy (CBST) with vardenafil alone in improving sexual symptoms in both male and female partners.

Methods: 30 male patients with ED, and their partners, were randomly assigned to two different groups and treated for 10 weeks with V 10 mg orodispersible (Group A) or V 10 mg orodispersible +CBST (Group B). International Index of Erectile Dysfunction (IIEF-15), Female Sexual Function Index (FSFI) and Index of Sexual Satisfaction (ISS) were respectively administered to male, female and both partners at time(T) 0, 1 (+5 weeks of therapy) and 2 (+10 weeks of therapy).

Results: Groups A and B were similar for socio-demographic and clinical characteristics. T0 test scores did not significantly differ

between the groups. In both Group A and B the IIEF-Erectile Function (EF) domain showed a significant improvement from T0 to T1 ($p = 0.008$ and $p = 0.001$ vs T0, respectively) without any further change at T2 ($p = 0.68$ and $p = 0.61$ vs T1 respectively). In Group A, FSFI and either male and female ISS did not show any significant change at T1 and T2 vs. T0. In Group B, a significant improvement at final time-point in FSFI and male and female ISS scores was reported ($p < 0.05$, T2vsT0 in all scores).

Conclusion: In our study, both V orodispersible alone and V orodispersible+CBST improve EF. However, only V+CBST ameliorates couple sexual satisfaction and female sexual function.

Policy of full disclosure: None

PS-03-004

GENDER IDENTITY, PARAPHILIC BEHAVIOURS AND AUTISTIC TRAITS AND IN SUBJECTS WITH KLINEFELTER SYNDROME

Fisber, A. D.¹; Fanni, E.²; Casale, H.²; Castellini, G.²; Maseroli, E.²; Balercia, G.³; Oppo, A.⁴; Pizzocaro, A.⁵; Dettore, D.⁶; Ricca, V.⁷; Maggi, M.²
¹Sexual Medicine and Andrology, Experimental, Clinical Science, Florence, Italy; ²Sexual Medicine and Andrology, Florence, Italy; ³Department of Clinical and Mol, Ancona, Italy; ⁴Dep of Endocrinology and Diabe, Cagliari, Italy; ⁵Andrology Service, Rozzano (Mi), Italy; ⁶Dep of Health Science, Florence, Italy; ⁷Psychiatric Unit, Florence, Italy

Objective: The aim of the present study was to assess the possible presence of paraphilias and Gender Dysphoria (GD) in Klinefelter Syndrome (KS), as well as to confirm previously observed behavioral and psychopathological features

Methods: consecutive series of 61 individuals with KS referring to Sexual Medicine and Andrology dedicated centres (43 from Florence Unit, the others from Ancona, Cagliari and Milan Unit) and 20 healthy male controls (HC) were evaluated. Subjects were studied by means of several psychometric test, such as AQ and RMET to measure the extent of autistic traits, GIDYQ-AA to evaluate gender identity, VAS for GD to evaluate dimensionally GD and a structured interview for the evaluation of paraphilic fantasies and behaviours as well as a related VAS. Psychopathological symptoms were assessed through the MHQ and the SCL-90-r. Finally, all individuals were assessed by WAIS-R to evaluate the intelligence quotient (IQ)

Results: when compared to HC, KS reported significantly lower total and verbal IQ scores ($p = 0.005$ and $p = 0.007$, respectively). As far as psychopathology is concerned, KS reported higher MHQ somatization ($p = 0.002$) and depression ($p = 0.02$), and SCL-90 positive symptoms distress index ($p = 0.009$), as well as obsessive compulsive symptoms, phobic anxiety and psychoticism (all $p < 0.05$). In line with previously reported findings, KS showed higher autistic traits according with both RMET and AQ tests ($p = 0.02$ and $p = 0.03$ respectively). With respect to paraphilias, 64.9% of KS subjects reported at least one paraphilic thought or fantasy. In addition, KS showed significantly higher scores in VAS for frotterism and voyeurism fantasies during masturbatory activity ($p = 0.044$ and $p = 0.003$, respectively) and for voyeurism behaviors when compared to HS ($p = 0.043$). Finally, KS individuals showed significantly more often a cross-gender identification when compared to HC when evaluated through GIDYQ-AA and VAS ($p = 0.014$ and $p = 0.023$, respectively).

Conclusion: KS is associated with paraphilic fantasies and behaviors, autistic traits and and GD.

Policy of full disclosure: None

PS-03-005

WOMENS ENDORSEMENTS OF MODELS OF SEXUAL RESPONSE – CORRELATES AND PREDICTORS

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Objective: Endorsement of female sexual response models has been the subject of only a few studies. However, no single model was recognized as a normative description of women's sexual response. This study aims to establish how women from the population sample endorse current theoretical models of the female sexual response: the linear model and circular model (Basson models) and to assess the predictors of sexual response models' endorsement.

Methods: One hundred seventy four heterosexual women aged 18–55 years were included in this cross-sectional study – 74 women diagnosed with FSD on the basis of DSM-5 criteria and 100 healthy women. The description of models of sexual response was used to divide subjects into 4 subgroups: linear mode (Master-Johnson and Kaplan model), circular (Basson model), mixed model (linear and circular models in similar proportions) and a different model. Women were asked to choose which of the models best described their own pattern of sexual response and how frequently do they engaged in described models.

Results: The study revealed that 28.7% of women endorsed the linear model; 19.5% – the Basson model; 40.8% – the mixed model; and 10.9% – a different model. Women with FSD endorsed Basson model and a different model more frequently compared to healthy controls. Individuals who were not satisfied with a partner as a lover were more likely to endorse a different sexual response model.

Conclusion: Based on the results the authors concluded that a mixed model of sexual response was the most dominant among women and that the presence of FSD correlated with endorsement of Basson circular model and a different (individual) model of sexual response. Furthermore lack of satisfaction with a partner as a lover may determine engagement in different, individual models of sexual response.

Policy of full disclosure: None

PS-03-006

MEDICALIZATION OF SEXOLOGY

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Objective: While the rhetoric arguing for RCT has been strong, there are also those who question the applicability of experimental methods in studies of therapeutic effect. This discussion has been present especially after the introduction of the PDE-5 inhibitors.

Methods: A systematic qualitative literature search 2001–2010 was done in order to study discussions around quality of psychological treatment of sexual problems. 261 articles were organized according to source, content, type of article and year of publication. Thematic analysis was performed on selected groups of articles.

Results: 28 articles focused on the debate on medicalization of sexology. Thematic analysis revealed controversies on the following themes:

- I. The concept of medicalization
- II. Different professional traditions
- III. The medical profession and “the others”
- IV. What constitutes quality of treatment.

The presentations will discuss these themes and illustrate them with citations from the 28 articles.

Conclusion: The medical model can be understood as a continuum from purely pharmacological treatment to a medical profession that integrates psychological and social issues. There is a widely held view that both medical and psychological methods are needed. There are also arguments that there are other forms of evidence than randomized and controlled studies.

Policy of full disclosure: None

PS-04 Ejaculatory disorders, hormones and prostate diseases

PS-04-001

PREVALENCE OF ENDOCRINE AND METABOLIC DISORDERS IN SUBJECTS WITH ERECTILE DYSFUNCTION: A COMPARATIVE STUDY

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Objective: Alterations of gonadal, thyroid and pituitary hormones, along with metabolic disorders, might be involved in causing erectile dysfunction (ED) and/or other problems of male sexuality. In this study, the prevalence of endocrine abnormalities in two different cohorts of subjects from the general and the symptomatic populations of Florence were compared.

Methods: The first group was taken from the Florentine cohort (n = 433) of the European Male Aging Study (EMAS), a multicenter survey performed on a sample of community dwelling men aged 40–79 years. The second cohort is a consecutive series of n = 3847 male patients (mean age 56.3 ± 9.3 years), attending our clinic for ED at the University of Florence (UNIFI cohort).

Results: The prevalence of primary hypogonadism was similar in the two populations. Secondary hypogonadism was more frequently present in the UNIFI cohort (18.9 vs. 9.6%), whereas the compensated form (total Testosterone ≥10.5 nmol/liter and LH > 9.4 U/liter) was more common in the EMAS cohort (12.5 vs. 4.4%). In addition, mild hyperprolactinemia (PRL > 420 mU/L or 20 ng/mL), but not the severe form (PRL > 735 mU/L or 35 ng/mL), resulted as being more prevalent in the UNIFI cohort (2.7 vs. 0.9%); however, the latter association disappeared after adjusting for confounding factors. Conversely, no statistically significant difference in the prevalence of overt thyroid disorders was observed. When metabolic disorders were analyzed, central obesity (waist circumference ≥102 cm) and type 2 diabetes (T2DM) were more often detected in patients with ED (31.7 vs. 24.7% and 20.1 vs. 4.0% in the UNIFI and EMAS cohort, respectively), whereas the prevalence of obesity or impaired fasting glucose did not differ between the two groups.

Conclusion: In conclusion, secondary hypogonadism, T2DM and central obesity were the only endocrine disorders showing a significantly higher prevalence in the UNIFI cohort. Our data suggest that these conditions could play a central role in determining ED.

Policy of full disclosure: None

PS-04-002

THYROID FUNCTION, SERUM TESTOSTERONE AND PROLACTIN DON'T SEEM TO BE RISK FACTORS IN MEN COMPLAINING OF PREMATURE EJACULATION

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Objective: Most epidemiological studies suggest that premature ejaculation (PE), also referred to as early ejaculation and rapid ejaculation, may be the most common male sexual disorder. The exact etiology of PE is unknown. Psychological/behavioristic and biogenic etiologies have been proposed. Previous reports in the literature advocated thyroid dysfunction and hypogonadism as risk factors for PE especially

for secondary (acquired) type. We investigated the thyroid stimulating hormone (TSH), testosterone (T), and prolactin (P) in both patients with PE, and matching subjects not complaining of PE.

Methods: Patients who presented to our outpatient clinics complaining of PE (both primary and secondary) were enrolled in this prospective study, and another group of patients of age matched who presented to our urology clinics for other reasons PE not one of them were investigated as control group. Full medical history, complete physical examination, and blood samples were taken for thyroid stimulating hormone (TSH), testosterone (T), and prolactin (P) and were all taken as morning sample.

Results: 642 men with an average age of 44 ± 13 years old were included in this analysis. The mean levels of testosterone, TSH, and prolactin for the entire sample was 4.38 ± 1.69, 2.31 ± 3.56, and 10.56 ± 11.04, respectively. There was no differences between the primary PE and secondary PE groups in testosterone (4.39 ± 1.66 vs. 4.38 ± 1.84, p = 0.94), TSH (2.31 ± 4.89 vs. 2.20 ± 2.07, p = 0.76), and prolactin (10.65 ± 8.13 vs. 10.46 ± 13.46, p = 0.86). We also looked at hormone profiles of men with PE group and age matching control non PE group and there were no differences between the two groups.

Conclusion: in contrast to some previous reports which showed a correlation between thyroid dysfunction, T and P levels, we didn't find such a correlation

Policy of full disclosure: None

PS-04-003

CLINICAL IMPLICATIONS OF MEASURING PROLACTIN LEVELS IN MALES OF INFERTILE COUPLES

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Objective: Although in females of infertile couples abnormal PRL has a definitive role in the medical flow-chart, its role in males is less clear. Animal models suggest that PRL does not play a major role in male reproduction, although its trophic action on male accessory glands was often observed. Studies in humans are scanty. We systematically evaluated possible clinical and ultrasound correlates of PRL in males of infertile couples.

Methods: Out of 288 consecutive males of infertile couples, 269 (36.6 ± 4.4 years) without genetic abnormalities were studied. All men underwent physical, biochemical, seminal evaluation and scrotal and transrectal ultrasound before and after ejaculation. Ejaculatory and erectile functions were assessed by PEDT and IIEF-15, respectively; prostate-related symptoms by NIH-CPSI and IPSS; psychological symptoms by MHQ.

Results: In a logistic ordinal model, adjusting for the aforementioned confounders and ejaculate volume, PRL was negatively associated with delaying ejaculation according to PEDT#1 score (Wald = 4.65, p < 0.05). No significant associations were found between PRL and other clinical parameters. Among semen parameters, only the positive association between PRL and ejaculate volume was significant, even adjusting for age, total testosterone and TSH (adj.r = 0.126, p < 0.05). In an age- and ejaculate volume-adjusted, iterative binary logistic model, low PRL was associated with a five-fold risk of any failure in controlling ejaculation (HR = 5.15 [1.15–23], p < 0.05). Among scrotal and transrectal ultrasound features, we found a significant positive association between PRL and seminal vesicles (SV) volume and inhomogeneity, before and after ejaculation, and with deferential ampullas diameter. Associations with PRL were confirmed in nested 1:1 case-control analysis.

Conclusion: Low PRL is associated with a lessened ability to control ejaculation. For the first time, this study extends the concept of a trophic effect of PRL on male accessory glands from animals to humans. We report a positive association among PRL and ejaculate and SV volume, before and after ejaculation.

Policy of full disclosure: None

PS-04-004

ENDOGENOUS TESTOSTERONE LEVELS IN ERECTILE DYSFUNCTION MALES WITH ARTERIAL HYPERTENSION AND TARGET ORGAN DAMAGE

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¹Andrology Institute, Athens, Greece; ²Athens Medical School, Greece; ³Athens Medical School, 1st Department of Cardiology, Greece

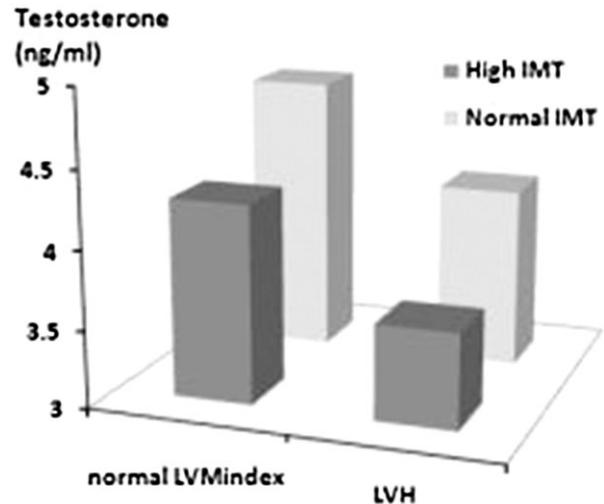
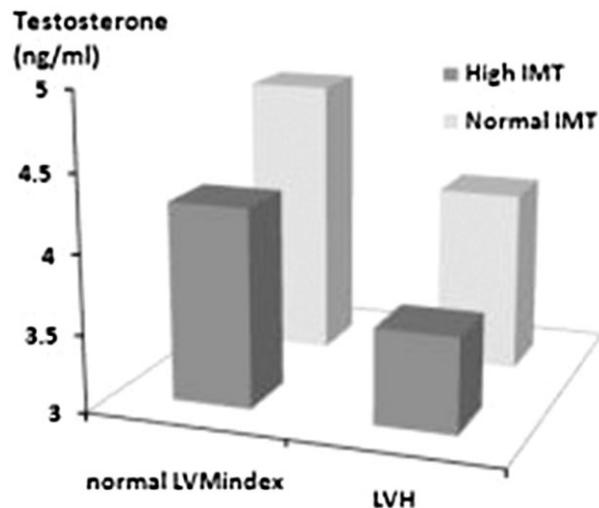
Objective: Left ventricular hypertrophy (LVH) and increased carotid intima media thickness (IMT) are markers of target organ damage (OD) in hypertensive patients. Testosterone deficiency is highly prevalent in hypertensive erectile dysfunction (ED) patients. In the present study, we sought to investigate the association between testosterone levels and subclinical OD in hypertensive ED patients.

Methods: 116 consecutive asymptomatic non-diabetic hypertensive males with ED underwent comprehensive cardiac ultrasound examination for evaluation of LV function and structure and carotid IMT evaluation. Hypertensive target OD was detected when left ventricular mass (LVM) index > 115 g/m² and/or IMT > 0.9 mm. Total testosterone (TT) levels were measured in all participants.

Results: In logistic regression analysis TT was significantly associated with LVM index ($b = -0.255$, adjusted $R^2 = 0.266$) and IMT ($b = -0.308$, adjusted $R^2 = 0.329$) (all $P < 0.001$). Patients with LVH ($n = 40$) compared with subjects without LVH had significantly lower age and mean pressure-adjusted TT ($F = 9.754$, $P = 0.002$). Furthermore, patients with IMT > 0.9 mm ($n = 39$) had significantly decreased TT compared to men with carotid wall thickness below the cut-off IMT ($F = 10.115$, $P < 0.001$). ED patients were categorized by LVM index (normal LVM index, LVH) and further subdivided according to IMT (normal IMT and high IMT) (figure). TT levels were significantly lower in patients with both LVH and high IMT ($n = 24$) as compared to all the other groups ($F = 5.678$, $P = 0.006$).

Conclusion: TT levels are significantly decreased in hypertensive ED patients with target OD. These findings identify testosterone as a marker of target OD in hypertensive individuals and support its role as predictor of events.

Policy of full disclosure: None



PS-04-005

ASSOCIATION BETWEEN ENDOGENOUS SERUM TESTOSTERONE CONCENTRATIONS AND AORTIC PRESSURES AND PULSE WAVE AMPLIFICATION INDICES IN ERECTILE DYSFUNCTION PATIENTS

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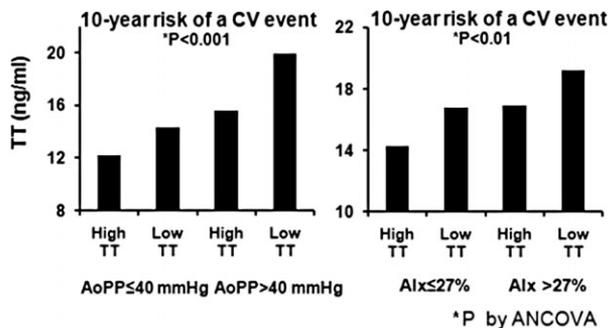
Objective: Erectile dysfunction (ED) is an independent predictor of future cardiovascular (CV) events in patients with or without cardiovascular disease (CVD). Aortic pressures (central) and low testosterone independently predict future CV events and mortality. The relationship between testosterone and central pressures and indices in patients with ED is unknown.

Methods: Total testosterone (TT) levels and pharmacologically stimulated penile peak systolic velocity (PSV) were measured in 407 consecutive men with ED without CVD. Central (aortic) systolic and pulse pressure augmentation index (AIx) and augmented pressure (AP) as indices of pulse wave amplification across the arterial tree were measured with SphygmoCor device (AtCor Medical), which uses radial and a validated generalized transfer function to estimate central pressures from the peripheral signal.

Results: TT levels were positively correlated with PSV ($r = 0.201$), and inversely associated with systolic and pulse aortic pressures ($r = -0.195$ and $r = -0.249$) and wave reflection indices (AIx: $r = 0.208$ and AP: $r = -0.168$) (all $P < 0.001$). In multivariate regression models adjusting for age and risk factors, TT was an independent predictor of PSV, central pressures and wave reflection indices ($p < 0.001$). The combination of low TT level (< 4.0 ng/ml) with higher central pulse pressure (> 40 mmHg) and AIx ($> 27\%$) values showed greater effect on 10-year risk of a CV event (figure).

Conclusion: Our study is the first, to the best of our knowledge, to demonstrate in ED patients the independent association of low testosterone with central pressures and indices of pulse wave amplification across the arterial tree. This observation highlights the role of testosterone as a marker of arterial disease and a predictor of CV events and imply a pathophysiological contribution of testosterone deficiency to age and blood pressure-related processes associated with generalized arterial disease.

Policy of full disclosure: None



PS-04-006

TESTOSTERONE SUPPLEMENTATION AND SEXUAL FUNCTION: A META-ANALYSIS STUDY

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¹University of Florence, Italy; ²University of Rome La Sapienza, Italy; ³CETPARP, Lille, France; ⁴University of Bedfordshire, Sutton Coldfield, West Midlands, United Kingdom; ⁵University of Modena and RE, Italy; ⁶Maggiore-Bellaria Hospital, Bologna, Italy

Objective: The role of testosterone supplementation (TS) as a treatment for male sexual dysfunction remains questionable. The aim of this study was to attempt a meta-analysis on the effect of TS on male sexual function and its synergism with the use of phosphodiesterase type 5 inhibitor (PDE5i).

Methods: An extensive Medline, Embase, and Cochrane search was performed. All randomized controlled trials (RCTs) comparing the effect of TS vs. placebo or the effect of TS as add on to PDE5is on sexual function were included. Data extraction was performed independently by two of the authors (A. M. Isidori and G. Corona), and conflicts resolved by the third investigator (M. Maggi).

Results: Out of 1,702 retrieved articles, 41 were included in the study. In particular, 29 compared TS vs. placebo, whereas 12 trials evaluated the effect of TS as add on to PDE5is. TS is able to significantly ameliorate erectile function and to improve other aspects of male sexual response in hypogonadal patients. However, the presence of possible publication bias was detected. After applying "trim and fill" method, the positive effect of TS on erectile function and libido components retained significance only in RCTs partially or completely supported by pharmaceutical companies (confidence interval [0.04–0.53] and [0.12; 0.52], respectively). In addition, we also report that TS could be associated with an improvement in PDE5i outcome. These results were not confirmed in placebo-controlled studies. The majority of studies, however, included mixed eugonadal/hypogonadal subjects, thus imparting uncertainty to the statistical analyses.

Conclusion: TS plays positive effects on male sexual function in hypogonadal subjects. The role of TS is uncertain in men who are not clearly hypogonadal. The apparent difference between industry-supported and independent studies could depend on trial design more than on publication bias. New RCTs exploring the effect of TS in selected cases of PDE5i failure that persistently retain low testosterone levels are advisable.

Policy of full disclosure: None

PS-04-007

INCIDENCE OF SEXUAL DYSFUNCTION AND EFFECT OF MEDICAL TREATMENT FOR FERTILITY ON SEXUAL FUNCTIONS IN INFERTILE MEN

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Objective: Infertile men may have low serum testosterone level, due to on-obstructive azoospermia and varicocele, causing erectile dysfunction (ED) and low sexual desire. The aim of this study was to investigate incidence of sexual dysfunction and effect of medical treatment for fertility on sexual functions in infertile men.

Methods: During a 3 years period, the study included 563 consecutive infertile men, evaluated by a single clinician. Age matched 100 fertile men with no ED were included as a control group. Sexual functions were evaluated by the international index of erectile function (IIEF) with the total score of 30. Sexual desire was also assessed. Of the patients, 196 received medical treatment, including gonadotropins, aromatase inhibitors and estrogen receptor modulators. Sexual functions were compared between the infertile men and the normal subjects. In addition, sexual functions (n = 230) and serum hormone levels (n = 196) were compared from pre-infertility treatment to post-infertility treatment in infertile men.

Results: The mean age was 32.55 ± 6.12 (18–61) in infertile men and 32.34 ± 6.77 (19–59) in the control subjects. Mean IIEF score was 25.42 ± 4.35 (10–30) in the infertile men and 26.74 ± 3.92 (14–30) in the control subjects, revealing significantly difference (p = 0.003). The incidence of ED was 42.7% in the infertile men and 28% in the control subjects. Mean total IIEF score significantly increased from 25.59 ± 4.36 to 26.76 ± 3.5 after the treatment for fertility (p = 0.001). Mean total testosterone level significantly increased from 3,51 ± 1.92 to 4.59 ± 2.21 after the treatment for fertility (p = 0.001). As serum total testosterone level increased after the treatment, mean IIEF score significantly increased (p = 0.001).

Conclusion: Sexual functions should be assessed due to higher incidence of ED in men presented for fertility treatment. Gonadotropins and estrogen receptor modulators, used for the treatment of male infertility may increase sexual functions and sexual desire in infertile men with low serum total testosterone level.

Policy of full disclosure: None

PS-04-008

5-YR ERECTILE FUNCTION OUTCOMES IN PATIENTS SUBMITTED TO EITHER TRANS-URETHRAL RESECTION (TURP) OR HOLMIUM LASER ENUCLEATION OF THE PROSTATE (HOLEP)

Capogrosso, P.¹; Boeri, L.²; Serino, A.²; Ventimiglia, E.²; La Croce, G.²; Castagna, G.³; Pecoraro, A.²; Paciotti, M.³; Montorsi, F.²; Salonia, A.²

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Objective: To assess the long-term prevalence and predictive factors of erectile function (EF) outcomes in patients treated with HoLEP vs TURP for symptomatic BPH.

Methods: Data from 99 patients submitted to HoLEP and 102 patients submitted to TURP with a minimum 5-yr follow-up (FU) were analyzed. All patients completed baseline and real-time IIEF-EF domain and IPSS. Descriptive statistics revealed differences between the two groups. Logistic regression models tested associations among potential clinical predictors and postoperative IIEF-EF scores [also considering Minimal Clinically Important Differences (MCIDs) criteria].

Results: Mean (SD) follow-up was 67.7 (range: 57.6–80.4) and 66 (range: 56.4–79.2) months for patients submitted to HoLEP vs TURP, respectively. HoLEP patients showed higher pre-op prostate volumes than TURP patients [65.7 (34.3) vs 56.6 (23.3) ml; p = 0.03]. At FU,

postoperative IPSS significantly improved after HoLEP [23.1 (7.5) vs 6.3 (5.4)] and after TURP [22.1 (6.2) vs 7.39 (5.5)], (all $p = 0.001$). IIEF-EF values were significantly lower after surgery, without intergroups differences [HoLEP: 24.27 (7.4) vs 17.1 (10.7); $p = 0.001$; and, TURP: 22.6 (8.9) vs 13.6 (10.7); $p = 0.001$]. Overall, 14 (7%) patients improved their EF after surgery, irrespective of type of surgery [7 (7.1%) vs 7 (7.0%)]. A significant improvement according to MCIDs criteria was observed in 10 (5.0%) patients. At MVA, preoperative IIEF-EF emerged as an independent predictor for postoperative maintenance and/or improvement of IIEF-EF for both TURP (OR: 0.90; $p < 0.01$) and HoLEP (OR: 0.87; $p < 0.01$) patients. Conversely, age at FU (OR: 0.83; $p < 0.01$) was associated with maintenance and/or improvement of postoperative IIEF-EF in HoLEP patients.

Conclusion: Long-term FU data showed no differences between HoLEP and TURP in terms of EF and urinary symptom improvements after surgery. Preoperative EF emerged as an independent predictor of EF maintenance after both types of procedures.

Policy of full disclosure: None

PS-04-009

COMBINED TREATMENT WITH TRADAMIXINA® AND SERENOA REPENS DECREASES PSA LEVELS AND PROSTATE INFLAMMATION, IMPROVING THE LOWER URINARY TRACT SYMPTOMS (LUTS). A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY ON 185 PATIENTS

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Objective: Nutraaceutical drugs have been widely used in urology. We evaluated the safety and efficacy of therapy of Tradamixina® plus Serenoa repens in the treatment of men with lower urinary tract symptoms (LUTS) and Benign prostatic hyperplasia (BPH).

Methods: This is a randomized, double-blind, placebo-controlled study with a total of 185 patients (pts) affected by LUTS/BPH. Mean age 64.2 +/- 8.6 years. Group A (95 pts) received once a day for six months Tradamixina® (Alga Ecklonia Bicyclis 80 mg, Tribulus Terrestris 100 mg Biovis 100 mg) plus Serenoa repens 320 mg/each tablet. Group B (90 pts) received placebo.

Results: At six months follow-up we reported in group A an improvement regarding the international prostate symptom scores (IPSS) from a mean of 20.6 +/- 5.4 at baseline to 10.3 +/- 4.8 after treatment ($P < 0.005$). The maximum urinary flow rate (Qmax) increased from 9.6 ml/s to 15.5 ml/s and PSA levels decreased from 5.26 ng/dL at baseline to 3.6 ng/dL after treatment ($P < 0.005$). In group B we did not report a statistically significant improvement of values.

Conclusion: The daily treatment with this nutraaceutical drug for 6 months improves LUTS and decreases the serum PSA levels. This action on PSA could be given by the antioxidant and anti-inflammatory activity of the alga Ecklonia bicyclis contained in Tradamixina® that reduces COX-2, LPS-induced NF-Kbeta, and proinflammatory cytokines, such as IL-1beta and TNF-alfa.

Policy of full disclosure: None

PS-04-010

METABOLIC SYNDROME AND BENIGN PROSTATIC ENLARGEMENT: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Objective: To summarize and meta-analyse current literature on metabolic syndrome (MetS) and benign prostatic enlargement (BPE), focusing on all the components of MetS and their relationship with prostate volume, transitional zone volume, prostate-specific antigen and urinary symptoms, as evidence suggests an association between MetS and lower urinary tract symptoms (LUTS) due to BPE.

Methods: An extensive PubMed and Scopus search was performed including the following keywords: 'metabolic syndrome', 'diabetes', 'hypertension', 'obesity' and 'dyslipidaemia' combined with 'lower urinary tract symptoms', 'benign prostatic enlargement', 'benign prostatic hyperplasia' and 'prostate'.

Results: Of the retrieved articles, 82 were selected for detailed evaluation, and eight were included in this review. The eight studies enrolled 5403 patients, of which 1426 (26.4%) had MetS defined according to current classification. Patients with MetS had significantly higher total prostate volume when compared with those without MetS (+1.8 mL, 95% confidence interval [CI] 0.74–2.87; $P < 0.001$). Conversely, there were no differences between patients with or without MetS for International Prostate Symptom Score total or LUTS subdomain scores. Meta-regression analysis showed that differences in total prostate volume were significantly higher in older (adjusted $r = 0.09$; $P = 0.02$), obese patients (adjusted $r = 0.26$; $P < 0.005$) and low serum high-density lipoprotein cholesterol concentrations (adjusted $r = -0.33$; $P < 0.001$).

Conclusion: Our results underline the exacerbating role of MetS-induced metabolic derangements in the development of BPE. Obese, dyslipidaemic, and aged men have a higher risk of having MetS as a determinant of their prostate enlargement.

Policy of full disclosure: None

PS-04-011

A LONGITUDINAL ANALYSIS SHOWS THAT SYMPTOMS OF PREMATURE EJACULATION ARE VARIABLE OVER TIME AND CAUSAL OF SEXUAL DISTRESS

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Objective: The objectives of the present study were twofold: 1) to assess temporal variation in premature ejaculation (PE) symptoms over a period of 6 years; and 2) to assess the direction of causality in the association between PE symptoms and sexual distress.

Methods: Structural equation models were fitted to data from a longitudinal (two data collections), population-based sample of 821 Finnish men in order to assess the direction of causality between PE symptoms and sexual distress. Temporal stability of PE symptoms was assessed both in the whole study population, and separately in the group of men with severe PE symptoms, that is, <1 minute ejaculation latencies (ELTs; $n = 24$).

Results: PE symptoms reported in 2006 were moderate to strong predictors of PE symptoms in 2012 overall ($r = .568$, $p < .001$ for a composite variable measuring different aspects of ejaculatory function), but there was also considerable variation in symptom severity over time. For example, more than half of those reporting <1 minute ELTs in 2006 reported >1 minute ELTs in 2012; this change was not explained by PE treatment. An analysis of subjective perception of

change showed that 41% of the participants had experience ELT changes in the past 6 years. Model fitting analyses strongly suggested that PE is causal of sexual distress.

Conclusion: To our knowledge, this is the first long-term longitudinal study of PE symptoms. Even severe PE symptoms appear to be variable over long time, hence calling into question whether PE symptoms should be termed “lifelong”. It should be noted, however, that the number of individuals presenting with severe PE symptoms was relatively small in the present study. Statistical analyses suggested that PE symptoms are causal of sexual distress, but not the other way around, suggesting that treatment should, foremost, be focused on PE symptoms.

Policy of full disclosure: None

PS-04-012

SEXUAL DISORDERS IN TESTICULAR CANCER PATIENTS SUBJECTED TO POST-CHEMOTHERAPY RETROPERITONEAL LYMPH NODE DISSECTION

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Objective: Surgical resection of post-chemotherapy residual masses represents an integral part of the multidisciplinary treatment of advanced germ cell cancer. However, post-chemotherapy retroperitoneal lymph node dissection (PC-RPLND) represents a challenging surgical procedure, associated with high morbidity. The present study aimed to evaluate sexual parameters and disorders of sexual functioning in patients who underwent PC-RPLND for testicular cancer in our institution.

Methods: A total of 50 male patients with history of testicular cancer and indications for PC-RPLND were evaluated in terms of sexual functioning before and after surgical operation. The scores of International Index for Erectile Function (IIEF) questionnaire were the main outcome measures of the study.

Results: Forty-seven patients underwent non nerve-sparing, full bilateral PC-RPLND, while modified templates of resection and nerve-sparing bilateral PC-RPLND were performed in 2 and 1, highly selected patients, respectively. Erectile functioning in patients submitted to non nerve-sparing PC-RPLND was similar before and after operation, according to IIEF scores. Orgasmic function was found significantly impaired post-operatively, with all patients reporting no antegrade ejaculation and lower climax feeling after PC-RPLND. Intercourse and overall sexual satisfaction were also found significantly lower after surgery, compared with the pre-operative evaluation. However, sexual desire and frequency of attempted sexual intercourses were found significantly increased post-operatively, in comparison with pre-operative levels. With regards to the patients who underwent modified or nerve-sparing PC-RPLND, no difference was found in all IIEF and domain scores, pre- and post-operatively.

Conclusion: Standard, full bilateral, non nerve-sparing PC-RPLND results in post-operative loss of antegrade ejaculation and reduced satisfaction with intercourse and overall sexual life. However, application of modified resection templates and nerve-sparing techniques preserves normal ejaculatory functioning and adequate sexual satisfaction. Sexual desire and frequency of sexual intercourses were significantly increased after surgery, while no difference was found in erectile functioning in all patients.

Policy of full disclosure: None

PS-04-013

SEXUAL DISORDERS FOR CHRONIC BACTERIAL PROSTATITIS

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Objective: Evaluation of sexual disturbances in patients with chronic bacterial prostatitis

Methods: We examined 230 patients with chronic bacterial prostatitis in aged from 20 to 45 years. The examination included analysis of anamnestic and clinical data, which were received for using different questionnaires: National Institute of Health – Chronic Prostatitis Symptom Index Score, the International Index of Erectile Function and also findings of digital rectal examination, the Meares-Stamey test, investigation of total testosterone in serum, uroflowmetry, and transrectal ultrasound investigation of prostate and extended microbiological investigation of prostatic secretion. Moreover we conducted to patients pharmacological diagnostic test by oral sildenafil citrate and dopplerographic investigation of vessels of penis with intracavernous use vasoactive drug (papaverin 2%-2 ml)

Results: In this analysis besides pain syndrome which observed at 100% patients, we registered lower urinary tract symptoms, neurovegetative and sexual disturbances. Sexual disorders were noted in 85(37%) patients with chronic bacterial prostatitis. Among of these disturbances were predominated premature ejaculation and absence of satisfaction sexual intercourse in 34,7% and 44,3% patients respectively, decrease libido –33,4%, erectile dysfunction-31,3%, orgasmic disorders-20,4% patients. Severity of premature ejaculation was different: relatively accelerated ejaculation-17% patients, absolutely accelerated ejaculation-10,8% patients and extreme degree of premature ejaculation was noted in 6,9% patients. After resolution signs of infectious-inflammatory process in the prostate during antibacterial therapy of chronic bacterial prostatitis, premature ejaculation retains in 7,3 patients. Orgasmic dysfunctions in the examined group are presented disorders of Wollust in 9,1% patients, painful and erased orgasm in 7,4% and 3,9% respectively.

Conclusion: In majority cases sexual disorders in patient with chronic bacterial prostatitis have psychogenic origin. Besides in the small number patients sexual disturbances and its causes can be exist itself and chronic bacterial prostatitis only exacerbates condition of patient. In this case diagnosis and treatment sexual disorders necessary to do simultaneously with therapy of chronic bacterial prostatitis.

Policy of full disclosure: None

PS-05 Sexual diversity and gender dysphoria

PS-05-001

BODY UNEASINESS AND EATING DISORDERS SYMPTOMS IN GENDER DYSPHORIA INDIVIDUALS

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Objective: To evaluate body uneasiness and pathological eating behaviors in Gender Dysphoria (GD) persons.

Methods: 64 Male-to-Female (MtF) GD, 40 Female-to-Male (FtM) GD without genital reassignment surgery, 88 Eating Disorders subjects (26 Anorexia Nervosa, 26 Bulimia Nervosa, and 36 Binge Eating Disorder), and 82 healthy control subjects were evaluated. Subjects were studied by the Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA), Body Uneasiness Test (BUT) and the Eating Disorder Examination Questionnaire (EDE-Q).

Results: MtF reported lower Body Mass Index (BMI) as compared with FtM subjects ($t = 2.41$; $p = 0.017$). MtF subjects showed significantly higher EDE-Q restraint scores as compared with healthy controls ($t = 2.13$) and FtM subjects ($t = 2.19$; both $p < 0.05$), while both DG groups reported higher eating and shape concern scores as compared with healthy controls (all $p < 0.05$). Binge eating episodes were detected in 20.8% FtM and 25.4% MtF persons, while 28.8% MtF subjects reported a diet attempt in the month preceding the evaluation. Higher gender dysphoria was directly associated with severity of body uneasiness and eating disorder psychopathology among GD subjects: GIDYQ-AA disphoria subscale was correlated with BUT global score in both FtM ($\beta = 0.65$; $p < 0.001$) and MtF ($\beta = 0.26$; $p = 0.039$), and with EDE-Q restraint ($\beta = 0.42$; $p = 0.003$) in MtF, with EDE-Q eating concern ($\beta = 0.54$; $p = 0.014$) in FtM. A mediation model showed that the association between BUT and EDE-Q restraint subscales lost its significance when entering GIDYQ-AA disphoria subscale as covariate.

Conclusion: GD subjects frequently showed pathological eating behaviors and a clinically significant eating disorder psychopathology. Considering the strong association with gender dysphoria and the mediation model, this specific psychopathology appeared to be the consequence of difficulties in coping with GD, rather being due to a primary eating disorder condition.

Policy of full disclosure: None

PS-05-002

TIME NEEDED FOR CROSS-SEX HORMONAL TREATMENT TO INDUCE PHYSICAL CHANGES AS WELL AS TO IMPROVE GENDER DYSPHORIA IN MTF INDIVIDUALS

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Objective: This study aimed to assess whether CHT length in MtF is able to affect GD and to find a threshold of CHT length able to induce psychological and physical changes.

Methods: A consecutive series of 164 individuals meeting the criteria for MtF GD who not had genital reassignment surgery (GRS) were considered. Subjects were asked to complete the Body Uneasiness Test (BUT) and Gender Identity/ Gender Dysphoria Questionnaire (GIDYQ-AA). Data on daily length of CHT as well as on physical examination were collected.

Results: As previously reported, MtF individuals using CHT reported less BUT score when compared with individuals in the no-CHT group. When length of treatment was considered, significant lower levels of BUT total score, as well as BUT subscales related to body and facial hair were found (all $p < 0.001$ after controlling for age). We also observed, for the first time, that GD levels were significantly lower according to days of treatment ($p < 0.05$). In addition days of treatment were negatively correlated with Ferriman Galloway total score and with testis volume and positively with breast size (all $p < 0.001$). To determine time of CHT needed to induce physical and psychological changes, an ROC curve analysis was used. ROC curve analysis indicates that 10 months of CHT was associated with lower BUT quartile, with a sensibility of 63% and a specificity of 75% ($p < 0.05$). The same length of CHT was associated with higher GIDYQ-AA scores (sensitivity of 75% and specificity of 62%, $p < 0.05$). Finally, when physical changes were considered, 6 months were identified as threshold to obtain a Tanner stage ≥ 4 was obtained (sensitivity 95% and specificity 73%; $p < 0.001$) and a Ferriman-Galloway score < 8 (sensitivity and specificity 88% and sensitivity 69% $p < 0.001$).

Conclusion: This study demonstrates that GD may be effectively diminished with the administration of CHT even without the use of GRS for MtF clients. Moreover, it provides for the first time a threshold of CHT length useful for the clinician to predict psychological and physical changes.

Policy of full disclosure: None

PS-05-003

A NETWORK APPROACH TO BODY SATISFACTION IN GENDER DYSPHORIA

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Objective: Body image is a complex and sometimes fuzzy construct. It originates from both physical characteristics and psychosocial standards. In gender dysphoria (GD) body dissatisfaction reaches beyond problems of sex characteristics only. As not all body characteristics can be modified during sex reassigning interventions, knowledge on most influential characteristics can be useful in supportive therapy. Objectives – To analyze body characteristics satisfaction in gender dysphoric male-to-females (MtFs) and female-to-males (FtMs). Furthermore to present a network approach to study complex concepts.

Methods: Between 2007 and 2012, adults in four European countries who fulfilled the DSM-IV criteria on GD were included into the study ($n = 485$) before the start of sex reassigning interventions. Body satisfaction was assessed by a Body Image Scale, in which 30 body characteristics were ranked. The data was visualized using network modelling techniques of the the qgraph package for R (available via <http://CRAN.R-project.org/package=qgraph>). Body characteristics were positioned based on the number and strength of correlations to others. The importance of body parts was assessed based on item dissatisfaction and network centrality.

Results: The network consisted of a genital and non-genital cluster. Within the non-genital cluster, subgroups on hips, muscularity, face and, social and hair items were distinguished both visually and statistically (see figure). In the MtF group, body characteristics with the strongest dissatisfaction were facial hair, genitals and body hair. Body characteristics with highest centrality were figure, appearance, chest, face and voice. FtMs reported highest dissatisfaction on breasts, genitals, chest and voice. Most central body parts were arms, figure, appearance, shoulders and muscles.

Conclusion: Body satisfaction can be structured in clusters of body characteristics. Central items with high dissatisfaction, such as appearance and voice in MtFs, or hips and figure in MtF, seem promising targets for supportive therapy in GD. Furthermore, network analysis provides a useful tool to help structure complex concepts.

Policy of full disclosure: None

PS-05-004

THE GAY MEN SEX STUDIES: PREVALENCE OF INFIDELITY AND PROMISCUITY AMONG BELGIAN GAY MEN

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Objective: This study aims to determine the prevalence of infidelity and promiscuity in a sample of the Belgian Men who have Sex with Men (MSM)-population.

Methods: An internet-based survey on sexual behaviour and sexual dysfunctions, called GAY MEN Sex StudieS (GAMESSS), was administered to MSM, aged 18 yr or older, between the months of April and December 2008.

Results: Almost 57% of the respondents declared to have a steady relationship, but a part of the cohort had also sex with other men besides their boyfriend/husband. They have a so called "open relationship". The older MSM get, the more they have sex outside their relationship. Above the age of 40 years more than half of the couples had sex with another man besides their own partner. Of all 1830 respondents, 65% had more than 50 sexual partners, and even one in four had sex with more than 100 different men in their lifetime. Among the respondents 48% declared they had sex with more than 2 other men at the same time, and even 10% with more than 10 other men. In the group of 72 participants, who self-reported being HIV-positive, 67% indicated having more than 100 different sexual partners in their life, with 28% of the total cohort having had more than 10 sexual partners at the same time. Sexual intercourse is not always performed safely. Barebacking, without the use of a condom for anal sex, was performed by 28% of the participants.

Conclusion: MSM are rather promiscuous and do not always practice safe sex. This behaviour keeps high risks for spreading sexually transmitted diseases. These findings highlight the need for more information and education about homosexual eroticism and safe sex. Keywords: homosexuality/male, sexual behaviour, promiscuity, infidelity

Policy of full disclosure: None

PS-05-005

ENDOSCOPIC CHARACTERISTICS OF THE SIGMOID-DERIVED NEOVAGINA

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Objective: Intestinal segments may serve as autologous graft in vaginoplasty, in particular sigmoid colonic segments. Disadvantages, however, comprise graft complications, such as diversion neovaginitis, ulcerative colitis of the neovagina and ectopic (colonic) malignancies. Endoscopic characteristics of the colon-derived, intestinal neovagina have scarcely been described.

Methods: Twenty-two patients with a sigmoid neovagina underwent a total of 31 combined neovagino- and sigmoidoscopies. Medical history, especially regarding neovaginal symptoms, and physical examination were conducted prior to endoscopic examination. Digital acquired images of all endoscopies were separately assessed by two experienced gastroenterologists using a descriptive item-score, including mucosal colour, vascular pattern, friability, granularity, oedema, ulceration, spontaneous bleeding, pus and resilience. Secondly, in order to semiquantitatively classify signs of inflammation, the MAYO-score, validated for scoring severity of inflammatory mucosal changes in ulcerative colitis, was applied.

Results: Of 22 performed primary neovaginoscopies, 18 (82%) showed a diminished vascular pattern, 18 (82%) oedema, 15 (68%) granularity, 12 (54%) friability, 8 (36%) decreased resilience, 7 (32%) erythema, 2 (9%) spontaneous bleeding, 2 (9%) ulceration and 1 (5%) pus-like discharge. In the control (truly) sigmoidoscopy images, no

concurrent abnormalities were observed. Notably, endoscopic alterations of the sigmoid neovagina comprised a diminished vascular pattern ($p < 0.0001$, Bonferroni corrected Fisher's exact test), oedema ($p < 0.0001$), granularity ($p < 0.0001$), friability ($p < 0.0001$) and decreased resilience ($p < 0.0001$). When applying the MAYO-score to the neovaginal images, 10 (45%) patients scored MAYO 0; 9 (41%) MAYO I; 3 (14%) MAYO II; and none MAYO III.

Conclusion: The endoscopic appearance of a sigmoid segment after use in neovaginoplasty differs from that of the remaining rectosigmoid. Inflammatory changes, most noteworthy diminished vascular pattern, granularity, friability and decreased resilience, are often observed. The clinical significance of the endoscopic alterations is under investigation.

Policy of full disclosure: None

PS-05-006

PSYCHOSOCIAL OUTCOME AND QUALITY OF SEXUAL LIFE AFTER SEX REASSIGNMENT SURGERY: AN ITALIAN MULTICENTRIC STUDY

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Objective: Sex reassignment surgery (SRS) in the treatment of Gender Dysphoria has been shown to be followed by high levels of post-surgery satisfaction, improvement in quality of life and in the general psychosocial functioning of clients, both on a short and long-term perspective (Michel et al., 2002; Landén et al., 1998; Lawrence, 2003).

More recent studies based on a cohort design (Dhejne et al., 2011), however, show that after surgery, transsexuals clients are still at higher risk of mortality, psychopathology and suicidal behavior than the general population. Aim of the present study is assessing long-term outcome of SRS, through a multicentric design which involved three Italian centers specialized in the treatment of gender dysphoria (Milan, Florence, Bari).

Methods: Transsexual clients who received SRS were contacted and asked to complete a comprehensive assessment (adaptation from Lawrence 2003) including: levels of satisfaction for SRS, regret after surgery, psychosocial functioning, quality of sexual life, clinical history of gender dysphoria. Also, all participants completed the Italian version of the Psychological Well-Being questionnaire (Ryff, 1995, Ruini et al., 2003). The battery was completed either online or in a paper-and-pencil format. 28 FtM and 49 MtF transsexuals persons from the three centers completed the questionnaires, from 1 to 31 years after surgery.

Results: In both samples we found high levels of satisfaction in all the areas explored (including sexual life after surgery), and levels of psychological and social well-being comparable to those of the general population.

Conclusion: Our results support previous studies suggesting that SRS not only alleviates gender dysphoria but also improves quality of life and psychosocial functioning in transsexual persons.

Policy of full disclosure: None

PS-05-007

AN EXPLORATION OF TRANSGENDER IDENTITY THROUGH THE IMPLICIT ASSOCIATION TEST (IAT)

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Objective: The strength and intensity of the identification with their desired gender might prove a useful index to orient clinicians and transgender clients to identify the optimal treatment option and “tailor” clinical interventions to the client’s needs (different levels of body modification, changing gender expression etc.). It is reasonable to assume that the assessment of gender identity might benefit from the adoption of implicit techniques, which are intended to measure psychological constructs operating in an automatic (i.e. non-conscious) mode. This study aims at investigating the validity and clinical utility of the Implicit Association Test (IAT; Greenwald, McGhee & Schwartz, 1998) in the exploration of gender identity. The IAT measures the relative strength of the association between pairs of concepts by comparing response times on two combined discrimination tasks; it’s an implicit technique whose validity and reliability is now well-established in other fields of psychology, both in research settings and in applied psychology (Lane et al., 2007).

Methods: The study aims at exploring the validity of the IAT-Gender Identity (IAT-GI) in two versions: picture and words; it aims at ascertaining the IAT-GI’s convergence with explicit measure of gender identity, gender dysphoria and sex roles (GIDYQ-AA; BSRI) and its capacity to discriminate among different groups according to gender identification and regardless of biological sex and sexual orientation. In particular, we will compare the performance on the IAT-GI of two groups of clients with a formal diagnosis of Gender Dysphoria (20 MtFs and 20 FtMs) consecutively admitted at Niguarda Ca’ Granda Hospital in Milan (Italy), with groups of heterosexual and homosexual cisgender controls from the community.

Results: The performance on the IAT-GI in the transsexual group has no significant differences with that of the control group of the same gender.

Conclusion: The performance on the IAT-GI appears to reflect the strength and intensity of gender identification and is independent of biological sex and sexual orientation. Implications for clinical practice will be discussed.

Policy of full disclosure: None

PS-05-008

THE GLOBAL ONLINE SEXUALITY SURVEY (GOSS): MALE HOMOSEXUALITY AMONG ARABIC-SPEAKING INTERNET USERS IN THE MIDDLE EAST – 2010

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Objective: The prevalence of male homosexuality is difficult to elicit considering the sensitivity of one’s sexual orientation. The Global Online Sexuality Survey (GOSS) is an online epidemiologic study of male and female sexuality. The online nature of GOSS allows more confidentiality and wider geographic reach, particularly important in investigating sexual issues within the more conservative societies. The aim of this work was to determine the prevalence of male homosexuality among internet users in the Arabic-speaking Middle East and the unique characteristics of this subset of the population.

Methods: In the year 2010, GOSS was offered to Arabic-speaking web surfers above 18 years of age in the Middle East. Potential participants were invited via advertising on Facebook®. Invitations were dispatched randomly with the exception of geographic region and age, regardless web surfing preferences. GOSS relied in part on validated questionnaires such as the International Index of Erectile Function, as well on other non-validated questions.

Results: 17.1% reported desire towards the same sex, of whom 5.6% had homosexual encounters, mostly in the form of external stimulation rather than intercourse, and exclusively undercover. An overwhelming majority was ego-dystonic (78.2%).

Conclusion: This is – to our knowledge- the first online survey to address the prevalence of homosexual orientation and practice in the Middle East, discriminating desire from practice, ego-syntonic from ego-dystonic, and investigating the pattern of practice. Homosexual desire is present in the Middle East as it is around the world, and homosexual encounters are as prevalent. Yet, the undercover and ego-dystonic states prevail.

Policy of full disclosure: None

PS-05-009

IS HOMOSEXUALITY VIEWED AS A DISEASE? THE PICTURE FROM A REAL-LIFE SOCIOLOGICAL ASSESSMENT

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Objective: To sociologically assess opinions on sensitive issues regarding the meaning of homosexuality and the subjective acceptance of a gay son or lesbian daughter among outpatients seeking medical help for uroandrologic purposes.

Methods: A cohort of 974 consecutive patients anonymously completed a 15-item questionnaire related to their personal attitudes toward homosexuality.

Results: Data were collected from 175 (18%) women [mean (SD) age: 35.9 (8.6) yrs; range: 18–72] and 799 (82%) men [44.1 (14.68) yrs; range: 18–80]. The sample included 947 (97.2%) heterosexual patients and 27 (2.8%) non-heterosexuals. Among responders, a homosexual was considered a sick person, a deviant person, a person who decides his/her own sexual orientation, a person who needs help, or a person like any other in 26/621 (2.7%), 23/605 (2.4%), 134/601 (13.8%), 52/605 (5.3%), and 675/778 (69.3%), respectively. Patients older than 50 yrs (p = 0.03), of male gender (p = 0.02) and with a lower educational status (p = 0.02) more frequently considered homosexuals to be sick individuals. Of 965 responders, acceptance of a gay son or lesbian daughter was found in 665 (68.3%) individuals while non acceptance was reported by 26 (2.7%). Conversely, 227 (23.3%) participants reported to be unsure of their acceptance of a gay son/lesbian daughter and 47 (4.8%) opted to omit a response to this query. Females (p = 0.01) and highly educated patients (p < 0.001) were more likely to show acceptance of a gay son or lesbian daughter. Patients who regularly use online social networks were less likely to consider homosexuals as being sick (p < 0.001) or deviant individuals (p < 0.001); likewise, social network users showed a greater reported acceptance of a hypothetical gay son or lesbian daughter (p = 0.04).

Conclusion: That prejudice regarding homosexuality is still present in one out of four individuals in the real-life scenario. One fourth of participants would not accept, or would have doubts to accept, a gay son or lesbian daughter.

Policy of full disclosure: None

PS-06 Female sexual dysfunction

PS-06-001

THE PREVALENCE AND PREDICTORS OF FEMALE SEXUAL DYSFUNCTION: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Objective: To assess the prevalence and predictors of sexual dysfunction (FSD) among general populations of reproductive age women

Methods: We performed a systematic review of current literature on FSD from January 2000 until July 2014 (protocol registration: CRD42014009526). Observational studies which assessed the prevalence of female sexual dysfunction were sought in relevant databases. The primary outcome of interest was the prevalence of female sexual dysfunction in general populations of women age 49 and below. The secondary outcome was to determine significant predictors of female sexual dysfunction. Publications which reported the prevalence rate for at least one domain of female sexual dysfunction, according to DSM IV, were included. A first-ever meta-analysis was performed which integrated absolute numbers for prevalence rates and a quality score.

Results: Out of the 9292 results from the literature search, 183 international studies fulfilled all inclusion criteria for the systematic review; of these, 94 studies were included in the meta-analysis. Using a quality-weighted meta-analysis, the prevalence of female sexual dysfunction was estimated to be 23% [95% CI: 11% to 38%]. Significant risk factors of FSD tend to be older age, low education, unemployment, depression, multiparity, chronic illness and menopause. Good physical health, regular exercise, liberal attitudes towards sex, moderate alcohol consumption, sex education and masturbation have been shown to have significant protective effects.

Conclusion: Since the last systematic review on FSD in 2004, population-based studies on FSD have increased in number and grown more varied in their cultural settings. The estimate of the prevalence of female sexual dysfunction is lower than the frequently cited estimate of 43%. Identifying significant predictors of FSD may aid health professionals in determining at-risk populations.

Policy of full disclosure: None

PS-06-003

FEMALE SEXUAL DYSFUNCTION MAY BE ASSOCIATED WITH LOW SLEEP QUALITY IN PATIENTS WITH FIBROMYALGIA

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Objective: Sexual dysfunction is a common experience in women with fibromyalgia (FM). But physiopathology of this association is unclear. This study aims to evaluate whether if sleep disturbance is influence of the sexual function in women with FM.

Methods: Fifty four sexually active premenopausal patients with fibromyalgia (FM) were enrolled the study. Three questionnaires were used (female sexual function index (FSFI), Pittsburgh Sleep Quality Index (PSQI) and Fibromyalgia Impact Questionnaire (FIQ)). Statistical analyses were performed using the Wilcoxon-Mann-Whitney test to ordinal variables, Student's t-test to obtain the quantitative total scores of questionnaires, Spearman's rho to determine the correlation between sexual dysfunction, quality sleep and other variables

Results: Mean age and BMI were 38 and 29.7, respectively. Mean FSFI score was 25.3 and showed no significance between age, BMI and duration of FM. However a moderate correlation between sexual dysfunction and low sleep quality was found ($r = 0,43$; $P = 0,001$). In addition,

median FSFI score was 29,2 (27,2–32,4) in patients with higher sleep quality (PSQI ≤ 5) whereas it was 21,4 (18,9–25,3) in lower sleep quality (PSQI > 5) ($P < 0,001$). There was a statistically significant relationship between sexual dysfunction and physical function and symptoms of FM as indicated by a higher FIQ score, as well ($r = 0,37$; $P = 0,006$).

Conclusion: Sexual dysfunction in female patients with FM may be due to low sleep quality. Treatment of sleep disorder may improve female sexual function.

Policy of full disclosure: None

Median FSFI scores adjusted to sleep quality (Mann-Whitney Test):

	median FSFI score	P
PSQI > 5	21,4 (18,9-25,3)	
PSQI ≤ 5	29,2 (27,2-32,4)	$< 0,001$

PS-06-005

HYMEN PROTECTION BETWEEN SEXUAL EUPHORIA AND CULTURAL DYSPHORIA

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Objective: Investigate the association between adopted sexual practices, perceptions, attitudes and hymen protection among female students attending the 4th largest private university in Lebanon.

Methods: A cross-sectional online survey on sexual behaviors, attitudes, and perceptions was conducted in 2012 among private university students (N = 2180), aged 18–30. Descriptive bivariate analyses were conducted using Pearson's Chi-square and unadjusted and adjusted logistic models were run using Stata/IC 10.0.

Results: Half the study participants (N = 1,838) state being sexually active. A third of those sexually active stated engaging in anal and/or oral sex particularly to avoid hymen-breaking. While 60% eventually did engage in vaginal sex, an increased likelihood of doing so was being in a relationship (OR: 1.5, $p = 0.013$, 95% CI: 1.09–2.17). Conversely, exclusively engaging in anal/oral sex to hymen- preserve was 4.4 times ($p = 0.001$) more common among non-Lebanese Arab men than Lebanese. Adjusting for nationality, age, sex, and relationship status, religious faith showed a 3 fold ($p < 0.0001$) increase in solely engaging in non-vaginal sex as compared to the non-religious and those unconcerned with hymen integrity. Additionally adjusting for religiosity, women who eventually engaged in sex vaginally were 2.6 times likely ($p = 0.002$) to feel they'd engaged inactivity they hadn't wish for, yet 70% less likely ($p < 0.0001$) to sense their relationships are fast paced sexually. Regardless of gender, guilt of having sexual impulses was associated with hymen-protection.

Conclusion: Initial refusal of hymen-breaking signifies an intricate decision-making capacity among women than commonly perceived. Within the control and the moral panics of the existing patriarchal structures, women stated being comfortable with the sexual pace of their relationships, and managed to express their sexuality and re-engage in the social discourse of cultural requirement through hymen repair. Undoubtedly, there is a high physical, fiscal, and emotional cost of hymen breaking in the light of hymenoplasties and gender based violence.

Policy of full disclosure: None

PS-06-006

SEXUAL FUNCTIONING IN COUPLES WHERE FEMALE PARTNER HAS ENDOMETRIOSIS

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Objective: To assess sexual functioning in couples where female partner has endometriosis

Methods: We conducted a cross-sectional study of mental and sexual health in 67 women with endometriosis. The first group included 31 patients with chronic pelvic pain (CPP) at the age of 32.4 ± 4.5 years. The 2 group included 36 patients with infertility at the age of 35.9 ± 5.6 years. They were assessed using a semi-structured interview for demographic and clinical variables; the Female Sexual Functioning Index (FSFI), Hamilton Depression Rating Scale (HDRS); Hamilton Anxiety Rating Scale (HARS); and a questionnaire for quality of life (SF-36). Sexual function of their partners was assessed using The International Index of Erectile Function (IIEF). P values of less than 0.05 were considered significant.

Results: In the group 1 sexual dysfunction was identified in all patients. In the structure of sexual dysfunctions prevailed deep dyspareunia (87.1%), coital anorgasmia (80.6%), accompanied by disruption in sexual adaptation in pair (93.5%). All patients demonstrated depression and anxiety. Their severity correlated with the severity of pain. The patients in these pairs avoided the genital and extragenital forms of sexual activity. The partners of patients had reduction of sexual desire, had less frequent attempts to intimacy. In the group 2 the main sexual disorders were decreased libido (83.3%), and coital anorgasmia (63.9%), manifested on the background of anxiety and depressive states. Patients showed replacement of motivation for sexual activity from recreational to the reproduction. At the same time, the partners of patients were sharing the idea of the need of pregnancy. They were participating in the diagnostic and therapeutic measures to restore fertility, providing a necessary support to patients. This preserved personal relationships and marriage.

Conclusion: The endometriosis leads to a significant disruption of sexual health of women, disruption of marital relations, and reduced quality of life for both partners.

Policy of full disclosure: None

PS-06-008

SIX OUT OF TEN WOMEN SEEKING MEDICAL HELP FOR RECURRENT URINARY TRACT INFECTIONS SUFFER FROM DISTRESSFUL SEXUAL FUNCTION IMPAIRMENT – A WORRISOME PICTURE FROM THE REAL-LIFE SETTING

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Objective: To assess the prevalence and predictors of sexual dysfunction in a cohort of heterosexual, sexually-active, reproductive-aged women with recurrent urinary tract infections (rUTIs) as their primary complaint.

Methods: Data from 90 consecutive women with rUTIs were considered. All patients completed the Female Sexual Function Index (FSFI) and the Female Sexual Distress Scale (FSDS). Normality for FSFI domains was arbitrarily defined based on median values. Moreover, patients completed the International Prostate Symptoms Score (IPSS). Descriptive statistics and logistic regression models tested the association between predictors and sexual distress.

Results: Overall, mean (SD) age was 39.17 (11.5) yrs (range: 19–68). Forty-one (45.5%), 12 (13.3%), 12 (13.3%), 19 (21.1%), and 18 (20.0%) women reported rUTIs alone, or rUTIs with urge incontinence, vestibulodynia, or painful bladder syndrome, respectively. Either mild or moderate-to-severe storage symptoms were reported in 15 (16.7%) and 72 (80%) women, respectively. Conversely, either mild or moderate-to-severe voiding symptoms were reported in 53 (58.9%) and 25 (27.8%) patients, respectively. Pathological FSFI and SDS scores were observed in 71 (78.9%) and 68 (75.6%) women, respectively. Concomitant scores suggestive of distressful sexual dysfunction were observed in 56 (62.2%) patients. Impairment of FSFI-desire, arousal, lubrication, orgasm, satisfaction and pain was observed in 58 (64.4%), 47 (52.2%), 46 (51.1%), 54 (60%), 45 (50%), and 42 (46.2%) women, respectively. Constipation was prevalent in women with pathological FSFI ($p = 0.002$), pathological SDS ($p = 0.04$), and impaired FSFI domains (all $p < 0.05$). At MVA moderate-to-severe storage symptoms achieved independent predictor status for FSFI worsening ($p = 0.04$, OR 20.72) and for FSFI-pain domain impairment ($p = 0.002$; OR 18.23). No predictors were associated with SDS.

Conclusion: Distressful sexual dysfunction is highly prevalent in young, sexually-active woman seeking medical help for rUTIs. Constipation and concomitant gynaecological/urinary dysfunction were prevalent in sexually dysfunctional women with rUTIs.

Policy of full disclosure: None

PS-06-009

EFFECT OF CHRONIC INTRANASAL OXYTOCIN ON FEMALE SEXUAL FUNCTION IN PRE- AND POSTMENOPAUSAL WOMEN

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Objective: Objective: To assess the effect of prolonged intranasal oxytocin administration on female sexual function and activity in 30 women with diagnosed sexual dysfunction.

Methods: Methods: 30 women (53 ± 7 yrs.) in a stable partnership were assessed for sexual dysfunction by psychometric questionnaires including the Female Sexual Function Index (FSFI), Female Sexual Distress Scale (FSDS), Sexual Quality of Life-Female (SQOL-F), Sexual Activity Record (SAR), Hamilton Depression Scale (HDS) and Sexual Interest and Desire Inventory-Female (SIDI-F) at baseline and every four weeks over the study period. After a 4-week run-in period intranasal oxytocin (32 IE) or placebo was self-administered by female subjects over 8 weeks in a prospective double-blind crossover design. Following a washout period of 2 weeks, participants were switched to the alternate treatment for another 8 weeks.

Results: Results: A significant increase in FSFI, SQOL-F, SIDI-F and a decrease in FSDS and HDS were noted after oxytocin and placebo, respectively, with no statistically significant difference between each other. Baseline FSFI was 19 ± 2 and increased by 25% after oxytocin and placebo, respectively ($p < 0.01$ vs. baseline). FSDS decreased by 36% and 45% after oxytocin and placebo ($p < 0.01$ vs. baseline). SQOL-F increased by 144% and 125% after oxytocin and placebo ($p < 0.01$ vs. baseline). SIDI-F increased 29% and 23% after oxytocin and placebo, respectively ($p < 0.01$ vs. baseline). A positive correlation between sexual events and orgasms was found under oxytocin ($r = 0.8$) but not under placebo ($r = 0.4$). Plasma levels of oxytocin raised significantly 15 minutes ($p = 0.02$) and 30 minutes ($p = 0.07$) after oxytocin nasal spray administration compared to baseline results and placebo.

Conclusion: Conclusions: Chronic intranasal oxytocin and placebo administration both improve sexual function and symptoms of depression. Quality of sexual life as measured in numbers of orgasms per sexual event is enhanced under oxytocin but not under placebo. The significance of the placebo effect in female sexual dysfunction should be considered in future trials.

Policy of full disclosure: None

PS-06-010

A COMPREHENSIVE EVALUATION OF MASTURBATION CHARACTERISTICS AND PREFERENCES IN A SAMPLE OF ITALIAN WOMEN

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Objective: The aim of this study was to investigate masturbation in women, specifically the prevalence, frequency, modality and preferences, the ability to achieve an orgasm through this practice and the differences between self-masturbation and masturbation performed by a partner.

Methods: One thousand one hundred and eleven Italian women, aged between 18 and 55 years old, completed an anonymous Internet-based questionnaire designed by AISPA (Italian Association for Applied Sexology and Psychology). The sample mainly consisted of young women, with a high level of education, the majority of which was living alone and had sexual experiences with more than one partner.

Results: Compared to Kinsey's 1950's studies on US population, that have shown that 62% of American women had masturbated during their life, more than 80% of the women in this study practice masturbation. Moreover, more than 55% of them experienced masturbation before the age of 16 and more than 50% of these women are able to achieve an orgasm during masturbation in a very short time (between 2–5 minutes), preferring clitoral rather than vaginal stimulation and fingers rather than objects. However, the frequency of this sexual practice is fairly low (almost 50% of them masturbates less than once a month, and over 30% once every 1–3 months). Finally, even though it appears quite easy for Italian women to achieve an orgasm when masturbation is performed by a partner, it is still easier for them to achieve an orgasm with self-masturbation; however, when stimulated by a partner, it is easier for them to achieve an orgasm through clitoral rather than vaginal stimulation.

Conclusion: This research provides valuable insight into the characteristics and preferences of masturbation in a sample of Italian women.

Policy of full disclosure: None

PS-06-011

TREATMENT OF FEMALE SEXUAL DYSFUNCTION IMPROVES SEXUAL QUALITY OF LIFE AND DEPRESSION IN MALE PARTNERS

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Objective: To assess sexual function and life quality in men whose female partners are under treatment for female sexual dysfunction.

Methods: Open prospective cohort and questionnaire study on male partners of 30 pre- and postmenopausal women with female sexual dysfunction held at the Department of Clinical Pharmacology, Medical University of Vienna, Austria. Over 22 weeks, men were asked to fill in questionnaires at baseline and after 3 and 5 months, respectively, including Sexual Life Quality (SLQ), Sexual Activity Record (SAR), Partner Performance Questionnaire (PPQ) and Hamilton Depression Scale (HDS). Medical and sexual history were obtained, a urological examination excluded erectile dysfunction, sexual abuse, psychiatric diseases, untreated sexual dysfunction or therapy with negative side effects on male sexuality. Female partners received either intranasal oxytocin or placebo for two months each in a cross-over design.

Results: SLQ in men improved significantly from -7.4 ± 9.9 to 7.9 ± 11.6 under female partner's oxytocin use and 11.4 ± 14.0 after placebo administration in women ($p < 0.04$). Frequency of intercourse per month increased from 6.3 ± 3.9 at baseline to 8.3 ± 2.7 under female oxytocin therapy and to 7.5 ± 3.5 after placebo (ns. versus baseline). Male desire and arousal remained stable under female treat-

ment. Evaluation of female partner's performance by men improved significantly from 8.9 ± 2.8 at baseline to 10.6 ± 2.2 under oxytocin and to 11.2 ± 2.6 under placebo, respectively ($p < 0.04$). HDS in men decreased from 1.5 ± 1.7 at baseline to 1.2 ± 2.6 under oxytocin and to 1.1 ± 1.4 under placebo ($p < 0.04$).

Conclusion: Treatment of sexual dysfunction in female patients improves sexual quality of life, subjective evaluation of female sexual performance and depressive symptoms in their male partners.

Policy of full disclosure: None

PS-06-012

PHYSICIAN ATTITUDES TOWARDS ANDROGEN REPLACEMENT THERAPY FOR SEXUAL DYSFUNCTION IN BOTH GENDERS

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Objective: Androgen deficiency syndrome is a commonly diagnosed condition in both males and females. Yet, to date, there are no explicit objective measures to define "abnormal" androgen levels and to determine indications for testosterone replacement therapy in males and females. AIMS. To reveal attitudes held by specialists in the field of sexual medicine, to criteria and indications for androgen replacement treatment in both genders.

Methods: Attendees of the 2014 annual congress of the European Society of Sexual Medicine (ESSM) in Istanbul, Turkey were asked to participate in a survey during the congress days. MAIN OUTCOME MEASURE. A 24-item self report, closed-question questionnaire, comprising three sections: socio-demographic data; professional background; and personal attitudes towards androgen treatment in men and women.

Results: A total of 133 physicians (mean age 47 years; range 25–79), from different medical disciplines, completed the survey. There was inconsistency among participants regarding the lab test they would order for primarily evaluation of male androgen deficiency. The majority of participants (62%) recommended testosterone replacement therapy in symptomatic men with testosterone levels less than 8 nmol/l (231 ng/dl). Likewise, most physicians (88%) recognized a correlation between libido and testosterone levels in women. Conversely, only 42% reported that they would prescribe testosterone to premenopausal women with low libido and 53% would prescribe testosterone to menopausal women with low libido.

Conclusion: Based on the findings of our survey it seems that there is consensus regarding the role of testosterone in low desire both in males and females among our participants. Inconsistencies among physicians regarding androgen levels that are considered normal, to be associated with symptoms, and to indicate treatment, for both sexes, may reflect gaps in knowledge and its dissemination.

Policy of full disclosure: None

PS-06-013

IS THERE A CORRELATION BETWEEN ANDROGENS AND SEXUAL DESIRE IN WOMEN?

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Objective: For women, the correlation between circulating androgens and sexual desire is inconclusive. Substitution with androgens at physiological levels improves sexual function in women who experience

decreased sexual desire and androgen deficiency from surgical menopause, pituitary disease, and age-related decline in androgen production in the ovaries. Measuring bioactive testosterone is difficult and new methods have been proposed, including measuring the primary androgen metabolite androsterone glucuronide (ADT-G). The aim with this study is to investigate a possible correlation between serum levels of androgens and sexual desire in women and whether the level of ADT-G is better correlated than the level of circulating androgens with sexual desire.

Methods: Cross-sectional study including 560 healthy women aged 19–65 years divided into three age groups. Correlations were considered to be statistically significant at $p < 0.05$. Main outcome measures: Sexual desire was determined as the total score of the sexual desire domain of the Female Sexual Function Index. Total testosterone (TT), calculated free testosterone (FT), androstenedione, dehydroepiandrosterone sulfate (DHEAS), and ADT-G were analyzed using mass spectrometry.

Results: Sexual desire correlated overall with FT and androstenedione in the total cohort of women. In a subgroup of women aged 25–44 years with no use of systemic hormonal contraception, sexual desire correlated with TT, FT, androstenedione, and DHEAS. In women aged 45–65 years, androstenedione correlated with sexual desire. No correlations between ADT-G and sexual desire were identified.

Conclusion: In the present study, FT and androstenedione were statistically significantly correlated with sexual desire in the total cohort of women. ADT-G did not correlate more strongly than circulating androgens with sexual desire and is therefore not superior to measuring circulating androgens by mass spectrometry.

Policy of full disclosure: None

PS-06-015

PELVIC/GENITAL PAIN IN WOMEN WITH PSYCHIATRIC DISORDERS

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Objective: Pelvic/genital pain (PGP) is a debilitating condition in both men and women, but the prevalence is higher in women. We wanted to establish what is the prevalence of PGP in women with psychiatric disorders and what are sociodemographic and clinical correlates.

Methods: Women with psychiatric problems (N = 60, average age 47) treated in three day hospitals were questioned about their sexual functioning, including pain/discomfort during or after sexual activity. These women had a diagnosis of depression (48%), anxiety disorders (22%), and PTSD (22%). The pain was assessed by Female Sexual Functioning Index (questions 17–19), and sexual functioning by this questionnaire and with Sexual Functioning Scale. Depression and anxiety were assessed by Beck's Depression Inventory and Beck's Anxiety Inventory.

Results: Only 38% of women from our sample have had any sexual activity in the last month. Of those 65% said they had pain or discomfort during or after sexual activity in half of the time or more. There was a correlation between age and pain (pain more often present in older women) and with lubrication (those with pain have more lubrication problems). Also, those who experience pain have more difficulties with getting excited and are less satisfied with their orgasms. Of psychological aspects, anxiety was correlated with pain (the more anxiety, the more pain). There was no correlation to depression. Only 17% of women who experience pain thought they need a professional help.

Conclusion: Majority of women with psychiatric disorders are not sexually active (62%). Among those sexually active, 65% experience pelvic/genital pain. Older women, more anxious women and women with lubrication problems experience pain more often. Only the minority of women who experience PGP think they need a professional help.

Policy of full disclosure: None

PS-07 Basic science and translational research

PS-07-001

INCREASED LEVELS OF TNF-ALPHA FOLLOWING BILATERAL CAVERNOUS NERVE INJURY LEADS TO NEURITE-OUTGROWTH IMPAIRMENTS FROM MAJOR PELVIC GANGLION

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Objective: Despite nerve-sparing technique, erectile dysfunction (ED) is still a major complication following radical prostatectomy (RP). A cause of post-operative ED following RP is cavernous nerve (CN) injury as a result of surgical removal of the prostate. However, CN regeneration is often impaired by neuroinflammation. We hypothesize that increases in TNF- α in the major pelvic ganglion (MPG) after cavernous nerve injury (CNI) and subsequent macrophage recruitment contribute to autonomic neuropathy. To test this hypothesis, we examined TNF- α protein and gene expression after bilateral CNI (BCNI) in MPG and the effect of exogenous TNF- α on neurite outgrowth from MPG.

Methods: We used 2 rat groups: Sham and BCNI. MPGs were harvested 48 hours and 7 days after BCNI to determine protein and gene expression of TNF- α by western blot and qPCR. To evaluate the effect of exogenous TNF- α on neurite outgrowth, MPGs harvested from control rats were cultured in Matrigel with or without TNF- α . Neurite outgrowth lengths were measured 48 and 72 hours after culture. We measured all the neurites measurable in each area and compared the averages to evaluate the effect of exogenous TNF- α on neurite outgrowth. The variance of neurite lengths was calculated in each group. The MPGs were processed to evaluate the gene expressions of inducible nitric oxide synthase (iNOS: M1 macrophage marker), arginase-1 (Arg1: M2 macrophage marker) and TNF- α by qPCR at 72 hours.

Results: BCNI group had increased TNF- α protein and gene expression in the MPGs. Average neurite lengths of MPGs incubated with TNF- α at 48 and 72 hours were significantly shorter than those of the control group ($p < 0.01$ at 48 and 72 hours). Interestingly, neurite outgrowth patterns were different between the 2 groups. Neurites grew equally in the control group, while neurites in the TNF- α group grew unevenly. To demonstrate this difference quantitatively, variances of both groups were compared. There was no significant difference of the variances between the 2 groups at 48 hours but the variance of the TNF- α group was significantly larger than the control group's at 72 hours ($p < 0.05$). MPGs incubated with TNF- α had increased gene expressions of iNOS, Arg1 and TNF- α . ($p < 0.01$)

Conclusion: This study demonstrates increased TNF- α expression after BCNI and exogenous TNF- α inhibited neurite outgrowth. We also found that exogenous TNF- α can induce increased expression of iNOS, arginase-1 and TNF- α , suggesting that TNF- α recruits M1/M2 macrophages via positive feedback. These results imply that post-operative ED following RP can be prevented with TNF- α antagonists inhibiting neuroinflammation.

Policy of full disclosure: None

PS-07-002

THE NEUROTROPHIC PEPTIDE GALANIN STIMULATES NEURITE GROWTH OF PELVIC NEURONS

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Objective: Erectile dysfunction remains a frequent sequela of radical prostatectomy (RP) due to neuropraxia of the cavernous nerves (CNs). Peripheral nerve regeneration is stimulated by the release of endogenous neurotrophic factors. Galanin is a neurotrophic factor transcriptionally upregulated 180-fold in MPG's of CN injured rats and also present in human CNs. In this preliminary study we investigate whether stimulation or inhibition of the galanin pathway influences regeneration of pelvic nerves in vitro.

Methods: Major pelvic ganglion (MPG) and the CN were isolated from control and bilateral CN crush rats 48 hrs after injury and subsequently cultured as a whole-mount explant in matrigel. Control MPGs were treated with culture medium (control), galanin (non-selective agonist) and M1145 (selective galR2-agonist). Injured MPGs were treated with culture medium (control), M40 (non-selective antagonist) and M871 (selective galR2-antagonist). Neurite outgrowth was measured in both experiments after 48 hrs and 72 hrs in culture. ANOVA was used to analyse differences in neurite outgrowth between treatments.

Results: Mean neurite outgrowth of MPGs from control animals showed a trend towards increased outgrowth with selective galR2-agonist treatment compared to controls (48 h: 453 μ m vs 367 μ m; 72 h: 586 μ m vs 529 μ m; $p > 0.05$). Inhibition of the galanin pathway in MPGs of injured rats with a selective galR2-antagonist resulted in decreased neurite outgrowth compared to control treatment (48 h: 453 μ m vs 632 μ m; 72 h: 477 μ m vs 708 μ m; $p < 0.05$, $p < 0.01$) and this was more pronounced than non-specific galanin inhibition. (48 h: 607 μ m vs 452 μ m; $p < 0.05$)

Conclusion: Inhibition of the galanin pathway in pelvic ganglion neurons resulted in decreased neurite outgrowth, whereas galanin stimulation increased neurite outgrowth in vitro and this effect is mediated through galR2. Galanin is an important component of endogenous CN regeneration and strategies increasing galanin production could be advantageous in EF recovery following RP.

Policy of full disclosure: None

PS-07-003

VASCULOGENESIS AND DIABETIC ERECTILE DYSFUNCTION: HOW RELEVANT IS GLYCEMIC CONTROL?

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Objective: Erectile Dysfunction (ED), a prevalent complication of diabetes, is characterized by endothelial dysfunction (EDys). Due to EDys vascular repair is impaired and related to alterations in Endothelial Progenitor Cells (EPCs). Further, it was suggested that insulin administration may have beneficial effects on EPCs functions. However, scarce information is available relating EPCs and diabetic-ED. Our aims were to evaluate: EPCs in bone marrow (BM) and peripheral circulation; circulating/penile levels of Stromal Derived Factor-1 alpha (SDF-1alpha) and plasmatic testosterone.

Methods: Male Wistar rats were divided in three groups (n = 5/ group): 8-weeks streptozotocin-induced type 1 diabetes, 8-weeks

diabetic treated with insulin and age-matched controls. BM-derived and circulating EPCs were characterized by flow cytometry for CD34, CD133, VEGFR-2, CXCR-4 antigens. Systemic SDF-1alpha and testosterone were evaluated by ELISA. Penile SDF-1alpha was assessed in experimental and human erectile tissue by quantitative immunohistochemistry.

Results: Results showed a decreased production of CD34+ CD133+VEGFR-2+CXCR-4+ EPCs in diabetic BM. Insulin treatment reverted diabetes effects to values in the range of controls. Diabetic CXCR-4+ cells were reduced in peripheral blood, an effect rescued by insulin administration. These data was corroborated by the detected lower circulating levels of SDF-1alpha, responsible for BM-derived CXCR-4+ cell recruitment. Testosterone levels in the diabetic group were also reduced. Once again insulin-treated animals displayed similar results to controls. Additionally, we observed a decrease in SDF-1alpha protein expression in experimental and human cavernosal diabetic samples.

Conclusion: Our data showed that production/mobilization of vascular progenitor cells is hampered in diabetes. Reduced mobilization may be related to decreased levels of systemic SDF-1alpha and testosterone. The effective recruitment to diabetic erectile tissue may also be affected by reduced penile expression of SDF-1alpha. These alterations may be involved in the impairment of diabetic penile vascular repair. Insulin administration reverted diabetes effects to normal levels, highlighting the importance of glycemic control.

Policy of full disclosure: None

PS-07-004

TADALAFIL AMELIORATES METS-INDUCED ALTERATIONS BY INDUCING A "BROWN-LIKE" PHENOTYPE IN VISCERAL ADIPOSE TISSUE: AN EXPERIMENTAL STUDY IN THE RABBIT

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Objective: Development of "brown-like" adipocytes within white visceral adipose tissue (VAT) has potential antiobesity effects. Genetic manipulation of cGMP formation suggests a role for this pathway in preadipocytes (PAD) commitment towards a brown phenotype. The aim of this study was to investigate the effect of the PDE5 inhibitor, tadalafil, on metabolic syndrome (MetS)-induced VAT dysfunction.

Methods: We studied the adipogenic capacity of VAT preadipocytes (rPADs) isolated from rabbits fed a high-fat diet (HFD), with (2 mg/kg daily, for 1 week) or w/o tadalafil. Rabbits fed a regular diet were our controls.

Results: In an experimental animal model of high fat diet (HFD)-induced metabolic syndrome (MetS), which recapitulates the human phenotype, in vivo, tadalafil (by increasing cGMP signaling), was able to remarkably reduce visceral adipose tissue (VAT) mass and triglycerides levels, but also to induce the brown specific marker, uncoupling protein 1 (UCP1) expression in VAT. By analyzing the spontaneous adipogenic capacity of VAT preadipocytes (PAD), isolated from the MetS rabbits model, treated or not in vivo with tadalafil, we found that tadalafil was able to induce a brown-like phenotype. rPAD from HFD+tadalafil rabbits showed: i) a multilocular morphology; ii) a marked increase in expression of brown fat-specific genes (such as CIDEA, UCP1); iii) improved mitochondrial structure and dynamic and reduced superoxide production; iv) improved insulin sensitivity. Similar effects were obtained after in vitro tadalafil treatment in HFD rPAD. In addition, data obtained in experimental models were verified through a pilot clinical study.

Conclusion: Tadalafil dosing ameliorates MetS-induced alterations by inducing a brown-like phenotype in VAT.

Policy of full disclosure: None

PS-07-005

DEVELOPMENT OF A HIGH-THROUGHPUT, CELL-BASED ASSAY FOR ANTI-MYOFIBROBLAST ACTIVITY IN PEYRONIE'S DISEASE

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Objective: Peyronie's disease (PD) is a chronic, progressive and debilitating disease affecting a growing number of men worldwide. Medical treatments for PD are currently lacking and the discovery of novel drugs to treat this disease is being impeded, at least in part, by the absence of a method capable of testing large numbers of potential new drugs quickly and cheaply, known as a high throughput screen (HTS). The aim of this study was to develop and validate such an assay for the identification of compounds with anti-myofibroblast activity in cells derived from tunica albuginea (TA).

Methods: Fibroblasts were derived from the TA of patients with or without PD and were transformed into myofibroblasts using TGF- β 1. Quantification of α -SMA, or α -SMA positive cells was performed using immunohistochemistry (IHC), immunocytochemistry (ICC) and real-time RT-PCR (RT-qPCR). In Cell Western (ICW) method was used to develop the HTS assay measuring α -SMA staining and cell numbers, in TA cell populations exposed to control conditions, TGF- β 1 or bFGF.

Results: IHC, ICC and RT-qPCR showed that the number of myofibroblasts in PD tissue and cells derived from PD tissue was higher than those in the tissues from non-PD patients. The ICW assay was able to detect TGF- β 1-induced myofibroblast transformation effectively and reproducibly, obtaining an average Z' of 0.84 with a CV of 6%. Using this assay and ICC, bFGF was found to significantly inhibit TGF- β 1-induced myofibroblast transformation when applied prophylactically or simultaneously with TGF- β 1 but not when applied therapeutically.

Conclusion: A novel assay, amenable to HTS for the detection of compounds with anti-myofibroblast activity has been developed using cells derived from human TA tissue for the first time. Using this assay, bFGF was shown to impede TGF- β 1 induced myofibroblast transformation when applied prophylactically or simultaneously with TGF- β 1. This assay may provide a novel therapeutic option for patients with PD.

Policy of full disclosure: Partly funded by an ESSM Research Grant to W.J.S.

PS-07-006

STIMULATION OF CALCIUM-ACTIVATED POTASSIUM CHANNELS (KCA) AS A STRATEGY TO MODULATE ENHANCED NEUROGENIC CONTRACTIONS OF CORPUS CAVERNOSUM

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Objective: Alteration of neurogenic regulation of penile smooth muscle tone could favour contractile stimuli and compromise erection. The aim of this work was to evaluate the impact of KCa modulation on the neurogenic regulation of cavernosal smooth muscle tone in rats and humans including analysis in hyperadrenergic conditions.

Methods: Rat corpus cavernosum (RCC) was obtained from adult male Sprague-Dawley rats. A group of rats underwent bilateral cavernous nerve (crush) injury (BCNI). Human corpus cavernosum (HCC) strips were obtained from 5 organ donors and 20 patients with erectile

dysfunction (ED) who gave informed consent at the time of penile prosthesis implantation. RCC and HCC were mounted in organ chambers and responses to electrical field stimulation (EFS) were evaluated. **Results:** Blockade of KCa with tetrabutylammonium (TEA) markedly potentiated neurogenic contractions but did not modify norepinephrine-induced contractions. By using specific KCa subtype blockers, large-conductance KCa (BK) appeared as responsible for modulation of neurogenic contractions. Stimulation of BK with NS1619 significantly inhibited EFS-induced contractions in RCC and caused a significant potentiation of EFS-induced relaxations. Similarly, in HCC, TEA or the BK specific blocker iberiotoxin enhanced EFS-induced contractions while BK activation with NS1619 (30 μ M) inhibited neurogenic contractions and potentiated neurogenic relaxations (36.6 \pm 5.4% vs. 11.2 \pm 3.8% at 1 Hz, $p < 0.01$). NS1619 was effective in inhibiting neurogenic contractions in RCC after thromboxane receptor stimulation or BCNI, two neurogenic hypercontractility-associated conditions. Furthermore, the potentiation of neurogenic contractions displayed by HCC from patients with ED after radical prostatectomy (77.8 \pm 5.3% vs. 40.1 \pm 4.9% at 24 Hz, $p < 0.05$) was reversed by treatment with NS1619 (50.4 \pm 7.3%).

Conclusion: BK participates in the regulation of neurogenic control of cavernosal smooth muscle tone. Pharmacological stimulation of these channels would favor relaxant responses over contractile input in rat and human cavernosal tissue. Thus, BK stimulation could be a potential strategy for treating ED mainly in situations involving imbalanced regulation of neurogenic control.

Policy of full disclosure: None

PS-07-007

SYNERGISTIC EFFECTS OF Y-27632 AND VARDENAFIL ON RELAXATION OF CORPUS CAVERNOSUM TISSUE OF PATIENTS WITH ERECTILE DYSFUNCTION AND CLINICAL PHOSPHODIESTERASE TYPE 5 INHIBITOR FAILURE

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Objective: The efficacy rate of phosphodiesterase type 5 inhibitors (PDE5-i) for erectile dysfunction (ED) is 60–70%. In different animal models of ED, an upregulation of the Rho/Rho associated protein kinase (ROCK) pathway in the corpus cavernosum was demonstrated. Inhibition of this pathway with Rho Kinase Inhibitors (RKI) facilitated penile erection. We tested the functional effects of two RKI's (azaindole and Y-27632) on corpus cavernosum tissue of patients with severe erectile dysfunction not responding to PDE5-i.

Methods: Corpus cavernosum samples were obtained after consent from individuals undergoing penile prosthesis implantation (n = 7). Tissue strips (2 mm x 5 mm) were mounted between two hooks in organ baths with 45 mL Krebs-Henseleit solution. One of the hooks was connected to a force transducer. The strips were first precontracted with 10 μ M phenylephrine and the stabilized contraction was defined as 100% tension. Then, the samples were incubated with 1 μ M vardenafil or with DMSO (control). Subsequently, increasing concentrations of azaindole or Y-27632 were added (range 10⁻⁹ M – 10⁻⁵ M).

Results: After incubation with DMSO, 10 μ M azaindole and 10 μ M Y-27632 relaxed precontracted tissues with respectively 49.5 \pm 7.42% ($p = 0.1470$ when compared with vehicle) and 85.9 \pm 10.3% ($p = 0.0016$ when compared with vehicle). Added effects on relaxation of human corpus cavernosum were seen after preincubation with 1 μ M vardenafil, which relaxed precontracted tissues with 24.4 \pm 19.3%. Indeed, measured from 14 minutes after preincubation with 1 μ M

vardeafil, 10 μ M azaindole and 10 μ M Y-27632 relaxed precontracted tissues with respectively $40.8 \pm 5.52\%$ ($p = 0.1998$) and 73.6 ± 18.7 ($p = 0.0480$) when compared with vehicle.

Conclusion: The Rho kinase inhibitor Y-27632 causes a significant relaxation of corpus cavernosum in tissue strips of patients with severe erectile dysfunction. The additive effect of vardenafil and Y-27632 could make Rho kinase inhibition a promising orally administered treatment strategy for severe erectile dysfunction.

Policy of full disclosure: None

PS-07-008

ROLE OF SK3 CHANNELS IN ERECTILE FUNCTION IN MICE

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Objective: The present study hypothesized that small conductance calcium-activated K channels (KCa2.3 or SK3) contribute to erectile function

Methods: This was examined in mice with either overexpression (SK3+/+) or downregulation (SK3-/-) of the SK3 channels and wild-type C57Bl/6 mice (WT). The mean arterial pressure (MAP) and the intracavernosal pressure (ICP) were measured in anaesthetized animals, corpus cavernosum strips were mounted for isometric tension recording, besides tissue were processed for immunohistochemistry, using a SK3 antibody

Results: MAP was decreased in SK3+/+ mice compared with WT and SK3-/- mice. Stimulation of the cavernous nerve caused frequency-dependent increases in erectile function measured as ICP/MAP, and these responses were markedly decreased in SK3-/- mice compared with WT and SK3+/+ mice. An opener of SK3 and intermediate conductance calcium-activated K channels (IK or KCa3.1), NS309 induced concentration-dependent relaxations, which were enhanced in the corpus cavernosum from SK3+/+ versus SK3-/- mice, while responses to the NO donor sodium nitroprusside (SNP) were unaltered. Additionally, immunoblotting and immunohistochemistry revealed, that SK3 channels are expressed in corpus cavernosum samples from C57Bl/6 mice

Conclusion: Our findings suggest that downregulation of SK3 channels affects erectile function, and that opening of these channels may restore erectile function in disease.

Policy of full disclosure: None

PS-07-009

INFLUENCE OF VARDENAFIL ON SPERM HYPERACTIVATION

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Objective: The outcome of the sperm hyperactivation assay (SHA) is a marker of the sperm fertilizing capacity. We evaluated the role of vardenafil administration in SHA outcome.

Methods: Each of 28 asthenospermic men produced three semen samples. Each sample was processed for a swim-up procedure and then the recovered fraction of motile spermatozoa was incubated for 8 hours at 37 °C under 5% carbon dioxide in air. Then the percentage of hyperactivated spermatozoa was calculated using a computer-assisted sperm hyperactivation assay system (criteria Burkman, 1991). The above 28 men were then administered 20 mg vardenafil daily for 12 weeks. Then three semen samples were collected from each participant. Semen samples were processed for the same swim-up procedure, and the percentage of hyperactivated spermatozoa was calculated under the above described experimental conditions.

Results: The percentage of hyperactivated spermatozoa was significantly larger after vardenafil administration than prior to vardenafil administration ($p < 0.05$; Wilcoxon test for paired observations).

Conclusion: Considering that sperm hyperactivation represents a prerequisite for the spermatozoon to obtain ability for fertilization, the increase in the outcome of SHA after vardenafil administration suggests that spermatozoa collected after vardenafil treatment may have higher fertilizing capacity.

Policy of full disclosure: None

PS-07-010

THE BENEFICIAL EFFECT OF INTRACAVERNOSAL FESOTERODINE (COMPETITIVE MUSCARINIC RECEPTOR ANTAGONIST) ON ERECTILE DYSFUNCTION OF DIABETIC RATS

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Objective: Erectile dysfunction (ED) is often associated with overactive bladder (OAB). Fesoterodine (Toviaz, Pfizer Inc, New York, NY) is a competitive muscarinic receptor antagonist in the treatment of OAB. The aim of this study was to investigate the possible role of fesoterodine on ED in streptozotocin (STZ)-induced type II diabetic rats.

Methods: A total of 16 adult male Sprague-Dawley rats were equally divided into control and type II diabetic group which was induced by single intraperitoneal injection of 35 mg/kg of STZ. In vivo erectile responses were evaluated by the stimulation of cavernosal nerves after 8 weeks and repeated after intracavernosal injection of fesoterodine (1 μ M) in rats. Data were expressed as intracavernosal pressure (ICP)/mean arterial pressure (MAP) and total ICP. The relaxant responses of corpus cavernosum (CC) strips were examined in vitro bath studies.

Results: ICP/MAP values in diabetic rats were lower than in control rats, which were restored after intracavernosal administration of fesoterodine after induction of diabetes at 8 weeks. Total ICP values were also reduced in diabetic animals as compared with control rats. Intracavernous administration of fesoterodine restored total ICP values at the 2.5, 5 and 7.5 voltage levels. Importantly, basal ICP levels (5.4 ± 0.9 mmHg) in diabetic rats were markedly increased after given fesoterodine (33.9 ± 7.9 mmHg, $p < 0.001$). However, relaxant responses to fesoterodine were reduced in CC obtained from diabetic group as compared with untreated group.

Conclusion: The restoration of erectile responses by intracavernosal fesoterodine demonstrates that this antimuscarinic agent may play a significant role for the activation of neuronal nitric oxide synthase in type II diabetic rats. Further investigations are warranted to fully elucidate the mechanistic effects of fesoterodine on ED type II diabetic rats with diabetes.

Policy of full disclosure: None

PS-07-011

ANTIOXIDANT THERAPY WITH ALGA
ECKLONIA BICYCLIS, TRIBULUS
TERRESTRIS, GLUCOSAMINE
OLIGOSACCHARIDE AND MYO-INOSITOL
REDUCES OXIDATIVE STRESS, LIPID
PEROXIDATION AND DNA-FRAGMENTATION
IN MEN WITH
OLIGOASTHENOZOOSPERMIA

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Objective: Oxidative stress is a consequence of an imbalance between the production of reactive oxygen species (ROS) and the antioxidant defense mechanism of the body and it plays a key role in male infertility. Spermatozoa are particularly vulnerable to oxidative stress and when ROS are present in excessive amounts can cause DNA fragmentation and damage sperm membrane via lipid peroxidation, affecting negatively sperm motility. We investigated the effect of an antioxidant therapy with Alga Ecklonia bicyclis, Tribulus terrestris, glucosamine oligosaccharide (Tradamixina®) and myoinositol on sperm parameters, DNA fragmentation and lipid peroxidation in men with oligoasthenozoospermia.

Methods: A total of 85 men with oligoasthenozoospermia were included in this study. Mean age was 32.4 ± 6.8. They all underwent treatment with 2 tablets/day containing Alga Ecklonia bicyclis 100 mg Tribulus terrestris 150 mg, glucosamine oligosaccharide 75 mg (Tradamixina®) and myo-inositol 500 mg for 3 months. At the end of treatment sperm parameters were evaluated according to WHO recommendations, DNA fragmentation index (DFI) was measured by Terminal deoxynucleotidyl transferase dUTP Nick End Labeling (TUNEL) and Sperm lipid peroxidation was evaluated biochemically through the malondialdehyde (MDA) assay.

Results: At the end of treatment sperm concentration improved from a mean of 10.34 ± 6.83 x 10⁶ cells/ml at baseline to 27.34 ± 7.87 x 10⁶ cells/ml (P < 0.005), sperm total motility improved from 28% to 51% while sperm forward motility improved from 6% to 11%. DNA damage reduced from 30.2% to 8.1% and a lipid peroxidation reduction was reported. No side effect were reported.

Conclusion: This antioxidant therapy gives a statistically significant improvement of semen parameters and a reduction of sperm DNA-fragmentation and lipid peroxidation.

Policy of full disclosure: None

PS-07-012

TADALAFIL RESTORES PENILE NEURONAL
NITRIC OXIDE SYNTHASE LEVELS WHICH
DECREASES WITH CHRONIC PAROXETINE
TREATMENT

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Objective: Selective serotonin reuptake inhibitors(SSRIs) are associated with erectile dysfunction(ED). Paroxetine is a commonly prescribed SSRI which was shown to impair erectile function via inhibition of nitric oxide synthase(NOS) activity in animal models. NO is the key mediator of penile erection and tadalafil is a phosphodiesterase type 5 inhibitor that potentiates NO-mediated responses in penile erection. The purpose of this study is to evaluate the impact of tadalafil treatment on penile NOS levels of rats which were under chronic paroxetine treatment.

Methods: Male Sprague-Dawley rats were divided into 3 groups. Group 1(n = 8) served as the control group. Group 2(n = 8) received paroxetine 20 mg/kg/day p.o. whereas rats in group 3(n = 8) received tadalafil 5 mg/kg/day p.o. in addition to paroxetine treatment. After 28

days of treatment, the rats were sacrificed and the penile tissues were harvested for analysis. NOS levels were evaluated with ELISA kits (Cloud-Clone Corp., Houston, TX) at 450 nm wave-length with a spectrophotometer (BioTek ELISA reader, Winooski, VT) by using 100 ml homogenate. The statistical analyses were performed with Graph Pad Prism 5 statistical software program (GraphPad Software, Inc., La Jolla, CA). One-way ANOVA and Post Hoc Tukey tests were used as needed and statistical significance level was set as p < 0.05.

Results: The nNOS, eNOS and iNOS levels are demonstrated in table 1. The nNOS levels were significantly decreased in the paroxetine group compared to the controls (P < 0.001). However, rats who received tadalafil and paroxetine treatment had significantly higher nNOS levels compared to paroxetine administered rats (P < 0.001)(figure 1). On the other hand, eNOS and iNOS levels were significantly increased in paroxetine received rats(P < 0.01).

Conclusion: The findings of this study demonstrated that paroxetine treatment decreases nNOS levels and increases both eNOS and iNOS levels. However, daily tadalafil treatment restores decreased nNOS levels in paroxetine administered rats. Tadalafil treatment may be offered to men who complain about ED under paroxetine treatment. Further clinical studies are required to confirm these assertions.

Policy of full disclosure: None

Late breaking abstracts – the following abstracts (Session PS-08 and PS-09) have been accepted after expedited peer review

PS-08 Late breaking abstracts in basic and clinical male sexual dysfunction research

PS-08-001

LOW-ENERGY LINEAR EXTRACORPOREAL SHOCK WAVE THERAPY FOR ERECTILE DYSFUNCTION

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Objective: The aim of the study was to assess if Low energy, Linear-Extracorporeal Shock Wave Therapy (LI-ESWT) is an effective treatment for men with erectile dysfunction (ED) of vascular origin.

Methods: Men with ED (n = 126) who scored less than 25 points in the International Index of Erectile Function questionnaire (IIEF-ED) whom consented, were randomised in a prospective, double-blinded, sham-controlled trial. Subjects were allocated to one of 2 groups: LI-ESWT treatment once a week for 5 weeks, or sham treatment once a week for 5 weeks. After a 4 week break, both groups received active treatment, once a week for five weeks. Subjects scored both the IIEF and Erection Hardness Score (EHS) questionnaires at base line, after 9 and 18 weeks.

Results: Mean score of IIEF-ED in the treatment group at base line was 10.9 (+/- 0,92 SD); at 9 weeks 13.1 (+/- 1,04 SD); at 18 weeks 11.5 (+/- 1,02 SD). Mean score in sham-group was correspondingly 11.5 (+/- 0,85 SD), 13.01 (+/- 1 SD) and 13 (+/- 0,99 SD). There were no significant differences in changes of the EHS score between the two groups.

Conclusion: A clinical relevant effect of LI-ESWT on ED could not be shown. Studies are on-going to elucidate whether different approaches to LI-ESWT may provide additional effects in management of ED.

Policy of full disclosure: None

PS-08-002

DOES STILL IS A PLACE FOR PAROXETINE IN THE ERA OF DAPOXETINE

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Objective: the aim of our study was management of patients with life long premature ejaculation (PE) by using PEDT (premature ejaculation diagnostic tool) questionnaire on native language. PEDT questionnaire was translated and validated on Georgian language. In Georgia dapoxetine is not available, so we want to show our experience with paroxetine.

Methods: 127 men with life long PE (age 18 – 42 yrs, mean age 23,8 yrs) without alteration of libido, not/poorly responders to behavioral strategies and topical agents, were randomized into 3 groups. Group I – 47 men with Paroxetin 20 mg daily administration; group II – 49 men with Paroxetin 20 mg daily administration during 1 month, and after that on demand 2 – 3 hours before intercourse; group III – 31 men with placebo daily. The primary endpoint was assessment of intravaginal ejaculatory latency time (IELT), secondary endpoints include evaluation of PEDT domains.

Results: at 3 months of drugs administration there were statistically significant increase in IELT in I and II groups compare to placebo (p < 0,001). IELT average increased by 7,8 fold in group I and by 6,8 in group II, at the same time IELT stay unchanged in placebo group. We found dramatically improvement in all domains of PEDT in both paroxetine groups compare to placebo. PEDT baseline average total

score decreased from 17.6 till 5.4 and 6.7 in I and II groups respectively, and changed insignificantly in III group. Drug related side effects were mild, unusual and comparable in all groups.

Conclusion: after validation of PEDT questionnaire on native language patients and specialists in Georgia will be able to use uniform tool in the assessment of results and future studies. On demand Paroxetine is so effective as daily administration, this drug can be used with success in cases when dapoxetine is not available.

Policy of full disclosure: None

PS-08-003

ALTHOUGH NITRERGIC FUNCTION IS PROFOUNDLY IMPAIRED, THE ENDOTHELIAL FUNCTION IS PRESERVED IN THE CORPUS CAVERNOSUM AND PENILE RESISTANCE ARTERIES OF MEN AFTER RADICAL PROSTATECTOMY

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Objective: To evaluate endothelial function of human corpus cavernosum (HCC) and penile resistance arteries (HPRA) and neurogenic responses of HCC from patients with erectile dysfunction (ED) secondary to RP (ED-RP).

Methods: HCC strips and HPRA were obtained from organ donors (No-ED) and patients with ED-RP or vasculogenic ED (ED-VASC) and functional responses were evaluated. Cavernosal fibrosis and apoptosis were determined by trichrome staining and TUNEL assay, respectively.

Results: Endothelium-dependent relaxations were significantly impaired in ED-VASC patients (pD2 for acetylcholine: 5.41 ± 0.21 in HCC and 5.57 ± 0.30 in HPRA, p < 0.01 and p < 0.001 vs. No-ED) while these responses in ED-PR patients (6.49 ± 0.13 in HCC and 7.13 ± 0.18 in HPRA, p < 0.01 and p < 0.001 vs. ED-VASC) were not different to No-ED (6.39 ± 0.24 in HCC and 7.31 ± 0.29 in HPRA). Similarly, sildenafil-induced relaxations were reduced in HCC and HPRA from ED-VASC but were preserved in ED-RP. Adrenergic contractions induced by electrical field stimulation (EFS) in HCC were potentiated in both ED-RP and ED-VASC (frequency required for obtaining 50% of maximal response was 27.0 ± 0.9, 18.5 ± 2.0 and 19.9 ± 0.9 Hz for No-ED, ED-VASC and ED-RP, respectively; p < 0.001 for both groups of ED patients vs. No-ED). EFS-induced nitrenergic relaxation was significantly reduced in HCC from ED-VASC (Emax 38.9 ± 7.4% vs. 64.2 ± 7.5% in No-ED, p < 0.01) but was almost abolished in ED-RP (14.0 ± 3.1%, p < 0.001 vs. NoED, p < 0.01 vs. ED-VASC). Fibrous tissue content and cavernosal apoptosis in HCC from ED-RP were not significantly different from No-ED.

Conclusion: Endothelial function and cavernosal sensitivity to PDE5 inhibition are preserved in erectile tissue from ED-RP while a marked imbalance in neurogenic modulation of cavernosal tone favoring adrenergic contractile responses over nitrenergic relaxation is manifested. These evidences could help to re-target therapeutic strategies in the management of ED after RP.

Policy of full disclosure: None

PS-09 Late breaking abstracts in female sexual dysfunction and psychosexual research**PS-09-003****RELATIONSHIP BETWEEN DESIRE, SEXUAL ATTITUDES AND MENSTRUATION**

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Objective: To assess the influence of menstruation in sexual attitudes and desire.

Methods: A cluster sampling was performed and snowball in different associations of Spain and South America. 834 women were involved

divided into three groups: those who were menstruating regularly (MR), those with irregular menstruation (MI) and those with menopause (MN). Sexual Opinion Survey questionnaire (EROS) was used to measure sexual attitudes, and Sexual Desire and Aversion (DESEA) questionnaire and Changes in Sexual Functioning Questionnaire (CSFQ-14) to measure sexual desire.

Results: MR women had better sexual attitudes and sexual desire (EROS = 87.59; WISH = 11.39; CSFQ-14 = 17.36) than women with MI (EROS = 86.91; WISH = 10.80; CSFQ-14 = 16.93) and the MN women (EROS = 78.35; WISH = 10.76; CSFQ-14 = 14.95). The differences were statistically significant in sexual attitudes (0.001) and desire (CSFQ-14 = 0.000).

Conclusion: The results confirmed that the type of menstruation, regular or irregular and the menopause influences in sexual attitudes and sexual desire.

Policy of full disclosure: None

HIGHLIGHTED POSTER TOURS

HP-01 Female sexual dysfunction

HP-01-002

THE VARIABILITY OF COITAL ORGASM IN A SAMPLE OF ITALIAN WOMEN

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Objective: The aim of this study was to investigate the ability of women to achieve an orgasm during penetration, specifically assessing the role of clitoral stimulation and investigating the importance of penis length vs. feelings towards the partner in achieving an orgasm during coitus.

Methods: One thousand one hundred and eleven Italian women, aged between 18 and 55 years old, completed an anonymous Internet-based questionnaire designed by AISPA (Italian Association for Applied Sexology and Psychology). The sample mainly consisted of young women, with a high level of education, the majority of which was living alone and had sexual experiences with more than one partner.

Results: Although only 12% of the sample was not able to achieve an orgasm during penetration, less than 50% of these women were able to do it without simultaneous clitoral stimulation. These findings differed from Brody's and Weiss' 2011 findings according to which Czech women were more able to achieve vaginally activated orgasms without simultaneous clitoral stimulation (VAO) than Italian women. In 2012, Costa et al. found that women who prefer longer penises were more likely to have vaginal orgasms, however the majority of women of this study stated that the size of the penis was not very important to achieve a vaginal orgasm and that, among different penises characteristics, they preferred circumference. Furthermore, more than 60% of the women reported that the feelings towards their partners were extremely important to achieve an orgasm during sexual intercourse.

Conclusion: Even if eighty-eight % of the women in the study were able to achieve an orgasm during penetration, more than half of them needed simultaneous clitoral stimulation. Moreover, the feelings towards their partner seemed to play a key role in achieving an orgasm during penetration.

Policy of full disclosure: None

HP-01-003

TREATMENT OF FEMALE AROUSAL AND ORGASMIC COMPLAINTS IN A FEMALE CANCER POPULATION TREATED WITH ZESTRA®: A TOPICAL APPLIED BLEND OF BOTANICAL OILS

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Objective: Cancer treatment including surgery, radiation and cytostatic medications can directly and indirectly impact arousal and orgasmic. Presently, there are no approved products presently available for female sexual orgasm dysfunction (FSOD) and many cancer survivors' women opt for over the counter (OTC) products in an attempt to enhance orgasmic responsivity. In addition, cancer patient remain apprehensive to use topical hormones or novel systemic centrally acting medications.

Methods: We present an updated case series of 15 cancer survivors with multiple cancers women who presented with self reported delayed arousal and poor orgasmic response and decreased orgasmic intensity

Results: Patient demographics included median age of 55.4 years. The following malignancies were represented in this small case series:

Breast, rectal, uterine, ovarian, lung and hematologic. One woman was single and another was divorced whereas 13 were married. All women were sexually active. All were placed on local moisturizers and lubricants to help mitigate these symptoms. Four patients were on concurrent minimally absorbed local intravaginal hormones (3 Estradiol cream, 1 DHEA suppositories). Seven women had laboratory blood testing. Most women had normal hormones though the majority had free testosterone levels in the lower one third for normal range. No patients were on testosterone supplementation. All women had estradiol levels within the menopausal range. Patients were evaluated and assessed using a standardized protocol (previously described) by a sexual medicine gynecologist. All patients reported efficacy with respect to improved intensity of orgasmic response, and decreased latency of time to orgasms after use of the non-prescription product, Zestra®, a proprietary blend of botanical oils and extracts. No side adverse events were reported and all noted subjective improvement in orgasmic intensity and decreased latency. All reported improved sexual satisfaction at the 4-week follow up visit.

Conclusion: Cancer patients suffer from distressing female sexual problems and treatment for malignancy affects the genital arousal and orgasmic function. Further randomized clinical trial study with standardized screeners and questionnaires with set endpoints is necessary to establish the generalizability of these preliminary case findings.

Policy of full disclosure: Dr Krychman and Dr Kellogg both report that they are advisors for Innovous and sit on their medical advisory board. The abstract was NOT funded by Innovous

HP-01-004

THE INFLUENCE OF BREAST RECONSTRUCTION ON SEXUAL WELL-BEING AFTER PROPHYLACTIC MASTECTOMY FROM THE PATIENTS PERSPECTIVE: ANALYSES OF DEPTH INTERVIEWS FOR IMPROVING HEALTH CARE

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Objective: It is known that sexual well-being is one of the most neglected topics following the care of breast cancer. Within the prophylactic patient group the implications of breast reconstruction are in an early stage part of their decision making process. Unfortunately, until now there is a lack of patient reported outcomes concerning the impact of breast reconstructions on sexual well-being. We conduct this study to learn from a patients perspective, in order to improve information and care with regard to sexual well-being after breast reconstructions.

Methods: In this study qualitative and quantitative data were collected based on the experience of the patients and their attitude to sexual well-being following breast reconstruction. Ten patients, who had breast reconstruction after they had undergone preventive mastectomy were recruited for in-depth interviews. The central questions covered the patient's experience and perceptions about their sexual activities after breast reconstruction.

Results: Based on the qualitative analysis, four main themes emerged: 1) Decrease in sexual frequency and lack of desire after the reconstruction; 2) Body image changes and coping strategies to the reconstructed breasts; 3) Importance of communication with and support of a potential partner; 4) Importance of being informed before and having the possibility for professional support during and after the breast reconstruction. Results from the quantitative study further supported the findings from the qualitative analysis.

Conclusion: These patient reported outcomes confirm that the care and information concerning sexual well-being after breast reconstruction need to be improved. The authors suggest to standardize a digital pre-operative and post-operative questionnaire, including a personal consultation in which the topic of sexual well being will be addressed, questions can be answered and the possibility for referral to a sexual health care specialist will be given. Further prospective research needs to be done to improve these findings.

Policy of full disclosure: None

HP-01-005

EFFECTS OF LOW FREQUENCY BULLET VIBRATORS ON THE CLITORAL ORGASM AND SEXUAL LIVES OF TURKISH WOMEN

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Objective: Vibrator use in Turkey is very low among women. In this study the effects of bullet vibrators to attain clitoral orgasms and on general sexual life is investigated.

Methods: We made a survey on 27 women. The survey continues. These women were all given bullet vibrators (3000 RPM, frequencies at 40 Hz, 50 Hz and 60 Hz) and the survey questions were collected 3 months after delivering the bullet vibes. The questionnaire consisted of 50 questions about the sexual behavior of respondents and the effects of various vibrators. 0–6 likert scale included the choices of effects: 0-very badly; 1-badly; 2- No effect; 3-little positively; 4-moderately; 5- much in a positive way; 6- very much in a positive way.

Results: 1- “Did bullet vibrators or other vibes affect your sexual response and capability to attain clitoral orgasm?” 0 (very badly) = 0.0%; 1 (badly) = 0.0%; 2 (No effect) = 14%; 3 (Little effect) = 0.0%; 4 (moderate effect) = 14%; 5 (much effect) = 29%; 6 (very much effect) = 43%. 2- “Did bullet vibrators or other vibes affect your general sexual response positively?” 0 (very badly) = 0.0%; 1 (badly) = 0.0%; 2 (No effect) = 11%; 3 (Little effect) = 0.0%; 4 (moderate effect) = 4%; 5 (much effect) = 45%; 6 (very much effect) = 40%. 3- “By Using bullet vibe or other vibrators did you attain a clitoral orgasm?” 67% = Yes, every time; 19% = Yes, usually; 8% = Yes, sometimes; 3% = Yes, very rarely; 3% = No, never.

Conclusion: This group could attain orgasms by low frequency bullet vibrators and reached to clitoral orgasms easier (86%), and their sexual life styles were improved by bullet vibes positively (85%). Vibrators can be used in the treatment of anorgasmia and other sexual function disorders in Turkey.

Policy of full disclosure: None

HP-01-006

HOW DO PEOPLE FEEL ABOUT SELF-MASTURBATION? FINDINGS FROM A REAL-LIFE SURVEY IN OUTPATIENTS

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Objective: To sociologically assess opinions on sensitive issues regarding masturbation in terms of: a) the meaning and role of self-masturbation; and, b) personal attitudes toward masturbation, among patients seeking medical help for uroandrogenic purposes.

Methods: A cohort of 977 consecutive outpatients visiting a uroandrogenic clinic for the first time were invited to anonymously complete a 16-item questionnaire related to personal feelings and attitudes regarding self-masturbation.

Results: Complete socio-demographic data were available for 167 (17.1%) women [mean (SD) age: 36.04 (8.54) yrs; range: 18–72] and 810 (82.9%) men [44.71 (14.74) yrs; range: 17–80]. A total of 792 (81.9%) participants reported being in a stable sexual relationship. Educational status was primary/secondary school or high school/university/degree/PhD in 123 (12.6%) and 844 (87.4%) patients, respectively. Sexual orientation was heterosexual and non-heterosexual in 906 (93.7%) and 61 (6.3%) patients, respectively. The questionnaire was completed by 890 (91.1%) patients. Overall, 466 (52.4%) patients regularly practiced self-masturbation, with a higher prevalence among males ($\chi^2 = 42.97$; $p < 0.05$), non-heterosexuals ($\chi^2 = 32.0$; $p < 0.005$) and patients with a lower educational status ($\chi^2 = 74.32$; $p < 0.05$). Self-masturbation was considered normal behavior in 832 of 890 (93.5%) respondents, and not a behavior only for kids in 601/671 (89.6%) nor for depraved people in 641/667 (96.5%), respectively. Likewise, participants did not consider self-masturbation a behavior only for homosexuals or single people in 641/660 (97.1%) and 602/672 (9.6%), respectively. Most patients did not believe that self-masturbation became a disease in adulthood [576/664 (86.7%)].

Conclusion: The results of this exploratory sociological survey showed that one patient out of two regularly practices self-masturbation, which was largely considered a normal behavior even in adulthood. These findings gain importance in the everyday clinical practice for the repercussions in the tailored therapeutic management of patients complaining of sexual dysfunction.

Policy of full disclosure: None

HP-01-007

SOME SOCIO-CULTURAL ASPECTS OF ETIOLOGY, PREVALENCE AND TREATMENT OF VAGINISMUS IN GEORGIA

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Objective: Vaginismus is considered one of the most severe female sexual dysfunctions. Certain authors discuss the role of socio-cultural factors in development of this sexual disorder. In case of Georgia is also interesting to highlight differences in the prevalence of vaginismus across cultures.

Methods: 169 female patients aged from 17 to 45 came to our clinic (Department of Sexual Medicine of V. Ivereli Endocrinology, Metabolism & Dietology center ENMEDIC, Tbilisi, Georgia) with complaints of various sexual disorders. Among them 98 aged from 17 to 36, diagnosed with vaginismus. All 98 women with vaginismus were virgins and married and they did not have vaginal sex for a period of one month to ten years after marriage.

Results: Among all women that came to our clinic 58% were suffering from vaginismus. In comparison, rates of Orgasm dysfunction (27%), Dyspareunia (8%), Sexual Desire and Sexual Arousal Disorders (7%) were significantly lower. Consequently, our research findings differ from the reviewed literature. After the successful and appropriate treatment, 90% of our patients suffering from vaginismus were able to have regular vaginal intercourse.

Conclusion: Very high number of vaginismus diagnosis among our patients could be indicative that Georgian women seek medical help as a last resort as level of sex education in Georgian society is extremely low. Such high rates of vaginismus, could be also linked to the abstinence practice before marriage among Georgian women that increases a probability of “nightmare of vaginismus” during the first wedding night. Therefore, we could suppose that the virginity is one of the risk factors of vaginismus development. All above-mentioned and high success rate of treatment of vaginismus among our patients are perhaps the products unique to the Georgian culture.

Policy of full disclosure: None

HP-02 Pre-clinical perspectives

HP-02-001

EXPRESSION AND DISTRIBUTION OF KEY MEDIATORS OF THE CYCLIC GMP PATHWAY IN THE HUMAN CLITORIS – RELATION TO THE PHOSPHODIESTERASE TYPE 5 (PDE5)

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Objective: The clitoris contributes mainly to the normal female sexual response cycle. The expression of the phosphodiesterase type 5 (PDE5, cyclic GMP PDE) in clitoral erectile tissue has been shown and a significance of cyclic GMP assumed in the control of clitoral vascular and non-vascular smooth muscle. However, up until today, only little is known on the mechanisms controlling this female genital organ. The present study aimed to evaluate in the human clitoris the expression and distribution of key mediators of the cyclic GMP pathway, such as the endothelial nitric oxide synthase (eNOS), PDE11 (cyclic GMP/AMP PDE), cyclic GMP-dependent protein kinase G (cGK) and calcitonin gene-related peptide (CGRP), in relation to the PDE5.

Methods: Specimens of the human clitoris (mid to proximal portion) were obtained within 4 hours–6 hours postmortem from four female cadavers (age at death: 18 years–42 years). Clitoral sections were exposed to antibodies directed against eNOS, PDE5, PDE9, PDE11, cGK and CGRP. Then, fluorochrome-labeled secondary antibodies were applied. Visualization was commenced by means of laser-stimulated immunofluorescence.

Results: Immunohistochemistry revealed signals specific for the PDE5 and cGKI in the smooth musculature of small arteries transverse the subepithelial and stromal space. These blood vessels were also characterized by the expression of NOS in the vascular endothelium. Immunolabeling specific for PDE5 and the neuropeptide CGRP was also identified in slender nerve fibers interspersing the tissue sections. Underneath the clitoral epithelium, single PDE9A- and PDE11A-positive cell bodies were observed, some of which also stained for vimentin, a specific feature of interstitial/ (neuro)endocrine cells.

Conclusion: The results are in favour of a role of the cyclic GMP signaling in the control of clitoral function. It seems likely that PDE5/cGKI/eNOS are involved in the maintenance of local blood perfusion whereas PDE5, PDE9, PDE11 and CGRP might contribute to the mechanism of sensory transmission.

Policy of full disclosure: None

HP-02-002

EXPRESSION AND DISTRIBUTION OF CANNABINOID RECEPTORS IN THE HUMAN SEMINAL VESICLES

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Objective: The endocannabinoid system (ECS), comprising of the cannabinoid receptors (CBR), their ligands, and enzymes controlling the turn-over of endocannabinoids, has been proposed to be involved in the regulation of sperm function. Altered levels of ECS components in sperm have been reported in infertile men. CB-mediated signals have also been proposed to modulate neurotransmission of the vas deferens. Besides CB1 and CB2, evidence has been presented supporting the existence of additional receptors for cannabinoids. The human GPR55, that was initially described as an orphan G protein-coupled receptor, recognizes cannabinoid ligands. present study aimed to investigate the expression and distribution of CB1, CB2 and GPR55 in human human seminal vesicles (SV), tissue specimens.

Methods: Normal SV tissue was obtained from 5 patients who had undergone pelvic surgery (cystoprostatectomy) due to localized bladder cancer. Specimens were either processed for PCR or conventional immunocytochemistry. Total RNA was extracted using the RNAsasy kit and retrotranscribed into cDNA with the Immprom-II Reverse Transcriptase kit. Amplification was performed by GoTaq. For immunocytochemistry, sections were stained with antibodies directed for CB1, CB2 and the GPR55 and then examined with an Olympus microscope.

Results: Significant amounts of PCR products of 66, 141 and 112 base pairs (bp), corresponding to CB1, CB2 and GPR55, respectively, were detected in all SV tissue specimens. Immunohistochemistry revealed dense expression of CB1, CB2 and GPR55 located to the pseudo-stratified columnar epithelium. Cytosolic staining was particular dense in cuboidal cells of the basal epithelial layer. Signals of medium intensity specific for CB1, CB2 and GRP55 were also identified in subepithelial smooth muscle bundles, nerve varicosities and single inflammatory cells.

Conclusion: From the findings, a role seems likely for the ECS in epithelial cell secretory functions. The expression of CB or GPR55 in nerves or smooth muscle might be related to the control of motor activity.

Policy of full disclosure: None

HP-02-003

ESTROGEN MEDIATES METABOLIC SYNDROME-INDUCED ERECTILE DYSFUNCTION: A STUDY IN THE RABBIT

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Objective: ER α is critical in mediating the harmful effects of hyper-estrogenism in fetal or neonatal life on the developing penis. In contrast, little is known on the impact of an excess of estrogens on penile function in adulthood. The aim of this study was to investigate the effect of estrogens on metabolic syndrome (MetS)-associated erectile dysfunction (ED), in an animal model of MetS.

Methods: To understand the role of sex steroid milieu, we treated subgroups of MetS rabbits with either testosterone (T) or tamoxifen, a classical ERs antagonist. We evaluated acetylcholine (Ach)- penile responsiveness as well as the expression of genes related to penile smooth muscle relaxation and contractility.

Results: MetS was associated to elevated estradiol (E2) and low T levels. E2, but not T, was independently and negatively associated with genes able to affect penile erection. Smooth muscle-related markers decreased as a function of E2 and were positively associated with all the variables investigated. Increasing concentrations of circulating E2 were negatively associated with Ach-induced relaxation. In HFD rabbits, in-vivo T dosing significantly improved MetS, and normalized circulating E2. Conversely, in-vivo tamoxifen dosing reduced visceral adiposity and partially restored T level. Ach-induced relaxation was severely impaired by HFD and significantly restored, up to the control level, by both tamoxifen and T. In rabbit smooth muscle cells culture 17 β estradiol significantly reduced the expression of α SMA, SM22 and PDE5.

Conclusion: Tamoxifen reverted completely these effects. In conclusion, HFD-induced ED is more associated with a high estradiol, than to a low T, milieu.

Policy of full disclosure: None

HP-02-004

INCREASED VULNERABILITY OF CORPUS CAVERNOSUM TO AGING-INDUCED ENDOTHELIAL DYSFUNCTION IN RATS

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Objective: Aging is the most important risk factor for both erectile dysfunction and cardiovascular disease. However, erectile dysfunction (ED) is frequently developed before cardiovascular disease (CVD) is clinically manifested. The aim of this work was to evaluate the existence of special vulnerability of penile vascular structures to functional impairment related to aging in rats.

Methods: Functional responses in corpus cavernosum (RCC) were compared to those in systemic vasculature, including resistance microvessels (mesenteric microarteries; RMA) and large vessels (aorta; RA) in young adult (3 months old/3M), middle-aged (12 months/12M) and old rats (20 months/20M). Endothelium-dependent and endothelium-independent relaxations were determined. Response to hydrogen peroxide (H₂O₂) was also tested.

Results: Aging caused gradual impairment of endothelium-dependent as well as nitroergic relaxation of RCC. Neurogenic contraction was potentiated in aged rats but this potentiation was similar at 12M and 20M. Aging caused slight but significant reduction in maximum endothelial dilation in RA as well as a shift-to-the-right of endothelial response in RMA. However, when the relative impacts of aging on endothelial function were compared, the degree of impairment in both sensitivity (ΔpD_2 : -0.29 ± 0.13 , -0.73 ± 0.10 and -1.66 ± 0.31 log units for RA, RMA and RCC, respectively, at 20M) and maximal relaxation (ΔE_{max} : -6.8 ± 2.4 , 1.6 ± 1.0 and $-37.5 \pm 4.7\%$ for RA, RMA and RCC, respectively, at 20M) was significantly larger in RCC ($p < 0.001$ vs. RA or RMA for both parameters). Furthermore, RCC and RMA, but not RA, displayed impaired endothelium-independent relaxations to sodium nitroprusside at 20M while defective relaxation to H₂O₂ was manifested in RCC and RA at both 12M and 20M but was absent in aging RMA.

Conclusion: Although rat systemic micro- and macrovasculature are functionally altered by aging, the impact of this condition on corpus cavernosum function is qualitatively and quantitatively greater. This would provide a functional explanation for the role of ED as a harbinger of CVD.

Policy of full disclosure: None

HP-02-005

A NOVEL DOPAMINE REUPTAKE INHIBITOR, NS18313 INDUCES SPONTANEOUS ERECTIONS IN RATS

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Objective: The present study investigated whether a newly developed amine transport inhibitor, NS18313, affects erectile function in rats.

Methods: In vivo measurement of erectile function in rats with NS18313. In vitro pharmacological studies of rat cavernous strips were conducted assessing endothelial function and other parameters.

Results: In vitro NS18313 (10 μ M) inhibited completely dopamine, 5-hydroxytryptamine, and noradrenaline uptake with halfmaximal inhibition concentrations (IC₅₀) of, respectively, 0.021, 0.073, and 0.012 μ M with no binding to dopamine receptors. Measured as intracavernosal pressure in anaesthetized rats, NS18313 dose-dependent increased the number and the duration of spontaneous erections (SE). These increases and/or duration were inhibited after cutting the proximal cavernosal nerve or pretreatment with the dopamine D₂ receptor antagonist, clozapine. Pretreatment with the phos-

phodiesterase type 5 inhibitor, sildenafil, enhanced the duration and magnitude of increase in intracavernosal pressure induced by NS18313. In isolated cavernosal strips, NS18313 induced concentration-dependent relaxations which were inhibited in the presence of an inhibitor of nitric oxide synthase inhibitor, NG-nitro-L-arginine (L-NOARG), and enhanced by sildenafil. NS18313 did not change relaxations or contractions induced by electrical field stimulation in corpus cavernosum strips

Conclusion: The present findings suggest that NS18313 stimulates erectile function mainly by a central mechanism involving dopamine reuptake inhibition.

Policy of full disclosure: None

HP-02-006

THE TREATMENT OF POMEGRANATE JUICE RESTORED ERECTILE DYSFUNCTION IN DIABETIC RATS

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Objective: Erectile dysfunction (ED) is common in men with type 2 diabetes mellitus (T2DM). Pomegranate Juice (PJ), as a rich source of potent antioxidants, has a potential on the oxidative stress due to hyperglycemia in diabetes. The present study evaluated whether the administration of PJ ameliorates ED in T2DM rat model.

Methods: Adult male Sprague-Dawley rats were divided into three groups (n = 8, each): 1) control, 2) streptozotocin (STZ, 35 mg/kg, i.v.)-induced diabetic and 3) PJ (100 mg/kg/day) treated diabetic rats were used. PJ was given in their drinking water. The erectile response as a ratio of intracavernosal pressure (ICP)/mean arterial pressure (MAP) and relaxant and contractile responses were evaluated in rat corpus cavernosum (CC) after 8 weeks of diabetes induction. Two parameters of oxidative stress were determined by measurement of superoxide dismutase (SOD) activity and malondialdehyde (MDA) levels in CC.

Results: The body weight was significantly elevated in diabetic group (550.0 ± 8.6 g) when compared with the control group (342.5 ± 37.3 g) at 8 weeks. The ICP/MAP and total ICP values in T2DM rats were lower than control rats, which were improved by PJ treatment. Relaxant responses to acetylcholine and electrical field stimulation (EFS) in CC from T2DM group were reduced, which were ameliorated by PJ treatment. Phenylephrine and EFS-induced contractile responses were significantly reduced in the diabetic group, which were normalized by the treatment. PJ treatment restored the activity of SOD and MDA levels in T2DM rat model.

Conclusion: PJ administration improves ED by suppressing oxidative stress in a rat model of T2DM. PJ may be an attractive dietary strategy and further clinical studies are required to conduct and validate PJ treatment in diabetic ED.

Policy of full disclosure: None

HP-03 Genital reconstructive surgery

HP-03-001

10 YEARS SINGLE CENTER EXPERIENCE IN MALE TO FEMALE SEX REASSIGNMENT SURGERY

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Objective: Aim: to evaluate the experience of our center in Male to Female (MtF) gender sex reassignment surgery (GSRS) after 10 years of activity

Methods: we performed a retrospective analysis of 66 patients (pts) underwent to MtF GSRS from 2003 to 2013: in 41 pts was performed a double-skin flap vaginoplasty (Group A[GA] 2003–2010), in 25 pts was performed penile skin tube widened with urethral flap inversion (Group B[GB] 2010–2013). All pts were evaluated with specific index in order to estimate genital sensitivity at least 6 months after surgery.

Results: Mean age of pts was 33 ys ($\pm 9,23$). mean operative time: GA- 316 min ($\pm 101,65$), GB- 598 min ($\pm 89,07$); mean postoperative hospital stay: GA- 10 days ($\pm 2,49$), GB- 14 days ($\pm 4,51$). Intraoperative complications: GA anemia in 5 pts (12%), 2 urethral injuries (5%), 1 rectal injury (4%), GB anemia in 13 pts (52%), 1 rectal injury (4%). Post op long-term complications: GA: 1 vaginal atresia (2%), 5 urethral stenosis (12%), 1 severe stenosis of neovaginal meatus (2%), 1 neovaginal prolapse (2%). GB: 1 vaginal atresia (4%), 1 neovaginal prolapse (4%), 1 rectal-neovaginal fistula (4%) Long-term functional results: GA(17 pts): 24 pts lost at follow-up; mean neovaginal depth 9 cm ($\pm 2,59$); GB(25 pts): 12,3 cm ($\pm 2,23$) Sexual activity recovery: GA 94%, GB 88%. Neoclitoral and neovaginal sensitivity satisfaction: GA 11 pts (65%), GB 20 pts (80%): 19 pts of GB referred neovaginal secretion during sexual stimulation.

Conclusion: Despite the increased risk of complications probably related to the higher complexity of the surgical technique, the GB pts are generally more satisfied than those in GA.

Policy of full disclosure: None

HP-03-002

ERECTILE FUNCTION IN MEN WITH FAILED HYPOSPADIAS REPAIR

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Objective: While efforts have been made to study erectile function in patients with urethral stricture, very few prior investigations have specifically assessed erectile function in men with failed hypospadias surgery. We set forth to assess the baseline erectile function of men with hypospadias failure presenting for urethroplasty as adults.

Methods: Retrospective data was analyzed on 163 adult patients with prior failed hypospadias repair who presented for urethroplasty from 2002–2007 at two sites in the United States and Italy. All patients had completed the International Index of Erectile Function (IIEF) pre-operatively. Standard IIEF-6 categories were used to assess baseline level of erectile dysfunction (ED) defined as none (≥ 26), minimal (18–25), moderate (11–17), and severe (≤ 10). A subset of 13 hypospadias patients prospectively completed the IIEF questionnaire pre and post-operatively.

Results: The mean age at presentation for urethroplasty was 39.7 years. Based on IIEF-6 scores, 54% of patients presented with some degree of ED with 22.1%, 3.7%, and 28.2% reporting severe, moderate and mild ED respectively. While the oldest patient population (>50) had the highest incidence of severe ED (38.9%), the youngest age group ($= 30$) had a 60% rate of ED with 18% classified as severe

(Table I). Subset analysis of 13 failed hypospadias patients following urethroplasty revealed that 11 (85%) patients had the same or improved erectile function following surgery.

Conclusion: Patients presenting for repair after hypospadias failure often require complex penile reconstruction impacting both urinary as well as sexual quality of life. Among these patients there appears to be a high baseline prevalence of ED. Older patients had a higher incidence of more severe ED; however, the majority of younger patients still presented with some form of ED and a significant number with severe ED. Urethroplasty does not appear to negatively impact erectile function in men with previous hypospadias failure; however a disease specific questionnaire is needed to fully address this issue.

Policy of full disclosure: None

HP-03-003

SIGMOID VAGINOPLASTY AND ITS IMPACT ON PSYCHOSOCIAL AND SEXUAL LIFE IN PATIENTS WITH VAGINAL AGENESIS

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Objective: The main goal in treatment of the patients with Mayer-Rokitansky-Küster-Hauser syndrome (vaginal agenesis) is creation of a neovagina that will satisfy patient's desire. We evaluated sexual and psychosocial adjustment in patients who underwent sigmoid vaginoplasty due to vaginal agenesis.

Methods: A total of 58 women, aged 19 to 38 years (mean 25) who underwent colonic vaginal replacement from 1997 to 2014 were evaluated. Sexual and psychosocial evaluation included the Female Sexual Function Index (FSFI), Beck's Depression Inventory (BDI) and standardized questionnaires about postoperative satisfaction, social and sexual adjustment.

Results: The mean follow-up was 8.5 years (range 9 months to 17 years). Mean FSF Index was 28.1 (range 10.5–35.7) with cut-off score 26.55 for sexual dysfunction. Out of the 58 women, 13 (22%) had sexual dysfunction. Mean Beck Depression Inventory (BDI) was 7.1 (cut-off score 0–9 for non-depression). A 43 women (74%) was without symptoms of depression, twelve (BDI ranged from 10–18) had moderate and three had severe depression (BDI 42). There were significant level ($p < 0.01$) within high satisfaction score in FSFI and low BDI results, that indicates important predictive variable between one FSFI domain and psychological status. 84% (49/58) of the patients believed that surgery was done at the right time, while 93% (54/58) of the patients reported satisfactory femininity with heterosexual orientation. 52 patients (89%) were satisfied with surgery, while 91% considered that this surgery is the best treatment.

Conclusion: Sexual function and psychosocial status of patients who underwent sigmoid vaginoplasty is not affected in general and attained complete recovery. Predictive factor for sexual dysfunction is associated with lower orgasm score, while higher desire directly influences positive sexual function on the FSFI. Absence of depression and presence of sexual function precisely correlate with higher satisfaction. Multidisciplinary approach is necessary for successful postoperative outcomes and better quality of life.

Policy of full disclosure: None

HP-03-004

PATIENT REPORTED OUTCOMES FOR METOIDIOPLASTY

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Objective: To analyze patient reported outcomes after metoidioplasty in female-to-male gender reassignment surgery.

Methods: All patients who underwent metoidioplasty, between 1999 and 2014, were retrospectively analyzed and patient reported outcomes were evaluated through a non-validated questionnaire, which was designed in cooperation with trans-gender patients.

Results: 48 patients were identified of which 3 were lost to follow-up and 1 underwent gender reversal to female. The response rate to the questionnaire was (21/48) 44% of which 17/48 (35%) still had just a metoidioplasty. Mean age at the time of surgery was 37.8 years. Mean follow-up was 49.3 months. The complication rate was 59% (55% urethral fistulae or strictures, 25% infected testicular prosthesis, 20% other). Most patients (29/48, 60%) were content with the metoidioplasty but 12 (25%) went on to have a full size phalloplasty with a further 3 (6%) requesting a phalloplasty. The mean length of the metoidioplasty was 3.8 cm (range 2–5 cm). Sexual function was very good with patients being satisfied or partially satisfied with erection quality (94%), masturbation (100%) and orgasm (100%). Desire for sexual intercourse was high (88%) but ability to penetrate was low (24%). Voiding function was much poorer in contrast, with patients being satisfied or partially satisfied with ability to void standing (47%), confidence using a public urinal (12%) and satisfaction voiding standing (71%). Spraying of urine was a feature in 59%. Cosmesis was moderate with patients being satisfied or partially satisfied with cosmetic appearance (77%) and penis length (71%). 94% were happy with the pre-operative information given but only 82% would recommend this operation to a friend and only 71% would do the operation again given current knowledge.

Conclusion: Metoidioplasty results in good patient reported outcomes with respect to sexual function and cosmesis but much poorer voiding outcomes than perceived. Comprehensive preoperative information on the procedure and expected result is critical to patient satisfaction.

Policy of full disclosure: None

HP-03-005

BURIED PENIS IN ADULTS: PRESENTATION, SURGICAL TECHNIQUES AND OUTCOME

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Objective: Buried penis in adult men is a rare, usually acquired condition in which the penis is partially or completely hidden below the surface of the prepubic skin and/or scrotum, although the corporeal length of penile shaft is normal. The aim of the study was to evaluate the presentation, treatment options and results of surgical treatment of buried penis in adults, a previously under reported entity.

Methods: A total of 54 patients (mean age 55.6 ± 19.6 years) underwent surgery for buried penis between 2007 and 2013 were included in this retrospective study. The aetiology of buried penis was multifactorial, the most common factors were obesity (79.6%) and/or previous treatment of penile cancer (16.6%) or circumcision (31.5%). The presentation of buried penis included voiding difficulties in 24 (44.4%), sexual dysfunction in 16 (29.6%), recurrent balanoposthitis or balanitis xerotica obliterans in 12 (22.2%) and aesthetic concerns in 16 (29.6%) patients. Surgical techniques included suprapubic fat pad excision, abdominoplasty, apronectomy, split/fullthickness skin graft, division of the suspensory ligament, scrotoplasty and excision of foreskin.

Results: Mean hospital stay was 5.1 days (range 1–14). 46 patients (85.2%) were satisfied with the results of the surgery. 4 patients (7.4%)

underwent further additional corrective surgery: in 2 patients the suspensory ligament division and scrotoplasty, in 1 patient scrotoplasty and in 1 patient repeated abdominoplasty. The following complications were recorded in 8 (14.8%) patients: wound infection in 4 (7.4%) patients, lost of skin graft in 2 (3.7%) patients, hematoma and deep venous thrombosis in 1 patient.

Conclusion: Surgical treatment of the buried penis in adults is a complex procedure with a high satisfactory rate. The overall morbidity of the procedure was low and less than 10% of patients required further surgery to achieve optimum results.

Policy of full disclosure: None

HP-03-006

OUR EXPERIENCE OF NONTRANSECTING ANASTOMOTIC BULBAR URETHROPLASTY

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Objective: End to end anastomotic urethroplasty remains the effective method of surgical treatment of bulbar urethral strictures. To report our early experience with an end-to-end anastomotic repair of bulbar urethral strictures using nontransecting technique.

Methods: A total of 12 patients underwent end-to-end anastomotic urethroplasty for proximal bulbar strictures using nontransecting technique in which we excised scarred urethral tissue without transecting corpus spongiosum and so preserving its blood supply.

Results: The mean follow-up was 18 months (range 8 to 27). Urethrography performed 1 month postoperatively demonstrated a widely patent anastomosis in all cases. Success rate at 1 year of follow-up was 100% (only for 10 patients follow-up was 1 year and more)

Conclusion: The non-transecting technique of anastomotic bulbar urethroplasty provides the same good results as well as traditional anastomotic urethroplasty with less surgical trauma. The evaluation of long-term outcomes is very important for a high-grade estimation of urethroplasty results. Despite of obtained data, further studies are necessary to establish the gold standard of treatment for nontraumatic bulbar urethral strictures.

Policy of full disclosure: None

HP-03-007

DEVIATION OF THE ERECT STRAIGHT PENIS

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Objective: Penile deviation appears to encompass a wider scope than mere penile curvature. In contrast to curvature, deviation of the erect straight penis (DESP) is a condition where the erect penis is straight, but pointing downwards (VDESP / penile drop), laterally (LDESP) or upwards, in a manner that causes cosmetic concerns to the patient, rather than functional disability.

Methods: We describe our experience with DESP cases, managed by counseling or – less commonly – by surgical correction, whether by anchoring sutures to the pubis or by skin reduction technique (SRT).

Results: Counseling succeeded in alleviating the concerns of the vast majority of cases. Otherwise, anchoring corrected VDESP in 18 patients, with mile recurrence in 2 and major recurrence in 3. SRT resulted in full correction of 16 patients with VDESP with mild recurrence in one, and resulted in full correction of LDESP in 12 cases out of 15, while two had minimal recurrence and one had major recurrence indicating re-SRT.

Conclusion: The scope of penile deviation should be widened to include and discriminate between curvature and deviation of the erect straight penis. Counseling is sufficient in most cases. Surgical correction is minimally invasive with promising results.

Policy of full disclosure: None

HP-04 Psychosexual issues and management

HP-04-001

DOES COMPULSIVE SEXUAL BEHAVIOR REALLY EXIST? PSYCHOLOGICAL, RELATIONAL, AND BIOLOGICAL CORRELATES OF COMPULSIVE MASTURBATION IN A CLINICAL SETTING

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Objective: The present study attempted to assess the prevalence of Compulsive masturbation (CM) in a clinical setting of sexual medicine, and to evaluate the impact of CM in terms of psychological and relational well-being.

Methods: A consecutive series of 4,211 men attending our Andrology and Sexual Medicine Outpatient Clinic for sexual dysfunction was studied by means of the Structured Interview on Erectile Dysfunction (SIEDY), ANDROTEST, and the modified Middlesex Hospital Questionnaire. Presence and severity of CM were defined according to the SIEDY items related to masturbation, considering the mathematical product of the frequency of masturbation episodes by the sense of guilty following masturbation, as measured in a Likert scale (0–3).

Results: Within the whole sample 352 (8.4%) subjects reported any sense of guilty during masturbation. CM subjects were younger than the rest of the samples, and showed more psychiatric comorbidities were more often present in subjects reporting any CM score. CM score was positively associated with higher free-floating ($p < 0.001$) and somatized anxiety ($p < 0.05$) as well as with depressive symptoms ($p < 0.001$), while subjects with higher CM score reported less phobic anxiety ($p < 0.05$), and obsessive compulsive symptoms ($p < 0.01$). Higher CM score was associated with a higher alcohol intake ($p < 0.001$). CM subjects reported more often partner's lower frequency of climax ($p < 0.0001$), and more problems to obtain an erection during sexual intercourse ($p < 0.0001$). CM severity was positively associated with worse relational (SIEDY Scale 2), and intrapsychic (SIEDY Scale 3) domains (all $p < 0.001$), but no relationship was found with the organic domain (SIEDY Scale 1).

Conclusion: Clinicians should take into account that several subjects seeking a treatment in a sexual medicine setting, report compulsive sexual behaviors. Compulsive masturbation represent a clinically relevant cause of disability, given the high level of psychological distress reported by subjects with this condition, and the severe impact on quality of life in terms of interpersonal relationships.

Policy of full disclosure: None

HP-04-002

MEN WITH HYPERSEXUAL DISORDER – AN INVESTIGATION OF COMMON CHARACTERISTICS

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Objective: Describing characteristics of clinical samples of men referred for treatment of hypersexual disorder (HD), at the Sexological Clinic, Psychiatric Center Copenhagen, Rigshospitalet.

Methods: The sample consist of 141 men age $36,6 \pm 9.0$ years with HD compared with data from the general population studies concerning sexual desire, overall sexual satisfaction and life satisfaction. The instrument used were Brief Sexual Function Inventory (BSFI) and the

Fugl-Meyer Life Satisfaction Questionnaire (LiSat-11). Mental distress were measured by the General symptom index (GSI) from Symptom Check List (SCL-90).

Results: The preliminary results show that the majority of men with HD described significant concerns regarding their hypersexual behavior (78% score 7 or more on a 1–10 point scale). Furthermore men with HD compared to men from the general population, described a significant increased general psychic distress (GSI = 0.97 ± 0.66 versus 0.40 ± 0.67 , $p < 0.001$), and more sexual desire (BSFI = 4.61 ± 1.90 versus 2.33 ± 1.53 , $p < 0.001$). Other results show significantly less satisfaction with life as a whole (58% versus 93%, $p < 0.001$), family life (58% versus 94%, $p < 0.001$), relationship with their partner (60% versus 94%, $p < 0.001$), and their sexual life (20% versus 80%, $p < 0.001$) in men with HD compared to the general population.

Conclusion: The present study indicates that patients with HD compared with men from the general population, besides having a higher level of sexual desire, had comparatively higher level of mental distress, and were very unsatisfied with their sexlife. This may indicate that hypersexual behavior in this group of men not is gratifying but may be a coping mechanism to relieve mental distress.

Policy of full disclosure: None

HP-04-003

RECURRENT PROSTATITIS AND SEXUALITY

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Objective: to trace the causes emotional relationships, autonomic and sexual erectile dysfunction (ED) in young patients-adults with recurrent prostatitis at least one year.

Methods: We recruited 100 patients aged between 25 and 35 years, with ED of at least 6 months and a fixed sexual partner from three to six months, with a history of recurrent bacterial prostatitis. Were administered in the order: International Index of Erectile Dysfunction (IIEF), the Hamilton Depression Evaluation Scale (HAM-D). Each partner was administered the Following: Female Sexual Function Index (FSFI), Brief Male Sexual Inventory (BMSI), Measuring Marital Satisfaction (MMS-3G), Sexual Satisfaction Scale (SSS), The Conflict Tactics Scales (CTS). These are followed by a psychosexual interview and three interviews control. At a clinical level, every patient was prescribed an antibiotic and an oral therapy for erectile dysfunction in low-dose once a day.

Results: Present anxiety-depressive traits: HAM-D 26.8 ± 1.80 +/- . L'IIEF showed an incidence of 64.1 ± -2.4 None of the patients took oral therapy for ED as directed even if you have purchased: remission of symptoms has been declared between the second and third interview psychosexual counseling.

Conclusion: The psychogenic ED in young adults suffering from recurrent bacterial prostatitis is caused by mixed anxiety-depressive syndrome, psychogenic high stress during competitive roles at work and in sexuality.

Policy of full disclosure: None

HP-04-004

PSYCHOSEXUAL THERAPY: A 'SLOW AND STRICT' CLINIC IN THE HEART OF LONDON

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Objective: To prove the effectiveness of brief goal focused Psychosexual Therapy in a Sexual Health and HIV clinic in central London

Methods: Quantitative analysis of a two year audit of patient activity (sample 733 patients) using Excel spreadsheet and pivot tables.

Qualitative analysis of patient feedback and evaluation forms (47 forms) using Thematic Analysis

Results: Audit results: 60% of patients reported having achieved the original goal they set up in psychosexual therapy and reported having gained the tools to continue the practice on their own. 15% of patients were referred on to other agencies. 20% were still in therapy and 5% were unable to be contacted. Evaluation form analysis: 83% of patients who completed psychosexual therapy reported feeling positive about the overall outcome. 96% found the approach helpful and tailored to their needs. 100% were satisfied with the therapist

Conclusion: Brief and goal focused Psychosexual Therapy as part of a multidisciplinary approach in Sexual Health and HIV works as long as it's clearly defined and focuses on the needs of the individual or the couple

Policy of full disclosure: None

HP-04-005

SEXUALITY AS A TOPIC IN CLINICAL PRACTISE AMONGST NORWEGIAN HEALTH PERSONEL

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Objective: Sexual function is sensitive to disease and health issues and frequently marred by illness and distress. This study was conducted as a relevance study, to see how sexuality is thematized in clinical practise and whether practitioners are aware of, comfortable with and sensitive to core issues in sexological problems and treating sexual dysfunctions in the patient encounter.

Methods: A questionnaire was developed to register the relevancy of this topic to clinical practise. Health personell (doctors, nurses, midwives) at ten hospitals in different regions of Norway were asked to complete an online survey about formal education in sexology, how often sexual health issues are encountered and whether specific issues concerning sexual health were addressed in clinical practise. The replies were compared to results from a national representative sample of psychologists.

Results: A random sample from the national registry of clinical psychologists were invited to participate, and 47% accepted the invitation. From a quasirandom sample from ten hospitals, 32% replied. The results are used for postgraduate training courses, theme days and health learning and mastery for patients

Conclusion: A majority claim that they consider they had insufficient knowledge about sexuality from their basic training. Many rarely if ever address specific issues in sexual functioning or sexual abuse with their patients. When confronted with the diagnostic classification, a high percent claim they have no approach to patients to provide that they get treatment and assistance for sexual dysfunctions.

Policy of full disclosure: None

HP-04-006

SEX WITHOUT DRUGS VERSUS SEX WITH DRUGS: SEXUAL RESPONSE, ANXIETY AND ATTITUDES

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Objective: To assess sexual response, attitudes and anxiety in drug abusers who had never had sex without previously having used drugs, comparing the results with people not consuming drugs and drug users but who have had sex sometime without drug.

Methods: The sample was 1265 people divided into three groups: Experimental, drug addicts who had only had sex under the influence of drugs (EX, 90, 79 men and 11 women); Control 1, no drug addicts (C1, 211, 82 men and 129 women); and Control 2 (C2, 964, 846 men and 118 women), drug users that had sex sometimes without being under the influence of drugs. The Golombok Rust Inventory of Sexual Satisfaction (GRISS) was used to measure sexual response, the Sexual Opinion Survey questionnaire (SOS) to measure sexual attitudes and the State-Trait Anxiety Inventory (STAI) to measure anxiety.

Results: Scale of GRISS Dissatisfaction was Ex 33,3%, C2 22,3% and C1 4,2%; erectile dysfunction EX 45,5%, C2 35,8% and C1 15,8%; orgasmic dysfunction Ex 27,2%, C2 11,8% y C1 2,3%. The highest score in the SOS was for C1 (96.39), followed by C2 (87.24) and the EX group (79,94). Finally, the EX group (27.59) obtained the highest scores in anxiety, followed by C2 (26.19) and C1 (15.25), with statistically significant differences.

Conclusion: Drug abusers suffer more sexual dysfunction, have more anxiety and more negative sexual attitudes.

Policy of full disclosure: None

HP-05 Peyronie's disease

HP-05-001

LENGTHENING ALBUGINEAL GRAFT-FREE Z-PLASTY FOR PEYRONIE DISEASE: DESCRIPTION OF AN ORIGINAL SURGICAL TECHNIQUE AND PILOT STUDY PRELIMINARY RESULTS

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Objective: We present an original lengthening albugineal Z-plasty for the treatment of penile curvature due to Peyronie Disease (PD) with the aim to reduce the post-operative Erectile Dysfunction (ED) due to Venous-Occlusive Dysfunction (VOD) as major functional complication of incision and grafting surgical procedures performed for PD.

Methods: Surgical technique: circumcision and degloving of the penis; dorsal neurovascular bundle isolation and setup plaque size and direction by saline hydraulic erection; Z-shape plaque incision and translocation of albugineal flaps using 4/0 Vycril™ suture; saline hydraulic erection to confirm absence of residual curvature. All patients proceeding with external Vacuum Device therapy for 6 months post-surgery. From May 2013 to August 2014, 11 patients affected by PD were recruited in a surgical experimental pilot study with local Aethical Committee certification. Inclusion criteria comprise: age = >18 years, PD in stable phase (=>3 months), no ED (IIEF-5 = >21; EHS = >3), specific informed consent subscription. History (IIEF-5), physical examination (EHS), dynamic penile color Doppler ultrasound (longitudinal plaque diameter, curvature degree) were reported for each patient other than operating time procedure, and post-surgical complications. Patients were re-evaluated at 1, 3, 6 and 12 months.

Results: Median values of age, curvature degree, plaque diameter, IIEF-5, operating time and follow up were: 59 yr; 66° dorsal site; 24,4 mm; 22,8 points; 140 minutes; 10,5 months. Eight patients has been eligible for evaluation with post-surgery follow up longer than 6 months. Complete resolution of the curvature was jointed in all cases with a complete self-satisfaction. Median IIEF-5 23,8 with non post-operative ED residual (EHS median 3,5) in all of the eight patients with minimum follow up of 6 months.

Conclusion: Preliminary results obtained suggests that lengthening the PD plaque on the short site of the penis with a graft free Z-plasty seems to be effectiveness to reduce penile curvature and avoid post-operative ED due to VOD.

Policy of full disclosure: None

HP-05-002

COMBINED THERAPY USING VACUUM ERECTION DEVICE AND A NUTRACEUTICAL COMPOUND (TRADAMIXINA) IN THE EARLY STAGES OF PEYRONIE'S DISEASE

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Objective: To evaluate the efficacy and safety of combination therapy of vacuum erection devices plus Tradamixina® (with its anti-inflammatory and anti-fibrotic activity) in the treatment of early stages of Peyronie's disease (PD).

Methods: 72 patients were enrolled (mean age with PD with the time from onset of the disease < 6 months (mean 3 months). The patients were randomized in two groups: group A (n = 32) used vacuum erection device only (20 minutes/day); group B (n = 40) were treated with Tradamixina® (alga Ecklonia bicyclis, Tribulus terrestris, Biovis) 2 tablets/day and vacuum erection device (20 minutes/day). All patients

were investigated at baseline and at the end of the treatment (3 months) reporting: pain, penile length and curvature, plaque size and the erectile function was evaluated using the International Index of Erectile Function (IIEF-5) and the Sexual Encounter Profile (SEP) questionnaire questions 2 and 3

Results: At the end of treatment in group B we reported a better successful penetration (87.3% vs 60.6%) and successful intercourse (76.4 vs 50.6%), mean IIEF-5 scores were higher (from 11.23 +/- 3.12 to 20.34 +/- 3.22 vs 10.68 +/- 3.43 to 14.34 +/- 2.26; P < 0.0001), pain relief was higher (92% vs 74%). Furthermore in group b mean curvature decreased from 45° to 24°, mean plaque size decrease and penile length gained from 13.4 +/- 4.5 cm at baseline to 14.9 +/- 3.6 cm.

Conclusion: The combined treatment is an effective and well-tolerated therapy to prevent worsening of curvature and pain. Furthermore it improves erectile function and penile length.

Policy of full disclosure: None

HP-05-003

THE SLIDING TECHNIQUE FOR END STAGE PEYRONIE'S DISEASE WITH SEVERE SHORTENING OF THE PENIS: SURGICAL OUTCOMES AND PATIENTS SATISFACTION

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Objective: to report prospective, international and multi-institutional data on surgical outcomes and patients' satisfaction rate after the "Sliding technique" for end-stage Peyronie's disease with severe shortening of the shaft

Methods: 21 patients affected by Peyronie's disease end-stage, with severe erectile dysfunction, a significant shortening of the shaft and a curvature less than 30° were selected in 4 European andrological center to undergo the "Sliding technique" lengthening procedure. In all patients, as described by Rolle et al. in the original paper, a penile prosthesis (PP) was implanted: in 16 cases an inflatable PP (14 AMS 700 CX Inhibizone and 2 Titan Coloplast) and in 5 cases a non inflatable PP (AMS Spectra). Intraoperative and postoperative complications were reported. The patients were asked to fill IIEF and EDITS questionnaires 1 year after the procedure

Results: The operative mean time was 2 hours and 50 minutes. No intraoperative major complications were detected. The procedure resulted in a mean real lengthening of the shaft of 2,9 cm. Two post-operative complications were reported (9,5%). A glans partial necrosis with infection of the PP requested the removal of the penile device. Notwithstanding an infection of the PP were detected in a diabetic patient 3 weeks after the surgical procedure associated with an intraoperative diagnosis of urethral fistula. The PP removal and the fistula closure was necessary. The mean follow-up of the patients is 13 months. The mean IIEF score (all domains) at 1 year follow-up resulted 58,2 whereas the EDITS was 47

Conclusion: The "Sliding technique" is a safe and effective procedure for end stage Peyronie's disease associated to erectile dysfunction and severe shortening of the shaft leading to a real lengthening of the penis and to high patients satisfaction rates. Postoperative complications seem to be compared to other lengthening procedure for Peyronie's disease

Policy of full disclosure: None

HP-05-004

PLAQUE SURGERY WITH INSERTION OF MALLEABLE PENILE PROSTHESIS FOR SEVERE PEYRONIES DISEASE – REAL LENGTH IMPROVEMENT

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Objective: Plaque incision and graft has a significant rate of de novo erectile dysfunction (22%) and penile shortening of >1 cm (35%), and is not recommended in patients with impaired erectile function or PSV < 35 cm/s on doppler ultrasound. We report on the synchronous insertion of a malleable penile prosthesis at the time of plaque incision and grafting in patients with impaired erectile function and marked penile curvature secondary to Peyronies disease. Outcome was assessed in terms of patient satisfaction, sexual function and change in penile length post op.

Methods: Over 24 months period, 14 patients with Peyronie's disease and impaired erectile function had plaque incision and graft (Pelvicol®) with simultaneous insertion of a malleable penile prosthesis (Coloplast Genesis®). All patients had pre-operative doppler ultrasound of the penis with cavernject, and completed a pre and a 3 month post operative IIEF-5 questionnaire. Penile length (pre and post operative) and the degree of angulation were also recorded. All patients were reviewed post operatively at 3 weeks and 3 months.

Results: All patients had ED or PSV < 35 cm/s on doppler US. 7 patients required plaque incision, and 5 had plaque excision and graft. The median pre-operative dorsal curvature was 60° (range 45°–80°). All patients had full correction of their curvature. The median pre-op length was 11.5 cm and post op length was 13 cm (median real length improvement of 1.5 cm). All patients had a significant increase in their sexual function and ability to penetrate with an improvement in the median pre-operative IIEF-5 score from 5 to 21 post op. All patients (100%) were satisfied with the final cosmetic and functional outcome. 3 patients had minor complications (haematoma/ swelling) requiring no further intervention.

Conclusion: The simultaneous insertion of a malleable penile prosthesis at the time of plaque incision and grafting provides a safe and reliable way of managing PD complicated with erectile dysfunction. It allows full correction of the penile angulation with real length improvement resulting in greater patient satisfaction.

Policy of full disclosure: None

HP-05-005

LONG-TERM OUTCOMES OF GRAFTING PROCEDURE USING AUTOVEIN IN PATIENTS WITH PEYRONIES DISEASE

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Objective: To evaluate the long-term outcomes of grafting procedure using autovein allograft for penile curvature straightening in patients with Peyronie's disease

Methods: 82 patients underwent surgery for Peyronie's disease between 2008 and 2012 and were retrospectively evaluated. In all cases grafting procedure was performed. As an grafting material we used saphenous allograft. The mean age was 46,5 ± 8,2 years (31 to 68), and the degree of penile curvature in all patients was more than 40°. The mean followup was 70 months (36 to 87). Data was obtained from medical records, clinical evaluation, and telephone interview

Results: At 36 months follow-up satisfactory results was achieved in 73 (89%) patients. Complete penile straightening was achieved in 46 (56%) patients. 27 (33%) patients reported on the residual curvature which allow sexual intercourse. 9(11%) patients reported complica-

tions, however most of these were mild: decrease in glans sensitivity- in 6 patients; penile shortening – in 4 patients; recurrent deformity in 6 patients, repeated surgery required in 4 of them. Overall satisfaction rate due to our questionnaire was 83%.

Conclusion: According to the results of this long-term, retrospective study, saphenous graft is effective, safe and successful technique for the surgical management of Peyronie's disease.

Policy of full disclosure: None

HP-05-006

FONCTIONAL EVALUATION AFTER A SURGERY FOR PENILE CURVATURE: A RETROSPECTIVE COHORT STUDY OF 58 PATIENTS

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Objective: To evaluate fonctional outcomes after penile plication surgery for the treatment of Peyronie's disease and congenital penile curvature, using a new questionnaire.

Methods: This is a monocentric retrospective cohort study, from patients affected by a Peyronie's disease or a congenital penile curvature. Included patients have all been operated by the same surgeon, from May 2008 to February 2013, using a penile plication surgery by Nesbit, Yackia or Diamond shape procedures. The preoperative curvature has been noted. A post operative functional questionnaire being composed of 19 questions has been written and sent to all the patients by mail or phone interview. IEF5 questionnaire has been also submitted.

Results: Fifty eight patients have been operated for a penile curvature disease, 46 for a peyronie's disease, and 12 for a congenital penile curvature. The initial average curvature is 72,4°. The rate of satisfaction is 25%, and the correlation between the satisfaction and the initial curvature is 0,2. The residual curvature is 13,1°, and penile shortening seems to be frequently responsible of insatisfaction in 47,5%. It causes many problems during penetration as to go off the vagina in 35% of the patients. Sexual life is being improved or unchanged for 35% of the patients compared to previously. Five per cent of the patients describe erectile dysfunction, which is in line with the average of IEF5 questionnaire (19,3/25).

Conclusion: The residual curvature (13,1°) and the average of IEF5 questionnaire (22,5/30) show that IEF5 is a bad indicator of post operative sexual life. The rate of insatisfaction is high (25%) and the improvement of their sexual life is low (35%), because of the penile shortening causing difficulties during penetration in 35% of the patients. New evaluation tools are now essential and our questionnaire deserve to be studied prospectively.

Policy of full disclosure: None

HP-05-007

PENILE PROSTHESIS AND ALBUGINEA INCISION IS AN EASY AND VALUABLE OPTION IN PEYRONIES DISEASE

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Objective: To evaluate surgical results in terms of penile length and patients satisfaction following penile prosthesis implantation and penile straightening.

Methods: We consecutively enrolled men undergoing first-time IPP implant surgery from February 2011 to April 2014 with deformity caused by Peyronie's disease and erectile dysfunction. Surgical technique: following subcoronal incision penis was degloved and dorsal

neurvascular bundle was dissected from tunica albuginea. Inflatable penile prosthesis (AMS 700 CXR) was placed in a standard way via penoscrotal incision with cylinders oversized of 1 cm. Prosthesis was activated and penile deformity elicited. On the convex side of the tunical albuginea on demand incisions (reaching without breaching cavernous tissue) were performed to achieve a complete correction of the curvature. Patients were discharged with prosthesis inflated for 3 weeks and thereafter instructed to daily activation. We compared erected penile length with hydraulic erection before surgery and with fully activated penile prosthesis immediately after surgery and 6 months later. EDITS was recorded before and 6 months after surgery. **Results:** 63 patients were enrolled (median age 61). All completed 6 months' follow-up. Median operative time was 135 min. Median number of incision performed was 3, non wider than 1 cm. A significant difference in penile length was observed between hydraulic erection and inflated penile prosthesis immediately after surgery with a mean 20% increase ($+2.2 \pm 0.56$ cm). At 6 months, no loss in penile length was observed compared to immediate post-surgery. Mean EDITS scores before surgery at 6 months after were 52.2 ± 10.8 and 76.9 ± 12.8 respectively ($p = 0.0001$).

Conclusion: Penile prosthesis implantation with on demand albuginea incision is an easy and valuable option to correct penile deformity and erectile dysfunction, with results in terms of penile length comparable to other techniques.

Policy of full disclosure: None

HP-06 Surgical treatment of male sexual dysfunction

HP-06-001

PENILE IMPLANTS ACT AS A TISSUE EXPANDER AND MAY LEAD TO AN INCREASE IN PENILE LENGTH AND GIRTH

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Objective: To demonstrate that penile implants may act as a tissue expander and lead to an increase in penile length and/or girth.

Methods: A retrospective analysis of penile implant revision surgeries conducted in our institution over the past 5 years. Fifty elective revisions involving exchange of cylinders were included as shown in Table 1. Revisions for complications were excluded. Corporal measurements at the original surgery and revision were recorded from the hospital records.

Results: The mean age at revision was 55 (25–79) years. The aetiology of erectile dysfunction is described in (Table 2). The mean duration between the first and revision surgery was 4.14 (0.3–14) years. Thirty nine patients (78%) had an increase in corporal length measurement observed in the revision surgery, mean 1.7 (0.5–4) cm and an increase in cylinder length, mean 1.6 (0.5–4) cm. There was a weak positive correlation between the time interval between the 2 surgeries and the length gain. Neither the type or make of the first implant had an effect on the length gain. Patients with penile fibrosis due to Peyronie's disease or late insertion post priapism achieved less length gain compared to other patient groups with a mean length gain of 0.8 vs 1.6 cm. As for girth change, 10 patients with a malleable implant had an exchange to a wider malleable. In addition 2 patients had an exchange of a 9.5 mm malleable to a standard inflatable prosthesis and 1 patient had an exchange of a narrow base inflatable prosthesis to a standard one.

Conclusion: Penile implants regardless of the type act as a tissue expander and may lead to an increase in penile length and girth especially in patients without penile fibrosis.

Policy of full disclosure: None

Table 1: Implant revision surgeries included in the study

Cause of Revision	N=50
Mechanical Failure	20
Exchange of malleable to inflatable prosthesis	14
Exchange of inflatable to malleable prosthesis	2
Lack of rigidity and/or stability	12
Autoinflation	1
Chronic pain	1

Table 2: Aetiology of erectile dysfunction

Aetiology	N=50
Pelvic surgery	7
Diabetes	7
Metabolic syndrome & vascular disease	8
Peyronie's disease	6
Idiopathic	6
Spinal pathology	4
Connective tissue disease	1
Priapism (early insertion)	6
Priapism (delayed insertion)	5

HP-06-002

OUR EXPERIENCE OF PENILE AUGMENTATION WITH SIMULTANEOUS PENILE IMPLANTATION IN PATIENTS WITH ERECTILE DYSFUNCTION AND PENILE DYSMORPHOPHOBIA

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Objective: Improving of the results of surgical treatment of patients with penile dysmorphophobia and severe erectile dysfunction.

Methods: A retrospective analysis of 18 surgeries including one-stage penile implantation and penile augmentation with graft, was made.

Results: 18 operations (one-stage penile implantation and penile augmentation) were made to the patients with penile DMP and severe forms of ED. Average age: 47,6 ± 2,5 years. Diagnosis was based on the Dopplerography-ultrasound of penile vessels. The main causes of irreversible damages of cavernous hemodynamics were: corporal veno-occlusive dysfunction (66.7%) and arterio-venous insufficiency in penile vessels (33.3%). Damage of the cavernous hemodynamics was proven instrumentally. Technique of the operations included: circular subcoronary and additional penoscrotal incisions; scalping of the penis, the mobilization of the dorsal neurovascular bundle (DNVB) and the urethra; transverse incision on the tunica albuginea of both corpora cavernosa; delicate implacment of the; and final closing of the defect with circle synthetic or biological graft. Sizes of penis enlargement were not predictable, because it depended on the individual capacity for mobilization and tension of DNVB and urethra. Used implants: malleable-83,4% and inflatable-16,6%. Biological grafts were used in 66.7% of cases, synthetic grafts-in 33.3% of cases. Necrotic complications and protrusion of the implants were not observed. Loss of sensation, distal glandular pain were sporadic and disappeared spontaneously within 6 months. After surgery the average increase of penile length was 26.8%. 88.9% of patients were satisfied with the results of the operation.

Conclusion: Presented method is able to significantly improve the quality of life of patients with described pathology in 88.9% of cases.

Policy of full disclosure: None

HP-06-003

NO TOUCH TECHNIQUE & RIFAMPICIN REDUCE INFECTION RISK IN PENILE PROSTHETIC SURGERY

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Objective: Perioperative infection of penile prostheses causes significant morbidity and cost. Comorbidities such as diabetes, prior irradiation, Peyronie's disease and sickle cell disease may increase the risk of infection. Various manoeuvres are used to reduce this risk. With multiple strategies it is difficult to assess the impact of a single factor. Antibiotic impregnation of the prosthesis aims to prevent inoculation of the prosthesis and tissues with bacteria

Methods: 58 men cases penile prosthetic surgery. All cases had 5 minute skin preparation with alcoholic tincture of povidone iodine. In the first 19 cases the prosthesis were bathed in gentamicin 1 mg/ml; the subsequent 39 had gentamicin 1 mg/ml and rifampicin 10 mg/ml, as well as undergoing a novel no-touch technique. The rates of infection were compared using Chi-squared test, with $p < 0.05$ defined as statistical significance.

Results: In the first group 8/19 had at least one risk factor for infection; 26/39 of the second group had at least one risk factor. Two of the first 19 group developed perioperative infection. Both were young men, one treated acutely post idiopathic priapism and failed shunting; the other electively after Sickle cell disease associated priapism. None

of the subsequent 39 cases who had the new antibiotic regime developed perioperative infection. Despite the small size of the series, this difference is statistically significant. There was no case of late infection.

Conclusion: The combination of topical rifampicin to gentamicin and the no touch technique has significantly reduced the risk of infection for penile prosthetic surgery. This is the largest series describing such a strategy. This finding may have application to other prosthetic procedures

Policy of full disclosure: None

HP-06-004

ANATOMICAL STUDY ON ECTOPIC PLACEMENT OF A CLOVERLEAF RESERVOIR IN COLOPLAST PENILE IMPLANTS SUPPORTED BY THE CLINICAL OUTCOME

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Objective: An ectopic or submuscular placement of penile reservoir implants in patients who underwent previous surgery in the pelvic area is an alternative way of reservoir positioning. We examined the position of the reservoir in a body donor using transabdominal laparoscopy and open autopsy. Additionally, we analysed our clinical data on ectopic placement.

Methods: 1.The body donor was placed in Trendelenburg position, and a pneumoperitoneum was performed. Trocar placement was done in the typical way for inspection of the abdominal cavity. Implantation of OTR coloplast was performed in the standard way. A hook was placed in the external inguinal ring, lifting the abdominal wall with subsequent perforation of the medial aspect of the inguinal canal and submuscular placement of a sponge stick medial to the epigastric vessels. Observation and documentation of this manoeuvre was followed by the laparoscopic view. We performed open autopsy to describe the reservoir position. 2.We analysed the data of 32 patients (average age: 56+8 years) who underwent ectopic reservoir placement. All patients were PGE-1 non responders. We divided the patients into two groups. Group 1 (n = 12): BMI 16–18.5 kg/m²; Group 2 (n = 20) 30–40 kg/m². The patients were observed during a follow-up of 24 months.

Results: 1.We were able to show the position of a cloverleaf reservoir anterior to the transversalis fascia and posterior to the rectus muscle. We demonstrated a safe way to place the reservoir. 2.Patients of group 1 showed no functional problems with the system, particularly we observed no autoinflation. 16.7% (n = 2) of these patients were dissatisfied with the cosmetic results (bulges). The patients of group 2 equally did not experience any functional problems of the system, particularly no autoinflation.

Conclusion: Ectopic placement of the reservoir is a safe and easy-to-do procedure. This can be used in primary patients and particularly in patients with previous pelvic floor surgery. Patients with a BMI lower than 18.5 kg/m² may find fault with the cosmetic outcome.

Policy of full disclosure: None

HP-06-005

INTRODUCING THE FIRST REGISTRY FOR PENILE IMPLANTS: THE INSIST-ED REGISTRY (ITALIAN NATIONWIDE INVENTARISATION OF SURGICAL TREATMENT FOR ED)

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Objective: The Italian Society of Andrology (S.I.A.) has devised a Prospective Registry for penile implants in order to provide solid data on the dimension of implantology in Italy and to ascertain the impact of penile implants on recipients quality of life.

Methods: We elected to actively involve in the project both implanting Surgeons operating in Italy and device Companies. The challenge of having a significant surgeon enrollment has been addressed creating a S.I.A. Institutional website (www.androprotesi.it) devoted to the lay public, where only the implanting Surgeons that adhere to the Registry will be present. The impact of penile implants on recipients quality of life is assessed at 1 year follow-up by means of the recently developed questionnaire QOLSPP (J Sex Med 2014;11:1005–12). The major Companies for penile implants decided to support the project through pursuing the adhesion to the Registry of device Implanters, and supporting them in the process.

Results: The overall project has been well accepted by the surgical community devoted to penile implantology, and by most of the Companies in the field. Our inclusive strategy appears promising in that most of Italian implanting Surgeons should join the Registry. Based on market data on sold devices, we aim to enroll 25% of newly performed implants by year 1, 50% by year 2 and 70% by year 3.

Conclusion: The Registry is producing a positive feedback by Implanters and device Companies. We expect that analysis of Registry data will produce robust data on both: the dimension of the penile implantology in Italy, and the impact of penile implants on the quality of life of the recipients. We concomitantly pursue to foster access of ED patients to penile implant treatment through our ad hoc Institutional website that is informing in a scientific and unbiased fashion the lay public on the penile prosthesis option.

Policy of full disclosure: None

HP-06-006

SATISFACTION AFTER 2 PIECES PENILE PROSTHESIS IMPLANT: A MULTI-INSTITUTIONAL ITALIAN STUDY

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Objective: to evaluate the satisfaction of patients (pts) after 2-pieces inflatable penile prosthesis implant (PPI)

Methods: we evaluated all the pts underwent to 2-pieces PPI from 2005 to 2013 in 4 italian centers (Bologna, Florence, Bari and Foggia) with the Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS) specifically modified

Results: pts were evaluated (AMS-Ambicor: 28; Coloplast-Excell: 14); mean age 60,7 years; mean follow up 27,6 months; etiology of ED: vascular 23,8%, diabetes 19%, LA Peyronie disease 7,1%, consequence of radical prostatectomy 31%, consequence of other pelvic surgery 11,9%, spinal trauma 7%. Mean operative time 117 ± 58 min, mean postoperative hospital stay 3 ± 1,6 days. Post operative short-term complications: 4 pts: 1 case of hypopirexia with necessity of antibiotic therapy modification, 1 prosthetic malfunction, 2 cases of post-operative pain. Post operative long-term complications: 4 pts: 1 case of cold glans syndrome, 1 prosthetic malfunction, 1 penile erosion (with need of PPI explantation), 1 case of penile shaft curvature. Long-term functional results: 71% of pts (30) reported regular use of the prosthesis, at least 1 time/week, the satisfaction was good in 42% of pts (18), quite good in 33,3% (14), quite bad in 2,4% (1), very bad in 7,1% (3), 6 pts (14,4%) didn't answer.

Conclusion: 2 pieces PPI appears to be associated with a low rate of complication and good satisfaction of pts

Policy of full disclosure: None

HP-07 Ejaculatory disorders

HP-07-001

CURRENT SMOKING IS ASSOCIATED WITH LOWER SEMINAL VESICLES AND EJACULATE VOLUME, DESPITE HIGHER TESTOSTERONE LEVELS, IN MALE SUBJECTS OF INFERTILE COUPLES

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Objective: To systematically evaluate the impact of smoking on clinical, biochemical, seminal and male genital tract ultrasound parameters in males of infertile couples.

Methods: A retrospective cross-sectional analysis of a consecutive series of 426 males with couple infertility was performed. 394 men (36.0 ± 8.0 years) without genetic abnormalities were selected. All subjects underwent andrological and physical examination, biochemical assessment, scrotal and transrectal color-Doppler ultrasound and semen analysis (including seminal interleukin 8 levels, sIL-8) within the same day.

Results: Among the patients evaluated, 229 were never smokers (NS), 56 past smokers (PS), and 109 current smokers (CS). When CS were compared to the rest of the sample (nonsmokers, NS + PS), in a multivariate model (ANCOVA) adjusted for age, lifestyle (including alcohol, cannabis and physical activity), body mass index and Sex Hormone Binding Globulin, significantly higher androgen (total T, $p = 0.001$; calculated free T, $p < 0.005$) and lower FSH ($p < 0.05$) levels were observed in CS. However, when total T was also included in the multivariate model as a further covariate, the difference in FSH levels was not confirmed. In a similar model, a lower ejaculate volume ($p < 0.01$) and a higher prevalence of normal sperm morphology ($p < 0.02$) were also detected in CS in comparison to the rest of the sample. However, when total T was also included in the multivariate model as a further covariate, only the difference in ejaculate volume between CS and nonsmokers was confirmed (-0.61 ± 0.23 ml, $p < 0.01$). Finally, CS showed lower total seminal vesicles (SV) volume, before and after ejaculation, even after adjusting for confounders ($p = 0.02$ and $p < 0.01$, respectively). Similar results were observed when the reported number of cigarettes smoked or the number of pack-years was considered separately.

Conclusion: In males of infertile couples, current smokers, as compared to nonsmokers, show lower ejaculate and ultrasound-derived seminal vesicles volume despite higher testosterone levels.

Policy of full disclosure: None

HP-07-003

VOIDING PHASE LUTS NEGATIVELY IMPACTS EJACULATORY FUNCTION – RESULTS OF A PSYCHOMETRIC STUDY IN MEN SEEKING MEDICAL ATTENTION FOR PREMATURE EJACULATION

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Objective: To evaluate the correlation between either voiding or storage lower urinary tract symptoms (LUTS) and ejaculatory function in men with premature ejaculation (PE).

Methods: Complete sociodemographic and clinical data from 192 consecutive patients seeking medical attention for the first time for PE were analysed. Health-significant comorbidities were scored with the Charlson Comorbidity Index (CCI) as a continuous or a categorized

variable (0 vs 1 vs ≥ 2). Categorized body mass index (BMI) cut-offs were used as proposed by the NIH. All patients completed the International Prostatic Symptoms Score (IPSS), the Premature Ejaculation Diagnostic Tool (PEDT), and the Male Sexual Health Questionnaire-Ejaculatory function domain (MSHQ-EJ). Patients were categorized according to their PEDT score (PEDT < 11 vs ≥ 11). Either logistic or linear regression models tested the association between LUTS severity and ejaculatory function.

Results: The mean (median) PEDT, MSHQ, IPSS-total, IPSS-voiding, and IPSS-storage score were 12.5 (12), 30.9 (34), 9.0 (8), 4.6 (3), and 4.5 (4) respectively. Overall, 123 (64.1%) patients had a PEDT suggestive of PE (≥ 11). Overall, IPSS-total, IPSS-voiding, and IPSS-storage scores were significantly higher in patients with PEDT ≥ 11 (all $p \leq 0.02$); conversely, no differences were observed in terms of age, BMI, CCI, and MSHQ-EJ domain score. In a multivariable logistic regression model only IPSS-voiding achieved independent predictor status (OR 1.13; $p = 0.02$) for PEDT score ≥ 11 , after accounting for age, CCI, and IPSS-storage. Similarly, a linear regression model revealed that IPSS-voiding achieved independent predictor status (Beta: -0.46, $p < 0.001$) for MSHQ-EJ, after accounting for age, CCI, and IPSS-storage.

Conclusion: LUTS are known to be detrimentally involved in ejaculatory function; this cross-sectional study provides novel evidence for a more severe detrimental impact of voiding than storage LUTS in promoting PE.

Policy of full disclosure: None

HP-07-004

CHARACTERISTICS OF PATIENTS ATTENDING SEX-THERAPIST PHYSICIANS FOR PREMATURE EJACULATION IN FRANCE

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Objective: Studied populations with PE in trials could differ from patients managed in routine practice. The aim of the study was to characterize patients attending sex-therapists for PE.

Methods: EMOI is a non-interventional cross-sectional multicentre study, conducted from October 2013 to April 2014, in heterosexual adult patients with a confirmed diagnosis of PE according to the clinician's judgment, recruited by 120 sex-therapist physicians across France. Patients completed a voluntary self-reported questionnaire (SRQ), including Arizona Sexual EXperiences scale (ASEX), Sexual Quality of Life Questionnaire-Male (SQoL-M), Self-Esteem And Relationship questionnaire (SEAR), and DUKE Anxiety-Depression scale (DUKE-AD).

Results: Among the 774 enrolled patients, 575 patients (74%) fulfilled inclusion criteria and had available SRQ. Most patients (58%) were between 30–49 years old, living in a stable relationship (88%, mean duration: 10 ± 10 years), and 27% of couples living together had at least 1 previous separation. Half of patients had sexual intercourses less than once a week. PE was mainly lifelong (75%), and 24% of men experienced ED. Nine of ten patients reported an ejaculation before or within 2 minutes after penetration, and 87% never or rarely controlled ejaculation. Anxiety and/or depressive syndrome was the most frequent associated condition (37%). Their sexual function (ASEX: 12 ± 4) was slightly affected, mean overall SEAR score was in the average (47 ± 16), but sexual QoL was poor (SQoL-M: 31 ± 21). Partner's sexual dissatisfaction was perceived as high or extreme in 52% of cases. Finally, 48% of patients reported a "feeling of failure".

Conclusion: EMOI results confirm the presence of psychosocial issues in the majority of patients attending sex-therapists for PE.

Policy of full disclosure: Pr. Costa reports personal fees from Menarini during the conduct of the study. Dr. Colson reports personal fees from Menarini during the conduct of the study. Pr. Droupy reports personal fees from Menarini during the conduct of the study. Dr. Maigret reports personal fees and other support from Menarini outside the submitted work.

HP-07-005

BLOOD PROSTATE SPECIFIC ANTIGEN CAN PREDICT ERECTIL AND EJACULATION DYSFUNCTION

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Objective: We aimed to evaluate relationship between blood PSA level with erectile dysfunction (ED) and ejaculation disorder (EjD).

Methods: The patients who were applied prostate cancer screening program were included to study as prospective. Blood samples were taken from patients for analyze PSA level. Patients who have prior to an operation for prostate, with a major pelvic surgery or trauma, above PSA level of 10 ng/ dl were excluded and 629 patients meeting these criteria were included in the study. We have used international index of erectile function (IIEF) for evaluate ED and male sexual health questionnaire (MSHQ-4) form for evaluate EjD. Spearman correlation, Mann Whitney U, Kruskal Wallis, Pearson chi-square and logistic regression analyze tests were used for statistical analyze and $p < 0.05$ was accepted for statistical significance.

Results: Patients mean age 55 years (40–75) and PSA level 1.6 ng/ dl (0.14–9.99) were found. PSA level was found negative correlation with IIEF ($p = 0.007$ rho: -0.113) and MSHQ-4 ($p = 0.001$ rho: -0.153). ED and EjD prevalence were seen PSA level under and above 2 ng/ dl respectively % 48 vs % 66 ($p = 0.005$) and % 26 vs % 44 ($p = 0.001$). Mild and severe ED prevalence were found % 25 at PSA level under 2 ng/dl, % 38 at others ($p = 0.005$). We have seen ED prevalence is 1.8 times more at PSA level above 2 ng/dl from under group at multivariate logistic regression analyze ($p = 0.021$).

Conclusion: We think blood PSA level can predict ED and EjD. We suggest further investigation for sexual dysfunction at blood PSA level above 2 ng/ dl patients.

Policy of full disclosure: None

HP-07-006

PELVIC FLOOR MUSCLE REHABILITATION FOR PATIENTS WITH LIFELONG PREMATURE EJACULATION: A NOVEL THERAPEUTIC APPROACH

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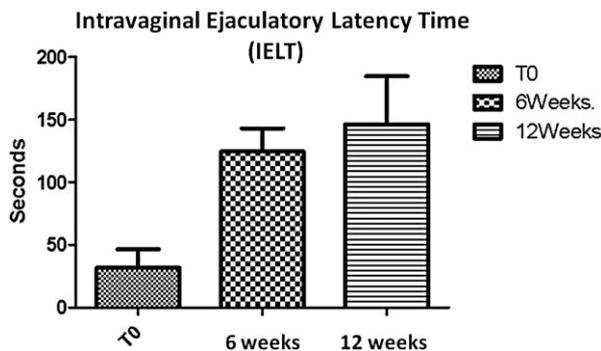
Objective: Premature ejaculation (PE) is the most common male sexual disorder. In this study, men with lifelong PE underwent pelvic floor muscle rehabilitation, including physiotherapy, electrostimulation, and biofeedback. Aim of the study was to evaluate the effectiveness of PFM rehabilitation by measuring changes in Intravaginal Ejaculatory Latency Time (IELT) after 12 weeks of therapy.

Methods: Between July 2010 and August 2012, 40 patients with lifelong PE were enrolled. All of the subjects had a baseline IELT ≤ 60 seconds (mean: 31.7 s, range: 16.6–57.4 s). All patients had tried different types of therapy (anaesthetic creams, serotonergic antidepressants, and phosphodiesterase type 5 inhibitors) without a significant change in IELT. To evaluate the effectiveness of PFM rehabilitation, we compared the mean IELT values of the patients after 12 weeks of treatment.

Results: At the end of 12 weeks of treatment, 33 (82.5%) of the 40 patients gained control of their ejaculation reflex, optimising their intravaginal ejaculatory latency times. Five patients were non-responsive to the treatment, whereas 2 improved their ejaculation after the first 20 sessions and opted to drop out of the study. None of the patients reported adverse effects. At the end of week 12 of the PFM rehabilitation, the mean IELT was 146.2 ± 38.3 seconds (range: 129.6–184.5 seconds; Figure 1). 13/33 (39%) patients reached 6 months follow-up and the mean reported IELT was 112.6 ± 16.4 seconds (range: 108.7–121.1 sec), which resulted significant when compared to their initial IELT (mean 39.8 sec; range: 24–6–56.3 sec).

Conclusion: The PFM rehabilitation protocol is easy to perform, with no reported adverse effects. Although it has not yet been standardized, the results obtained in our patients with lifelong PE suggest that it may be considered as a therapeutic option for patients with PE. Further studies are needed to compare treatment of PE by using physical therapy and by using other therapies (e.g. SSRIs, local creams, tramadol, PDE 5 inhibitors, and behavioural techniques).

Policy of full disclosure: None



HP-07-007

PRESENTATION AND TREATMENT OUTCOME OF EJACULATORY DUCT OBSTRUCTION (EDO)

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Objective: To determine the presentation and treatment outcome of ejaculatory duct obstruction (EDO).

Methods: A retrospective analysis of 38 patients diagnosed with EDO over the past 5 years. Patients were evaluated by history, examination, semen analysis and trans-rectal ultrasonography (TRUS). All patients had transurethral resection of the ejaculatory ducts (TURED) or transurethral cyst de-roofing for midline cysts.

Results: The mean (range) patient age was 37 (23–56) years. Seventeen patients (45%) presented with ejaculatory disorders, 15 patients (39%) presented with infertility, and 6 patients (16%) presented with both infertility and ejaculatory disorders. Thus 23 (61%) of the patients with EDO suffered from ejaculatory disorders. Symptoms included painful ejaculation (17), haemospermia (10), reduced force and volume of the ejaculate (7), chronic pelvic and scrotal pain (7), urinary symptoms (2), watery semen (1) and reduced orgasmic sensation (1). Many patients had more than 1 symptom. The cause of EDO was a congenital midline cyst in 24 patients (63%), post inflammatory in 8 (21%), associated with unilateral vasal aplasia in 3 (8%), idiopathic in 2 (5%), and polycystic kidney disease in one patient (3%). Of the 23 patients with symptomatic EDO causing disorders of ejaculation; 18 (78%) had complete cure while 5 (22%) had persistence of symptoms. Of the 21 infertile patients; patency was achieved in 9 (43%) with a Mean (range) sperm count of 13 (4–30) million/cc, in 8 (38%) only semen volume significantly increased but they remained azoospermic suggesting an associated proximal obstruction and in 4 (19%) there was no change in any semen parameter. Complications occurred in 7 patients (18%): epididymitis (3), chronic pelvic pain (1), retrograde ejaculation (1) and temporary urine retention (2).

Conclusion: EDO is an underdiagnosed cause of ejaculatory disorders. Excluding EDO is important in the management of patients presenting with ejaculatory disorders in addition to infertile males. EDO can be easily diagnosed by TRUS. TURED and TUR cyst de-roofing are effective and safe methods for the treatment of EDO.

Policy of full disclosure: None

HP-08 Risk factors and medical management I

HP-08-001

EARLY EFFECT OF BARIATRIC SURGERY ON UROGENITAL FUNCTION IN MORBIDLY OBESE MALE PATIENTS: PRELIMINARY OBSERVATIONS

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Objective: Obesity is a complex psycho-social and endocrine disorder that may have a negative impact on urinary and erectile function. Bariatric surgery promotes weight loss by changing the digestive system's anatomy. Previous studies have investigated the effect of bariatric surgery on urogenital function at late time points postoperatively. The aim of this study is to assess the early effects of bariatric surgery on urogenital function.

Methods: A prospective study investigating the urogenital function in obese men aged > 30 years with a body mass index (BMI) of >35 kg/m² undergoing bariatric surgery. The assessment was performed using two questionnaires: International Index of Erectile Function (IIEF) and International Prostate Symptom Score (IPSS) which were completed before the surgery and four weeks, three months and six months after the surgery. The influence of bariatric surgery on urogenital function and BMI were analysed using non-parametric tests for paired samples.

Results: 50% of the patients who have completed the study so far (total 18) reported erectile dysfunction before the operation (EF domain < 25). BMI decreased gradually after the surgery reaching significance at 3-months post-op (P < 0.05). There was a progressive improvement in EF score after the surgery reaching significance at 3-months post-op (Delta 3.7, P < 0.05). A trend towards improvement in the IPSS score was also observed which reached significance at 3-months post-op (Delta 2.9, P < 0.05). Fasting blood glucose and HbA1c improved at 1 month post-op (P < 0.05).

Conclusion: The preliminary findings indicate that bariatric surgery represents an effective surgical treatment for obesity, leading to a significant BMI reduction and improvement in erectile and urinary function within 3-months post operatively. The successful completion of the study will examine for the first time the short-term effect of bariatric surgery on urogenital function in morbidly obese men and will investigate the relationship between urogenital function, insulin resistance and obesity.

Policy of full disclosure: None

HP-08-002

ONE OUT OF TEN PATIENTS SUBMITTED TO RADICAL PROSTATECTOMY COMPLAINS OF POSTOPERATIVE PAINFUL ORGASM

Capogrosso, P.¹; Serino, A.²; Ventimiglia, E.³; Boeri, L.³; La Croce, G.²; Pecoraro, A.³; Paciotti, M.³; Gandaglia, G.³; Briganti, A.³; Montorsi, F.³; Salonia, A.³; Serino, A.²

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Objective: To assess rate and predictors of painful orgasm (PO) in patients submitted to retropubic (RRP) or robot-assisted (RARP) bilateral nerve-sparing radical prostatectomy for organ-confined prostate cancer (PCa).

Methods: Complete data from 637 preoperatively sexually-active patients submitted to either RRP or RARP were analysed. Patients completed a 28-item questionnaire inquiring about sexual function related sensitive issues (namely, orgasmic function; climacturia; orgasm-related feeling of ejaculating; orgasmic-related pain; morphometric characteristics of the penis). Patients completed the IIEF and

the International Consultation on Incontinence Questionnaire (ICIQ-SF). Descriptive statistics and logistic regression models tested the association between type of surgery and sexual function outcomes at follow-up. Differences in recovery rates from painful orgasm were assessed using log-rank test.

Results: Of all, 300 (47.1%) and 337 (52.9%) patients underwent RRP and RARP, respectively. No significant difference was observed between these two sub-cohorts. PO overall reported rate at mean follow-up (46-mo) was 11.5%, higher in RRP patients as compared to RARP ones [14.3% vs 8.9% (χ^2 : 4.6; p = 0.03)]. Most frequently reported sites of PO were penile shaft (26.1%), suprapubic area (20.5%), and scrotum/testis (15.9%). Erectile function recovery (IIEF-EF \geq 22) was higher in RARP patients [59% vs 41% (χ^2 : 9.1; p = 0.003)] whereas no difference was observed in terms of urinary continence recovery at mean follow-up. At multivariable logistic regression analysis RRP technique (OR 2.11; p < 0.01) and patients age (OR 0.94; p < 0.01) were independent predictors of PO. At log-rank test young age was associated with a slower recovery from PO (HR 0.95; p = 0.02), conversely type of surgery, urinary continence and erectile function recovery were not.

Conclusion: These findings show that one out of ten patients submitted to RP reports PO. Younger age and open surgery technique were independently associated with postoperative PO. Recovery from PO was slower in young patients, regardless of surgical technique and functional recovery.

Policy of full disclosure: None

HP-08-003

TAILORING TO THE PATIENT WITH ERECTILE DYSFUNCTION – BASELINE CLINICAL CHARACTERISTICS ARE OF MAJOR IMPORTANCE TO PREDICT POSITIVE TREATMENT OUTCOMES

Capogrosso, P.¹; Ventimiglia, E.²; Serino, A.²; Boeri, L.²; La Croce, G.²; Paciotti, M.²; Scano, R.²; Damiano, R.²; Montorsi, F.²; Salonia, A.²

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Objective: To assess the most suitable drug for the first treatment of new-onset erectile dysfunction (ED).

Methods: Complete data from the last 126 consecutive patients naïve for PDE5is were analysed. The IIEF was completed at baseline and at a minimum 3-mo follow-up. To assess potential differences in terms of treatment outcome, patients were stratified into three groups according to their baseline clinical characteristics: Group 1 [age < 42 years; IIEF-EF \geq 26; Charlson Comorbidity Index (CCI) = 0]; Group 2 (age 43–56 years, or IIEF-EF 11–25, or CCI = 1); and, Group 3 (age \geq 57 years, or IIEF-EF \leq 10, or CCI > 1). Logistic regression models tested the association between patients baseline characteristics and eventual positive treatment outcomes according to Yang's criteria.

Results: Mean (SD) cohort age was 45.5 (15.6) yrs; range: 21–80; tertiles: 42; 43–56; and, >56 years]. Overall, sildenafil (100 mg), tadalafil (either OaD or 20 mg prn), or vardenafil (10 mg ODT) were prescribed in 17 (13.5%), 69 (54.8%), and 40 (31.7%) patients, respectively. At 3-mo assessment, 76 (60.3%), patients were responders, 12 (9.5%) were partial-responders, and 38 (30.2%) were non-responders to the first prescribed PDE5i according to Yang's criteria. Rates of responders did not differ among PDE5is. Seventy-six (60.3%), 12 (9.5%), and 38 (30.2%) patients belonged to Group 1, 2, and 3 according to their baseline characteristics. At MVA only Group 1 achieved independent predictor status for complete response to PDE5Is (OR 0.5; p = 0.03). Conversely, neither Group 2 nor Group 3 baseline characteristics allowed for a prediction of complete response to PDE5Is. Type of PDE5i was not independently associated with treatment outcomes.

Conclusion: This exploratory analysis showed that one third of patients treated with the first PDE5i for new-onset ED were non responders. The better the baseline clinical characteristics, the higher the probability of complete treatment response, regardless of the type of prescribed PDE5i.

Policy of full disclosure: None

HP-08-004

THE RECOVERY OF SEXUAL FUNCTION IN PATIENTS WITH VASCULOGENIC ERECTILE DYSFUNCTION

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Objective: Objective: This randomized prospective study was made to estimate the efficacy and safety of methods of treatment of erectile dysfunction (ED) in patients with proven vasculogenic ED. Combination therapy was used: vacuum devices, neurovascular bundle electrostimulation and intracavernous vasoactive drugs.

Methods: Materials and methods: 346 patients with proved by dopplerography ultrasound vasculogenic ED took part in this study. Mean age was 51,4 years (from 38,6 to 67,5). 185 patients in group 1 obtained combination therapy, which included using of electrovacuum devices 15 minutes per day, electrostimulation of cavernosal neurovascular bundle 20 minutes per day, intracavernous injections of mix: pentoxiphylline 8 mg, prozerine 0,2 ml 0,05%, adenosine triphosphate 4 mg and prostaglandine E2 2,5 mkg 3 times a week during 1 month. Also patients were given orally pentoxiphylline 400 mg twice a day and sildenafil 50 mg daily at night. This treatment lasted 1 month and the follow up was up to 3 month. Other 161 patients were randomized for taking oral PDE-5 inhibitors on demand during 2 month and the follow up was also up to three month. Comparison of two groups was made at the end of month 1 and at the end of month 3.

Results: Results: At the beginning of therapy IIEF-15 score in Group 1 and Group 2 were $31,2 \pm 2,9$ and $29,1 \pm 3,2$, respectively. After 1 month of treatment this score became $58,4 \pm 4,3$ in Group 1 and $52,1 \pm 6,2$ in Group 2. Interesting, that in 1 month after treatment IIEF score in Group 2 went down almost to the baseline level ($32,4 \pm 1,4$), but after combination therapy patients felt good even after 2 month without treatment ($45,3 \pm 3,1$).

Conclusion: Conclusions: We can conclude, that combination vasculogenic therapy can firmly improve erectile function for a long period after finishing of the treatment, so it can be considered as effective therapeutical approach to the organic ED.

Policy of full disclosure: None

HP-08-005

NEW TREATMENT FOR ERECTILE DYSFUNCTION USING A NUTRACEUTICAL COMPOUND (TRADAMIXINA®). A RANDOMIZED, DOUBLE-BLINDED, PLACEBO CONTROLLED STUDY ON 92 PATIENTS

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Objective: To investigate the therapeutical efficacy of this nutraceutical drug (Tradmixina®) in the management of erectile dysfunction (ED).

Methods: We enrolled 92 patients affected by mild to severe ED. Mean age was 58.75 ± 7.4 years. They were randomly divided in two groups: group A (52 pts) and group B (control group, 40 pts). At group A was administered two tablets/day containing Tradmixina® (alga Ecklonia bicyclis 300 mg, Tribulus terrestris 450 mg, Biovis 250 mg/each tablet). Treatment lasted 2 months. All pts were investigated, at baseline and at the end of treatment, using the International Index of erectile function (IIEF), the Sexual Encounter profile questions 2 and 3 (SEP-Q2, Q3), Testosterone levels.

Results: We reported an improvement at IIEF scores in group A, from 13.4 ± 2.4 at baseline to 25.5 ± 1.8 (mean difference 12.1; $P < 0.05$) versus group B from 14.2 ± 2.3 to 18.3 (mean difference 4.1; $P < 0.05$). A significant improvement was reported at SEP-Q2/Q3 in group A. Testosterone levels also improved of 28% in group A (from 5.3 ± 1.2 ng/mL to 6.8 ± 1.4 ng/mL).

Conclusion: The active components of these three natural compounds contained in the Tradmixina® (namely protodioscin, a steroidal

saponin, contained in Tribulus terrestris; the polyphenols, dieckol, _orofucofuroeckol and bieckol, contained in the alga Ecklonia bicyclis; and Biovis) when combined, seem to work in synergy not only improving erectile function but also stimulating testosterone-dependent sexual desire. Tradmixina® has proven to be a valid tool in the treatment of ED.

Policy of full disclosure: None

HP-08-006

STATIN TREATMENT IN ERECTILE DYSFUNCTION PATIENTS WITH OBESITY AND HYPERCHOLESTEROLEMIA

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Objective: Vasculogenic erectile dysfunction (ED) is considered a marker of future cardiovascular events, reflecting the underlying endothelial dysfunction and atherosclerosis. Statins are aimed to primary and secondary prevention of atherosclerotic cardiovascular disease, due to effects on blood lipids and to its pleiotropic effects. We aim to evaluate the effect of statin treatment in obese and hypercholesterolemic ED patients.

Methods: From 485 consecutive men referred to our department for ED, 90 patients were selected, and divided in two groups: ED patients with obesity and high levels of blood cholesterol (≥ 200 mg/dl) treated with a class of statins for at least 1-year (Statin Group, $n = 51$), and metabolically healthy ED patients with no known cardiovascular risk factors (Control Group, $n = 39$). ED severity was assessed by International Index of Erectile Function (IIEF5) and Penile Duplex Doppler Ultrasound (PDDU). Statistical analysis was performed. Significance was considered at P -level < 0.05 .

Results: Statin-treated patients presented levels of body mass index, body fat mass and waist circumference significantly higher compared with controls ($P < 0.001$, for all variables). No differences were noted in testosterone plasma levels. Although the mean value of IIEF5-score was similar between groups ($P = 0.377$), metabolically healthy men presented the highest proportion of moderate-to-severe ED (44.4%) in comparison to statin-treated patients (36.8%). Penile hemodynamics were impaired in 47.7% of statin-treated patients (equal proportion for arterial insufficiency and veno-occlusive dysfunction) and 54.2% of controls (arterial insufficiency representing more than double of veno-occlusive disease). No significant differences were observed in PDDU hemodynamic parameters (peak systolic velocity: $P = 0.378$; diastolic velocity: $P = 0.662$; resistive index: $P = 0.159$).

Conclusion: On the basis of our preliminary data, statin administration in men with obesity and hypercholesterolemia is associated with a lower severity of ED, and a cavernous endothelial function similar to that observed in metabolically healthy men. This highlights the protective role that drug may have on erectile function.

Policy of full disclosure: None

HP-08-007

EVALUATION OF RADIAL EXTRACORPOREAL SHOCK WAVE THERAPY IN THE TREATMENT OF ERECTILE DYSFUNCTION

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Objective: Erectile dysfunction is a common problem in men, especially in 40–70 years of age. There are several ways in the treatment of this topics. One of this ways is a non-invasive non-pharmacological treatment due to use extracorporeal shock wave therapy (ESWT). There are a few devices and technologies for the ESWT. The aim of the study is to evaluate the effectiveness of radial shock wave therapy (RSWT) in treatment of erectile dysfunction by use the device BTL-6000 SWT.

Methods: A prospective single/center, open label clinical study of the radial shockwave therapy system (Model: BTL-6000 SWT, Manufacturer: BTL Industries Ltd.) in therapy the patients with erectile dysfunction, who were responders to PDE5is. We enrolled 22 men with vasculogenic ED with good or decreasing respond to PDE5is. Their mean baseline of 5-item version of International Index of Erectile Function domain score (IIEF-5) was 14,09 after a 1-month PDE5is washout period. RSWT was applied to the penile shaft and crura at five sites. Patients underwent 4 treatments on every 7 days.

Results: We treated 22 men with vasculogenic ED, average age $52,6 \pm 9,3$ years. After the last treatment, significant increases in IIEF-5 domain scores were recorded in 21 men, 1 man have a score without change. However, this one man had a good respond to PDE5is in the past, but a very low respond before treatment actually. After the last treatment he has a good respond to PDE5is again. The mean of the domain score in IIEF-5 after the treatment was 21,36. Patient tolerance of the treatment was excellent, none of the subjects reported treatment-associated pain during or after the treatment.

Conclusion: RSWT represents a new, effective, non-surgical, non-pharmacological and well tolerated treatment for men with erectile dysfunction, who previously responded to pharmacotherapy. The therapy is painless and safety.

Policy of full disclosure: None

HP-08-008

HYPOGONADAL MEN WITH PRE-EXISTING CARDIOVASCULAR DISEASE (CVD) SHOW IMPROVED ERECTILE FUNCTION ON LONG-TERM TREATMENT WITH TESTOSTERONE UNDECANOATE INJECTIONS

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Objective: To monitor effectiveness and safety of long-term treatment with testosterone undecanoate (TU) injections in hypogonadal with a history of CVD.

Methods: From a prospective, observational registry study of 340 hypogonadal men from a single urological practice, 68 men with a previous diagnosis of coronary artery disease (CAD; n = 40) and/or a myocardial infarction (MI; n = 40) and/or stroke (n = 6) received TU injections for up to 7 years.

Results: Mean age was 60.76 years. 68 men were included for 3 years, 59 for 4 years, 54 for 5 years, 44 for 6 years, and 28 for 7 years. Declining numbers reflect the nature of the registry (patients are included after receiving 1 year of TRT) but not drop-out rates. Testosterone (T) levels rose from 10.21 ± 1.43 nmol/L to trough levels (measured prior to the following injection) between 15 and 19 nmol/L. IIEF-EF increased from 21.25 to 25.93 with a change from baseline of 4.21. The improvement was statistically significant for the first two

years ($p < 0.0001$ vs baseline and $p = 0.0001$ vs previous year) and remained statistically significant vs baseline throughout the observation time and stable compared to previous years. Mean weight decreased progressively from 115.07 to 92.5 by 21.89 kg. The proportion of weight loss was 17.05%. Waist circumference decreased from 112.07 to 99.89 by 11.33 cm ($p < 0.0001$ for both). Blood pressure, lipid pattern, glycaemic control and liver transaminases improved significantly and sustainably. C-reactive protein (CRP) declined from 4.08 to 0.44 mg/L. Minimum number of injections was 13, maximum 30. In no patient TRT was discontinued or interrupted. No cardiovascular events were reported during the observation time.

Conclusion: In hypogonadal men with a history of CVD, T therapy may improve and preserve erectile function for a prolonged period of time. T therapy appears to be well-tolerated and safe.

Policy of full disclosure: F Saad is a full-time employee of Bayer Pharma, Berlin, Germany. G Doros has received financial compensation for statistical analyses from Bayer Pharma. A Haider has received financial compensation for data entry and travel grants from Bayer Pharma. A Traish has nothing to disclose.

HP-09 Hormones and male sexual health

HP-09-001

LOW TESTOSTERONE SYNDROME PROTECTS SUBJECTS WITH HIGH CARDIOVASCULAR RISK BURDEN FROM MAJOR ADVERSE CARDIOVASCULAR EVENTS

Maseroli, E.¹; Corona, G.²; Rastrelli, G.³; Sforza, A.⁴; Forti, G.³; Mannucci, E.⁵; Maggi, M.³; Fralassi, N.³

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Objective: The role of testosterone (T) in the cardiovascular (CV) health of men is controversial. The aim of this study was to analyze whether gonadal status might predict new CV event incidence according to a patient's previous history of CV events, in a cohort of subjects complaining of sexual dysfunction.

Methods: A consecutive series of 1687 patients was followed-up for a mean time of 4.3 ± 2.6 years for new occurrence of CV events, detecting 139 events.

Results: Hypogonadism (total T < 12 nmol/L) was not associated with an increased incidence of new CV events in the entire cohort. However, when considering patients with a previous history of CV events, hypogonadism was associated with a reduced risk of new CV events, even after adjusting for confounders (HR = 0.498[0.240;0.996];p = 0.049), whereas no relationship was observed in subjects free of previous CV events. Similar results were observed when reduced testis volume (TV) was considered as a predictor of new CV events in subjects with previous CV events (HR = 0.486[0.257;0.920];p = 0.027). In patients with a history of previous CV events, but not in those without previous CV events, having both low T and low TV was associated with a lower incidence of new CV events as compared with subjects with only one or none of these conditions, even after adjusting for confounders (HR = 0.514[0.306;0.864];p for trend < 0.02). Notably, CV risk estimated with risk engines based on traditional risk factors was not different between hypogonadal and eugonadal subjects.

Conclusion: In conclusion, hypogonadism could be interpreted as a protective mechanism in unhealthy conditions, such as previous CV events, to avoid fatherhood and spare energy.

Policy of full disclosure: None

HP-09-002

LOW TESTOSTERONE AND HIGH PULSE PRESSURE ARE COMPLEMENTARY PREDICTORS OF CARDIOVASCULAR EVENTS IN ERECTILE DYSFUNCTION PATIENTS

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Objective: It has been shown that decreased concentrations of testosterone and high pulse (PP) pressure are independent predictors of future cardiovascular (CV) events in erectile dysfunction (ED) patients. We investigated, whether testosterone and high pulse pressure (PP) have an independent or complementary prognostic value in patients with erectile dysfunction (ED).

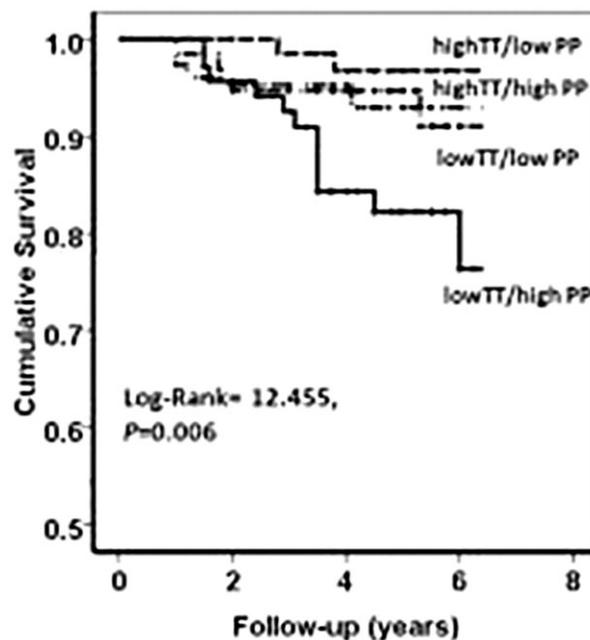
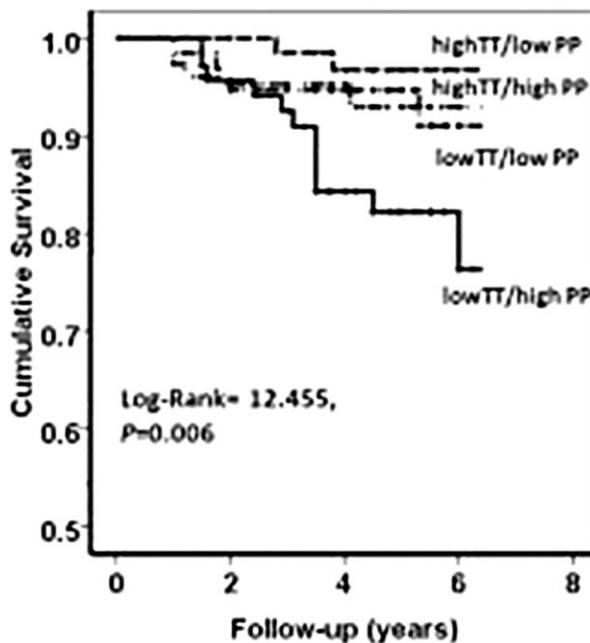
Methods: Serum total testosterone (TT) and PP were measured in a prospective cohort of 425 ED patients followed 3–5 years for the occurrence of CV events (CV death, coronary artery disease, stroke, peripheral artery disease). We prospectively stratified patients into three groups, on the basis of the tertiles of the measured TT and PP and cardiac event-free survival curves were constructed by Kaplan–Meier analysis.

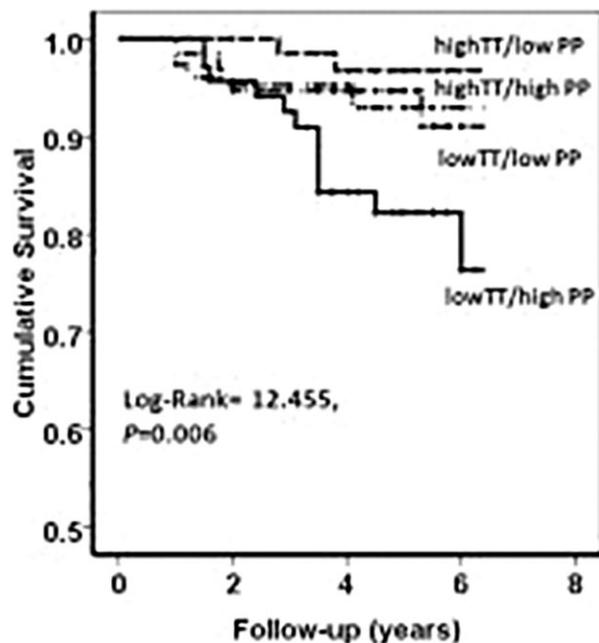
Results: Among 425 enrolled ED patients, 23 patients demonstrated a CV event. Baseline levels of TT were significantly lower and PP was

higher in CV-event group than the event-free survival group (all $P < 0.01$). Kaplan–Meier analysis showed that patients with TT in the lower tertile (≤ 4.0 ng/mL) had a worse prognosis than patients with TT > 4.0 ng/mL (log rank: 6.37, $P = 0.008$), and that patients with PP in the upper tertile ≥ 60 mmHg had a greater risk of adverse events than patients with PP < 60 mmHg (log rank: 5.32, $P = 0.021$). Figure shows Kaplan–Meier survival curves for patients with combinations of low or high TT (\leq or > 4.0 ng/mL) and high or low PP (\geq or < 60 mmHg) values (log rank: 12.455, $P = 0.006$). The event-free rate in patients with combined low TT and high PP is lower than that in patients with either low TT or high PP alone.

Conclusion: In patients with ED, the combination of low TT and high PP was associated with a shorter event-free period compared with either decreased TT or elevated PP levels alone. Measurement of testosterone concentration may be useful to further stratify the risk of ED patients who have high peripheral PP.

Policy of full disclosure: None





HP-09-003

ERECTILE DYSFUNCTION CORRELATES WITH METS IN MEN WITH MODERATE PROSTATIC SYMPTOMS

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Objective: To assess relationship between cardiovascular health and frequent symptoms reported in Urology/Andrology offices such as erectile dysfunction (ED), prostatic and testosterone deficiency-related sexual symptoms, and how these correlate.

Methods: Multi-centre, cross-sectional study conducted on 187 men aged ≥ 40 with urological- or sexual-related symptoms. Men taking medication for ED or testosterone replacement therapy were excluded. Age, body mass index, total T and MetS components (according to the harmonized definition) were collected. ED and prostatic symptoms were assessed by the IIEF-5 and the IPSS questionnaires, respectively. Sexual symptoms were assessed by sexual domain of the AMS scale. Pearson's correlation test and bivariate/multivariate analyses were performed to determine relationship among independent variables and between these and MetS, respectively.

Results: Mean age was 58.7 ± 10.9 years; 65.8% men had ED (83.7% mild/mild-to-moderate); 54.4% had moderate/severe IPSS symptoms (83.7% moderate); 97.8% had AMS sexual symptoms (68.3% severe). TT level was 12.7 ± 6.0 nmol/L. IPSS and AMS sexual scores correlated positively with age, and only AMS sexual scores with IMC and total T. IIEF-5 scores inversely correlated with AMS sexual and IPSS scores ($\rho = -0.490$ and -0.279 , respectively; $P < 0.0001$). AMS sexual and IPSS scores correlated positively ($\rho = 0.387$, $P < 0.0001$). Prevalence of MetS was 43.3%. Presenting ED, moderate/severe prostatic or severe AMS sexual symptoms increased the likelihood of MetS (unadjusted OR [CI 95%] 2.195 [1.146–4.088], 2.083 [1.121–8.871] and 3.505 [1.777–6.912]). Age- and obesity-adjusted multivariate analysis showed that any of these variables increased the odds for MetS in this population. In patients with moderate-severe symptoms, only having ED increased the odds for MetS (OR 3.980 (CI 95% 1.183–13.356) with an AUC = 0.801 (good predictive value).

Conclusion: ED is related to a higher MetS prevalence in men with prostatic symptoms.

Policy of full disclosure: This study was supported by BAYER HISPANIA.

HP-09-004

GYNECOMASTIA IN SUBJECTS WITH SEXUAL DYSFUNCTION

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Objective: To analyze possible relationships between gynecomastia and clinical and biochemical parameters in a large cohort of subjects with sexual dysfunction (SD).

Methods: A consecutive series of 4,023 men attending our Outpatient Clinic for SD was retrospectively studied.

Results: After excluding Klinefelter's syndrome patients, the prevalence of gynecomastia was 3.1%. Subjects with gynecomastia had significantly lower testosterone (T) levels; the association retained statistical significance after adjusting for age and life-style. However, only 33.3% of subjects with gynecomastia were hypogonadal. Gynecomastia was associated with delayed puberty, history of testicular or hepatic diseases, as well as cannabis abuse. Patients with gynecomastia more frequently reported sexual complaints, such as severe erectile dysfunction [odds ratio (OR) = 2.19 (1.26–3.86), $p = 0.006$], lower sexual desire and intercourse frequency [OR = 1.23 (1.06–1.58) and OR = 1.84 (1.22–2.78), respectively; both $p < 0.05$], orgasm difficulties [OR = 0.49 (0.28–0.83), $p = 0.008$], delayed ejaculation and lower ejaculate volume [OR = 1.89 (1.10–3.26) and OR = 1.51 (1.23–1.86), respectively; both $p < 0.05$]. Gynecomastia was also positively associated with severe obesity, lower testis volume and LH, and negatively with prostate-specific antigen levels. The further adjustment for T did not affect these results, except for obesity. After introducing body mass index as a further covariate, all the associations retained statistical significance, except for delayed ejaculation and ANDROTEST score. When considering gynecomastia severity, we found a step-wise, T-independent, decrease and increase of testis volume and LH, respectively. Gynecomastia was also associated with the use of several drugs in almost 40% of our patients.

Conclusion: Gynecomastia is a rare condition in subjects with SD, and could indicate a testosterone deficiency that deserves further investigation.

Policy of full disclosure: None

HP-09-005

ERECTILE DYSFUNCTION AND AGING SYMPTOMS ARE RELATED TO A HIGHER CHARLSON COMORBIDITY INDEX

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Objective: To assess the relationship between presence of age-related symptoms in men (erectile dysfunction [ED], prostate- and testosterone deficiency-related symptoms) and Charlson comorbidity index.

Methods: Multi-centre, cross-sectional study conducted on 220 men aged ≥ 40 attending uro-andrological offices. Men taking medication for ED or for testosterone deficiency were excluded. Data collected: Age, body mass index (BMI), and comorbid conditions included in the Charlson index. The IIEF-5, IPSS and the AMS questionnaires were used to assess ED, prostatic and testosterone deficiency-related symptoms, respectively.

Results: Mean age was 58.7 ± 10.9 years; 66.4% had ED, 49.3% had moderate/severe IPSS symptoms and 64.4% AMS symptoms. AMS psychological symptoms were mild (6.8 ± 3.1), somatic symptoms were mild-to-moderate (12.4 ± 4.9) and sexual symptoms were moderate-to-severe (12.6 ± 4.8). Relationship among independent variables: IIEF-5 scores inversely correlated with AMS and IPSS scores ($\rho = -0.420$ and -0.258 , respectively; $P < 0.0001$). AMS and IPSS scores correlated positively ($\rho = 0.391$, $P < 0.0001$). Mean Charlson score was 2.1 ± 1.6 . Total Charlson score correlated inversely with IIEF-5 scores (ρ

–0.218; $P < 0.001$) and positively with AMS and IPSS scores (ρ 0.242 and 0.401, respectively; $P < 0.0001$ both). Presenting ED, moderate/severe prostatic or severe AMS symptoms increased the likelihood of Charlson scores ≥ 3 (OR [IC 95%] 2.868 [1.513–5.433], 3.621 [2.000–6.554] and 3.865 [1.988–7.515]). Age-adjusted multivariate analysis showed that having ED or AMS symptoms increased the odds for MetS in the overall population (OR 2.460 [1.156–5.235] and 2.602 [1.211–5.589], respectively).

Conclusion: Presence of ED and of AMS symptoms is associated to a higher comorbidity level.

Policy of full disclosure: This study was conducted with the support of BAYER HISPANIA.

HP-09-006

TEMPORARY WITHDRAWAL OF TESTOSTERONE TREATMENT IN MORBIDLY OBESE HYPOGONADAL MEN A SERIES OF CASE REPORTS

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Objective: To assess erectile function, anthropometric parameters and glycaemic control in 9 morbidly obese, hypogonadal men with or without withdrawal of long-term treatment with testosterone undecanoate (TU) injections.

Methods: Material and Methods: From a prospective, observational registry study of 262 hypogonadal men from a single urological practice, 9 men with obesity grade III were analysed. All men received TU injections for approximately 6 years. In 6 men, TU was withdrawn for a duration of ≥ 2 years before treatment was resumed. 3 men received uninterrupted treatment for up to 10 years.

Results: Patient age at baseline was between 54 and 69 years. All men had severe erectile dysfunction. 5 patients took PDE5 inhibitors. 2 men had type 1 diabetes, 5 men type 2 diabetes. IIEF-EF (maximum score: 30) during testosterone (T) treatment increased by a minimum of 8 points. While off TU, IIEF-EF decreased by at least 5 points and improved again after resuming T therapy. Weight decreased in all patients while on TU by 13 to 37 kg, waist circumference 6 to 25 cm. During interruption of T therapy, all patients gained weight and waist circumference which started dropping again after resuming T treatment. In diabetic patients, HbA1c decreased by at least 1.1% to a maximum of 3%. After discontinuation of TU, HbA1c increased by a minimum of 1.1% and immediately improved again after resuming T therapy. At the end of observation time, all diabetic patients had an HbA1c $< 7\%$, 5 out of 7 had an HbA1c $\leq 6.5\%$.

Conclusion: In morbidly obese hypogonadal men, benefits of T treatment on erectile function and anthropometric parameters are partly reversed after discontinuation but recovered after resuming therapy. In diabetic men, T therapy improves glycaemic control but effects seem to be largely lost when treatment is interrupted.

Policy of full disclosure: Farid Saad is a full-time employee of Bayer Pharma, Berlin, Germany. Aksam Yassin has received financial compensation for data entry, travel grants, and speakers' fees from Bayer Pharma AG. Abdulmagid Traish has nothing to disclose.

HP-09-007

TESTOSTERONE LEVEL PREDICTS OUTCOME OF PHOSPHODIESTERASE-5 INHIBITOR TREATMENT

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Objective: To determine whether low serum testosterone levels will be able to predict failure of phosphodiesterase-5 (PDE5) inhibitor for the treatment of erectile dysfunction.

Methods: A prospective study involving all erectile dysfunction patients seen in the urology clinic from June 2012 till September 2014. 50 cases were recruited. All patients had their serum testosterone levels checked prior to and after 4 weeks of PDE5 inhibitors. Patients were then divided into low (< 10.0 mmol/dl) and normal (≥ 10.0 mmol/dl) testosterone level groups.

Results: The overall rate of successful treatment was 48% (24 cases) with a failure rate of 52% (26 cases) regardless of testosterone level. Out of the total of 50 patients with the age range of 27–74 years (mean 50 ± 12 years), 29 (58%) of them had normal testosterone levels and 21 (42%) were in the low testosterone group. IIEF score before treatment and after was 8.92 ± 5.2 years and 12.36 ± 7.2 years respectively. Therefore, there was significant improvement of IIEF score regardless of serum testosterone level. The response to treatment was evaluated inside each group. Rate of failure in the low testosterone group was 57% as compared to 48% in the normal testosterone group with p-value of 0.5. Therefore, there was no significant difference between the two groups in term of response to treatment.

Conclusion: There was no statistical significant difference between men with low and normal testosterone in terms of failure of treatment with PDE5 inhibitors

Policy of full disclosure: None

HP-10 ED risk factors and medical management II

HP-10-001

THE EXPRESSION OF ADENOSINE RECEPTORS IN PEYRONIE'S DISEASE

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Objective: Peyronie's disease (PD) is a fibrotic disorder, which is characterised by the formation of plaques in the tunica albuginea (TA) of the penis. Adenosine is a purine nucleoside that is released during injury. It regulates tissue repair and inflammation through interaction with four adenosine receptors (ADORA1, ADORA2A, ADORA2B and ADORA3), which have been shown to be involved in the pathophysiology of dermal and lung fibrosis. Therefore, the characterisation of these receptors in PD may provide new insights into its pathophysiology and novel therapeutic options. The aim of this project was to investigate the expression of four adenosine receptors in PD.

Methods: Fibroblast populations were established from the TA of patients with and without PD. Fibroblasts were transformed to myofibroblasts with treatment of TGF- β 1. The mRNA levels of the four adenosine receptors were measured in the cell lysates using real-time RT-PCR (RT-qPCR).

Results: The fibroblasts derived from the TA of patients with and without PD expressed ADORA1 and ADORA2B, whereas ADORA2A and ADORA3 showed low or undetectable levels of mRNA. The expression of ADORA1 was significantly higher in the cells from patients with PD than from patients without PD. In the presence of TGF- β 1, a two-fold increase was observed in the expression of ADORA1 in cells acquired from patients with and without PD.

Conclusion: These results suggest that adenosine receptor A1 may be involved in the fibrotic process, as an increase of this receptor levels were observed in cells derived from patients with PD. TGF- β 1, the prototypic pro-fibrotic cytokine involved in PD, was also shown to increase ADORA1 expression. These results suggest that adenosine receptors may play a role in PD and further work to elucidate their role may reveal novel targets for the treatment of PD.

Policy of full disclosure: None

HP-10-005

THE INTERACTION BETWEEN MALE SEXUAL FUNCTION AND FEMALE SEXUAL SATISFACTION IN PATIENT TREATED WITH A COMBINED THERAPY FOR ERECTILE DYSFUNCTION

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Objective: Medical therapy for erectile dysfunction (ED) has been the most widely used since the introduction of phosphodiesterase-5-inhibitors (PDE5 – Is). In recent years, some authors recommend a combined, medical and psychological, treatment; however, to date studies comparing the efficacy of these treatment are available. The aim was to compare the efficacy of combined vardenafil (V) and Cognitive-Behavioral Sex Therapy (CBST) with V alone in improving male sexual function and female satisfaction.

Methods: 30 male patients with ED, and their partners, were randomly assigned to two different groups: Vardenafil 10 mg orodispersible with or without CBST (V+CBST and V group, respectively). A total period of 10 weeks of treatment for both groups was considered. International Index of Erectile Dysfunction (IIEF-15), Index of Sexual Satisfaction (ISS), in male and female, were adminis-

tered at the beginning (T0) and end of treatment (T2). Patient's partners completed IIEF-15 by answering the questions referring to the erection partners.

Results: At T0, no significant differences were found between V and V+CBST groups in terms of IIEF-15 score in all sub domains and of ISS score. Female Intercourse Satisfaction (IS) and ISS scores showed a significant improvement from T0 to T2 only in the V+CBST group ($t = 5.37$ and $t = 5.22$, respectively, both $p < 0.001$). After adjustment for patient's age and baseline EF score, the female change of IS, was significantly related to male erectile function (EF) at T2 ($\beta = 0.889$, $p < 0.050$). Furthermore, female sexual satisfaction at T2, as assessed by ISS score, was significantly related to male orgasmic function (OF, $\beta = 0.911$, $p < 0.050$), after adjustment for age and male OF at T0. These associations showed a trend significantly different in the two groups, with an improvement in the V+CBST.

Conclusion: Male sexual function and female satisfaction are closely related in patients treated with a combined therapy (V+CBST) for ED.

Policy of full disclosure: None

HP-10-006

LOW-ENERGY SHOCK WAVE THERAPY – A NEW TREATMENT FOR ERECTILE DYSFUNCTION

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Methods: Efficacy of the low-energy shock wave therapy (LESWT) in 33 patients with ED as a monotherapy and in combination with PDI-5 inhibitors was studied. The treatment protocol consisted of two sessions of LESWT a week for 3 weeks, that were repeated after 3-week break. The study involved 33 men with moderate to severe ED, who were divided into three clinically comparable groups: 10 men-LESWT in monotherapy; second group (11 patients)-LESWT in combination with PDI-5 inhibitors; third group (12 patients): monotherapy with PDI-5 inhibitors. All 33 patients have completed the nine week course. Cases of withdrawal from the study due to side effects were not observed. Efficacy assessment was made by IIEF before and after 1, 3 and 6 months of treatment. Also, penile dopplerography was conducted to all patients.

Results: Mean IIEF-5 score improved significantly in the groups 2 and 3 (10,45 to 18,59 ($p < 0,05$) and 11,72 to 14,76 ($p < 0,05$), respectively) after 6 months of treatment. In group 1 this score has also slightly improved, but these changes were not significant. But increasing of IIEF-5 score was also significantly better in group 2, then in group of PDI-5 inhibitors monotherapy ($p = 0,03$). IIEF-5 scores in groups 2 and 3 improved significantly after one month of therapy, and remained at high level until the end of therapy. Mean peak systolic velocity has improved in all three groups after 6 months of treatment: 1 group-24,3 to 30,1 cm/sec ($p < 0,05$), 2 group – 27,4 to 41,4 ($p = 0,001$), 3 group – 23,1 to 34,6 ($p = 0,03$). The best results showed combination of LESWT with PDI-5 inhibitors. Efficacy of LESWT was significantly lower than PDE5 inhibitors, but a combination of these treatment methods had the best effect on cavernous haemodynamics.

Conclusion: We can recommend the use of LESWT for the treatment of erectile dysfunction. LESWT is safe treatment of ED without any side effects.

Policy of full disclosure: None

HP-10-007

SEXUAL TECHNIQUES IN LONG TERM CATHETERISED MALES BY “INNOVATIVE COUPLES”-AMAZING BUT TRUE

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Objective: Inability to perform healthy sexual practice could be a result of many conditions which have a bearing on the overall well being of the couple. Couples in whom the male partner was catheterised were considered. It was amazing how these young partners with permanent indwelling tubes could manage any sexual act. No similar survey and results were found on most sustained search

Methods: Thirtytwo couples for the study were taken on strict criteria in the specially devised questionnaire. Males 31–54 yrs with active partners on long term catheters for reasons of neurogenic bladders, obstructed, paraparesis, recovering hemiplegia were taken. They had good libido and performed natural sexual act with assistance of partners. The female questionnaire was for innovation and satisfaction score. Males were asked about frequency, attempts, amount of assistance required, their build upto orgasmic release, refractory periods, multiple orgasms and comparisons of present practice to the days when they were without the catheter

Results: These were innovative couples unheard of in sexual medicine literature in terms of practising healthy penovaginal intercourse by attempting new techniques with catheter in situ. It ranged from a female removing counterparts catheter during coitus followed by recatheterising him and using the catheter to give him erections for subsequent sessions to females who inserted the dangling catheter into the vagina followed by erect shaft claiming higher orgasms. At least 5 couples used the catheter entrapment technique to make shaft erect and tread the path. Most males had dry orgasms and few female partners would wait endlessly for semen discharge by pericatheter or pericatheter route. Ejaculation was consistently painful.

Conclusion: This patient group could be forerunners of innovations in sexual approach. Orgasm could be a localized learned new reflex. In absence of any specific data or study ever done before in this group of young couples this comes as an eye opener that we need to view them as normal with calibre to innovate for the future

Policy of full disclosure: None

HP-11 Prostatic disease and male sexual health

HP-11-001

PROSPECTIVE EVALUATION OF THE EARLY IMPACT OF THE LHRH ANALOGUES IN THE TREATMENT OF PROSTATE CANCER IN SEXUAL, PSYCHO-COGNITIVE, EMOTIONAL AND QUALITY OF LIFE PARAMETERS

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Objective: The castration with LHRH agonists (LHRHa) in the control of prostate cancer (PC) is associated with a wide spectrum of body, metabolic, sexual and psycho-cognitive alterations. We are conducting a study to evaluate its moment of appearance and its severity. We present our initial data on sexual, psycho-cognitive, emotional and QoL parameters.

Methods: Single institution, descriptive and prospective study. IRB approval. High risk PC patients submitted to radiotherapy and long period adjuvant hormone therapy with LHRHa were included consecutively from September 2009 to January 2011. Five validated questionnaires were administered at the baseline visit and 3, 6, 12, 24 and 36 months after therapy start: 1. International Index Erectile Function (IIEF): sexual alterations. 2. Aging Males' Symptoms Scale (AMSS): androgenic deficit. 3. Mini-mental test (MM): cognitive area. 4. Short Form Health Survey (SF-12): QoL. 5. Beck Depression Inventory (BDI): mental status and depression. Data were analyzed with the Wilcoxon test (statistical significance $p < 0.05$). This study shows the data of 73 patients evaluated at the 12 months visit.

Results: The IIEF shows a dramatic decrease since the first visit ($p < 0.05$). AMSS test shows a progressive worsening: 28, 32 and 33 points at the 0, 3, and 6 months visits ($p < 0.05$). The MM test does not demonstrate any significant alteration. SF-12 test (mental health area) shows a deterioration after 6 months ($p = 0.03$). The rest of evaluated parameters do not present modifications. A deterioration in the BDI test (depression area) is observed from the baseline (3.5 points) to the 3 months evaluation (4.9 points) ($p = 0.08$), and 5.8 points at the 6 months ($p = 0.03$).

Conclusion: Treatment with LHRHa shows from initial stages (3 months) deleterious effects, fundamentally in the sexual sphere. At the 6 and 12 months visits a slight deterioration of the mental status appears, which is confirmed in the section of mental health when we evaluate the QoL. Neither the cognitive capacity, nor the rest of quality parameters of global life seem to be diminished at this early period of time.

Policy of full disclosure: None

HP-11-002

NOCTURIA HAS A DETRIMENTAL IMPACT ON SEXUAL FUNCTION – FINDINGS FROM A REAL-LIFE SURVEY IN A COHORT OF CAUCASIAN-EUROPEAN MEN

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Objective: To assess the prevalence and impact of nocturia [as defined according to the IPSS Question 7] on sexual function in a cohort of men seeking medical attention for sexual dysfunction (SD) for the first time.

Methods: Complete sociodemographic and clinical data from the last 544 patients with SD were analysed. Health-significant comorbidities were scored with the Charlson Comorbidity Index (CCI). All patients

completed the IIEF. According to IPSS, men with storage symptoms scoring 1–3 and ≥ 4 (of 15), and voiding symptoms scoring 1–4 and ≥ 5 (of 20) were considered to have either mild or moderate-to-severe symptoms, respectively. For individual symptoms, patients were considered symptomatic if their score was ≥ 1 (Apostolidis A, et al. Eur Urol 2009). Descriptive statistics and linear regression models tested the association between nocturia and sexual functioning.

Results: Mean (SD) age was 51.62 (13.43) (range 18–79). Nocturia was found in 383 (70.4%) patients. Nocturia was found in 268 (70%), 59 (15.4%), 72 (18.8%) and 61 (15.9%) patients with erectile dysfunction (ED), premature ejaculation (PE), low sexual desire/interest (LSD/I) and Peyronie's disease, respectively. Patients with nocturia were older (X2 22.65; $p < 0.001$), had greater CCI scores (X2 11.56; $p < 0.002$), higher rates of comorbid hypertension (X2 6.58; $p = 0.001$), were more frequently current smokers (X2 8.50; $p = 0.004$), and presented a higher rate of comorbid ED (X2 4.26; $p < 0.05$) and LSD/I (X2 4.03; $p < 0.05$) than those without nocturia. Severe ED was found more frequently in patients with concomitant nocturia (X2 10.50; $p = 0.03$). Multivariate linear regression models revealed nocturia to be an independent predictor of impairment of IIEF-sexual desire (beta -0.1 ; $p = 0.03$) and IIEF-overall satisfaction (beta -0.09 ; $p = 0.04$).

Conclusion: Current findings suggested that nocturia negatively impacts sexual functioning in a cohort of Caucasian-European men seeking medical help for uro-andrologic purposes. A specific negative impact was observed in terms of sexual desire and overall sexual satisfaction.

Policy of full disclosure: None

HP-11-003

RELATIONSHIP BETWEEN EXTRAPLEVIC RISK FACTORS AND LOWER URINARY TRACT SYMPTOMS ON OLDER FOURTY YEARS AGE MEN

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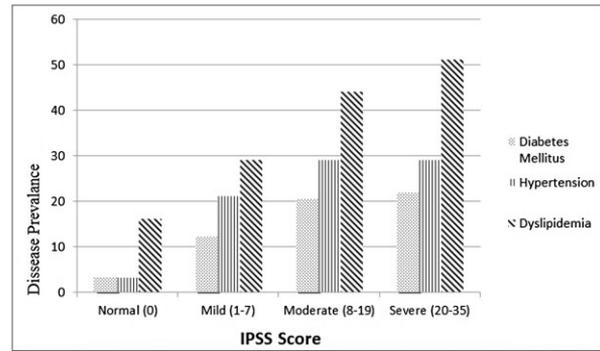
Objective: To evaluate the relationship between extrapelvic risk factors and low urinary tract symptoms (LUTS) in males over 40 years of age who was participated into a prostate cancer screening campaign.

Methods: A total of 670 males over 40 years of age were prospectively included into this study. International Prostate Symptom Score (IPSS) was used to evaluate LUTS. The participants were divided into four groups according to their IPSS score as normal, mild (1–7), moderate (8–19), and severe (20–35). The groups were compared in terms of age, body-mass index, smoking status, alcohol consumption, regular physical activity, and chronic diseases. Pearson chi-squared and Spearman correlation tests were used for statistical analyses and a p value of < 0.05 was accepted as statistically significant.

Results: Mean age of the participants was 54.5 years (range 40–75). Among subjects, 55% had mild, 30% had moderate, and 9% had severe LUTS. There was no relationship between LUTS and obesity, smoking status, alcohol consumption, and sedentary life-style. However, the prevalence of LUTS was significantly higher in men with diabetes mellitus, hypertension, dyslipidemia, and chronic obstructive pulmonary disease. Also, a positive correlation was found between LUTS and diabetes mellitus ($p = 0.015$), hypertension ($p = 0.009$), and dyslipidemia ($p = 0.001$).

Conclusion: This study suggests that extrapelvic risk factors may increase the prevalence and severity of LUTS.

Policy of full disclosure: None



HP-11-004

COMBINATION THERAPY WITH TRIOMEN QUATTRO AND MELOXICAM IN THE TREATMENT OF LOWER URINARY TRACT SYMPTOMS (LUTS) AND PROSTATE PAIN SYNDROME (PPS)

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Objective: In recent years significantly improved scientific evidence about complex mechanisms of chronic prostatic inflammation. So, the aim of our study was the assessment of efficacy of combination new complex phytodrug Triomen Quattro and meloxicam in management of young men with simultaneously LUTS and PPS. Triomen Quattro consists from unic four plants combination – Serenoa repens, Pygeum africanum, Urtica dioica, Cucurbita pepo – Pumpkin.

Methods: In our study 66 patients (mean age 35,7 years) were randomly divided to receive Triomen twice per day and meloxicam 15 mg/day (35 patient – I group) or meloxicam as a monotherapy (31 patient – II group). The study inclusion criteria for PPS were: 1. history of pain in the region of prostate (especially by prostate palpation) for minimum 3 months; 2. sterile pre – massage urine, insignificant number of leukocytes and no bacterial growth in prostatic secretions. The assessment of results were done after 3 months by IPSS, uroflowmetry and visual analog pain scale (VAS).

Results: After 3 months treatment percentage of patients with > 5 points reduction in IPSS in I group was 39% versus 14% in second group ($p = 0,0001$). At the same time by uroflowmetry percentage of > 5 ml/s improvement in Qmax was 21% versus 12% ($p = 0,07$). Interestingly pain score decreased significantly in same grade in both groups – from 7,8 (baseline) till 3,5 and 3,3 respectively.

Conclusion: Combination therapy with Triomen Quattro shows greater benefits in LUTS probably by reducing inflammatory component in prostatic tissue, at the same time meloxicam seems better in pain management. So, further studies and longer follow up are needed to identify an optimal combination to target LUTS and PPS simultaneously.

Policy of full disclosure: None

HP-11-005

SEXUAL ACTIVITY AND ERECTILE FUNCTION IN MEN UNDERGOING ANDROGEN DEPRIVATION THERAPY

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Objective: From a theoretical stand point androgen deprivation therapy (ADT) is expected to eliminate sexual desire and erectile function. However, clinical experience shows that this is not always the case. Unfortunately, there is a lack of reliable prospective data regard-

ing the issue. We present preliminary data on the sexual function in a prospectively evaluated cohort of ADT patients.

Methods: Our study population consists of men enrolled in an on-going randomized trial comparing medical and surgical castration therapy for advanced prostate cancer (EudraCT 2013-002553-29). Patients are excluded if they have ECOG performance status >2 or suffer from diabetes. Patients in this analysis had completed 3 months follow-up by October, 2014. Baseline sexual activity was assessed by the "European Organization for Research and Treatment of Cancer prostate cancer-specific quality of life questionnaire" (QLQ-PR25) and erectile function by the Erection Hardness Scale (EHS). The questionnaires were administered again at follow-up consultations.

Results: Data were available for 33 patients. The mean age was 73 years (range 47–86) and the mean baseline serum testosterone was 10.9 nmol/L (range 3.3–18.1). Overall, 18/33 patients showed some degree of sexual activity at baseline with a mean QLQ-PR25 sexual activity score of 28.7 [95% CI 22.5–34.9]. Eleven patients had an erectile function adequate for intercourse. At 3-months follow-up all patients had reached castration testosterone levels. At this time 6/24 were still sexually active but the QLQ-PR25 sexual activity score had decreased in 3/6. Finally 2/11 patients were still able to obtain erections adequate for intercourse.

Conclusion: Patients in our cohort showed limited sexual activity and erectile function before ADT. However, our study confirms that some degree of sexual activity and ability may be preserved in the sexually active sub-group. Physicians should address this issue when administering ADT.

Policy of full disclosure: None

HP-11-006

ERECTILE REHABILITATION BY SLIDENAFIL POST RADICAL PROSTATECTOMY AND RADICAL CYSTECTOMY. A PROSPECTIVE RANDOMIZED STUDY

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Objective: The rehabilitative impact of PDE-5 inhibitors following nerve-sparing Radical Prostatectomy (RP) and Radical Cystectomy (RC) on penile function remains unclear. Active or passive rehabilitation and time of introducing these drugs are subject of controversial results. This unicentric, randomized study was realized to compare active and passive erectile rehabilitation by Sildenafil.

Methods: Patients that had RP (T1c, T2a, T2b N0 M0 R0) or RC (T2 N0 M0) with normal preoperative erectile function were randomized 1:1 to either Sildenafil 50 mg once daily (group I) or Sildenafil 100 mg twice weekly (group II). Treatment was introduced 2 weeks after surgery and an International Index of Erectile Function Domain score (IIEF-5, EF) was noted 1, 3 and 6 months later. Were excluded from the study patients that had no-nerve-sparing surgery and those who needed adjuvant treatment after surgery.

Results: A total of 36 patients were randomized to passive treatment in groupe I (N = 16) and active treatment in groupe II (N = 20). Mean age was 60 years (33 – 72). RP and RC were realized in 12 and 24 patients, respectively. Improvement in IIEF-5 EF was noted in 19 patients (53%) after one month of treatment and in 22 patients (61%) after 3 and 6 months. Active rehabilitation group had significantly better response (75%, 44%, p = 0.04) and improvement in IIEF-5 score (7.93; 4.20; p = 0.028). Univariate analysis showed that age less than 60 years was an independent success factor. We found no statistical difference between RP and RC patients (67%, 58%, p = 0.08). Treatments were well-tolerated in both groups.

Conclusion: Erectile Function improved during 6-month Sildenafil rehabilitation in 61% of the cases. Active rehabilitation was significantly higher than passive rehabilitation. No difference between RP and RC were found in selected cases. However, larger series are needed to confirm our results.

Policy of full disclosure: A financial support from medical compagny "Adwya" that provided VIATEC (Sildenafil)

HP-11-007

EVALUATION OF ERECTILE DYSFUNCTION MANAGEMENT IN PRIMARY CARE

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Objective: Recent guidelines highlight the importance of cardiovascular risk assessment in men presenting with erectile dysfunction (ED). General practitioners (GPs) primarily manage ED. Following redesign of our local referral pathways, we aimed to define the extent to which guidelines are reflected in the management of ED by GPs and in the referral pattern of men deemed to have failed initial therapy.

Methods: We reviewed the records of 75 consecutive patients referred to our service in 2013. Analysis incorporated patients' co-morbidities (post-radical prostatectomy excluded), PDE5 inhibitor regimens, adherence to guidelines with regards to patient management and evidence of lifestyle modifications.

Results: In this ED treatment failure group, 46 men (61%) were diabetic with a significantly higher burden of cardiovascular morbidities compared to non-diabetic patients. Only 48% had documented lifestyle advice given but blood glucose and lipids were universally checked. A total of 26 men (35%) had serum testosterone checked prior to referral. Of these, 22% had biochemical hypogonadism. PDE5 inhibitors were widely used as primary treatment, with 95% exposed to treatment. 65% had an unsatisfactory outcome with their first PDE5 inhibitor and were switched to an alternative. 15% of men had no upward dose titration. Sildenafil was the first choice PDE5 inhibitor in 90% of cases. No patients had non-oral therapies instituted in primary care.

Conclusion: Our treatment failure population exhibits a high proportion of diabetic men with co-morbid cardiovascular conditions and a significant number with low testosterone. Such patients are at high risk of PDE5 inhibitor non-response. In general terms drug treatment of ED is well managed in primary care with choice of agent and dose scheduling broadly meeting available guidance. Further reinforcement and education is necessary to ensure more complete cardiovascular risk stratification and lifestyle modification prior to Urological referral.

Policy of full disclosure: None

POSTER SESSIONS

P-01 Male sexual dysfunction

P-01-001

PERIURETHRAL INJECTION OF HUMAN ADIPOSE TISSUE DERIVED STEM CELLS (HADSCS) PREVENTS FIBROSIS IN A NEW RAT MODEL OF URETHRAL STRICTURE

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Objective: Open urethroplasty is associated with sexual problems including erectile dysfunction, penile angulation and ejaculatory dysfunction. To avoid sexual dysfunction, new minimally invasive treatments need to be developed. The aim of this study is to evaluate the efficacy of minimally invasive local injection of hADSCs in the treatment of urethral stricture in a rat model.

Methods: Model's description: Male rats underwent to four partial incision of urethra. Then rats were subjected injection of TGFβ1 (1 μg) into the sites of incisions. Rats underwent injection of vehicle, without incisions, were used as controls (sham). 21 rats were divided into 3 groups: sham group, vehicle group (incision+TGFβ1) and hADSCs group (incision+TGFβ1+hADSCs). The vehicle group was treated, 1 day after TGFβ1 injection, with urethral injection of vehicle; the hADSCs group received, instead of vehicle, 1 million hADSCs. 4 weeks after treatment, rats underwent cystometry analysis. Penises and bladders were harvested for in vitro analysis.

Results: Vehicle rats exhibited higher threshold pressure (TP: 23.95 ± 3.4 cmH₂O), flow pressure (FP: 36.32 ± 2.89 cmH₂O) and basal pressure (BP: 14.27 ± 2.39 cmH₂O) values compared to the hADSCs group (FP: 14.07 ± 1.44; FP: 26.05 ± 3.19; BP: 9.65 ± 0.89 cmH₂O) and sham group (p < 0.05). Vehicle rats showed lower threshold compliance and flow compliance than hADSCs and sham group (p < 0.05). At Western Blot (WB) analysis, collagen III expression was higher in vehicle rats than in sham and hADSCs groups (p < 0.05). Collagen I was more expressed in vehicle and hADSCs groups compared to sham group (p < 0.05). Bladder-to-body weight ratio of vehicle group was higher in vehicle group compared to hADSCs and sham group (p < 0.05). At WB vehicle bladders showed more collagen III than the others groups (p < 0.05).

Conclusion: Periurethral injection of hADSCs prevents the formation of urethral stricture in a rat model of urethral stricture.

Policy of full disclosure: None

P-01-002

SEXUAL AROUSAL AND SEXUAL INHIBITION: QUALITATIVE STUDY ON ITALIAN MEN THROUGH FOCUS GROUP

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Objective: The goal of this study was to improve our understanding of men's sexual response and its components, the factors or circumstances that men describe as facilitating or interfering with sexual arousal, as well as men's sexual desire, and especially the psychological, emotional and adaptive factors influencing the sexual response in men.

Methods: Seventeen focus groups, involving 136 heterosexual Italian men (M age = 38.58 years; range, 20–70), were conducted. 66.9% was

in a stable relationship at the time of the research, while 32.34% was single. Focus group were conducted by two male trained moderator, following a discussion guide to facilitate the discussion; that included: a) sexual arousal and its components; b) relationship between sexual arousal and sexual desire; c) Factors that enhance or inhibit sexual arousal. The content of the discussions has been analyzed for major themes by two independent coders.

Results: Participants described a wide range of physical (genital as well as nongenital) and cognitive/affective cues for sexual arousal, which are mostly a consequence of sensorial experiences (especially sight and touch). Men described the relationship between sexual desire and arousal as being variable and complex. They also reported of a wide range of factors that increase or decrease sexual arousal which are related to the context and the relationship with the partner. A substantial variability arise from the age grade of the participants.

Conclusion: The findings may help further development of more accurate models of sexual response, the development of questionnaires and measures on sexual dysfunctions, and the study of gender differences in sexual response.

Policy of full disclosure: None

P-01-004

USE OF ERECTILE DYSFUNCTION AS A TOOL FOR EARLY DIAGNOSIS OF CARDIOVASCULAR DISEASES

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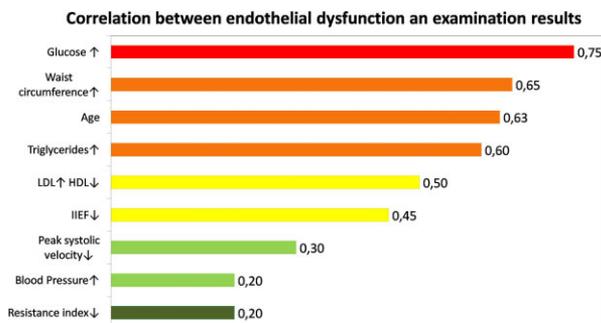
Objective: Myocardial infarction and ischemic stroke are the main causes of death in adult males. The highest predictive value of ED as a marker of vascular disease is manifested in patients aged 40–59 years. In addition, the identification of ED may indicate the presence of these disorders in a patient in a latent form, according to some authors.

Methods: We conducted an assessment of endothelial function in 126 men complaining of erectile dysfunction (42.6 ± 6.8 years). All patients filled the International Index of Erectile Function questionnaire (IIEF). Waist circumference, blood pressure, blood chemistry and penile duplex Doppler ultrasound were also assessed.

Results: Incidence of cardiovascular risk factors was: dyslipidemia – 62%, hypertension – 42%, obesity – 34% insulin resistance – 18%. Furthermore, the presence of risk factors somatic diseases and diseases of the heart and vascular distribution varied forms of ED in severity. Thus, in patients without accompanying cardiovascular system, mild ED occurred in 23% of cases, moderate ED 36%, the average – 26% of patients, severe ED – 15%. For patients with cardiovascular these figures were 18%, 30%, 28% and 24%, respectively. The regression analysis and determination of the Spearman rank correlation coefficient (p < 0.05) was performed. The analysis shown a high degree of correlation of endothelial dysfunction with increased blood glucose more than 6.0 mmol/l (r = 0,75), moderate with a waist circumference greater than 94 cm (r = 0,65), age (r = 0,63), increased triglycerides (r = 0,6), decreased high density cholesterol levels (r = 0,5), increased low density cholesterol (r = 0,48), reduced number of points by IIEF (r = 0,45), the lowest degree of association with the identified reduced peak systolic velocity (r = 0,3), low Index of resistance (r = 0,28), end diastolic velocity (r = 0,2), elevated blood pressure > 130 mmHg (r = 0,2), retention time of blood flow in deep dorsal vein > 15 minutes (r = 0,1).

Conclusion: ED is a predictor of cardiovascular dysfunction, and it is necessary to examine not only the local penile blood flow, but also to assess systemic endothelial function.

Policy of full disclosure: None



P-01-005

PENIL SEVERITY SCALE CAN USE TO PREDICT PENIL SHORTENING

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Objective: We aimed to evaluate the impact of vascular risk factors on penile length, to create a new severity scale for penile morphometric changes and to compare this scale with the international index of erectile function (IIEF) scale.

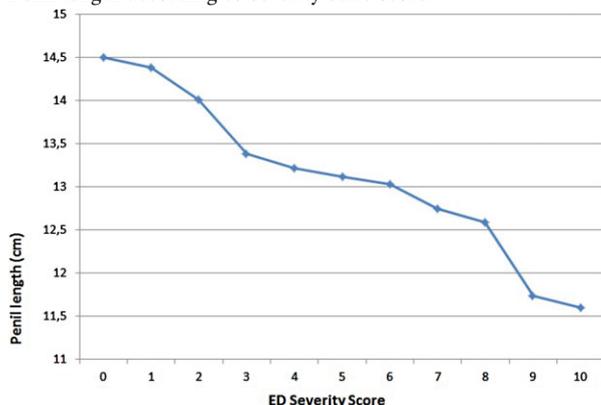
Methods: A total of 848 with erectile dysfunction and 200 normal males were included in this study. We scored the patients as follows: Diabetes mellitus (DM) or hypertension (HT) 3 points, coronary artery disease (CAD), hypertriglyceridemia (HTG), older than 50 years, obese, hypogonadism and present ED received 1 point. We scored as "4" points patients with DM and HT together. An IIEF questionnaire form was completed. The patients were divided into five groups according to IIEF scores. The patients were compared based on the severity scale and IIEF scores. We used one-way ANOVA for statistical analysis and the Tukey test for post-hoc analysis. P values < 0.05 were accepted as statistically significant.

Results: We observed a negative correlation between the severity scale and penile length ($p < 0.001$) (Graphic-1). This graphic is the best representative of approximately 100 different estimates. We created a final shape using this severity scale. The patients were divided into three groups as follows: 0–2 points: mild, 3–8 points: moderate and 9–10 points: severe. Penile length differed significantly among the three groups (14.2, 13, and 11.7; $p < 0.001$). No correlation was observed between IIEF score and penile length ($p = 0.567$). In addition, penile lengths were similar between normal and severe ED patients ($p = 0.406$).

Conclusion: Penile shortening is a reality for ED patients. IIEF questionnaire forms are useful for evaluating ED patients, but these forms are not useful for predicting penile shortening. Therefore, the severity scale could be used to predict penile shortening, allowing more aggressive treatment to be performed earlier.

Policy of full disclosure: None

Penil length according to severity scale score:



P-01-006

EVALUATION OF ENDOTHELIAL FUNCTION BY PERIPHERAL ARTERIAL TONOMOMETRY IN PATIENTS WITH ERECTILE DYSFUNCTION

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Objective: To evaluate the presence of endothelial dysfunction in patients (pts) with vascular disease erectile dysfunction (VDED).

Methods: Population and Methods: We included 23 pts with VDED diagnosed by penile Eco-Doppler and 21 pts as control group (no clinical evidence of dysfunction). Endothelial function was assessed by reactive hyperemia index (IHR) determined by peripheral arterial tonometry (TAP) using the endo-PAT 2000 (Itamar Medical®) system. The augmentation index (AI) was also evaluated.

Results: Results: Compared with the control group, pts with VDED were significantly older (60.4 ± 9.1 vs 47.3 ± 13.7 years), had more risk factors (diabetes 52.4% vs 9.5%, $p = 0.003$; dyslipidemia 61.9% vs 19.0%, $p = 0.005$, hypertension 66.7% vs. 19.0%, $p = 0.002$) and were more obese (weight 86.6 ± 14, 0 kg vs. 76.6 ± 12.8 kg, $p = 0.019$, BMI 29.2 ± 4.4 kg/m² vs 25.2 ± 2.8 kg/m², $p = 0.001$; waist circumference 106.0 ± 17.0 cm vs 95.2 ± 9.9 cm, $p = 0.019$). The ankle-braquial index was similar in both groups (median 1.17 vs 1.12, $p = ns$). The IHR was significantly lower in pts with VDED (1.71 ± 0.38 vs 2.19 ± 0.58, $p = 0.002$). The AI was also significantly different in both groups (17.0 ± 18.1 vs 5.4 ± 17.4). In the multiple regression model, including variables with significant differences, IHR ($p = 0.032$) and age ($p = 0.03$) were the only independent predictors of VDED.

Conclusion: Conclusions: There is a statistically significant relationship between VDED and the presence of endothelial dysfunction, assessed by TAP, regardless of age or risk profile. These results are different from those reported in a previous similar study (using EndoPAT), justifying further investigation regarding the clinical and therapeutic implications.

Policy of full disclosure: None

P-01-007

THE CORRELATION BETWEEN 25-OH-VITAMIN D AND RRECTILE DYSFUNCTION (ED)

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Objective: Vitamin D deficiency is associated with an increased risk of musculoskeletal, cardiovascular diseases, Diabetes Mellitus and other diseases. Though, the correlation of 25-OH-vitamin D level is less studied in patients with ED. **Objective:** To asses the 25-OH-vit D levels in patients with ED and its correlation with ED degree and other known risk factors.

Methods: Between January and July 2014, 58 patients ED diagnosed, included in the study. Mean age 48.5. After completing IIEF-5 questionnaire, BMI and blood pressure evaluation, all patients were determined 25-OH-vitamin D levels. Also were assessed other indicators of ED risk factors: Cholesterol, LDL, HDL, triglycerides, glucose, optional testosterone, prolactin, TSH). Correlations were made between all named parameters.

Results: The mean level of 25-OH-vit D in the study group was 21.6 ± 9.5 ng/ml. Only 4 (7%), out from 58 patients included in the study, had sufficient level of 25-OH-vit D (more than 30 ng/ml). In 54 patients 25-OH-vitD varied from 8.9 ng/ml (severe deficiency) to 27.7 ng/ml (insufficiency). Also in 35 patients (59%), were determined elevate levels of triglycerides, total cholesterol or its fractions. Increased glucose levels in 11 patients (19%) ($p < 0.05$). There were separately evaluated correlations between 25-OH-vit D levels and ED degree, blood pressure, BMI, elevate cholesterol, testosterone.

Conclusion: Hypovitaminosis D was present in the majority (93%) patients with ED, regardless of the cause or degree. This data suggests that 25-OH-vit D can be used as a biochemical indicator and independent marker in ED diagnosis. On the other hand the vitamin D insufficiency in patients with ED assume the necessity of using vitamin D supplements for treatment and/or prophylaxis of ED. Further randomized studies are needed to evaluate the role of 25-OH-vitD in diagnosing ED and treatment recommendations.

Policy of full disclosure: None

P-01-008

MODIFIABLE RISK FACTORS FOR CARDIOVASCULAR DISEASE AND ERECTILE DYSFUNCTION – AN ANALYSIS OF THE PATIENTS KNOWLEDGE IN MEN WITH ISCHAEMIC HEART DISEASE

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Objective: Modification of CVD modifiable risk factors has an impact on the sexual efficiency in men, but it seems that in order for the patient to modify his lifestyle, there is a need for a certain knowledge on the negative influences of the risk factors on male sexual health. **AIM OF STUDY:** The evaluation of the knowledge on the influence of modifiable risk factors for CVD on ED in the population of patients in whom such modifiable risk factors are present.

Methods: 502 male patients (mean age 61,8 ± 8,7) undergoing treatment for coronary heart disease (CHD) in five cardiac centers took part in the study. The patients' were asked to fill out a questionnaire which included questions regarding the presence of modifiable risk factors for CVD (smoking, hypertension, dyslipidaemia, diabetes, overweight or obesity, as well as low physical activity. In addition, the questionnaire included questions checking the patients' knowledge on the aforementioned risk factors on the development of ED.

Results: In the evaluated population 61,61% patients suffered from hypertension, 24,24% from type II diabetes, 52,95% from dyslipidemia, 69,12% were tobacco smokers, 81,67% were overweight or obese and 93,25% were not adequately physically active. The analysis regarding the presence of a given modifiable risk factor and the patients' ability to qualify it as a factor influencing the development of ED showed a statistical significance regarding smoking tobacco, hypertension, diabetes and dyslipidaemia. In these risk factors there has been a higher prevalence of patients knowledge on those risk factors if they were present in the individual patient. No statistical significance has been observed regarding the patients' knowledge on overweight and obesity as well as a low physical activity in patients who were burdened with these risk factors.

Conclusion: The presence of two of the most commonly found modifiable risk factors for CVD among the evaluated group of patients had no significant influence on the patients' knowledge on their influence on developing ED even if the patients' were burdened with such risk factors.

Policy of full disclosure: None

P-01-009

THE ANALYSIS OF THE INFLUENCE OF THE PRESENCE OF MODIFIABLE RISK FACTORS FOR CARDIOVASCULAR DISEASE ON THE CARDIOLOGIST'S INTEREST IN ERECTILE DYSFUNCTION IN PATIENTS WITH ISCHAEMIC HEART DISEASE

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Objective: The interconnected pathogenesis of erectile dysfunction and cardiovascular diseases leads to the fact that many patients suffering from erectile dysfunction as well as cardiovascular disease are seeking the help of a cardiologist who's competences can have a major impact on improving the patients' sexual activity as well as their quality of life. **AIM OF STUDY** The evaluation of the interest of cardiologists in the presence of erectile dysfunction in patients who suffer from ischaemic heart disease presenting with modifiable risk factors.

Methods: 1136 patients (mean age 60,73 ± 9,20) undergoing treatment for CAD in five cardiac rehabilitation centers have been evaluated. The patients were asked to fill out a questionnaire which included questions regarding the presence of modifiable risk factors for erectile dysfunction and a question whether the patients' cardiologist asked about the presence of erectile dysfunction. The analysis regarding the modifiable risk factors included tobacco smoking, hypertension, dyslipidemia, diabetes, overweight and obesity as well as the presence or absence of health-promoting physical activity (sedentary lifestyle). The data regarding physical activity has been obtained by means of a questionnaire based on the Framingham questionnaire. 1000 Kcal/week were set as the model for minimal physical activity in cardiovascular disease prevention.

Results: The analysis of the presence of modifiable risk factors for CVD showed the presence of hypertension in 63,91% of patients, diabetes type II in 23,77%, dyslipidaemia in 55,46%, tobacco smoking in 68,13, overweight and obesity in 77,73%, inadequate physical activity in 91,96% of patients. 45 patients (3,96% of the evaluated group) have been questioned about erectile dysfunction by their cardiologists. The presence of modifiable risk factors did not show a significant influence on the cardiologist to ask about erectile dysfunction.

Conclusion: The subject of erectile dysfunction during cardiologic evaluation is rare and the presence of modifiable risk factors for cardiovascular disease does not have any influence on the cardiologist asking about ED.

Policy of full disclosure: None

P-01-010

AN INTEGRAL APPROACH WHEN FACING AGE-RELATED HEALTH PROBLEMS IN MEN: WHAT SHOULD WE FOCUS ON?

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Objective: To analyze the role as predictors of a higher cardiovascular risk (measured as presence of metabolic syndrome [MetS]) of common urological/andrological medical problems among aging men such as erectile dysfunction (ED), lower urinary tract symptoms (LUTS) and testosterone deficiency (TD).

Methods: Observational study conducted in Spain on 1,014 men aged ≥ 45 visiting a Urology/Andrology clinic. Age, body mass index (BMI), waist circumference (WC) and SBP/DBP were recorded. Laboratory tests included total T (TT) and MetS components. TD and

obesity (O) were defined as a TT < 10.4 nmol/L and a BMI \geq 30 kg/m², respectively. MetS was diagnosed following the revised NCEP-ATPIII criteria. The EF domain of the IIEF (IIEF-EF) and the IPSS questionnaires were used to assess ED and LUTS, respectively. Bivariate/multivariate logistic regression analyses were performed to assess relationships.

Results: Mean age of participants was 62.8 \pm 8.2 years; 34.4% were obese. Prevalence of ED, TD and moderate-severe LUTS were 77.0%, 16.1% and 76.3%, respectively. Prevalence of MetS was 45.9%. Age-adjusted relationships among independent variables: Severe LUTS increased the odds for ED (OR 1.53 [CI 95% 1.02–2.31]) and showed no relationship with TD; TD and ED showed no relationship. Age-adjusted relationships with MetS (bivariate): TD and ED (but no moderate/severe LUTS) increased the odds for MetS (OR: 2.55 [1.80–3.62] and 1.39 (1.01–1.91), respectively). Only storage symptoms' score was higher among men with MetS. Multivariate analysis showed that among these variables, only TD increased the odds for MetS (OR 2.415 [1.683–3.465]). Obesity increased 5 times the odds for MetS. Multivariate analysis including obesity showed that both, TD and obesity, increased the odds for MetS: OR 1.995 (1.323–2.885) and 5.086 (3.764–6872), respectively.

Conclusion: Health problems of ageing men should be managed using an integral approach, with TD being a fundamental part of the diagnostic work-up.

Policy of full disclosure: Study funded by an unrestricted grant from Bayer Hispania

P-01-011

OBJECTIFICATION AND SEXUAL DYSFUNCTIONS IN MEN

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Objective: Objectification theory (Fredrickson, Roberts, 1997) posits that in Western cultures women are frequently sexually objectified and are subsequently led to internalize an observer's perspective upon their bodies, which promotes negative emotions about one's own body, reduces flow experiences, and reduces awareness of internal bodily states. These negative experiences can in turn contribute to the risk for depression, eating disorders and sexual dysfunction. Although the literature regarding the impact of objectification experiences on women is large, the evidence supporting objectification theory in men, in particular regarding sexual dysfunction, is still limited. Considering the possible implications for clinical practice, the aim of the present study is to test the validity of objectification theory in heterosexual men, and its implications in terms of sexual functioning and quality of sexual life.

Methods: Participants were recruited through word of mouth and via advertisements posted in public places. Participants completed a demographic information sheet and self-report survey instruments, which were counterbalanced in their order to reduce order effects. In particular, we assessed self-surveillance, self-monitoring during sexual activity, exposure to pornography, and erectile dysfunction and sexual quality. 68 men participated to the survey, with a mean age of 28,29 years (range: 19–44).

Results: Using a series of multiple hierarchical regressions, we studied the effects of self-surveillance, body shame, self-surveillance during sexual activity, exposure to pornography, on erectile dysfunctions and sexual quality of life in heterosexual males. Results indicate that body shame and self-surveillance are significantly connected to erectile dysfunctions and quality of sexual life.

Conclusion: Clinical implications for treatment and prevention are discussed.

Policy of full disclosure: None

P-01-013

HEALTHY DIET VERSUS SMOKING IMPACT ON ERECTILE DYSFUNCTION PATIENT'S HEART GEOMETRY AND DIASTOLIC PERFORMANCE; THE GOOD THE BAD AND THE FINAL COUNTDOWN

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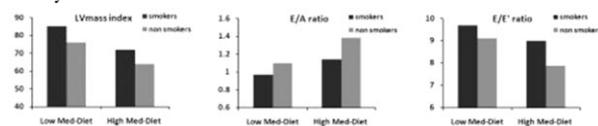
Objective: An augmented left ventricular mass index (LVMI) reflects a risk of progression to heart failure. The Mediterranean type of diet (Med-Diet) is a non-pharmaceutical mean for cardiovascular disease prevention. Aim of our study is to investigate whether LVMI and diastolic heart performance as expressed by the enhanced E/A and the reduced E/E' ratio, are associated to adherence to the Mediterranean diet and smoking status in vasculogenic erectile dysfunction (ED) patients.

Methods: 78 ED patients (aged 56 \pm 11 years) underwent comprehensive cardiac 2D ultrasound evaluation. LVMI, E/A and E/E' ratio were used to assess LV geometry and diastolic function respectively. Smoking status was defined as current smokers and non smokers. Assessment of dietary habits was based on a special diet score (the Med-Diet Score, range 0–55). Higher values on the score indicate greater adherence to the Med-diet pattern and consequently, healthier dietary habits.

Results: After multiple regression analysis, LVMI was positively associated to smoking status (b = 0.216, p < 0.01) and negatively to the Med-Diet Score (b = -0.257, p < 0.01), independently of age, history of hypertension and body mass index. Furthermore, E/A and E/E' ratio were significantly associated to smoking status (b = -0.198 and b = 0.224, all p < 0.01) and to the Med-Diet Score (b = 0.235 and b = -0.254, p < 0.01), after adjustment for confounders. Divided into subgroups according to smoking habits and the Med-Diet scoring status, non-smokers with high Med-Diet Score had significantly lower LV mass index and E/E' ratio and higher E/A ratio compared to all other smoking/Med-Diet subgroups (figure).

Conclusion: Among erectile dysfunction men, high adherence to the Mediterranean dietary pattern confers a favourable impact on LV geometry and diastolic performance. However, smoking restricts that benefit. Life style modification promoting consumption of fruits, legumes, and olive oil in the absence of tobacco use, may be proved crucial in restoring cardiac structure and performance.

Policy of full disclosure: None



P-01-014

VASCULAR, CARDIAC AND ERECTILE DYSFUNCTION; THE DANGEROUS TRIAD OF ATHEROSCLEROSIS AND THE HOLISTIC CONTRIBUTION OF THE MEDITERRANEAN DIET IN THE MAINTENANCE OF CARDIOVASCULAR HEALTH

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Objective: Erectile dysfunction (ED) is a delegate of endothelial vascular damage. On the contrary, Mediterranean diet is a dietary pattern

promoting cardiovascular health. Aim of our study is to investigate whether left ventricular (LV), peripheral vascular parameters and erectile performance associate to adherence to the Mediterranean diet in vasculogenic erectile dysfunction patients.

Methods: 75 ED patients (56 ± 11 years) underwent cardiac ultrasound evaluation and Doppler diastolic parameters (E/E'), LV mass (LVM) and LV mass index (LVMI) were obtained. All subjects underwent carotid-femoral pulse wave velocity (PWV) and common carotid intima-media thickness (IMT) evaluation. Assessment of the erectile disorder was based on the SHIM-5 questionnaire score. Dietary habits were evaluated through a special score (Med-diet score, range 0–55), which assesses adherence to the Mediterranean dietary pattern. Higher values indicate greater adherence to that pattern.

Results: Based on the Med-diet score, three groups were formed (high > 30, intermediate: 21–29 and low ≤ 20) with no significant differences in the main cardiovascular risk factors between them. Patients with low score had significantly higher LV, LVMI and E/E' and a lower SHIM score as compared to the others. Aortic stiffness and IMT were inversely correlated to the Med-diet score. Associations between cardiac and vascular parameters remained significant after adjustment for age. Table shows statistics of the echocardiographic and vascular parameters in the Med-diet subgroups.

Conclusion: Low adherence to the Mediterranean type of diet is significantly associated to an unfavorable cardiac, vascular and erectile performance. Physicians should strongly encourage ED patients reaching that dietary pattern for achieving its holistic contribution to cardiovascular health.

Policy of full disclosure: None

Parameter	Low n=9	Moderate n=46	High n=20	P value
LVM _{ms} (gr)	170 \pm 48	153 \pm 29	148 \pm 24	<0.05
LVM _{ms} Ind ex (gr/m ²)	82 \pm 20	75 \pm 14	73 \pm 11	<0.05
E/E'	10.0 \pm 3.0	8.7 \pm 3.0	8.1 \pm 3.0	<0.05
PWV (m/s)	8.6 \pm 2.1	8.3 \pm 1.9	8.0 \pm 1.7	<0.05
IMT (mm)	1.3 \pm 0.4	0.95 \pm 0.3	0.90 \pm 0.3	<0.001
SHIM	9 \pm 4	12 \pm 4	13 \pm 4	<0.05

P-01-017

INJECTABLE TESTOSTERONE UNDECANOATE FOR THE TREATMENT OF HYPOGONADISM

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Objective: Injectable testosterone undecanoate (TU) is a long acting testosterone (T) (from 10 to 14 weeks) formulation available for the treatment of male hypogonadism since 2003 in several countries. The aim of this study is to assess the efficacy and safety of injectable TU by meta-analyzing available evidence.

Methods: An extensive Medline Embase and Cochrane search was performed. All uncontrolled and placebo-controlled randomized clinical trials (RCTs) evaluating the effect of injectable TU on different outcomes were included.

Results: Out of 98 retrieved articles, 33 were included in the study. Among those, 11 were placebo-controlled RCTs. Injectable TU was significantly associated with a reduction of fat mass and HbA1c in both controlled and uncontrolled trials, in particular when hypogonadal subjects were enrolled. Similar results were observed for the improvement of sexual function. In addition, TU ameliorated several other outcomes including blood pressure, lipid profile, waist circumference and BMI in uncontrolled studies but these data were not confirmed in placebo-controlled trials. The treatment was well tolerated and no risk of prostate cancer or cardiovascular disease observed.

Conclusion: Injectable TU is a safe and effective treatment for male hypogonadism. The possibility of a four time a year, therapeutic intervention frees the patient, at least partially, from having a chronic condition, maintaining a positive, active role in self-caring and helping hypogonadal men to keep his condition in long-way perspective.

Policy of full disclosure: G Corona has received consultancies from Bayer, Besins and Eli Lilly. M Maggi received consultancies from

Bayer, ProStrakan, Eli Lilly, GlaxoSmithKline and Neuron. E Maseroli received consultancies from Bayer. The authors have no other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript apart from those disclosed.

P-01-018

DETERMINING FACTORS OF THE REGENERATIVE CAPACITY OF THE STROMAL VASCULAR FRACTION

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Objective: Erectile dysfunction (ED) is a frequent complication of radical prostatectomy and diabetes. Studies suggest stem cell therapy as a promising future treatment for ED and currently clinical studies are conducted in that field. The strategy involves the use of the stromal vascular fraction (SVF), containing the adipose derived stem cells, obtained from the patient's own adipose tissue. The SVF is then reintroduced to the patient through penile injection. The patients, amiable for such therapy, are often compromised health wise, which presents the question; does the health state of the donor affect the regenerative capacity of the SVF cells? Our main aim is to optimize the SVF based correction of ED in a rat model. To that end, we investigate the effect of the state of the donor rats and hereby the SVF cells, and compare their regenerative capacity with that of healthy controls.

Methods: The SVF cells are obtained through digestion and fractionation of the adipose tissue from donor rats and healthy control rats. Proteomic comparison of the cell populations is conducted. Healthy rats undergo bilateral crush injury to the cavernous nerve (CN) and penile injection of 1 million SVF cells. Following 28 days, the erectile function, and hereby the regenerative capacity of the SVF cells, is assessed by measuring the intracavernous pressure following electro-stimulation of the CN.

Results: Proteomic differences that may affect the regenerative capacity of the SVF will be evaluated in the ED-rat model. Thus, candidate proteins crucial for regeneration may be determined.

Conclusion: We hypothesise that the regulatory differences revealed by the proteomic comparison will be reflected in the regenerative capacity of the SVF cells in the ED rat model. On-going studies aim to investigate this.

Policy of full disclosure: None

P-01-019

IMPROVEMENT AND STABILIZATION OF ERECTILE FUNCTION, ANTHROPOMETRIC AND METABOLIC PARAMETERS IN HYPOGONADAL MEN WITH TYPE 2 DIABETES MELLITUS (T2DM) ON LONG-TERM TREATMENT WITH TESTOSTERONE UNDECANOATE INJECTIONS

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Objective: To monitor effects of long-term treatment with testosterone undecanoate (TU) injections in hypogonadal with T2DM.

Methods: From a prospective, observational registry study of 340 hypogonadal men from a single urological practice, 120 men with T2DM were analysed. All men received testosterone undecanoate injections for up to 7 years. All men were treated for their T2DM by their family physician.

Results: Mean age was 60.36 years. 3% had normal weight, 8% were overweight, and 89% were obese. Testosterone (T) levels rose from

10.0 nmol/L to trough levels (measured prior to the following injection) between 15 and 18 nmol/L. IIEF-EF increased from 19.63 to 26.31 with a change from baseline of 5.38. The improvement was statistically significant for the first two years ($p < 0.0001$ vs baseline and vs previous year) and remained statistically significant vs baseline throughout the observation time and stable compared to previous years. Mean weight decreased progressively from 110.37 to 89.38 by 21.36 kg. The proportion of weight loss was 18.24% in the obese, 13.64% in the overweight, and men with normal weight gained 2.82%. Waist circumference decreased from 109.34 to 99.89 by 11.34 cm ($p < 0.0001$ for all). Fasting glucose normalised from 113.45 to 95.93 mg/dl, HbA1c from 8.02 to 5.9% ($p < 0.0001$ for both). At baseline, 11% of patients were within an HbA1c target of 7%, at the end of the observation, all patients completing 7 years of treatment had an HbA1c $\leq 7\%$. As an inflammatory marker that may be related to erectile function, hsCRP declined from 4.34 to 0.62 mg/L ($p < 0.0001$). Lipid pattern and blood pressure improved.

Conclusion: In hypogonadal men with T2DM, T therapy may improve and preserve erectile function for a prolonged period of time. These changes may be further supported by marked improvements of anthropometric and metabolic parameters.

Policy of full disclosure: F Saad is a full-time employee of Bayer Pharma, Berlin, Germany. G Doros has received financial compensation for statistical analyses from Bayer Pharma. A Haider has received financial compensation for data entry and travel grants from Bayer Pharma. A Traish has nothing to disclose.

P-01-020

MULTIPLE TREATMENT MODIFICATIONS ARE INDEPENDENT OF TIME SINCE FIRST PRESCRIPTION OF A PDE5I RESULTS OF REAL-LIFE OBSERVATIONAL STUDY

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Objective: Evaluate compliance and modifications of PDE5is treatment in men with erectile dysfunction (ED) over a minimum 12-mo follow-up (FU).

Methods: Data from the last 144 [mean (SD) age: 55.2 yrs; 13.8] consecutive patients treated with PDE5is were analysed. According to FU length patients were stratified into: group 1 (= 12 months), group 2 (13–36 months), and group 3 (>36 months). Health-significant comorbidities were scored with the Charlson Comorbidity Index (CCI). Patients completed the IIEF domains at baseline and at survey; ED severity was stratified according to Cappelleri's criteria. Descriptive statistics and logistic regression models assessed potential predictors of therapy modifications over time.

Results: Groups 1, 2, and 3 included 29 (20%), 52 (36.2%), and 63 (43.8%) patients, respectively. Sexual orientation was heterosexual and non-heterosexual in 140 (97.2%) and 4 (2.8%) patients, respectively. A stable sexual relationship was reported by 112 (77.8%). Overall, 69 (47.9%) were PDE5is naive. After prescription, 2 (1.4%) patients never used any PDE5i, 88 (61.1%) used only one PDE5i and 54 (37.5%) used >1. PDE5is treatment significantly improved all IIEF-domains (all $p < 0.05$). Of 144, 108 (75%) patients had a positive SEP3. One (3.4%), 2 (3.8%), and 9 (14.3%) used 3 different PDE5Is in group 1, group 2, and group 3 ($p > 0.05$), respectively. No significant differences were observed among men who took 1, 2, or 3 PDE5is in terms of age, CCI, educational status, sexual relationship, sexual orientation, length of ED, comorbid sexual dysfunction, and previous use of PDE5is. A multivariate logistic regression model revealed severe ED (OR 34.6; $p = 0.02$) and treatment-related adverse events (AEs) (OR 7.2; $p = 0.03$) as the only independent predictors of treatment modifications over time.

Conclusion: These findings showed that no clinical predictors but ED severity and AEs were predictive of multiple treatment modifications regardless of time since first prescription of a PDE5I.

Policy of full disclosure: None

P-01-021

THREE-PIECES INFLATABLE PENILE PROSTHESIS IMPLANTATION WITH PENOSCROTAL APPROACH AND SCROTAL SEPTUM SPARING TECHNIQUE: DESCRIPTION AND EARLY EXPERIENCE

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Objective: Three pieces inflatable penile prosthesis implantation is the gold standard treatment for end-stage erectile dysfunction. The penoscrotal approach is widely performed. We propose a new transverse penoscrotal approach avoiding the division of the scrotal septum, the Scrotal Septum Sparing technique (SSSt). The aim of the study is to evaluate if a less extensive dissection of scrotal tissue during three-pieces inflatable penile prosthesis implantation is feasible and advantageous.

Methods: SSSt involves few simple modifications to the standard penoscrotal approach: 1) after the scrotal skin incision the corpora are exposed separately avoiding the division of scrotal septum; 2) a window between the septum and the ventral side of corpus spongiosum is created with blunt dissection; 3) before the insertion into the corpora, one of the cylinders is passed through this window to overlay the connecting tubes with the scrotal septum. The following parameters were recorded: operative time, complications, time elapsed from surgery to the first self activation of the device and to first sexual intercourse.

Results: The mean operative time was 90 minutes. 61 patients were implanted with SSSt. The median time to self activation of the device was 14 days. 95% of patients could easily activate the prosthesis between 10 and 15 days after the procedure. The median time to first sexual intercourse including penetration was 32 days. Three patients had small scrotal hematomas that delayed the device handling. One patient had an intraoperative corporal perforation.

Conclusion: Our modification of the standard peno-scrotal approach reduces the scrotal tissues dissection. It appears safe and easily reproducible. It could lower postoperative scrotal swelling and pain, moreover provides good hiding of connecting tubes.

Policy of full disclosure: None

P-01-022

VENOUS LEAKAGE TREATMENT REVISITED – PELVIC VENOABLATION USING AETHOXYSCLEROL UNDER AIR BLOCK TECHNIQUE AND VALSALVA MANEUVER

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Objective: We evaluated the effectiveness of pelvic vein embolisation with aethoxysclerol in aero-block technique for the treatment of impotence due to venous leakage in men using sildenafil for intercourse. The aim of the procedure was to reduce or eliminate the use of sildenafil.

Methods: A total of 49 patients with veno-occlusive dysfunction, severe enough for the need of PDE5 inhibitors for vaginal penetration, underwent pelvic venoablation with aethoxysclerol. The mean patient age was 53.5 years. Venous leaks were identified by Color Doppler Ultrasound after intracavernous alprostadil injection. Under local anesthesia a 5F-Angioplasty was inserted antegrade into the deep dorsal penile vein. The pelvic venogram obtained with deep dorsal venography was included. Aethoxysclerol 3% as sclerosing agent was injected after air-block under valsalva manoeuvre in three consecutive steps. A 5F-angiography catheter was placed in the vein of major outflow from the penis. Success was defined as the ability to achieve vaginal insertion

without the aid of any drugs, vasoactive injections, penile prosthesis, or vacuum device. Additionally, a prae- and posttherapeutical IIEF-5 score was performed.

Results: At a 12 month follow-up 40 out of 49 patients (81.63%) reported to have erections sufficient for vaginal insertion without the use of any drug or additional device. 4 (8.16%) patients did not report any betterment. Follow up Color Doppler Ultrasound revealed a new or persistent venous leakage in 8 (16.33%) of the patients. No serious complications occurred.

Conclusion: Our new pelvic venoablation technique using aethoxysklerol in air-block technique was effective, minimally invasive, and cost-effective. All patients were able to perform sexual intercourse without the previously used dosage of their PDE5 inhibitor. This new method may help in patients with contra-indications against PDE5 inhibitors, in patients who can not afford the frequent usage of expansive oral medication or those who do not fully response to PDE5-inhibitors.

Policy of full disclosure: None

P-01-026

CRITICAL EVALUATION OF PEYRONIE'S DISEASE (PD) TREATMENT WITH PLAQUE EXCISION AND GRAFTING OF THE TUNICAL DEFECT WITH LYOPHILIZED BOVINE PERICARDIUM

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Objective: To evaluate successful sexual intercourse in a cohort of 34 patients suffering Peyronie's disease (PD), treated with plaque excision and grafting of the tunical defect with lyophilized bovine pericardium. **Methods:** From January 2010 to January 2014, a total of 34 patients with disabling penile curvature interfering with sexual intercourse were included. Curvature was measured pre and postoperatively by the same technician, using a standardized procedure. Preoperative evaluation included history (validated questionnaires) and physical examination. Inclusion criteria: <55 years, no DM, SHIM >24, curvature >70°, duration of PD > 12 months. Plaque excision and grafting with lyophilized bovine pericardium were performed by only one surgeon. Patients continued on prescribed antibiotics for 7–10 days and tadalafil 5 mg daily for 3 months. They were instructed to avoid intercourse for 6 weeks and to use a vacuum device without the constricting ring for 20 minutes, 3 times per day, starting 2 weeks postoperatively for 3 months. We evaluate: demographic and plaque characteristics, location, patch, surgical outcome, successful intercourse, complications and patient satisfaction.

Results: Age: 50 years old (34–55) Deviation degree: 78° (70–105) Plaque location: dorsal 29, ventral 5 Patch: 12 cm² (6–15) Surgical outcome: straight 28, deviation <20°: 3, deviation >20°: 1, lost: 2 Successful intercourse: 26, need -5PDE:5, need of Penile prosthesis: 1, lost: 2 Complications: 1 glans ischemia, 1 penile edema, 2 loss of sensibility, lost: 2 The patient would elect this surgery again: 28, would not elect this surgery again: 4, lost: 2

Conclusion: In our initial series, plaque excision and grafting of the tunical defect with lyophilized bovine pericardium seems to be a safe and effective treatment for a cohort of selected patients suffering PD. 81% of patients can achieve a successful intercourse without any help.

Policy of full disclosure: None

P-01-027

SUPERFICIAL TUNICA ALBIGINEA RUPTURE AS INITIAL STARTPOINT OF PEYRONIE'S DISEASE A TOPIC FOR INTERDISCIPLINARY CONSIDERATION

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Objective: The purpose of the interdisciplinary cooperation between urological surgery and physics is the development of a physical simulation tool to be used by surgeons in order to give prognosis of possible superficial tunica albuginea rupture at a certain degree of deviation of the penis as a start point for Peironie's disease and to take prophylactic action.

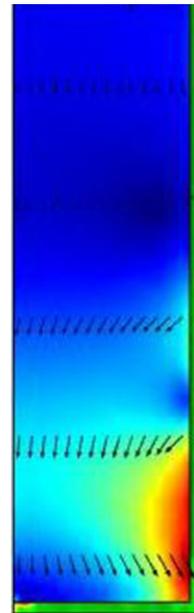
Methods: For the physicist it was the first challenge to translate the human organ of the penis into a physical model. Starting and marginal parameters had to be defined, whereby some of them had to be proceeded on the assumption, as physical data of the human living tissue have rarely been measured up to now, such as, f.i. the modulus of elasticity of the tunica, the mass of the penis in erect state and the maximum stress, the tunica can be subdued to. The algorithm and its dependencies had to be developed.

Results: This paper is a first step of mathematical-physical simulation with the assumption of a 100% filled rigid penis. The calculation gives proof of the hypothesis that the fibre-load-angle of the penis is 12 degree (see Fig. 1), much less than 30 degrees, which was the assessment of the authorities of urology up to now.

Conclusion: Physical simulation is able to provide the surgeon with a simple instrument to calculate and forecast the risk of the individual patient, based upon dependencies of geometry of the differential geometrical body of the penis.

Policy of full disclosure: None

3D Stress Modell:



P-01-028

POST-SURGICAL MANAGEMENT OF PEYRONIE'S DISEASE. HOW TO PREVENT ERECTILE DYSFUNCTION, PENILE SHORTENING AND CURVATURE RECURRENCE COMBINING VACUUM ERECTION DEVICE THERAPY AND TRADAMIXINA®

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Objective: To investigate the efficacy of vacuum erection device (VED) combined with Tradamixina® to prevent postoperative complications in patients underwent grafting surgery for Peyronie's disease.

Methods: Between March 2012 and July 2013 fifty-four patients (pts) with Peyronie's disease (PD) underwent grafting surgery at our institute. Mean age was 58.4 +/- 7.8 years. Mean curvature before surgery was 68°. We reported a dorsal curvature in 31 pts (57,5%), lateral in 3 pts (5,5%), ventral in 6 (11,2%), and combined curvature in 14 (25,8%) while associated corporal narrowing was present in 15 patients (28%). Pts with PD and erectile dysfunction were excluded due the need of penile prosthesis implantation. For the graft was used a porcine acellular dermal matrix 0.5 mm thick. at 4 weeks after surgery at all pts was prescribed VED therapy (10 minutes/twice a day) and a nutraceutical compound with antifibrotic activity Tradamixina® (alga Eckonia Bicyclis 300 mg, Tribulus terrestris 450 mg and Biovis 250 mg/each tablet, twice a day) able to improve erectile function. Treatment lasted for 3 months. All pts were investigated at baseline using the International Index of erectile function questionnaire (IIEF-5). Mean penile length (15.4 +/- 3.7 cm) was measured at the end of the surgery with passive erection using saline solution.

Results: At 12 months follow-up mean penile length did not decrease. Three pts (5.5%) experienced recurrence of the penile curvature and required a new procedure. Four pts (7.5%) reported a decrease of their erectile function. Mean IIEF scores for all pts slightly improved from 19.2 +/- 1.9 at baseline to 22.0 +/- 0.9 at 12 months follow-up (P < 0.05)

Conclusion: The combined therapy seems to prevent postoperative complications such as penile shortening, ED and curvature recurrence. The active principles contained in Tradamixina® plays a key role with their anti-inflammatory and antifibrotic activity improving sexual function too. VED stretches penile structures preventing shortening and provides blood flow improving tissues oxygenation

Policy of full disclosure: None

P-01-030

WHAT BOTHERS MEN ABOUT PEYRONIE'S?

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Objective: In order to attempt to develop an outcome measure (PROM) for men with Peyronie's disease (PD), we felt it vital to evaluate the presenting characteristics and concerns of patients referred with this condition.

Methods: We collected data prospectively on 44 consecutive new referrals (Aged 32-69 Median: 53) with PD to our unit over a 6 month period (01/02/2014 - 31/08/2014). In addition to standard history and examination, we completed an IIEF-5 and PDQ, which addresses a spectrum of sexual dysfunction issues pertinent to PD. All men were also asked about duration of symptoms and of any reason for delayed presentation.

Results: A total of 44 men were analysed showing high levels of concomitant erectile dysfunction (ED) (78%), based on IIEF-5 scores <22 (Severe: 8/41, Moderate: 4/41, Mild to moderate: 12/41, Mild: 9/41). Of those with ED 12/44 (27%) had initial treatment with PDE5 inhibitors. Average PDQ scores showed moderate to severe symptoms,

with physical and psychosexual bother scores 14/24 & 10/16 respectively. Bother score from pain was much lower (10/30) due to lower incidence. All patients, and their partners, felt their penis was deformed. Delays to presentation of more than 3 months (4-83 months median : 7) were frequent (41%) and patient knowledge regards PD was poor (22% only having some knowledge of the condition) At presentation, 62% of men were deemed to have stable phase PD.

Conclusion: Patients presenting with PD are a very heterogenous group. Physical and psychosexual concerns are prevalent but pain is an infrequent complaint in our series, perhaps due to later stage at presentation. Late presentation and co-existing ED are likely to impact on choice of treatment and patient outcomes. Lack of awareness of this condition undoubtedly impacts on time to presentation and possibly excludes patients from certain treatment options.

Policy of full disclosure: None

P-01-031

THE NESBIT PROCEDURE FOR PEYRONIE'S DISEASE: SIX YEAR FOLLOW UP

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Objective: At 5 years after undergoing the Nesbit procedure for penile curvature in patients with Peyronie's disease, up to 67% have deteriorated, usually due to erectile dysfunction (ED). Is this due to the type of operation or the disease itself? To answer this question we have therefore evaluated the > six year outcome of the Nesbit procedure for Peyronie's Disease.

Methods: Between 2005 and 2008, 214 patients underwent the Nesbit procedure (151 patients with Peyronie's disease and 63 controls with congenital curvature). Data was collected for risk factors of ED, the presence of residual curvature, penile shortening and sexual function (using the IIEF-5 questionnaire and objective use of PDE5 inhibitors). The congenital group was used as controls as they had no ED risk factors.

Results: Median follow-up was 86 months for all patients. Mean age of the Peyronie's group was 57 (29-75), and 24 (16-36) in the congenital group. Penile shortening >1 cm and residual curvature (>30 degrees) was reported in 61% and 6% of Peyronie's patients (no significant difference with control group, p = 1.0). Pre-operative ED was present in 16% of Peyronie's patients and new-onset ED requiring PDE5 inhibitors occurred in a further 7% at 3 months and 16% at 6 years post op. At 6 years, 14% of men with pre-op and new onset ED had progressed from medication to injectables. The most significant risk factors in Peyronie's patients for developing post-op ED were age and pre-existing ED. At 6 years, the mean IIEF-5 in the Peyronie's patients was 16 and significantly lower than the controls at 25 (p < 0.05).

Conclusion: The Nesbit operation may cause penile shortening and result in a residual curvature. However, erectile dysfunction is common in Peyronie's disease and deteriorates with time. As the control patients did not develop ED, the disease and not the type of operation is the likely cause. This long term data will help with counselling and decision-making in men requiring surgical intervention.

Policy of full disclosure: None

P-01-032

OUR EXPERIENCE IN PENILE FRACTURE MANAGEMENT

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Objective: Penile fracture is an uncommon traumatic insult defined as a tear in the tunica albuginea of the corpus cavernosum. It occurs due to impaction of the erect penis causing a sudden increase in the

intracorporeal pressure culminating in rupture of the tunica albuginea. We present a series of 71 patients treated for penile fracture and we report long term results.

Methods: Records of all patients who underwent penile fracture surgery in our department from 2000 to 2013 were collected. Diagnosis was clinical and surgical exploration was realized within the first 24 hours of diagnosis in all cases. Short term and long term results were analyzed.

Results: Patients mean age was 43 years (19 – 68). Forced hand manipulation of erected penis was the main cause of fracture (54%) followed by impaction during morning erection (38%) and impaction during sexual intercourse (8%). The interval between fracture and consultation varies from one hour and 5 days. Most fractures (65%) occurred in the right corpus cavernosum. Neither refracture nor urethral bleeding were noted. Short term results showed good results in all except one patient that developed penile gangrene. Long term follow-up revealed normal erectile function in 96% of cases. Two patients developed urethral plate causing penile chordee.

Conclusion: Surgical exploration is still the mainstay treatment of penile fracture. The long-term outcome and prognosis are excellent.

Policy of full disclosure: None

P-01-033

ORGAN SPARING SURGERY IN PENILE CANCER – OUR INITIAL EXPERIENCE

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Objective: Penile Cancer is rare in western countries, with less than 1 case per 100.000 males. Risk factors include phimosis, chronic inflammatory conditions, smoking, uncircumcised man and human papilloma virus infection. Classical treatment consists of partial or total amputation with a tumour free margin of 2 cm. Actually European Guidelines favour less aggressive therapies like penile sparing surgery. Our purpose is to describe our initial results in organ sparing surgical treatment for penile carcinoma.

Results: We present 5 cases of penile carcinoma in which penile sparing surgery was performed, 3 cases of partial glansectomy and 2 cases of circumcision. Histological results revealed squamous cell carcinoma pT1a, 2 associated with human papilloma virus. The medium follow-up is 27,6 months, all patients free of recurrence with excellent functional and cosmetic outcomes and without compromise of oncological results.

Conclusion: Recent studies revealed that in spite of the high recurrence rate, conservative treatment modalities for penile squamous cell carcinoma in lower stages (\leq pT1a) did not showed to compromise overall survival rate and should be recommended in eligible patients. Our few data are similar to literature, more patients and longer follow-up are needed to further conclusions.

Policy of full disclosure: None

P-01-034

GLANSECTOMY AND PARTIAL PENECTOMY FOR PENILE CANCER UNDER LOCAL ANAESTHESIA

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Objective: Penile cancer is rare with an annual incidence of 0.3–1 per 100,000. The treatment of choice is surgery. Presentation is often delayed and disease advanced. Patients commonly have co-morbidities and some are unfit for general or regional anaesthesia. We have successfully performed primary penile cancer surgery under local-anaesthesia with curative or palliative intent in these high risk patients.

Methods: A penile dorsal and ventral block with 1% lignocaine and 0.5% levobupivacaine was placed and 22 ml of urethral Instillagel® was held in place with a Thompson-Walker clamp. Partial penectomy or glansectomy was performed depending on the clinical indication.

Results: Over three years eight penile amputations were performed, five partial penectomies and three glansectomies. One required intravenous sedation and one needed peri-urethral local-anaesthetic infiltration intra-operatively. Due to the nature of the disease, neither could have pre-operative urethral Instillagel®. In one case the block was not adequate and the procedure was abandoned. In two cases surgical resection margins were positive, these had either sarcomatoid or basilloid differentiation. One patient had local recurrence at five months and subsequently died 27 months post primary surgery.

Conclusion: Partial penectomy and glansectomy under local anaesthesia should be considered in patients with high anaesthetic risk.

Policy of full disclosure: None

P-01-035

SURGICAL TECHNIQUES AND OUTCOMES FOR SQUAMOUS CELL CARCINOMA OF THE URETHRA

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Objective: There is limited published data on the surgical management and outcome of men with urethral squamous cell carcinoma (USCC). We propose that USCC is a distinct pathological entity quite different from its urothelial variant. The aim of this study was to report on our clinical and operative experience of male urethral SCC and formulate management guidelines.

Methods: A retrospective review of all primary male USCC between 2005 and 2013. Data pertaining to the preoperative imaging, histological staging, grading, surgical approach to the primary lesion and management of the lymph nodes and surgical strategies were collated.

Results: 24 cases were encountered (mean age 64, range 39 – 79); 20 anterior urethral, (glandular (9), penile (5), bulbar urethral (6) and 4 posterior urethral. Penile preserving strategies were employed with glandular USCC, whilst with proximal tumours more radical surgery including chemoradiation was required (partial/distal /penectomy/ urethrectomy, prostatectomy and urinary diversion) as these tumours presented at more advanced stage. The reconstructive strategies employed are summarised in table 1. Overall median survival for all anatomical locations was 23 months with a significant difference in median survival between patients with inguinal node negative disease (median survival 24 months) compared with those who presented with inguinal nodal involvement (median survival 13 months); ($p < 0.05$). Similarly survival was adversely affected by advanced stage at presentation and pelvic nodal involvement (both $p < 0.05$).

Conclusion: Distal urethral SCC can be managed with penile preserving surgery, reconstruction and split skin grafting (SSG), whilst adopting the node management strategies established for SCC of the penis. Proximal (bulbar and posterior) urethral SCC, tend to present at a more advanced stage and despite the use of radical surgery and chemoradiation, overall survival is very poor. Multimodal therapy may be required to obtain an optimum oncological outcome, although survival rates in this study are poor and larger multicentre studies are needed to develop the body of evidence for the treatment of this aggressive carcinoma. Crucially we must recognize the differing aetiology, clinical behavior and survival differences between the urothelial and squamous cell variants.

Policy of full disclosure: None

Table 1: Reconstructive strategies in Urethral SCC by origin of primary lesion:

Origin, operative management of primary lesion and histological staging of USCC cases		
Origin	Operative Management of primary lesion	Final Histological Stage
Glandular	Glansectomy, Distal Urethrectomy and SSG	pT1
Glandular	Partial Glansectomy, Distal Urethrectomy	pT1
Glandular	Glansectomy, Distal Urethrectomy and SSG	pT2
Glandular	Glansectomy, Distal Urethrectomy and SSG	pT2
Glandular	Glansectomy, Distal Urethrectomy and SSG	pT2
Glandular	Partial Penectomy&Urethrectomy and SSG	pT2
Glandular	Partial Penectomy&Urethrectomy	pT3
Glandular	Glansectomy, Distal Urethrectomy and SSG	pT3
Glandular	Glansectomy, Distal Urethrectomy and SSG	pT3
Penile	Total Penectomy, Perineal Urethrostomy	pT2
Penile	Total Penectomy, Perineal Urethrostomy	pT3
Penile	Partial Penectomy& Partial Urethrectomy & SSG	pT3
Penile	Total Penectomy, Perineal Urethrostomy	pT3
Penile	Total Penectomy, Perineal Urethrostomy &Phalloplasty	pT3
Bulbar	Total Penectomy, Perineal Urethrostomy	pT2
Bulbar	Robotic Prostatectomy, Total Penectomy & Mitrofanoff Diversion	pT2
Bulbar	Robotic Prostatectomy, Total Penectomy & Mitrofanoff	pT2
Bulbar	Total Penectomy, scrotectomy and Perineal Urethrostomy	pT3
Bulbar	Pelvic Exenteration and Total Penectomy &Ileal Conduit Diversion	pT4
Bulbar	Excision of Perineal Mass and Urethral Biopsies	pT4
Posterior	Cystoprostatectomy, Total Penectomy &Ileal Conduit Diversion	pT2
Posterior	Prostatectomy, Total Penectomy &Ileal Conduit Diversion	pT3
Posterior	Cystoprostatectomy, Total Penectomy &Ileal Conduit Diversion	pT4
Posterior	Cystoprostatectomy, Scrotectomy, Total Penectomy &Ileal Conduit Diversion	pT4

P-01-038

TREATMENT OF GLAND AND PENILE RECONSTRUCTIVE/ESTETIC SURGERY WHIT POLYACRYLAMIDE GEL

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Objective: To report the principles and results of penile and gland re-sculpturing with the injection of cross-linked polyacrylamide gel.

Methods: METHODS: In the period between February 2010 and March 2014, in 147 patients aged between 20 and 65 years (mean 44 years) (candidates for surgery after a preoperative medical including Doppler ultrasound, and psychosexual evaluation). We performed the injection of Aquamid® (composed of 97.5% non-pyrogenic water and 2.5% cross-linked polyacrylamide) PROCEDURE: Strict aseptic procedure must be followed to avoid contamination; the gel must be injected withdrawing the needle, following a retrograde linear tracing injection technique. Injected between the fascial layers (Dartos-Bucks) of penile body in flaccid state using 27–29 G needle. The procedure is performed with the patient under local or general anesthesia depending on sensitivity. Antibiotics are given for 5 postoperative days. The indications were: Peyronie's disease: deformities associated whit corporal narrowing in 32 patients (6–8 cc). Erectil disfunction: The procedure was combined with penile prosthesis implantation, in case of lack of glans tumescence to increase the gland volume 43 patients (4–5 cc). Associated reconstructive surgery: indicated in 4 patients whit hypopadias surgery (4–5 cc), after surgical tretament of penile cancer in 10 patients (4–5 cc) Cosmetic reasons: penis enlargement 47 patients (8–10 cc). Gland and penis girth enhancement in 11 patients (12–15 cc).

Results: RESULTS: The mean follow-up was 26 months (6–40). The operative time was 15 minutes There have been no mayor complications were observed, good esthetics/ reconstructives results were observed in >95% of patients Compared with basal girth, maximal circumference was significantly increased to 20% at 6 months month of follow up; erectile function and ejaculatory control were preserved in all patients.

Conclusion: Conclusion: the minimally invasive injection of cross-linked polyacrylamide gel is an effective, reproducible procedure and safe technique for gland and penile reconstruction/augmentation, more long term results are required to validate the procedure.

Policy of full disclosure: None

P-01-039

SEXUAL OUTCOMES AFTER PARTIAL PENECTOMY FOR PENILE CANCER: RESULTS FROM A MULTIINSTITUTIONAL STUDY

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Objective: Penile cancer is an uncommon malignancy. For the more advance disease phase, aggressive therapy with partial or total penectomy is still the conventional and necessary treatment. Surgical treatment is inevitably mutilating and may cause a devastating effect on a man's self-image. Considering the strong impact on patients' sexual life we want to evaluate sexual function and satisfaction after partial penectomy.

Methods: The patients in the present study (n = 25) represented all those who attended our institutions and were diagnosed and treated for penile cancer during the period from October 2011 to November 2013. All patients underwent partial penectomy and were invited to a follow-up investigation at the out-patient clinic. Sexual pre-surgical baseline was calculated. Sexual outcomes of each patient were estimated by taking into consideration four standardized and validated questionnaires (IIEF 15, EDITS, QEQ, SEAR).

Results: From October 2011 to November 2013, 25 patients with penile cancer underwent partial penectomy and were followed during at least 14 months (range 12–25). Details of the patients were prospectively collected in a database and retrospectively analyzed. Sexual activity before surgery has been evaluated by International Index of Erectile Dysfunction 15 (IIEF 15). Sexual outcomes of each patient were estimated by taking into consideration four standardized and validated questionnaires.

Conclusion: Penile cancer leads to several sexual and psychosexual dysfunction. Nevertheless, patients who undergo partial penectomy for penile cancer can maintain the sexual outcomes at levels slightly lower to those that existed in the period before surgery.

Policy of full disclosure: None

P-01-040

PENILE FRACTURES IN A TERTIARY UK REFERRAL CENTRE – THE FUNCTIONAL OUTCOME

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Objective: Penile fractures are mostly diagnosed clinically and preferably repaired to reduce the risk of fibrosis and erectile dysfunction. Concomitant urethral injury is common. Imaging may have a role in locating and marking the injury and this could aid in planning the surgical approach for a repair. The functional outcomes in these patients were reviewed

Methods: 38 patients with a penile fracture were included in this retrospective study. They presented between 2005 and 2013. The median follow up was 15 weeks. Intercourse was the usual mode of injury, but also reported was turning in bed and masturbation. Imaging was used in all cases, with USS being the most common modality (71%); MRI in 8 patients (21%); no imaging was done for 3 patients (8%). The surgical approach was influenced by pre-operative imaging. A transverse penoscrotal incision and a ventral midline incision over a marked defect were most commonly used. The IIEF-5 questionnaire was used in the follow up of 20 patients (53%).

Results: 72% of the patients had a unilateral corporal injury (n = 27); both cavernosal corpora were involved in 28% of patients (n = 11). A urethral injury was seen in 34% of patients with a proven fracture

(n = 13); of these, 6 patients had a complete transection of the urethra. Partial urethral injuries were undetected / unreported on imaging. Imaging correctly detected the site of the injury in 80% of the fractures. The fracture was most commonly seen at the penoscrotal junction (76%, n = 29). Of the 20 patients who were followed up with the IIEF-5 questionnaire, 75% reported good erections, the remaining 25% reported mild, or mild to moderate erectile dysfunction. Straight erections were reported in 95% of the 38 patients. In patients with urethral injury, a stricture developed in 2 patients, requiring urethroplasty.

Conclusion: Surgical repair of a penile fracture with or without urethral injury has a low morbidity and a good functional outcome. Pre-operative imaging appears to be an accurate tool in the diagnosis of a suspected penile fracture it can assist in the decision to the surgical approach

Policy of full disclosure: None

P-01-041

IMPACT OF TREATMENTS FOR LOWER URINARY TRACT SYMPTOMS/BENIGN PROSTATIC HYPERPLASIA ON EJACULATION

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Objective: Objectives:Ejaculatory Dysfunction(Ej) has received the least attention, although EjD is highly prevalent and potentially bothersome for many men. EjD, broadly defined any disturbance in Ejaculation (Ej) as including: 1) Premature Ejaculation (PE), 2) Delayed Ejaculation (DEj),3) Retrograde Ejaculation (REj), 4) Anejaculation (AEj) and 5) Painful Ejaculation (PEj).Furthermore, treatment of LUTS suggestive of BPH can be associated with EjD adverse events (AEs).Our aim was to study the effects of different LUTS/BPH treatment options on Ejaculation(Ej).

Methods: Our study was a RDBCT.The drugs of LUTS/BPH treatment were:Tamsulosin(TAM), Silodosin(SIL), Alfuzosin(ALF), Doxazosin(DOX), Terazosin(TRZ), Finasteride(FIN), Dutasteride (DUT) and combined therapy (CombThe). We analyzed the records of 6.253 men enrolled in this study whom completed the Brief Male Sexual Function Inventory (BMSFI) during 3 years.

Results: Men aged ≥ 50 years.Increasing LUTS severity was significantly associated with decreasing ejaculate force and ejaculation volume(EjV), respectively.TAM treatment results in decreased EjV, or AEj rather than REj. 2)SIL-4 mgbid – EjD was 23.6%(AEj and discomfort, but not REj).3)ALF-had a low incidence of EjD(1.9%).4) DOX and TRZ = EjD, were low(0.9%).5)FIN-EjD was 7.2%.6) DUT- experienced significantly greater incidence rate of EjD(9.1%).7)CombThe(AB+5ARI): The types of sexual AEs were the same as those observed during monotherapy, but the incidence of EjD is generally greater with CombThe than with monotherapy.

Conclusion: In generally, during a 3-year men assigned to all treatment groups experienced decreasing scores on each sexual function domain assessed by the BMSFI except overall sexual satisfaction. Ejaculatory function continuously decrease during follow-up in each treatment group. As a result of the strong link between LUTS and EjD, urologists should discuss sexual function with their pts whom have LUTS/BPH, especially were selecting a BPH treatment. Likewise, urologists should discuss LUTS/BPH with their pts with EjD. TAM – OCAS cause the fewer sexual AEs than all drugs for LUTS/BPH.

Policy of full disclosure: None

P-01-042

DOES STILL IS A PLACE FOR PAROXETINE IN THE ERA OF DAPOXETINE

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Objective: The aim of our study was management of patients with life long premature ejaculation (PE) by using PEDT (premature ejaculation diagnostic tool) questionnaire on native language. PEDT questionnaire was translated and validated on Georgian language. In Georgia dapoxetine is not available, so we want to show our experience with paroxetine.

Methods: 127 men with life long PE (age 18–42 yrs, mean age 23,8 yrs) without alteration of libido, not/poorly responders to behavioral strategies and topical agents, were randomized into 3 groups. Group I – 47 men with Paroxetin 20 mg daily administration; group II – 49 men with Paroxetin 20 mg daily administration during 1 month, and after that on demand 2–3 hours before intercourse; group III – 31 men with placebo daily. The primary endpoint was assessment of intravaginal ejaculatory latency time (IELT), secondary endpoints include evaluation of PEDT domains.

Results: At 3 months of drugs administration there were statistically significant increase in IELT in I and II groups compare to placebo (p < 0,001). IELT average increased by 7,8 fold in group I and by 6,8 in group II, at the same time IELT stay unchanged in placebo group. We found dramatically improvement in all domains of PEDT in both paroxetine groups compare to placebo. PEDT baseline average total score decreased from 17.6 till 5.4 and 6.7 in I and II groups respectively, and changed insignificantly in III group. Drug related side effects were mild, unusual and comparable in all groups.

Conclusion: After validation of PEDT questionnaire on native language patients and specialists in Georgia will be able to use uniform tool in the assessment of results and future studies. On demand Paroxetine is so effective as daily administration, this drug can be used with success in cases when dapoxetine is not available.

Policy of full disclosure: None

P-01-043

HEMISCROTAL ORGASMIC PAIN TREATED BY PHOSPHODIESTERASE 5 INHIBITION

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Objective: Men who have had surgery on or near their spermatic cord can complain of intense hemiscrotal orgasmic pain (HSOP). This has detrimental effects on sexual performance and quality of life. Type 5 phosphodiesterase inhibitors (PDE5i) are known to reduce contraction of the vas. We describe the benefit of PDE5i in the control of HSOP

Methods: : Following careful history and examination, men were offered off-label prescription of PDE5i, once per week for 4 weeks. They described the intensity of pain prior to and following treatment. Patients were followed up for at least 3 months. Student's T test was used comparing pain prior to and following treatment.

Results: Twenty two men of mean age 45.5 years were treated. Mean pain score was 7 pre-treatment and 2.5 post-treatment, T-test p < 0.000001. The mean improvement in pain was 66%. This benefit was maintained in all cases, with some patients requiring intermittent treatment on relapse. There were no reported side-effects. The one patient who did not benefit, was treated successfully by operative neurolysis.

Conclusion: PDE5 inhibitors have activity in treating HSOP. The prolonged benefit implies a placebo effect is unlikely. This phase 2 study suggests a randomised controlled trial is feasible

Policy of full disclosure: None

P-01-044

ANEJACULATORY ORGASM: DILEMMAS IN MANAGEMENT

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Objective: An orgasm with no release of semen is a distressing condition for a young male, more so when its associated with infertility. Anejaculation could be multifactorial and difficult diverse presentation. We reviewed our recent series of anejaculatory orgasm and their management.

Methods: Patients presenting with primary anejaculation and those encountered during Evaluation for primary infertility were included. Males with failure to collect semen specimen were the largest group (4) followed by odynospermia (2), haemospermia(2) and dry orgasm as reported by partner and one patient had persistent dribble of semen commencing after a lag phase of few minutes after orgasm. All patients were evaluated for their ejaculatory failure and managed on case basis. All had post ejaculate urine specimen negative for spermatozoa

Results: Evaluation revealed • Bilateral seminal vesicle(SV) abscess in one patient, • Unilateral seminal vesicle abscess with a contra lateral seminal vesicle agenesis, bilateral ejaculatory duct obstruction, • Hyper viscous semen in one Two cases had previous history of bilateral vasectomy. Patients underwent transurethral resection of ejaculatory ducts, Derroofing of SV abscess, marsupialisation of the SV abscess and rest were managed conservatively.

Conclusion: Anejaculatory orgasm is a difficult management dilemma, especially if associated with primary infertility. There is a surprising lack of international literature related to these disorders. Also surprising there is a lack of terminologies to describe these conditions for eg. anejaculatory painful orgasm. International consensus is required to recognize the conditions and for them to be named appropriately

Policy of full disclosure: None

P-01-045

PAROXETINE TREATMENT DOES NOT EFFECT TESTICULAR HISTOLOGY IN RATS

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Objective: Although deleterious effects of paroxetine on sperm parameters have been demonstrated in clinical studies, the exact pathophysiological mechanisms are not entirely understood. The aim of this study is to assess the histological changes in the testes of rats treated with daily paroxetine.

Methods: A total of 15 male Wistar albino rats (5.5–6 months old) have been divided into two groups. Group 1 received daily paroxetine 20 mg/kg (n = 10) whereas group 2 received placebo (n = 5) for 30 days. The rats were sacrificed and the testes of rats were harvested for histopathological evaluation. Johnson's criteria were used to assess spermatogenesis. Johnson's criteria assigns a score of 1 to 10 for each tubule cross-section examined. In this system, a Johnson score of 9 and 10 indicates normal histology. Results were compared with Mann-Whitney U test.

Results: The mean Johnsen scores were 9.7 ± 0.48 (range:8 to 10) and 9.5 ± 0.52 (range: 8 to 10) in the placebo and paroxetine group, respectively. There were no statistically significant difference in the mean Johnson scores of the groups ($p = 0.648$)

Conclusion: Paroxetine treatment does not seem to effect the spermatogenesis and testicular histology in rats. These findings suggest that the mechanisms which deteriorate sperm parameters in men receiving paroxetine treatment may be due to the changes in sperm transportation.

Policy of full disclosure: None

P-01-046

EVALUATION OF THE FERTILITY STATUS OF PATIENTS WITH LIFELONG PREMATURE EJACULATION WHO WERE ADMITTED TO UROLOGY OUTPATIENT CLINIC

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Objective: To evaluate the fertility status of patients with lifelong premature ejaculation (LPE) who were admitted to urology outpatient clinic

Methods: The sperm parameters and estimated intravaginal ejaculatory latency time (eIELT) of the patients with LPE were evaluated. Patients with history of PE treatment during the last three months were excluded. Analysis of semen parameters of the patients were performed according to the 5th edition of WHO laboratory manual for the examination and processing of human semen. The patients with oligospermia, astenospermia and teratospermia were detected.

Results: Overall, 102 patients with a mean age of 35.35 ± 8.85 (range 19 to 68) years were enrolled. Mean eIELT of the patients was 39.18 ± 19.33 (range 5 to 90) sec. Oligospermia, astenospermia and teratospermia were detected in 17.64%, 8.82% and 40.19% of the patients, respectively.

Conclusion: A significant amount of LPE patients had abnormal semen parameters. This phenomenon must be considered prior to administration of any treatments to patients with LPE.

Policy of full disclosure: None

P-01-048

DESENSITIZATION TREATMENT FOR PRIMARY PE

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Objective: To explore the effectiveness of non-medicine therapy for primary premature ejaculation (PPE) patients

Methods: A perspective study. 32 PPE patients aged 20–40 years from uro-andro outpatient were enrolled. Patients were randomly divided into 2 groups for 2 different masturbation cups. Group 1 used disposable cup made in Japan, with inner lubricant; while group 2 used circle-use cup made in China, with outer lubricant. The desensitization treatment procedure: After A-V stimulation, inserting the fully erectile penis into the cup with the aid of lubricant, then slowly and rhythm inserting the cup with one hand holding it. When a strong feeling of ejaculation comes, decreasing the frequency and depth. And at the most depth of the cup, girdling the anus. Maintaining this procedure as long as possible, and ejaculating with rapid insertion after at most 15 minus. The time from insertion to ejaculation were recorded every time as IELT2. The treatment lasted for one month and the frequency was twice a week. During the treatment, patients were asked to have sexual intercourse with partner at least once a week, and IELT were also recorded as IELT1. At follow-up, IELT1 IELT2, PEDT score and self-report to the treatment were collected.

Results: After treatment, IELT1, IELT2 and PEDT score were improved in both group. Patients in group 1 showed better improvement than group 2, especially the IELT2 after treatment ($p < 0.01$). And patients in group 1 reported that the cup was soft and comfortable, feeling similar as real-vagina, while patients in group 2 reported that the cup was tough and hard, different from real-vagina.

Conclusion: The masturbation cup is a useful tool for desensitization therapy for PPE patients. However, the material of cup influenced the feeling and effectiveness of treatment. The duration and prognosis of this treatment needed further following-up.

Policy of full disclosure: None

P-01-051

IMPROVEMENT IN BOTH LOWER URINARY TRACT SYMPTOMS AND ERECTILE FUNCTION WITH ALPHA BLOCKER THERAPY IN BENIGN PROSTATIC HYPERPLASIA

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Objective: This study was conducted to evaluate the effect of alfuzosin on erectile dysfunction when it is used to treat men with lower urinary tract symptoms.

Methods: Men with symptoms of lower urinary tract as well as erectile dysfunction were enrolled. They were started on alfuzosin and were reviewed after 3 months. Assessments of sexual function prior to medication as well as the improvement of the lower urinary tract symptoms were also documented. International Prostate Symptoms Score (IPSS) was used to evaluate the lower urinary symptoms while the International Index of Erectile Function (IIEF) was used for evaluating the sexual function.

Results: There were statistically significant reductions of IPSS before and after treatment. IPSS before treatment was 15.70 ± 6.77 and after treatment was 10.36 ± 4.73 ($P = 0.001$). IIEF score before starting alpha blocker medication compared to IIEF score after initiating medication showed significant improvement of sexual function. IIEF mean before treatment was 8.92 ± 5.24 and after treatment 12.35 ± 7.21 ($P = 0.001$). There were statistically significant improvements of the lower urinary tract symptoms as well as the sexual function after initiation of medication.

Conclusion: Alfuzosin for treatment of patients with benign prostatic hyperplasia was effective in improving sexual function as well as lower urinary tract symptoms.

Policy of full disclosure: None

P-01-053

CLINICAL CORRELATES OF ENLARGED PROSTATE SIZE IN SUBJECTS WITH SEXUAL DYSFUNCTION

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Objective: Digeo-rectal examination (DRE) of the prostate is provides useful information on the state of prostate growth and on the presence of suspected peripheral nodules. The aim of this study is to describe the clinical and biochemical correlates of finding an enlarged prostate size at DRE in subjects with sexual dysfunction (SD).

Methods: A consecutive series of 2379 patients was retrospectively studied. The analysis was focused on a subset of subjects ($n = 1823$; mean age 54.7 ± 11.4) selected for being free from overt prostatic diseases. Several parameters were investigated.

Results: After adjusting for confounders, the presence of an enlarged prostate size at DRE was associated with a higher risk of metabolic syndrome ($HR = 1.346[1.129-1.759]$; $p = 0.030$), type 2 diabetes mellitus ($HR = 1.489[1.120-1.980]$; $p = 0.006$), increased LDL cholesterol (>100 mg/dl; $HR = 1.354[1.018-1.801]$; $p = 0.037$) and increased mean blood pressure values ($HR = 1.017[1.007-1.027]$ for each mmHg increment; $p = 0.001$). Accordingly, enlarged prostate size was also associated with a higher risk of arteriogenic erectile dysfunction (ED), as well as with other andrological conditions, such as varicocele and premature ejaculation. PSA levels were significantly higher in subjects with enlarged prostate size when compared to the rest of the sample ($HR = 3.318[2.304; 4.799]$ for each log unit increment in PSA levels; $p < 0.0001$). Arteriogenic ED, according to different criteria, was also associated with increased PSA levels.

Conclusion: Our data support the need to examine prostate size either by clinical (DRE) or biochemical (PSA) inspection in subjects with SD, in order to have insights into the nature of the SD and the metabolic and cardiovascular background of the patient.

Policy of full disclosure: None

P-01-054

CHARACTERISTICS OF COMPENSATED HYPOGONADISM IN PATIENTS WITH SEXUAL DYSFUNCTION

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Objective: It has been proposed that compensated hypogonadism represents a genuine clinical subgroup of individuals with late onset hypogonadism (LOH). The aim of the present study is to investigate the association of compensated hypogonadism with clinical and psychological characteristics of male subjects complaining for sexual dysfunction (SD).

Methods: After excluding documented genetic causes of hypogonadism, an unselected consecutive series of 4173 patients consulting our Unit for SD was studied. Compensated hypogonadism was identified according to the European Male Aging Study criteria: total testosterone ≥ 10.5 nmol/liter and LH > 9.4 U/L.

Results: 170 (4.1%) subjects had compensated hypogonadism, whereas 827 (19.8%) had an overt hypogonadism. After the adjustment for confounding factors, non-specific sexual symptom was related to compensated hypogonadism. However, compensated hypogonadism individuals more often reported psychiatric symptoms, as detected by Σ MHQ score, when compared to both eugonadal and overt hypogonadal subjects (adjusted OR = $1.018[1.005;1.031]$; $1.014[1.001;1.028]$; both $p < 0.005$). In addition, subjects with compensated or overt hypogonadism had an increased predicted CV risk (as assessed by Progetto Cuore risk algorithm) when compared to eugonadal individuals. Accordingly, major adverse cardiovascular events (MACE)-related mortality, but not MACE incidence, was significantly higher in subjects with both compensated and overt hypogonadism, when compared to eugonadal subjects.

Conclusion: Present data do not support the concept that compensated (subclinical) hypogonadism represents a new clinical entity. The possibility that subclinical hypogonadism could be a normal response of the hypothalamus-pituitary-testis axis to somatic illness should be considered. Further studies are urgently needed to clarify this latter point.

Policy of full disclosure: None

P-01-055

SEMEN QUALITY ASSESSMENT IN FERTILE MEN IN SPAIN DURING THE LAST THREE DECADES

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Objective: Several reports have suggested that the quality of semen has declined during last few decades. The purpose of this study was to evaluate semen quality of men with proven fertility in Madrid, Spain over the last three decades.

Methods: A retrospective analysis was conducted of ejaculate samples of 992 men collected during 1985–2009. All men included had proven fertility. Standardized procedure were used to conduct the semen

analysis during the period evaluated. The following variables were assessed: semen volume, total sperm count, sperm concentration, sperm motility and percentage of morphologically normal spermatozoa. Mean(SD) values were calculated by examining microscopic fields of 100 spermatazoa per patient.

Results: Statistically significant differences were found in all semen parameters analyzed. For the periods 1985–1990, 1990–2000, and 2000–2009, the mean (SD) sperm concentration was 27.7 (22.97), 20.73 (14.79) and 20.18 (20.79) $\times 10^6$, respectively ($P < 0.0001$). The mean (SD) progressive motility for the time periods was 53.19 (20.35), 47.22 (15.84), and 40.57 (15.15), respectively ($P < 0.0001$). The men (SD) normal shaped spermatozoa for each time period was 67.69 (10.24), 58.87 (14.67), and 51.02 (15.76), respectively ($P < 0.0001$). Multivariable analysis using a logistic regression model showed that age did not have a significant effect in the variation of semen parameters at the cut-point analyzed (percentiles 25, 50, 75), except for the percentage of normal forms at percentile 25 ($P = 0.001$). Multivariate analysis did reveal a trend with year of semen analysis for decline in sperm concentration, progressive and non-progressive motility and the percentage of morphologically normal spermatozoa.

Conclusion: Over the last three decades, a decline semen quality was found in all the parameters analyzed in men with proven fertility.

Policy of full disclosure: None

P-01-057

DEVELOPMENT AND RECOVERY FROM SECONDARY HYPOGONADISM IN AGING MEN: RISK FACTORS AND CLINICAL FEATURES. PROSPECTIVE RESULTS FROM THE EUROPEAN MALE AGING STUDY (EMAS)

Rastrelli, G.¹; Carter, E.²; Fimm, J.³; Pye, S.⁴; Rutter, M.³; Hubtaniemi, I.⁵; Pendleton, N.³; Forti, G.¹; Maggi, M.¹; Wu, F.³

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Objective: Secondary (s) is the most common form of hypogonadism (HG). However, predictors for its development or recovery and the associated clinical picture are unclear. To identify factors which predispose eugonadal men (EUG) ($T \geq 10.5$ nmol/L, $LH < 9.4$ U/L) to develop sHG ($T < 10.5$ nmol/L, $LH \leq 9.4$ U/L) and sHG men to recover to EUG. To characterize symptoms associated with these transitions.

Methods: A prospective observational general population cohort survey has been conducted in clinical research centers of eight European countries. 2736 community-dwelling men aged 40–79 yr were enrolled and observed for a follow-up of 4.3 years. Subjects were classified according to changes/no change in gonadal status during follow-up into persistently (p) EUG, incident (i) sHG, psHG and recovered (r) from sHG to EUG. Changes in clinical features outcome were investigated.

Results: Amongst the study sample, 1674 (87.1% of baseline EUG) were pEUG, 141 (7.3% of baseline EUG) isHG, 133 (56.4% of baseline sHG) psHG and 96 (40.7% of baseline sHG) rsHG. Baseline risk factors for isHG were overweight ($BMI \geq 25$ and < 30 kg/m²: odds ratio [OR] = 1.93[1.14–3.27]; $p = 0.014$), obesity ($BMI \geq 30$ kg/m²: OR = 3.54[2.01–6.24]; $p < 0.0001$) and presence of at least one comorbidity (OR = 1.49[1.02–2.17]; $p = 0.034$). After adjusting for confounders, isHG men had significantly higher risk of developing/worsening three sexual symptoms [low libido, erectile dysfunction (ED) and infrequent spontaneous erections]. Besides decreased T levels, incidence/worsening ED was also associated with increasing body weight. Baseline predictors of rsHG were baseline normal-weight (OR = 2.08[1.18–3.68]; $p < 0.012$) and younger age (OR = 1.94[1.04–3.63]; $p < 0.038$). rsHG did not show significant recovery/improvement of any symptom.

Conclusion: Obesity, overweight and comorbidities are risk factors that predict the development of isHG. isHG is associated with new/worsening of sexual symptoms. Normal weight and younger age predicted recovery of sHG to EUG.

Policy of full disclosure: None

P-01-058

ORGASMIC FUNCTION RELIES ON TESTOSTERONE LEVELS – RESULTS OF A CROSS-SECTIONAL STUDY IN MEN SEEKING MEDICAL ATTENTION FOR ERECTILE DYSFUNCTION

Ventimiglia, E.¹; Capogrosso, P.¹; Boeri, L.²; Serino, A.¹; La Croce, G.¹; Castagna, G.¹; Pecoraro, A.¹; Paciotti, M.¹; Scano, R.¹; Montorsi, F.³; Salonia, A.³

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Objective: To identify clinical predictors of orgasmic functioning (OF) in a cohort of patients seeking medical help for erectile dysfunction (ED) in the real-life setting.

Methods: Complete sociodemographic and clinical data from the last 410 patients with ED were analysed. Health-significant comorbidities were scored with the Charlson Comorbidity Index (CCI). All patients completed the International Index of Erectile Function (IIEF) domains. Normality of the IIEF-OF domain was arbitrarily defined for values $<$ the median. Likewise, patients completed the Male Sexual Health Questionnaire (MSHQ). Serum total testosterone (tT) was dosed in all cases. Hypogonadism was defined as $tT < 3$ ng/ml. Descriptive statistics and either logistic or linear regression analyses tested the association between clinical variables and OF.

Results: The mean (median) IIEF-OF value of the cohort was 6.9 (8.0). Overall, 182 (44.4%) patients had IIEF-OF scores below the median; of these, one out of four patients was ≤ 40 years. The mean (median) tT value was 4.7 (4.5) ng/mL. Hypogonadism was found in 81 (19.8%) patients. Patients with abnormal IIEF-OF were older [mean (SD): 47.4 (13.0) vs. 50.1 (15.4) years; $p < 0.01$] and had a higher CCI [mean (SD): 0.42 (0.9) vs. 0.63 (1.0); $p = 0.003$]. At multivariable linear regression analyses, IIEF-OF linearly decreased with tT values (β 0.195; $p = 0.027$) and MSHQ-EF scores (β 0.36; $p < 0.001$), after accounting for the patient's age and CCI. At multivariable logistic regression analyses, hypogonadism (OR 3.99; $p = 0.007$) and MSHQ-EF scores (OR 0.86; $p = 0.004$) achieved independent predictor status for abnormal IIEF-OF, after accounting for patient age and CCI.

Conclusion: This exploratory analysis showed that impaired OF is highly frequent in individuals seeking medical help for ED in the real-life setting, with one in four patients being young men. IIEF-OF linearly decreased with tT values and EF scores. Likewise, hypogonadism and MSHQ-EF scores achieved independent predictor status for abnormal IIEF-OF.

Policy of full disclosure: None

P-01-059

DEVELOPMENT OF A MULTIVARIATE LOGISTIC REGRESSION-BASED NOMOGRAM TO PREDICT THE PRESENCE OF HYPOGONADISM IN PATIENTS WITH NEW-ONSET ERECTILE DYSFUNCTION

Ventimiglia, E.¹; Capogrosso, P.¹; Boeri, L.²; Serino, A.¹; La Croce, G.¹; Castagna, G.¹; Pecoraro, A.¹; Paciotti, M.¹; Scano, R.¹; Montorsi, F.³; Salonia, A.¹

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Objective: To develop a nomogram predicting hypogonadism in patients with new-onset erectile dysfunction (ED).

Methods: Complete socio-demographic and clinical data from 274 consecutive patients with ED were analysed. Testicular volume was assessed with a Prader orchidometer and serum tT was measured in the morning (8–10 AM) in all patients. Likewise, all patients completed the International Index of Erectile Function (IIEF) questionnaire. Patients age, BMI, IIEF-Orgasmic function domain (IIEF-OF, which emerged as the most accurate psychometric domain in predicting testosterone deficiency in our cohort) and left testicular volume were compared between patients with and without hypogonadism. Univariate (UVA) and multivariate (MVA) logistic regression models relied on these variables to predict the presence of hypogonadism. A multivariate logistic regression-based nomogram predicting hypogonadism was then internally validated with 200 bootstrap resamples. Area under the curve (AUC) was used to quantify the predictive accuracy (PA) of the model.

Results: Hypogonadism was diagnosed in 55 (20.1%) men. Mean (median) age, BMI, IIEF-OF, and left testicular volume were 48.2 (48.5) yrs, 26.0 (25.6) kg/m², 7.1 (8), and 17.6 (20) ml, respectively. All characteristics significantly differed between hypogonadal and eugonadal patients (all $p \leq 0.002$). At MVA, BMI, IIEF-OF, and left testicular volume were independent predictors of hypogonadism (all $p \leq 0.001$). In PA analyses, BMI emerged as the most informative single predictor of hypogonadism (AUC: 64.4%). The MVA logistic regression-based nomogram demonstrated a bootstrap-corrected PA of 76.6%. The sensitivity, specificity, and negative predictive value associated with a 10% probability cut-off were 89.1%, 41.1%, and 93.8%, respectively.

Conclusion: We report the first clinically-friendly nomogram capable of accurately predicting the presence of hypogonadism in patients with ED in the real-life setting. Based on our model, those patients with a hypogonadism risk <10% might safely avoid tT measurement.

Policy of full disclosure: None

P-01-060

GENDER DISPHORIA AND PERSONALITY DISORDER: AN INVESTIGATION ON COMORBIDITY

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Objective: Gender Identity Disorder (GID) occurs when there is a discrepancy between psychological gender and biological sex. Psychological and physical non-recognition of themselves leads a strong identity discomfort, so a person with GID actively tries to change it using pharmacological and/or surgical treatment. The assessment of psychiatric comorbidity is a critical step in the procedure required for those who decide to undergo body adjustment. The current literature data does not yet agree with the issue of comorbidity in GID.

Methods: The main aim of this work is to evaluate comorbidity of Gender Identity Disorder, paying close attention to diagnostic category of Personality Disorders. To collect data Millon Multiaxial Inventory III (MCMI-III) has been used. It is designed to detect personality traits and personality disorders. The instrument was dispensed to a target group and a control group. Analysis of data consists in Chi-Square analysis, Analysis of Variance, correlation analysis and the Multiple Regression analysis.

Results: No differences were found between target group and control group in pathological scores for all scales investigated, both personality and clinical syndromes scales. As for personality traits, significant differences were found between two groups in Narcissistic ($p = 0,025$), Avoidant ($p = 0,031$), Depressive ($p = 0,01$), Dependent ($p = 0,042$) and Schizotypal ($p = 0,041$) personality scales.

Conclusion: These results suggest that there is a trend to express traits belonging to these scales among transgender people. Overall, the results suggest that population of transgender people are not significantly different from the control group; GID does not seem to be necessarily associated with other psychological disorders and psychiatric disease more than what happens in general population.

Policy of full disclosure: None

P-01-061

TRANSPHOBIA AND HOMOPHOBIA LEVELS IN GENERAL POPULATION, HEALTH CARE PROVIDERS AND IN GENDER DYSPHORIC INDIVIDUALS

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Objective: Gay, lesbian, bisexual, and transgendered (GLBT) individuals represent sexual and gender minorities who face substantial sexual stigma. In particular, homophobia was originally defined as the dread of being in close physical proximity to lesbians and gay individuals. The term transphobia has been defined as “emotional disgust toward individuals who do not conform to society’s gender expectations”. Research has shown that negative attitudes toward lesbians and gay men are common and widespread in Western societies. However, few studies have addressed attitudes toward transgender individuals. In addition, little is known about health care providers attitudes toward sexual minorities. The aim of the present study is to compare attitudes toward homosexual and transgender individuals between patients with Gender Dysphoria (GD), healthy male controls (HC), and health care providers (HCP)

Methods: The sample studied consisted of 147 subjects (mean age 34.21 ± 10.70 years), including 58 individuals with GD, 62 HC, and 27 HCP. Participants completed the Modern Homophobia Scale (MHS) and the Attitude Toward Transgendered Individuals Scale (ATTI) to assess attitudes towards gay, lesbians and transgender individuals, respectively. In addition, in order to measure internalized transphobia, patients with GD completed a reverse form of ATTI. Religious attitudes were assessed with the Religious Fundamentalism Scale (RF).

Results: When compared to GD and HCP individuals, HC showed significant higher levels of homophobia and transphobia in terms of MHS total score, Gay and Lesbian MHS subscales, and ATTI levels ($F = 9.650$; $F = 8.984$; $F = 7.846$; $F = 10.036$, respectively; all $p < 0.005$). No significant differences were observed in these scales between GD and HCP. The aforementioned results remain significant after adjusting for age and religious fundamentalism.

Conclusion: Our results mirror the current cultural situation that normalizes heterosexuality and reinforces the gender binary classifications and roles. In fact, HC had more homophobic and transphobic attitudes than GD and HCP individuals

Policy of full disclosure: None

P-01-062

POSSIBILITIES OF REALIZATION AND FULFILLMENT OF THE DESIRE FOR REPRODUCTION IN CZECH LESBIAN WOMEN

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Objective: Many lesbians and lesbian couples have the desire to have a child, but the way to fulfilled it, is more difficult for them. Options for realization of parenthood for single lesbians and lesbian couples in the Czech Republic are limited due to the legal standards, although there are legal ways to realized the parenthood. The aim of this study is to provide an overview of these possibilities, as well as an overview of how many lesbians and lesbian couples wish to have children and what option they choose, when they decide to fulfill their wishes.

Methods: The research involved a total of 157 women, 81 single lesbians and 38 lesbian couples. Used method was the qualitative analysis of the clinical interviews that were realized from 9/2011 to 9/2014.

Results: 3 single women and 31 lesbian couples (41.4%) already have the child. Most of monitored women, 127 (80.9%), already has a child or they want to have it. The most common form of lesbian parenthood was to have a child from a previous heterosexual relationship (29%), followed by the clinical assisted reproduction with an anonymous semen donor (25.8%), the home-made insemination of the known semen donor (19.4%), clinical assisted reproduction of the known semen donor (12.9%), coitus with a man outside the relationship for the purpose of conceiving a child (9.7%), and home-made insemination of an anonymous semen donor ordered from the clinic from another country (3.2%).

Conclusion: Our findings shows that most lesbian women have desire for motherhood. Almost half of them have children. Although most of them have a child from a previous heterosexual relationship, the number of lesbians, who want a child by the artificial way is increasing. This way is the safest possibility for their longterm lesbian relationship.

Policy of full disclosure: None

P-01-063

THE FIRST ANALYSIS OF THE SIGMOID NEOVAGINAL MICROBIOTA WITH IS-PRO

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Objective: When a sigmoid neovagina is constructed, normal functionality of this intestinal segment is altered. Healthy gut contains a complex endogenous microbiota that plays an important role in homeostasis and health. Disturbances in this microbiota may have a detrimental effect on intestinal health and gut mucosal integrity. In absence of a fecal stream available nutrients for endogenous microbiota are likely to be depleted over time. This might result in alteration of the composition of neovaginal microbiota, in turn potentially affecting its mucosal integrity and functionality. While this is a likely sequence of events, up to date a thorough analysis of the neovaginal microbiota and its relation to the normal colonic microbiota has not been performed. Our objective is to describe the first analysis of sigmoid neovaginal microbiota and its relation to colonic microbiota.

Methods: In 16 patients who underwent sigmoid neovaginoplasty samples were obtained by neovaginoscopy and colonoscopy respectively. By a novel PCR-based technique, IS-pro, a comprehensive analysis of all bacteria within these samples were made.

Results: While samples taken from different locations within a colon of a single patient are usually highly similar, neovaginal samples showed very low resemblance to colonic samples from the same patient. This difference was so outspoken that neovaginal samples of different patients were more similar to each other than to the colonic samples of the same patients. Comparing these microbiota to microbiota profiles out of our own databases from skin, rectum and (normal) vagina obtained in a normal population revealed that neovaginal microbiota were most similar to normal vaginal microbiota.

Conclusion: This is the first analysis of neovaginal microbiota. Neovaginal microbiota are highly divergent from their original colonic microbiota. Moreover, neovaginal microbiota seem to differentiate towards vaginal-like microbiota.

Policy of full disclosure: None

P-01-064

PARTNERSHIP STATUS AND QUALITY OF LIFE OF LGBT PERSONS IN CROATIA

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Objective: This research is one of the first in Croatia concerning psychological aspects of LGBT partnerships. In the first phase of this

research, of which the results will be shown here, we wanted to present the most precise data about phenomenology of LGBT partnership in Croatia related to the life quality.

Methods: The aim of this part of research was to examine if there (if) any significant distinction in quality of life among lesbians, gays and bisexuals related to their partnership status and dependant on social support to their partnership. The subjects were LGBT persons (N = 108) included in sample via snowball method. 71.6% are in the relationship.

Results: The social support of same sex partnership is in significant positive correlation between openness of relationship and quality of life for lesbian subjects ($r = .318, p = .05$); between social support for their partnership and quality of life ($r = .34, p = .05$), but no significant correlation between social support and overall life satisfaction was found. There is no significant correlation between social support of same sex partnership, quality of life and overall life satisfaction for gay subjects. In the light of current legislative regarding medically assisted reproduction (MAR) and same sex partnerships in Croatia we found out that 61.8% of lesbian and 53.3% of gay subjects would like to have children (MAR holds the first rank both for male and female subjects). Only N = 5 of lesbian couples in our sample have children. 74.7% would like to register their partnership, 6.9% would like to marry in church, and 18.4% are uncertain about legalising their partnership.

Conclusion: This data allow: unique insight of the specific challenges that stand in front of LGBT couples to cope with in Croatian society; comparison with results on the same variables across nations; contribute to the creation and implementation of affirmative psychological practice with LGBT clients.

Policy of full disclosure: None

P-01-065

THE GREATEST FIRST STEP IN ACKNOWLEDGING RIGHTS OF TRANSGENDER PERSONS IN CROATIA- CASE REPORT

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Objective: The health and legal care of transsexual, transgender and gender incongruent persons in Croatia is still at its beginnings. More and more effort from the professionals side is put to establish complete health and mental health care of gender dysphoric persons in Croatia.

Methods: The case shows process of professional interdisciplinary guidance of the gender dysphoric child F2M boy from his 8. year of age when he entered the children clinical hospital. At that age the gender dysphoria in childhood was evident and diagnosed for the first time when he entered the process of treatment and diagnostic follow up. He was the first child in Croatia who, according to the standards of care, received puberty blockers and was later given the cross sex hormones when appropriate. Each step of transition was accompanied with great difficulties from the side of health and legal system due to the lack of adequate knowledge and skills. In the 2014, when he was 19 years old, living completely in the male identity, after mastectomy, but without lower operation done, the highest court in Croatia allowed change of the gender mark in his personal documents. That made him the very first not completely transitioned person whose human rights were acknowledged in Croatia, opening him a new perspective of better quality of life, freedom from stigma and prejudice in everyday situations when personal documents needed to be checked out.

Results: The level of gender dysphoria and disturbances in emotional and social functioning decreased rapidly after mastectomy and change of the gender mark in personal documents.

Conclusion: This case report serves as an example to other medical, mental health and law professionals of that how to follow recommendations of up to date standards of care and experiences based on the best practice in the care of transgender persons, minding the changes in the newest versions of diagnostic and classification systems with the respect of human rights perspective and ethical principles.

Policy of full disclosure: None

P-01-066

GENDER DIFFERENCES AND CLINICAL EVIDENCE: BODY SHAPE PERCEPTION AND PHYSICAL APPEARANCE STEREOTYPES IN OBESE PEOPLE

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Objective: Previous studies have reported differences in obesity between women and men. Gender medicine underlines the impact of the gender differences on the psychopathology and, therefore, on the management of the most common diseases – such as cardiovascular diseases, osteoporosis, diabetes, neurodegenerative disorders. The aim of this study was to investigate if there are some gender differences in obese people regarding body shape perception and physical appearance.

Methods: Population study consisted in 94 obese people assessed for eligibility to bariatric surgery intervention in Trieste between 2012 and 2014. They completed Eating Attitude Test 40 (EAT40) in order to evaluate their attitude towards food, towards their body shape and physical appearance. Body Mass Index (BMI) had been measured. T student test was considered as statistical value.

Results: Data analysis spotted out that women with a BMI between 30 and 50 had higher EAT40 total scores rather than women with a BMI between 50 and 70. Therefore there was no direct correlation between EAT40 total score and BMI in women. On the other hand, data analysis in male sample highlighted a direct correlation between EAT40 total scores and their BMI.

Conclusion: This study points out that worries about body weight and body shape for women are not related to their BMI as it was for men. This fact may suggest that there are some cultural and social stereotypes making women feeling under pressure about their physical appearance; above a BMI threshold they feel less worried about their look. This fact implies that body weight and shape is not as much a matter of health for women as it is for men for whom findings revealed a direct correlation between EAT40 total scores and their BMI.

Policy of full disclosure: None

P-01-067

PSYCHOSEXOLOGICAL COUNSELING IN PATIENTS AFFECTED BY BLADDER EXSTROPHY-EPISPADIAS COMPLEX BEEC

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Objective: BEEC with an incidence at birth of 1/35.000. BEEC is characterized by different anatomic-functional alterations of the urogenital system. The therapy is essentially surgical. For patients with BEEC the adolescence is the most critical period, since the patient begins to become aware of his sexuality and might experience psychological. In this study we used counseling before pubic development both for the patients and for the parents to discuss the specific problems of this age and highlight the resources to face them

Methods: Diagnosis of BEEC, age from 14 to 16 years, both sex. The study used personal interviews. Each subject has taken part in 9 meetings in 6 months: during 50 minutes for patients and 60 minutes for parents. The patient interview was focused on information about BEEC, acknowledgement and put into words of own emotions, sexual education. Parents interview was focused on the adolescent period of their sons, psychosexual education

Results: We evaluated 13 patients, 9 M and 4 F, and 26 parents. At the end of 6 months patients and parents felt the sensation of not to be alone in this particular phase of growth. In the firsts meetings of parents there were many fears about the difficulty to answer to the questions and the emergencies of their child: will it be possible a sexual life? Will he/she be accepted by peers? All patients asked: how was I born? Will it be possible to have a lover for me without derision? Will

it be possible to make sex for me? All interviews were made with particular attention to the free speech of patients about their sexuality and a best formulation of their own emotions, valuing their resources, reinforcing their self-confidence and hope. Parents interviews were made with particular attention to the assertive communication, an active listening of their stories rich in trouble, fears and doubts

Conclusion: Patients and their relatives had the possibility to obtain a medical and psychosexual BEEC's perspective to lead to better assertiveness and to an improved level of sexuality awareness

Policy of full disclosure: None

P-01-068

MEASURING PENILE LENGTH FROM PUBIC BONE TO TIP OF GLANS IS MORE ACCURATE AND RELIABLE

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Objective: Whilst accurate data regarding the size of the erect penis is of great importance to several disciplines working with male patients, a paucity of data exists on the impact of means of length assessment on penile length measurement. Much of the published data reports penile length measured from penopubic skin junction to glans tip (STT); we aimed to compare penile length measured from both from pubic bone to tip (BTT) and STT.

Methods: Men attending urological outpatient clinics had their erect penile length measured using the two methods: following induction of erection using intracavernosal vasoactive agents. Comparison was made between the two measurement techniques and using demographic and comorbidity data predictors of erect penile length were evaluated.

Results: 778 men were evaluated. The mean STT erect length was 12.53 ± 1.93 cm while the mean BTT length was 14.34 ± 1.85 cm. BMI WAS CORRELATED TO STT measurement (r = -0.270, p = 0.000). Age was correlated to both STT (r = -0.155, p = 0.000) and BTT (r = -0.094, p = 0.009) measurement. After controlling for age, correlation remained between STT length and BMI (r = -0.270, P < 0.01), effectively meaning the penis "looks" shorter in overweight patients. After controlling for BMI, correlation remained between age and STT (r = -0.155, P < 0.01) AND between age and BTT length (r = -0.094, P < 0.01).

Conclusion: Measuring penile length from pubic bone to tip of glans is more accurate and reliable. This effect is most notable in overweight patients

Policy of full disclosure: None

P-01-069

DYNAMIC OF SONOGRAPHIC PARAMETERS OF PROSTATE IN DEPENDING FROM CHARACTER OF CONDUCTED ANTIBACTERIAL THERAPY

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Objective: Evaluation of dynamic sonographic parameters in depending from conducted therapy.

Methods: We examined 60 patients in aged 23–40 years with diagnosis of chronic bacterial prostatitis. For evaluation symptoms of chronic bacterial prostatitis in all patients used scale NIH-CPSI and IPSS. In addition was performed physical examination, digital rectal examination, laboratory tests (complete blood count, urinalysis, the Meares-Stamey test, measurement level of PSA, investigation level of testosterone in serum, uroflowmetry, transrectal ultrasound investiga-

tion with dopplerographic mapping). In depending from conducted antibacterial therapy the patients were divided into two groups: Group I – 30 patients who have applied etiotropic treatment with antibacterial drug which was recommended EAU taking into account sensitivity only to the common pathogen aerobe which indentified for bacteriological investigation of prostatic secretion; Group II- 30 patients who were administered for etiotropic treatment antibacterial drugs taking into account their sensitivity to all bacteria both aerobes and nonclostridial anaerobes.

Results: For analysis dynamic sonographic parameters in according to data of transrectal ultrasound investigation of prostate through 3,6,12 months the volume of prostate against the background conducted therapy decreases in both groups, however amount patients with average volume of prostate which is near to normal values was greater in group II. Furthermore for evaluation echostructure and contours of prostate after 3,6,12 months was found that normalization these findings were also higher in patients group II (Table 1). Maximum systolic velocity in urethral arteries in patients group I increased up to $10,5 \pm 0,3$ cm/s and patients group II – up to $11,9 \pm 0,4$ cm/s ($p < 0,001$). The normalization of hemodynamic parameters was higher in patients who conducted antibacterial therapy taking into account susceptibility to all bacteria in prostatic secretion.

Conclusion: Thus etiotropic antibacterial therapy taking into account susceptibility to antibacterial drug in all bacteria both aerobes and anaerobes leads to normalization sonographic parameters of prostate in patients with chronic bacterial prostatitis compared with patients who conducted etiotropic therapy based sensitivity only to predominate aerobic microorganism to antibiotic.

Policy of full disclosure: None

Table 1:

Table 1. Dynamic echostructure and contours of prostate

Parameter	Before treatment		After 3 months				After 6 months				After 12 sec.					
	Group I		Group II		Group I		Group II		Group I		Group II		Group I		Group II	
	abs	%	abs	%	abs	%	abs	%	abs	%	abs	%	abs	%	abs	%
Number of patients																
Echogenecity																
Normal	5	16,7	2	6,7	10	33,3	19	63,4	11	36,7	22	73,4	12	40	22	73,4
Increased	6	20	4	13,3	6	20	4	13,3	6	20	4	13,3	9	30	7	23,3
Decreased	19	63,3	24	80	14	46,7	7	23,3	13	43,3	4	13,3	9	30	1	3,3
Contours																
Well-defined	4	13,3	7	23,3	13	43,3	21	70	15	50	22	73,3	16	53,3	24	80

P-01-070

GENESIS OF ERECTILE DYSFUNCTION IN PATIENTS WITH URETHRAL STRUCTURE

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Objective: To study mechanisms of erectile dysfunction in patients with trauma of pelvic bones with rupture of urethra without disturbance integrity of penile vessels

Methods: Analysis 157 patients with traumatic stricture showed that the erectile dysfunction was in 79,6% patients. The patient's age was from 17 to 65 years. Duration of disease: up to 2 years in 16, 6% of patients, from 2–3 at 28%, from 4–5 at 33, 1%, from 6–7 years in 13, 4%, more than 8 years in 8, 9% of patients. In 76,7% patients the cause of erectile dysfunction was disturbance integrity of penile vessels and in 23,3% developing fibrosis of cavernous tissue after trauma.

Results: In the group I of 12 patients with term injury above 3 months in cavernous bodies the areas of sclerosis and ischemia alternated with zones having almost normal appearance. Otherwise morphological picture was in 15 patients II group who undergone the injury more

than 6 months ago where areas fibrosis of cavernous tissue predominates over zones which have normal hemodynamic. In patients III group 16 who undergone injury more than 12 months ago was found strongly marked fibrosis of cavernous bodies. These data were corresponding with findings of morphological investigation cavernous tissue of penis, which taken out after injection pharmacological agent during dopplerography investigation. The degree of fibrosis in patient I group was insignificant as cavernous tissue had normal appearance. In the patients II group were indentified crude violations of gaps and decrease amount of smooth muscles. The patients III group had marked diffused fibrosis with the sites of hyalinosis.

Conclusion: Thus in patients with injury of pelvic bones with saved integrity of penile vessels, the cause erectile dysfunction is developing fibrosis of cavernous tissue. After 3 months from the moment of injury in the cavernous tissue of the penis begin to occur fibroplastic processes irreversible character

Policy of full disclosure: None

P-01-071

ANALYSIS OF SPERM RETRIEVAL TECHNIQUES IN AZOOSPERMIC MEN

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Objective: To evaluate outcome and safety of percutaneous testicular sperm aspiration (TESA) and microdissection testicular sperm extraction (mTESE) in the treatment of azoospermia and to investigate the usefulness of a diagnostic TESA in order to individualize protocols and limit the use of invasive testicular procedures.

Methods: IRB approval was obtained to retrospectively evaluate 207 patients undergoing multiple needle-pass TESA between 1999–2014. Diagnostic TESA was performed on 125 men with non-obstructive azoospermia (NOA) and 82 with obstructive azoospermia (OA). Nine NOA men and 31 OA men with previously demonstrated sperm had a subsequent therapeutic TESA while nine NOA men with a failed TESA proceeded to mTESE. Main outcome measures were complication rates and sperm retrieval rates (SRR) (% patients with at least one spermatozoa found). Relations between SRR in NOA and histopathology, follicle-stimulating hormone (FSH) and testis size were also investigated.

Results: SRR of diagnostic TESA was 30.4% (38/125) for NOA men and 100% (82/82) for OA men. Better SRR were found in NOA men with hypospermatogenesis (compared to other histopathologies), $10 < \text{FSH} \leq 20$ mIU/ml and testis > 4 cm. Seven/nine NOA men and 31/31 OA men had sufficient spermatozoa found for intracytoplasmic sperm injection (ICSI) in a subsequent therapeutic TESA. In nine NOA men in whom a TESA produced no spermatozoa, only one had sufficient spermatozoa found with mTESE. Overall complication rates of TESA and mTESE were 7.1% and 57.1% respectively.

Conclusion: TESA provides reasonable SRR and is a safe procedure. Successful diagnostic TESA indicates future success with therapeutic TESA thus providing an idea about the prospects for obtaining sperm before initiating an ICSI-cycle. Men with a failed TESA have a limited chance of sperm retrieval using mTESE. Approaching azoospermic men with an initial diagnostic TESA followed by either therapeutic TESA and/or mTESE is an efficient algorithm in the management of azoospermia and limits the use of more invasive procedures.

Policy of full disclosure: None

P-01-072

CHARACTERISTICS OF SEXUAL FUNCTION AMONG HEALTHY CARRIERS OF LRRK2 G2019S MUTATION FIRST-DEGREE RELATIVES OF PATIENTS WITH PARKINSON

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Objective: The objective of the present study was to characterize the sexual function of relatives of Ashkenazi Jewish patients with Parkinson's disease, who are carriers of genetic mutations that are known to cause Parkinson's disease, and to identify the indicators which differentiate between carriers and non-carriers.

Methods: 54 first-degree relatives of Ashkenazi patients with Parkinson's disease participated in this study, 24 male, 9 non-carriers and 15 carriers and 30 female, 9 non-carriers and 21 carriers of the G2019S mutation in the LRRK2 gene. The subjects arrived for a day of exams and tests as part of the monitoring process which they undergo once every 15 months. That same day, they underwent a structured interview, related to the objectives of this study. Later on, the participants responded to self-report questionnaires of sexual function over the past month (FSFI, IIEF).

Results: There are differences between female carriers and female non-carriers in terms of sexual function. A statistically significant difference emerged between female carriers and female non-carriers in terms of the intensity of sexual arousal, vaginal lubrication and capacity to reach orgasm, factors which were found to be higher among carrier than among non-carriers relatives. Furthermore, it emerged that female carriers experience less pain during sexual intercourse. No difference was found between carriers and non-carriers (males and females) in terms of sexual history during childhood and adolescence.

Conclusion: The research findings reinforce the study hypothesis that gene mutation carriership, in and of itself, is related to physical, behavioral and emotional changes among carrier and non-carrier relatives of patients with Parkinson's disease. These findings raise the need for further research on larger groups, which will explore more specific variables related to sexual function.

Policy of full disclosure: None

P-01-073

WHO IS TAKING CARE OF SEXUAL HEALTH EDUCATION? FINDINGS FROM A REAL-LIFE SURVEY IN OUTPATIENTS

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Objective: To sociologically assess awareness of sensitive issues regarding sexual health knowledge and sexual education among Caucasian-European outpatients seeking medical attention for uro-andrologic purposes for the first time.

Methods: A cohort of 977 consecutive patients anonymously completed a 16-item questionnaire related to their sexual health education. Descriptive statistics were applied to assess modalities of acquisition of awareness and knowledge relating to sexual health.

Results: Complete data was collected from 167 (17.1%) women [mean (SD) age: 36.04 (8.54) yrs; range: 18–72] and 810 (82.9%) men [44.71 (14.74) yrs; range: 17–80]. Of these, 792 (81.9%) reported being in a stable sexual relationship. A primary/secondary school education was held by 123 (12.6%) patients while 844 (87.4%) had a high school/university/advanced degree. Sexual orientation was heterosexual and non-heterosexual in 906 (93.7%) and 61 (6.3%) patients, respectively. Overall, sexual health knowledge was obtained through schooling in 488 (49.9%) patients, with a significantly higher prevalence in women

[107 (64.1%)] than in men [381 (47.1%)] ($\chi^2 = 13.83$, $p = 0.008$), and in heterosexual [465 (51.32%)] than in non-heterosexual [11 (18.1%)] patients ($\chi^2 = 27.09$, $p = 0.007$). Overall, male patients received their first uro-andrological evaluation at a later age than female patients [40.2 (7.88) vs 18.7 (8.3) yrs, respectively; $p < 0.001$]. Conversely, male patients reported that a uro-andrology specialist had investigated their sexual health issues more frequently than woman reported that their sexual health issues were investigated by gynecologists [480 (59.2%) vs 57 (34.2%), respectively; $\chi^2 = 71.73$; $p < 0.005$].

Conclusion: The findings of this exploratory sociological survey in a selected cohort of Caucasian-European outpatients outlined that sexual health knowledge was obtained through schooling only in 50% of cases. Overall, males received their first uro-andrological sexual health evaluation at a later age than their female counterparts, though sexual health issues were more frequently debated by uro-andrology specialists than by gynecologists.

Policy of full disclosure: None

P-01-074

ORGAN SPARING SURGERY IN BILATERAL TESTICULAR TUMOUR. OUR INITIAL EXPERIENCE

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Objective: Testicular cancer is relatively rare accounting for approximately 1–1.5% of all cancers in men, but in younger men (between 15–35 years old) is the most frequent malign cancer. Risk factors include history of cryptorchidism, Klinefelter's syndrome, familial history of testis cancer in first-grade relatives, presence of contralateral tumour, Tin or infertility. Nowadays testicular tumours show excellent cure rates, mainly due to early diagnosis and their extreme chemo and radiosensitivity. Classical treatment consists of radical orchiectomy. When suspected and pathologically confirmed of benign tumor they can be treated by organ sparing surgery (OSS).

Methods: Our purpose is to describe our result in OSS treatment for bilateral testicular masses, in a man of 21 years old, with serum tumour markers and TC abd/ chest normal. We present 1 case of bilateral epidermoid cyst in which teste sparing surgery was performed. Extemporaneous exam intrasurgical and Histological results revealed epidermoid cyst, with fere margins.

Results: The follow-up is 43 months, the patient is free of recurrence, with normozoospermia and without compromise other results. Recent studies revealed that in OSS can be safely adopted for the treatment of carefully selected cases of tumours of different histology, with an excellent postoperative outcome.

Conclusion: Prospective multicenter studies are warranted to further quality OSS as a treatment option. Although there are not many randomized comparative studies, our few data are similar to literature, but more patients are needed to further conclusions.

Policy of full disclosure: None

P-01-075

THE PRONOUN 'HIR' AND OTHER SIMPLE WORDS AS THERAPEUTIC TOOLS

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Objective: The understandings of gender are expanding, so is the inclusion of a third formal gender option in many countries. This induces a need for new concepts that can affirm both existing genders and those emerging. Due to imminent changes in diagnostic categories and to an increasing number of clients who experience gender differently, the level of therapeutic knowledge must increase, and the therapeutic tools must be refined. This presentation discusses awaited

therapeutic challenges, and the usefulness of positively connoted words and concepts like gifted or talented not only in the therapy room, but also in individuals' personal life, amongst their significant others and in society. Humans need to belong. Belonging arises when one is experienced by others the same way as one experience oneself, and is positive when that which is being experienced obtains positive value. Words are mirrors with potentials to affirm, and thus support the experience of belongingness. The therapy room can at worst be an arena of gentle violence and at best a model for affirmative mirroring. Key words: Belonging, Gender diversity, therapy, affirmation, pronouns.

Policy of full disclosure: None

P-01-077

THE ROLE OF IGF-1 ISOFORMS GENE EXPRESSION IN PEYRONIE'S DISEASE

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Objective: To study the role of Insulin Like Growth factor 1 (IGF-1) isoforms (IGF-1 Ea, Eb and Ec) and the urokinase-type plasminogen activator and it's receptor system (uPA/uPAR) gene expression profile in the pathogenesis of Peyronie's Disease (PD).

Methods: 24 consecutive patients with PD undergoing surgical correction of their curvature were enrolled in this study. Tissue samples from both healthy and pathological site of tunica albuginea were obtained from all the patients. RNA was extracted and complementary DNA was created. Gene expression analysis was performed using a real time PCRT cyler with SYBR green chemistry. Specific primers for each gene quantified. Results were analyzed using the 2(-Delta Delta C(T)) method and GAPDH as the reference gene. For statistical analysis Graphpad Prism v5.2 was used. The Confidence interval was considered 95%. All results were submitted to normality tests and the appropriate statistical test was applied. Wilcoxon's signed-rank test was applied to examine differences in the paired data sets.

Results: All IGF-1 isoform gene expression (Ea, Eb, and Ec) was significantly decreased in the plaque samples compared to their control (fig.1 A, B and C). Furthermore, the uPA was significantly increased (fig.1 D).

Conclusion: Although IGF-1 is a well known mediator in wound healing process, its isoforms expression has never been investigated in PD. The statistically significant lower gene expression of all its isoforms in the plaque area suggests, that in PD, the wound healing process is impaired and scar formation is favored. This observation was also linked to the expression of the uPA-uPAR system, which consists a key fibrotic pathway. More studies are required to further elucidate the role of IGF-1 in PD's pathogenetic mechanism and it's potential use as a therapeutic agent.

Policy of full disclosure: None

Late breaking abstracts – the following abstracts (P-01-078 to P-01-085) have been accepted after expedited peer review

P-01-078

CORRECTION OF VENO-OCCLUSIVE FORM OF ERECTILE DYSFUNCTION

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Objective: In men, young or middle age are more likely to occur ED. Link between varicocele and erectile dysfunction study proves "Varicocele is associated with erectile dysfunction: a population-based case-control study." Keller JJ, Chen YK, Lin HC. Most authors explain the link between ED and low testosterone levels varicocele "Low plasma testosterone in varicocele patients with impotence and male infertili-

ty". Younes AK. But in the course of clinical observations of patients with varicocele in conjunction with erectile dysfunction in the Kharkiv Regional Clinical Center of Urology and Nephrology them. VI Shapoval (KRCCUN) not revealed a significant reduction of testosterone in the blood. It makes a closer look at the problem of pathological venous shunt as a cause of erectile dysfunction in varicocele. For ED caused by abnormal venous discharge takes place significant outflow of venous blood in pathological shunt (via the great saphenous vein, dorsal or enlarged cavernous veins), which makes it impossible to maintain an erection at the proper level (to achieve orgasm sexual partners). Given that the varicocele is also a manifestation of pathology veins due to abnormal flow of blood can be assumed innate predisposition to ectopic veins and insufficiency genitalia in patients with comorbid ED and varicocele.

Methods: On the basis of the KRCCUN conducted a comprehensive examination and treatment of 67 patients suffering from ED veno-occlusive form and bilateral varicocele. The average patient age of 38.4 + 4.6 years. This form is ED diagnosed medical history and by ultrasound of the scrotum and penis in the Doppler mode. Patients underwent surgical treatment: bilateral operation of Marmar with ligation of the veins (pathological shunts) coming from the penis to the spermatic cord.

Results: The efficacy of surgical treatment of subjective (questionnaires on IIEF) – 85.3%, the objective – in the absence of venous shunt on Doppler US – 94%.

Conclusion: 1. Besided varicocele in young men with erectile problems is a marker and one of the reasons veno-occlusive form of ED. 2 Modified (with ligation of the dorsal and communicating veins) duplex operation Marmara is a highly effective method of treatment for these patients.

Policy of full disclosure: None

Ligation of pathological shunt between penis and spermatic cord:



P-01-079

STUDY OF SEXUAL FUNCTION IN PATIENTS WITH PROSTATE CANCER PRIOR LAPAROSCOPIC RADICAL PROSTATECTOMY

Capdevila, M.¹; Muñoz, J.²; Martos, R.²; Hannaoui, N.²; Gonzalez, J. L.²; Garcia, D.²; Gual, J.²; Fadil, Y.²; Prera, A.²; Abad, C.²; Prats, J.²

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Objective: It is well known that post-operative incontinence and erectile dysfunction are common problems following laparoscopic radical

prostatectomy (LRP) for PCa. Therefore, it is important to determine the most effective nerve-sparing option during the surgery that can be performed safely in most men with localized PCa. Here it is the preoperative study of sexual function in our center for patients with PCa who will be treated with LRP.

Methods: A preoperative visit including clinical history, medication and sexual history was performed to 50 patients, who were recommended to go along with their partner. Patients responded to questionnaires about erectile function (IIFE) and scale of rigidity. A complete physical examination and penile Doppler ultrasound were also performed with prior administration of Caverject 20 mcg intracavernous. Ultrasound assessed the diameter of both cavernous arteries and the systolic and diastolic flow of these. Depending on the results, the best nerve-sparing option is recommended for the surgery and the start of a small daily dose of inhibitors PDE5 was prescribed for the patient.

Results: Average of the questionnaires was IIFE total: 41.7, IIFE erectile f. domain: 18.04 and scale of rigidity: 3. Mean ultrasound results were ACD diameter: 0.71 mm, ACI diameter: 0.72 mm, ACD systolic flow 33.37 cm/s, ACI systolic flow: 39.59 cm/s, ACD diastolic flow 6.97 cm/s and ACI diastolic flow 5.81 cm/s. It was considered that 14 patients (36%) had erectile dysfunction, 10 of them arterial dysfunction, 3 venous leak and 1 mixed. Only one of the patients had used inhibitors PDE5 before to achieve erections and no one had used PGE1.

Conclusion: Despite of the technological advances in urologic surgery, erectile dysfunction remains one of the biggest problems in RP in our environment. We realized that 36% of the patients had erectile dysfunction before surgery, so we believe that an early rehabilitation program of sexual function may improve current results after surgery.

Policy of full disclosure: None

P-01-080

MONDOR DISEASE OF THE PENIS – OBSERVATIONS ON 8 CASES

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Objective: Thrombosis or thrombophlebitis of the superficial veins of the penis are rare conditions, with a limited number of cases reported in the literature, often not known by the physicians but with great potential to create panic among the patients. The aim of the study was to describe our experience with this disease.

Methods: During the last 8 years, 8 patients with this condition were diagnosed and treated in our department. The particularities of these cases were reviewed.

Results: All cases occurred after prolonged and energetic sexual intercourse. The mean age of the patients was 35 years (between 28 and 48 years). In all cases it presented as a painless, superficial cord in the distal part of the penis, adjacent to the glans. All patients were treated with heparinic gel (cutaneous application) and oral non-steroidal anti-inflammatory drugs and sexual abstinence. In one case another physician prescribed subcutaneous anticoagulants (Clexane 60 mg daily) which we interrupted after 7 doses, when the patient was referred to our center for reevaluation. No difference in the speed of recovery was recorded by comparison to the other patients. Complete resolution was recorded in most of the cases after 2 to 4 weeks. In one case (the only one which continued to have sexual intercourse one week after the lesion occurrence) the cord persisted for 9 weeks. In one of the other cases the condition recurred after 6 months, received the same treatment and disappeared in the next 3 weeks.

Conclusion: Mondor's disease of the penis is a benign condition relatively easy to manage. The lesions are probably self-limiting. Sexual abstinence must be associated with the medical treatment.

Policy of full disclosure: None

P-01-081

MICROSURGICAL SELECTIVE NEYROTOMIA VS LONG TERM SSRI

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Objective: Ejaculatory disorders occupy a place of sexual disharmony couple and are the most common physiological cause of divorce. Traditionally for treatment of premature ejaculation (PE) use psychotherapy, local anesthetics and SSRI (on demand or 6 months course). The aim of the study was to investigate effectiveness of microsurgical selective neyrotomia in contrast with SSRI.

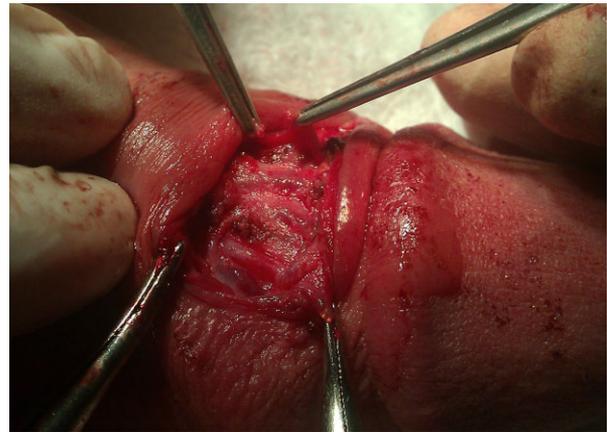
Methods: On the basis of the Kharkiv Regional Clinical Center of Urology and Nephrology conducted a comprehensive examination and treatment of 312 patients suffering from middle and severe PE (less than 1 minute). Patients with prostatitis were excluded. Patients were divided in 3 groups according to treatment: selective neyrotomia -119 men, SSRI on-demand 98 men and SSRI long term (not less than 6 months course)- 85 men.

Results: 1-st groupe: 117 from 119 operated men are satisfied (98.3%). Just after selective neyrotomia sensitiveness of glans penis decrease to 20% that before. Through 6 months after surgery increase up to 50% of initial. 2-nd groupe: 86 from 98 (87.7%) 3-rd groupe: 68 from 85 (80%), 17 patients cast the treatment cause of side effects (first of all ED).

Conclusion: 1. Selective neyrotomy is high effective, reliable and safe method of treatment PE(98,3%). 2. SSRI on demand – effective method (87.7%) with low side effects, but the patient has to hold the tablet with you. 3. SSRI for long time solves the problem PE, but is dangerous side effects (ED). It recomended only for patients with psycho-neurological dysfunction.

Policy of full disclosure: None

Selective neyrotomia:



P-01-082

THE EFFECTS OF URETERAL DJ STENT APPLICATIONS IN LOWER URINARY TRACT SYMPTOMS AND SEXUAL FUNCTION

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Objective: In our study; it's investigated whether or not double J catheter applications in patients cause an increase in urinary system symptoms, have effects on quality of life and sexual functions.

Methods: Total 70 cases (26 female, 44 male), in which double J catheter is applied unilaterally during their ureteral stone and kidney stone treatment are included. All patients were sexually active. Before application and 3 weeks after this application; IPSS, OABq, for male patients IIEF and for female patients FSFI evaluation forms are filled and their scores are determined.

Results: Mean age of 44 male patients included in this study is determined as 43.91 ± 11.33 years. Mean age of 26 female patients were 35.36 ± 11.06 years. When all cases are evaluated; there was a statistically significant increase in total IPSS and total OABq scores of double J catheter applied patients compared to before application. According to evaluation of all male patients; there was a statistically significant decrease in IIEF-t scores. When subtitles of IIEF such as sexual arousal, coital satisfaction, orgasm, desire and general contentment evaluated separately; it's determined that there was a statistically significant decrease in all of them. The evaluation of all female patients showed that there was a statistically significant decrease in FSFI-t score. When subtitles of FSFI such as sexual desire, arousal, lubricity, orgasm, general contentment and pain are evaluated separately; there was again a statistically significant decrease in all of them.

Conclusion: In double J catheter applied patients, there was an increase in IPSS and OABq scores which means an increase in prevalence of lower urinary tract infections. Also in double J catheter applied female and male patients, total IIEF and FSFI scores were decreased; so sexual functions are negatively affected.

Policy of full disclosure: None

P-01-083

COMBINATION THERAPY WITH TRIOMEN QUATTRO AND MELOXICAM IN THE TREATMENT OF LOWER URINARY TRACT SYMPTOMS (LUTS) AND PROSTATE PAIN SYNDROME (PPS)

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Objective: In recent years significantly improved scientific evidence about complex mechanisms of chronic prostatic inflammation. So, the aim of our study was the assessment of efficacy of combination new complex phytodrug Triomen Quattro and meloxicam in management of young men with simultaneously LUTS and PPS. Triomen Quattro consists from unic four plants combination – Serenoa repens, Pygeum africanum, Urtica dioica, Cucurbita pepo – Pumpkin.

Methods: In our study 66 patients (mean age 35,7 years) were randomly divided to receive Triomen twice per day and meloxicam 15 mg/day (35 patient – I group) or meloxicam as a monotherapy (31 patient – II group). The study inclusion criteria for PPS were: 1. history of pain in the region of prostate (especially by prostate palpation) for minimum 3 months; 2. sterile pre – massage urine, insignificant number of leukocytes and no bacterial growth in prostatic secretions. The assessment of results were done after 3 months by IPSS, uroflowmetry and visual analog pain scale (VAS).

Results: After 3 months treatment percentage of patients with >5 points reduction in IPSS in I group was 39% versus 14% in second group ($p = 0,0001$). At the same time by uroflowmetry percentage of >5 ml/s improvement in Qmax was 21% versus 12% ($p = 0,07$). Interestingly pain score decreased significantly in same grade in both groups – from 7,8 (baseline) till 3,5 and 3,3 respectively.

Conclusion: Combination therapy with Triomen Quattro shows greater benefits in LUTS probably by reducing inflammatory component in prostatic tissue, at the same time meloxicam seems better in pain management. So, further studies and longer follow up are needed to identify an optimal combination to target LUTS and PPS simultaneously.

Policy of full disclosure: None

P-01-084

PREDICTION OF SEXUAL DISSATISFACTION THROUGH THE INFREQUENCY AND AVOIDANCE OF SEXUAL ENCOUNTERS AND ANXIETY

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Objective: Develop a model to predict the level of sexual satisfaction based on sexual behaviors avoidance, frequency of intercourse and anxiety.

Methods: The sample consisted of 1265 people (258 women and 1007 men). Cluster sampling was used in 27 Spanish provinces. Questionnaires Golombok Rust Inventory of Sexual Satisfaction (GRISS) were used to measure sexual satisfaction, frequency and avoidance of meetings, and the State Trait Anxiety Inventory (STAD) to measure anxiety. Linear regression analysis to determine the relationship between the variables of interest and to predict the sexual satisfaction depending on other variables. An analysis of the correlation of variables taken two at a time was performed.

Results: The resulting model is $1.717 + 0.439$ Infrequent + 0.252 Avoidance + 0.31 State Anxiety + 0.31 Trait Anxiety. The model explains 26.2% of the dissatisfaction of the people in the sample. At the same time dissatisfaction correlated positively and significantly with a confidence level of 0.01, with Infrequent (0.374), Avoidance (0.302), State Anxiety (0.281) and Trait Anxiety (0.274).

Conclusion: The model can predict the level of dissatisfaction depending on the level of avoidance of sexual encounters, the frequency and the level of anxiety. A greater infrequency in relationships, avoidance and anxiety, will have greater dissatisfaction with sex.

Policy of full disclosure: None

P-01-085

VARICOCELE OPEN SURGERY OR LAPAROSCOPY OR EMBOLIZATION: WHICH IS BETTER?

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Objective: Varicocele is the most common identified correctable cause of male infertility. Surgical correction is the most commonly performed technique to treat varicoceles with a technical failure rate of less than 5%. To evaluate different methods of varicocele treatment on spermogram and pregnancy rate in subfertile couples where the male has a clinical varicocele.

Methods: We retrospectively reviewed a total of 213 patients who underwent different surgical treatment for clinical varicoceles in subfertile male between 2007 and 2012. Of these, 84 patients (40%) underwent unilateral open surgery, 65 patients (30%) underwent bilateral laparoscopic surgery and 64 patients (30%) had unilateral left-sided embolization.

Results: Mean patients age was 33 years-old. All groups were comparable in characteristics. Failure rate was statistically not different regardless of the method of treatment. It was 6.4% in embolization attempts, 5.6% in laparoscopic attempts and 3.2% of the open surgery attempts. Complication rate was statistically not different although it was higher in embolization group. Pregnancy rate was difficult to define in our patients, however it was comparable in all cases.

Conclusion: Our study confirms that clinical varicoceles can be managed with open surgical approach, laparoscopy or embolization with comparable rates of success and complications.

Policy of full disclosure: None

P-02 Female sexual dysfunction

P-02-001

ASSESSING THE DIRECTION OF CAUSALITY BETWEEN CORRELATED SUBDOMAINS OF THE FEMALE SEXUAL FUNCTION INDEX

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Objective: Female sexual dysfunctions (FSDs) typically present with high comorbidity, with the strongest correlations found between arousal problems, orgasmic problems and lubrication. It has been proposed in the literature that this comorbidity may result from causal relationships between different FSDs, but this has to our knowledge not been empirically investigated. The aim of the present study was to explore the direction of causality in previously correlated FSDs, using the Female Sexual Function Index.

Methods: Structural equation models were fitted to data collected from 2,177 female twins and their siblings who had participated in two large-scale, Finnish population-based data collections in 2006 (M = 26.1 years, SD = 5.1) and 2013. Composite variables of the six subdomains (desire, arousal, lubrication, orgasm, satisfaction and pain) of the Female Sexual Function Index were used. The causality between the subdomains was assessed using a cross-lagged longitudinal design.

Results: At present, the cross-lagged longitudinal analyses are still in progress. Preliminary analyses suggest that severity of FSD symptoms is highly variable over time, which is consistent with previous research suggesting that most FSDs are caused by environmental experiences unique to the individual.

Conclusion: This is, to the best of our knowledge, the first study to assess the causal direction of correlated FSDs. Knowledge of the causal direction is of considerable clinical relevance in that it will likely aid the development of effective and safe treatment interventions for FSDs. The variability of FSD symptoms encourages research into cognitive-behavioral treatment techniques.

Policy of full disclosure: None

P-02-002

WITH A LITTLE HELP FROM MY FRIENDS – SELF AND SOCIAL SUPPORT IN PREDICTING SEXUAL DISSATISFACTION AMONG FEMALE MEDICAL STUDENTS

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Objective: Female physicians, residents and medical students commonly suffer from stress and depression that is influenced by personality vulnerability and might predict sexual dissatisfaction. Objectives: To examine whenever social support moderates the effect of the self on sexual dissatisfaction.

Methods: 137 female medical students and residents from all Israeli medical schools were assessed to three self variables (silencing the self, self-concept clarity and self-criticism) and sexual dissatisfaction (both general and with partner).

Results: Social support significantly predicted sexual satisfaction. In addition, significant 2-way interactions following the same pattern were found with social support combined with all three self variables: only when the self-variable served as a risk factor (e.g. low self-concept clarity), social support became an important factor in reducing sexual dissatisfaction.

Conclusion: Among highly functioning females, if self is vulnerable, then support from others is needed in order to achieve and maintain healthy, satisfying sexuality. On the other hand, both individual and couple sex therapy can help those female medical students, interns and residents to reconnect to their self and to social resources.

Policy of full disclosure: None

P-02-003

IMPACT OF HYSTERECTOMY ON FEMALE SEXUAL QUALITY OF LIFE

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¹Riga East CUH Gailezers, Gynecology, Latvia; ²Riga Stradins University, Latvia; ³Riga East CUH Gailezers, Latvia

Objective: Hysterectomy remains one of the most common gynecological procedures performed worldwide. The impact of hysterectomy on sexual function has always been a great concern to women and is a major source of preoperative anxiety. Aim of this study was to assess and compare pre- and post-operative quality of sexual life of gynecological patients undergoing planned abdominal hysterectomy.

Methods: Questionnaire method was used to survey gynecologic patients undergoing planned subtotal / total laparotomic hysterectomy due to benign indication. Sexual Quality of Life Questionnaire – Female (SQoL-F) was used to assess quality of sexual life before and after surgery. Questions about other influencing factors and patients' opinions before and after operation were added. 38 completed questionnaires were used for preliminary three months' post-operation period data analysis.

Results: Only 55% of subtotal hysterectomy group and 38.9% of total hysterectomy group told their partners completely about planned surgery. Mean period of beginning sexual activities after operation was 5.15 weeks after surgery in subtotal hysterectomy and 5.78 weeks in total hysterectomy group. SQoL-F after three months post-operation period was 6.50 points less in total hysterectomy group, which was not statistically significant. There was a slight statistically insignificant decrease of SQoL-F points within each group after three months observation period: -0.44 points in subtotal hysterectomy group and -2.47 points in total hysterectomy group. Although patients of total hysterectomy more frequently (22.2% vs. 5%) indicated negative impact on sexual function after operation, differences were not statistically significant.

Conclusion: Patients before hysterectomy were worried about possible negative impact of surgery on their sexual function, they did not talk to their partners candidly about planned surgery. There were no statistically significant changes of sexual quality of life found after subtotal and total abdominal hysterectomy operation after three months observation period.

Policy of full disclosure: None

P-02-004

SEXUALITY IN CYSTECTOMISED WOMEN

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Objective: The level of information on sex-life and change in sexuality of women who undergo urological pelvic surgery due to cancer is minimal, not to say non-existing. The means of this survey is to investigate the sexual life in women who have been cystectomised.

Methods: Using retrospective research the women who have undergone cystectomy due to cancer in the urology department of Odense Universitets Hospital (OUH), will be catalogued. All surviving women will receive a validated questionnaire "The Sexual function – Vaginal changes Questionnaire (SVQ)" (P. T. Jensen). Additionally we will conduct interviews to further investigate the consequences of the operation on their self-perspective, relationship, and sexuality and how they have coped with it. The interviews will also focus on the degree of information prior to, and after the operation and investigate the degree of information these women would like to have on the changes, anatomical and emotional, due to the operation.

Results: In a fifteen-year period a total of 83 women were cystectomised in the urology department of OUH. Of the 83 women, 52 are still alive. The age range of all the women at the time of surgery was 35–84 years old, with a mean age of 59.5 years old. The age range of the surviving women is 47–86 years, giving a mean age of 66.5 years old. None of the women were given information on the direct influence of the surgery regarding their sexual life and behaviour.

Conclusion: We expect to find that the need of information is high and that the current practise can be enhanced by explaining in detail which changes they can expect from the operation and that a following control visit should be accompanied by giving guidance on how to optimise their sexual life.

Policy of full disclosure: None

P-02-005

MODERN OPPORTUNITIES OF ESTHETIC GYNECOLOGY FOR IMPROVEMENT OF QUALITY OF SEXUAL LIFE OF WOMEN

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Objective: To evaluate quality of life and effect on satisfaction in sexual life after performing external genitalia rejuvenation using dermal fillers.

Methods: In total, 86 sexually active women with a mean age 45.2 ± 9.6 years were included in the study. We performed external genitalia rejuvenation using dermal fillers We evaluate sexual function after procedure using the Female Sexual Function Index (FSFI)

Results: 67% of women reported improvement in sexual life after procedure and experienced significant improvement in their total FSFI (27.4 ± 2.2 vs 23.1 ± 2.2; $\Pi < 0.05$), desire (4.5 ± 1.2 vs 3.7 ± 1.2; $p < 0.05$), lubrication (4.4 ± 1.2 vs 3.2 ± 0.6; $p < 0.05$), satisfaction (4.9 ± 3.2 vs 3.6 ± 1.4; $p < 0.05$) and pain (3.8 ± 2.2 vs 3.2 ± 0.2; $p < 0.05$) domains of FSFI Satisfaction is evaluated as ability to reach orgasm, emocional closeness, sexual relationship and satisfaction with the overall sexual life. There were no complications after procedure.

Conclusion: Dermal fillers for women external genitalia rejuvenation may safely and effectively improve quality of sexual life of women. Despite of obtained data, further studies are necessary in this direction.

Policy of full disclosure: None

P-02-007

VIEWPOINTS ON FEMALE VIRGINITY AMONG STUDENTS IN KOSOVO

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Objective: Kosovo is located in the South-East European region, and is mostly populated by Muslim Albanians. Therefore, the effects of culture, tradition, and religion in terms of sex and virginity still continue to be high. In our society even today we speak only on female virginity and only from women it is asked to be a virgin until the wedding day. The overall objective of the study is to explore viewpoints of virginity among students in Kosovo public and private universities.

Methods: We did a cross-sectional study in a Public University of Prishtina and in one Private University College also in Prishtina, Kosovo. The study participants were youths, 18–25 years of age (83.9%), living in mixed areas, rural and urban. The viewpoints on female virginity were assessed using questionnaire with five variables. Chi-square test was used to test an association between the variables.

Results: In a conducted study 530 students have participated of whom 55.8% were male and 43.8% female. The 83.9% of participant's were in the age group 18–25 years. From a total of 530 respondents, 340 cases have declared that virginity is still a taboo in Kosovo. Related to whether there is an advantage on being a virgin in Kosovo, 350 respondents said YES whereas 334 students thinks that virginity is a prerequisite for marriage.

Conclusion: Virginity is still a taboo in Kosovo as well as being a virgin is an advantage in our society. Female students would agree to marry a non-virgin partner more likely than their male colleagues.

Policy of full disclosure: None

P-02-008

CELIBACY SYNDROME IN JAPAN – CULTURE SPECIFIC. PHENOMENON AND CLINICAL RECOMMENDATIONS

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Objective: Investigate the reasons for the sexual abstinence among young women and men. So called “celibacy syndrome” in young people is raising concern over the future of the Japanese society. According to a 2011 survey conducted by the Japanese National Institute of Population and Social Security Research, the results show that 61% of unmarried men and 49% of unmarried women aged 18–34 were not in any kind of romantic relationship. The survey by the Japan Family Planning Association found similar data showing that 45% of women aged 16–24 were not interested in or even despised sexual contact.

Methods: Hypothesis: Subjects do not engage in sexual relationships because of the combination of the socio-cultural factors. Methods: Semi-structured interviews were conducted (23 subjects) and qualitative statistical methodology was implemented.

Results: The outcome of the study supports the hypothesis that interviewed subjects do not engage in sexual relationships because of the number of social factors, which include: the widening gap in the intergenerational role models, the fear of being forced to fit in the traditional roles and social expectations, the emergence of alternative ways to satisfy the sexual expressions and needs, the negative emotional responses toward long-lasting relationships, economical factors, and discouraging working environment and policies.

Conclusion: The reasons behind the statistical data seem to be the combination of the dramatic changes in the structure of society and deeply rooted culture-specific factors, contributing to the significant challenges in sexuality counselling practice in Japan, and are crucial to address the pressing concerns over the Japanese demographic crisis, as well as sexual well-being of the Japanese.

Policy of full disclosure: None

P-02-011

VIVEVE TREATMENT OF THE VAGINAL INTROITUS TO EVALUATE EFFICACY: A PROSPECTIVE, LONGITUDINAL, RANDOMIZED, SINGLE-BLIND, SHAM CONTROLLED CLINICAL STUDY

Krychman, M.¹

¹SCCSHSM, Newport Beach, USA

Objective: Many women suffer from sexual complaints as a direct result of changes in the integrity of vaginal introitus. No approved treatments exist to address this sexual problem.

Methods: The Viveve® System is a safe, effective treatment for vaginal introital laxity that demonstrates improved sexual function in adult female subjects. Delivering monopolar radiofrequency (RF) energy and alternating surface cooling the Viveve System provides a non-surgical and minimally invasive approach to creating heat within the submucosal layers of vaginal tissue while keeping the surface cool.

Results: The VIVEVE 1 Study is a prospective, longitudinal, randomized, single-blind, sham-controlled clinical trial designed to demonstrate that the active treatment is superior to the sham treatment for the primary effectiveness and safety endpoints. Approximately 113 (75 subjects in the active arm and 38 subjects in the sham arm) will be randomized in a 2:1 ratio to either the active treatment or sham group. Up to 10 clinical sites will be active. The treatment group will receive a treatment dose of 90 J/cm² and the sham group will receive a sub-therapeutic dose of 1 J/cm². The study population will be premenopausal females, 18 years of age or older, who have experienced at least one full-term vaginal delivery at least 12 months prior to enroll-

ment date. Endpoints include: The proportion of subjects reporting no vaginal laxity at six months post-intervention in the active arm compared to the proportion of the subjects in the sham arm. "No vaginal laxity" is operationally defined as a score >4 on the VSQ, a patient reported global assessment of vaginal laxity.

Conclusion: To date, over 400 procedures have been performed worldwide (Canada, Japan, Hong Kong, and the US). The sham-controlled Viveve 1 clinical trial is underway. The Viveve Procedure remains a viable treatment for women who have complaints as a result of vaginal introital changes in the genitopelvic matrix.

Policy of full disclosure: Dr Krychman discloses that he is a consultant for Viveve Medical

P-02-012

THE VIVEVE SYSTEM IS A NON-INVASIVE TREATMENT FOR VAGINAL INTROITAL LAXITY THAT IMPROVE SEXUAL FUNCTION IN ADULT FEMALE SUBJECTS

Krychman, M.¹

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Objective: Many women suffer from sexual complaints as a direct result of changes in the integrity of the vaginal introitus. This maybe a result of trauma, childbirth or other underlying etiological factors and presently no effective treatments exist to address this concerning issue

Methods: The Viveve® System is a safe, effective treatment for vaginal introital laxity that results in improved sexual function in adult female subjects. The Viveve® System is a safe, effective treatment for vaginal introital laxity that demonstrates improved sexual function in adult female subjects. Delivering monopolar radiofrequency (RF) energy and alternating surface cooling the Viveve System provides a non-surgical and minimally invasive approach to creating heat within the submucosal layers of vaginal tissue while keeping the surface cool. During the Viveve Procedure coolant is delivered through the membrane of the treatment tip, lowering the temperature of the epithelium prior to the application of RF energy which gently heats the deeper tissue creating a reverse thermal gradient, heating. The Viveve System consists of the following components: A console containing the radiofrequency generator and a cryogen canister port, a hand piece assembly with attached cables, a single-use treatment tip, and a grounding pad.

Results: To date, over 400 procedures have been performed worldwide (Canada, Japan, Hong Kong, and the US). The procedure has CE mark approval and is approved for use in Canada and Hong Kong. Clinical studies have demonstrated safety and efficacy; a randomized, sham-controlled study is underway for this office based, 20–30 minute outpatient procedure which is gaining popularity amongst health care professionals and women

Conclusion: The Viveve Procedure remains a viable treatment for women who have sexual complaints as a result of vaginal introital changes in the genitopelvic matrix.

Policy of full disclosure: Dr Krychman discloses that he is a consultant for Viveve Medical

P-02-013

BLADDER ENDOMETRIOSIS: RELEVANCE OF URINARY SYMPTOMS IN THE DIAGNOSIS

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Objective: Urinary tract endometriosis is an uncommon pathologic finding. The identification of a group of patients at a higher risk for this condition becomes necessary. The American Urologic Association Symptom Index (AUASI) is a questionnaire which was originally created to assess the severity of benign prostatic hyperplasia. Fedele et al. partially modified this questionnaire with the aim of assessing the

presence of specific catamenial symptoms related to bladder endometriosis in patients with a high suspicion index for this disease. The aim of this study is to evaluate the effectiveness of preoperative exams and the treatment in these patients.

Methods: In the period between 2001 and 2010, 574 patients underwent surgery for endometriosis. In 8 cases (1.4%), bladder endometriosis was confirmed at histopathological examination. All patients underwent transvaginal preoperative ultrasonography. Selected patients underwent CT, MRI or cystoscopy. A modified American Urologic Association Symptom Index (AUASI) questionnaire was performed with the aim of assessing the presence of specific catamenial symptoms. The cut-off greater than 9 was considered suspicious of bladder endometriosis.

Results: Minimum Follow-up: 46 months (46–154). Mean patient age: 33.1 years-old. Urinary symptomatology was present in 7 cases (87.5%). The mean questionnaire's score for patients with bladder endometriosis was 15.75 (6–19). Curiously, two patients who cystoscopy was performed in the middle of the menstrual cycle did not show proliferative lesions. The preoperative radiologic investigation predicted endometriotic bladder invasion in seven cases (87.5%). Treatment consisted of partial cystectomy in 6 patients and transurethral resection of the bladder in 2 patients. No patient who underwent a partial cystectomy recurred. One of the patients who underwent only transurethral resection of the bladder experienced a relapse.

Conclusion: We believe that the questionnaire evaluated in the present study showed an excellent diagnostic accuracy in the preoperative diagnosis of bladder endometriosis. The cystoscopic evaluation in catamenial phase is very important for the management of bladder endometriosis. Partial cystectomy is the treatment of choice.

Policy of full disclosure: None

P-02-014

ORGASMIC BEHAVIOR AND THE FREQUENCIES OF SEXUAL FUNCTION DISORDERS IN 398 POSTPARTUM WOMEN IN ISTANBUL

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Objective: Very few studies are realized on the orgasmic behavior and the distribution and frequencies of sexual function disorders (SFD) in Turkish women. The authors started a series of surveys, named as İstanbul Report (IR) on Female Sexuality. This study was a subgroup of the survey series of IR.

Methods: The survey was realized among the post-partum women after their giving births in various hospitals in İstanbul. 58 questions were asked about the sexual behavior and other related family problems of the post-partum women. 398 responses were collected and analyzed in SPSS. The education distribution in the group was: Elementary: 29%; High School: 53.4%; University: 16.6%; MSc & PhD: 0.8%.

Results: 1) Among the 398 post-partum women, the SFD frequency encountered at least once (or more) in their entire lives was 42.3%, while the most common specific SFDs were as : Vaginismus: 10.3%; Dyspareunia: 12.8%; Anorgasmia: 14.2%; Lack of sexual interest: 6.8%; Lubrication problems during intercourse: 2.5%. 2) 66% of the group stated that they experienced orgasms, always or generally or sometimes in their sexual relations with their husbands. 68.2% of them experienced clitoral orgasms always or generally or sometimes; while coital-vaginal orgasm frequency was 17.9% (always) and 11.3% (generally). 47.8% stated that they never or rarely or sometimes experienced coital-vaginal orgasms. 32.3% of the group experienced only ONE orgasm at each love making, while 47.9% said they experienced orgasms between 2–10

Conclusion: Vaginismus, anorgasmia, dyspareunia, lack of sexual interest, orgasm difficulties are the most common and increasing SFDs in Turkey. Experiencing coital-vaginal orgasms is also very low in Turkey. Sexual education to the public at the high schools and universities should be planned by the government or privately in Turkey.

Policy of full disclosure: None

P-02-015

CORRELATION OF GOOD SEXUAL RELATIONSHIPS AND SATISFACTION IN MARRIAGE WITH THE DOMESTIC VIOLENCE IN 398 POSTPARTUM WOMEN IN ISTANBUL

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¹Institute of Forensic Sciences, Cerrahpaşa Medical School, Istanbul, Turkey;

²Medipol University-Istanbul, Turkey

Objective: The authors started a series of surveys, named as İstanbul Report (IR) on Female Sexuality. This study was a subgroup of the survey series of IR. The correlation of domestic violence towards the spouse and children were investigated among post-partum women.

Methods: The survey was realized among the post-partum women after their giving births in various hospitals in İstanbul. There were 58 questions. 398 responses were collected and analyzed in SPSS. The education distribution in the group was: Elementary: 29%; High School: 53.4%; University: 16.6%; MSc & PhD: 0.8%. The group was divided into two according to their responses: sexually content, satisfied and happy (A, N = 295); sexually non-content, not satisfied and having sexual problems with their husbands (B, N = 103). Verbal and physical violence by the husbands towards the women and the children, at different degrees, were investigated.

Results: 1) In group A; verbal violence towards the women was 16.8%, physical violence was, 7.5%; verbal violence towards children was 7.1%, while physical violence was 3.4%. 2) In group B; verbal violence towards the women was 27.7%, physical violence was, 14.7%; verbal violence towards children was 13.2%, while physical violence was 7.8%. When both groups are compared there is a significant difference in terms of the attitude of the fathers. Violence attitude is nearly doubled. 3) There is verbal and physical violence to some degree in the Turkish family structure.

Conclusion: Good sexual relationships and sexual satisfaction of the spouses are inversely correlated with the degree and content of the verbal or physical domestic violence; in sexually unsatisfactory relationships, the violence increases; or verbal and physical violence declines sexual relationships. For this reason, structured sexual education given to the public is very essential to improve sexual satisfaction and well-being in Turkey.

Policy of full disclosure: None

P-02-017

MENOPAUSE AND PERCEIVED SEXUAL RESPONSE: WOMEN'S TALK

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Objective: The aim of the present study was to increase our understanding of the factors that influence menopausal women's sexual response and its components, as well as life situations that these women describe as crucial regarding sexual life and function.

Methods: Two focus groups were conducted, involving 16 women in menopause (51–69 years old), who were visiting the outpatient clinic of a general hospital for gynecological check-ups. The place and time of the meetings was convenient for all the participants and the duration of the discussions was 2–2.5 hours. Terms such as sexuality and sexual response were discussed in the beginning of the session. The topics that were discussed in detail concerned factors that influence women's sexual response – inhibiting or activating sexual drive–, the changes that take place during the lifespan and during menopause, as well as gender differences in sexual behavior. Current theoretical models of sexual response as described by Masters & Johnson, Kaplan and Basson were thoroughly discussed, regarding whether they represent and in which occasions each woman.

Results: Most women agreed that sexual response models are often entangled and found it difficult to separate between intrinsic desire and

sentimental components of sexuality. Women in the menopause consider aging (and its consequent hormonal and psychological changes), the society with its restrictions, as well as family upbringing as important factors influencing sexual response. Partner's personality and the stimuli he provides, combined with the woman's "spouse duties", are also factors that can crucially influence the sexual response and trigger sexual desire.

Conclusion: Discussions regarding women's perceptions of sexual response, desire, arousal and satisfaction that change during the menopause, may help further development of models of sexual response during the lifespan

Policy of full disclosure: None

P-02-018

OPEN-LABEL CROSS-SECTIONAL STUDY OF SEXUAL FUNCTION IN WOMEN OF REPRODUCTIVE AGE, AND WOMEN OF OLDER AGE

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Objective: To assess the features of sexual function in women of reproductive age, and older women (premenopausal, menopausal and post-menopausal).

Methods: In this open-label cross-sectional study we compared the features of sexual function in women of reproductive age, and women of older age (premenopausal, menopausal and post-menopausal). Group 1 comprised 457 women of childbearing age at the age of 31.25 ± 5.47 and group 2 included 126 older women at the age of 53.67 ± 4.22. They were evaluated using a questionnaire FSFI. In addition to FSFI, women answered the questions: Do you think that you have a sexual problem? Are you ready to see a doctor to solve your sexual problems?

Results: There were statistically significant differences between the two groups in all domains: of "desire" 4.06+0.86 vs. 3.39+1.14, "arousal" 4.50+1.09 vs. 3.83+1.50, "lubrication" 4.57+0.78 vs. 4.06+1.31, "orgasm" 4.57+0.10 vs. 3.89+1.59, "satisfaction" 4.71+0.81 vs. 3.97+0.86, "pain" 4.95+1.17 vs. 4.64+1.57, and the total scores 27.42+4.44 vs. 24.34+5.74. 25.2% of women in group 1 compared to 17.5% in group 2 do think that they have sexual dysfunction. 54.7% in group 1 compared to 29.4% in group 2 don't think that they have sexual dysfunction and 20.1% compared to 53.1% were not sure if they have sexual dysfunction. 27.8% vs. 11.9% were ready to turn to a sexologist, 33.9% vs. 29.4% were not ready to turn to a sexologist and 38.3% vs. 58.7% were not sure if they need to go to sexologist.

Conclusion: This study allowed to reveal reduction in all components of sexual function in women of older age, as well as the hidden sexual dysfunction, but women do not fully realize the problem and are not ready to actively attempt to solve it.

Policy of full disclosure: None

P-02-019

KNOWLEDGE AND ATTITUDES OF COMMUNITY PHARMACISTS AND PHARMACY TECHNICIANS IN KAYSERI, TURKEY REGARDING EMERGENCY CONTRACEPTION

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Objective: This study aims to investigate the knowledge and attitudes of community pharmacists and pharmacy technicians working in

Kayseri, Turkey regarding Emergency Contraception (EC) and to identify EC pills' availability in these pharmacies.

Methods: A structured questionnaire was administered to 110 pharmacists and 152 pharmacy technicians to determine their knowledge and attitudes regarding EC. Recorded data were analyzed using SPSS 20.0 software and the variables were compared using Chi-square test.

Results: EC pills are available in 98.9% of community pharmacies. While 94% of pharmacists provide consultation services upon a patient's request, only 18.7% of them provide educational materials on EC. Pharmaceutical sales representatives (54.9%) and websites (40.4%) are pharmacy staffs' most frequently consulted sources of information. The highest rate of awareness of rational use of EC pills is 84.6% for female pharmacists. This rate, however, is quite low (61%) for male pharmacy technicians. There is a statistically significant relationship between rates of awareness and education levels of pharmacy technicians ($p < 0.01$).

Conclusion: Although EC is largely available in community pharmacies in Kayseri, most of the pharmacy staff, male pharmacy technicians in particular, lack medically accurate knowledge regarding EC. A professional training program is required for Turkish pharmacists and pharmacy technicians.

Policy of full disclosure: This study was supported by Research Fund of the Erciyes University.

P-02-020

ASSESSMENT OF SEXUAL HEALTH IN WOMEN WITH GENITAL HERPES

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Objective: To examine sexual health of reproductive age women with genital herpes (GH).

Methods: A gynaecological, virological, sexological and psychological examination of 93 women aged from 23 to 35 with GH lasting from 2 to 5 years (with recurrences from 3 to 8 times per year), the main group, and 30 sexually active women aged from 24 to 33 without gynaecological disorders, the control group, was carried out. We used ultrasonography of anatomic structures of small pelvic organs with the use of Doppler method and evaluation of functional indicators of clitoris zones.

Results: Regular sexual relations from 5 to 10 times per month among women with GH were observed in 41.9% of cases, and among women of control group – in 73.3%. GH recurrences were accompanied by the desire reduction in 1.9 times, by the arousal reduction in 2.1 times, by the orgasm reduction in 1.96 times, by the increase in dyspareunia in 3.5 times. In these conditions 65.5% of women deviated from sexual relations, 64.5% of women after 7–12 months from the beginning of disease marked the reduction or absence of gratification to sexual prelude, and in 61.3% (with diseases lasting more than 2 years) the couple's sexual dysadaptation was indicated. When clitoris vessels in women with GH were tested by Doppler method the reduction in maximum systolic speed in 1.2 times, in the volume blood flow speed in 1.2 times, in pulse rate in 1.4 times, in resistance index in 1.4 times was established in comparison to analogous results of control group women.

Conclusion: Against the background of GH in women dyspareunia was followed by desire and orgasm disorders and making couple's sexual relations impossible in 65.5% during the disease's exacerbation. Female sexual dysfunctions formed against the background of GH are characteristic for this disease and should be considered as its symptom.

Policy of full disclosure: None

P-02-022

OBEISY AND SEXUAL LIFE: THE BODY SIZE IMPACT

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Objective: The increasing prevalence of obesity represents one of the major public health issues, due to its consequences on physical and psychological health status as well as on the psychosocial functioning. As stated by the World Health Organization, sexual health is "a state of physical, emotional, mental, and social well-being in relation to sexuality". The aim of this study is to investigate how body size and obesity impact on sexual life and relationship satisfaction.

Methods: A sample of 118 obese patients (75 women; 45 men) undergo psychiatric evaluation during the route of bariatric surgery in Trieste. Sexual satisfaction is investigated through a structured interview. Body Uneasiness Test evaluate discomfort feelings with those body parts previously defined as related to sexuality. T student test was considered as statistical value.

Results: Women show a greater dissatisfaction with their sexual life in comparison with male sample. Obese men feel uncomfortable mainly about the shape of their breast and stomach. Women underline a significant discomfort regarding stomach and lower limbs. Both define sweating as a element of sexual embarrass. Neither men nor women complaint they genitals.

Conclusion: Body size is a significant aspect of appearance and it is critical to esthetic assessment and sexual satisfaction. This study spots out that body modifications caused by obesity (i.e.: swelling of limbs as well as increasing in sweating) have a severe impact on sexuality self-confidence. It is significant that obese persons do not express discomfort with their genitals (a body part not involved in swelling).

Policy of full disclosure: None

P-02-023

WOMEN'S SEXUAL RESPONSE MODEL IN THE REPRODUCTIVE AGE: A FOCUS GROUP STUDY

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Objective: The variety of factors that seem to influence women's sexual response play a crucial role in the sexual response model that they endorse. The aim of the present study was to examine the factors that influence sexual drive, sexual function and sexual life satisfaction in women of reproductive age.

Methods: Twenty two women of reproductive age (21–39 years old) took part in the study, divided into 3 focus groups. Women were all employees of a general hospital. Place and time of the meetings was convenient for all the participants and the duration of the discussions was 2–2.5 hours. The topics that were discussed in detail concerned the factors that influence women's sexual response, as well as current theoretical models of sexual response as described by Masters & Johnson, Kaplan and Basson.

Results: Many factors that influence patterns of sexual response are associated with the "context", such as space and time availability or children presence. Financial or family concerns (e.g. spouse disagreements), occupational problems and job related stress, may influence directly (e.g. limited time for the couple) or indirectly (e.g. through psychological mechanisms) sexual response. Other important factors are relationship duration, life phase (e.g. desire for reproduction), as well as the personality and behavior of the partner and of the woman (e.g. the level of her self confidence). Activation of sexual desire may take place due to pure sexual drive, emotional reasons, habit, but also due to the desire to attain financial and occupational goals, as well as child conception. Master's and Johnson/Kaplan models were consid-

ered more organic, but also “passionate”. Basson’s model was considered more sentimental and realistic.

Conclusion: Sexual desire, satisfaction and sexual response in general are notions, which remain interesting domains of research. Discussions regarding women’s perceptions and the factors that may influence them are of great importance.

Policy of full disclosure: None

P-02-024

WOMEN’S SENSE OF INSECURITY AS A TRIGGER OF SEXUAL RESPONSE: THE ROLE OF SEXUAL FUNCTION AND SATISFACTION

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Objective: Women get involved in a sexual act for a variety of reasons. The primary objective of this study is to assess the potential reasons that motivate women to engage in sexual intercourse and to examine their association with sexual dysfunction, sexual satisfaction as well as to the sexual response model that they endorse.

Methods: A sample of 157 female hospital employees were asked to complete a questionnaire, which included demographics, a brief description of two main theoretical models (Masters & Johnson – Kaplan and Basson’s models), the FSFI, the SCSE, as well as the short version of “YSEX” (a questionnaire regarding the different reasons people have sex).

Results: Mean age of participants was 34 (Min 21, Max 58) years old. Nearly half of them (53.5%) were married and had children (50%). The main reason women had sex was because it was pleasurable (36.5%), followed by the need to express their feelings to their partner (31.4%) and the need for emotional intimacy (27.2%). The FSFI total score and FSFI dimension scores had a positive association with reporting having sex for physical reasons. Additionally, having sex for insecurity reasons had a negative association with dimensions of the FSFI, and were more likely to be dissatisfied by their sexual function ($p = 0.03$). Finally, women who chose the Basson or both models as the most appropriate to describe their sexual response, had sex for insecurity reasons more often, compared to women who chose the Masters & Johnson – Kaplan model.

Conclusion: The present study emphasizes the heterogeneity of female sexuality. Women, who are dissatisfied by their sexual function or have a sexual dysfunction, tend to have sex more often for insecurity reasons. Additionally, their sexual response seems to be best described by the Basson model.

Policy of full disclosure: None

P-02-025

MASTURBATION OF HEALTHY AND TYPE 1 DIABETIC MALES USING THE EUROPEAN MALE AGEING STUDY SEXUAL FUNCTION QUESTIONNAIRE

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Objective: To determine the relation of the sexuality domains and non-sexual questions of the European Male Ageing Study Sexual Function Questionnaire (EMAS-SFQ) and masturbation in healthy (H) and type 1 diabetic males (T1D).

Methods: The EMAS-SFQ filled by 26–36-year-old 82 H males from general population and 122 T1D patients from Lithuanian Diabetes Register was analyzed. The questionnaire consists of 22 sexual function related questions and 3 non-sexual questions. The impact of different

domains on masturbation was investigated in the groups of T1D and H men.

Results: Masturbation score was statistically significantly higher in H men than in T1D males from the beginning of disease. 74.6% of H males living with partners masturbated versus 44.2% T1D males respectively. H males stated frequent masturbation in higher percent than T1D men (46% and 17% respectively). No statistical difference of investigated parameters between H and T1D males was observed in these who masturbated 1 – 3 times a month. Masturbation did not differ significantly between the groups of males with regular, non-regular sexual partner and without partner. When males having sex partner were compared with the ones without partner in the groups of H, T1D males and all participants, statistically significant differences of masturbation were observed in T1D group but not in H males or all participants. The health of the partner affected masturbation in T1D males while in H males the affecting factor was sexual function distress.

Conclusion: 1. 26–36-year-old males with regular sex partner, with irregular partner and no partner DO MASTURBATE, and sometimes even frequently. T1D males masturbate less than their H counterparts irrespective to disease duration. Only T1D males with regular partner masturbate in a similar fashion as H men. 2. Single healthy or T1D males DO NOT MASTURBATE MORE than males having permanent or nonpermanent partner.

Policy of full disclosure: None

Late breaking abstracts – the following abstracts (P-02-026 to P-02-030) have been accepted after expedited peer review

P-02-026

SEXUAL DYSFUNCTION AND FACTORS AFFECTING SEXUAL FUNCTIONS IN PREGNANCY PERIOD

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Objective: In this study, sexual dysfunction and factors affecting sexual functions in pregnancy period have been studied.

Methods: 159 pregnant women were included in this study. Patients were asked to fill in Female Sexual Function Index (FSFI) form and 19 questions in order to assess their sexual functions.

Results: There was not any statically significant relationship in terms of age, height, weight, BMI, number of cesarean, number of vaginal delivery and level of income for both of sexual function lower scale and total sexual function scores. It has been found that regional discrepancies do not make any difference to both total and sexual function subgroups. As the gestational week increases, a decrease has been observed in total sexual function scores and all sexual function lower scales, except sexual drive. Moreover, it was determined that sexual dysfunction in housewives were more common than working pregnant. Increase in arousal $p = 0.06$, pain ($p = 0.041$) and total sexual function ($p = 0.036$) scores in the first pregnancy were found to be statistically significant. Furthermore, statistically significant differences in orgasm ($p = 0.046$) and sexual success ($p = 0.016$) scores were determined for all three pregnancy trimesters. Accordingly, sexual success ($p = 0.010$) and orgasm ($p = 0.042$) in the first trimester were significantly high compared to the third trimester as a result of paired comparison. In second trimester, sexual success ($p = 0.036$) and orgasm ($p = 0.038$) scores were significantly high compared to third trimester.

Conclusion: Sexual dysfunction is very common in pregnancy. It becomes more apparent as the gestational week increases. It has been determined that sexual dysfunction in house wives were more common than working pregnant. Increase in arousal, pain and total sexual function scores in the first pregnancy were found to be statistically significant. Sexual success and orgasm in the first trimester were significantly high compared to the third trimester. In second trimester sexual success and orgasm scores were significantly high compared to third trimester.

Policy of full disclosure: None

P-02-028

SEXUAL DYSFUNCTION IN OBSESSIVE – COMPULSIVE DISORDER

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Objective: Although sexual dysfunction is a common problem in patients with OCD, there are sparse clinical research on correlation between OCD subtypes and different phases of sexual response cycle. This study was undertaken to assess sexual function and its different phases in a group of Iranian patients with OCD.

Methods: The study sample consisted of 56 married OCD patients (36 female, 20 male) who suffered from OCD according to a psychiatric interview and DSM -IV questionnaire based on SCID. Patients were between 18 to 50 year age had been referred to the outpatient clinic of Roozbeh Psychiatric Hospital and 3 private psychiatric clinics in Tehran (from 2011 to 2013). Five Questionnaires were used in this study: Iranian validated form of FSFI (for women) IIEF (for men) MOCI, OCI-R and a questionnaire which has provided demographic data and other relevant information regarding sexual function and OCD.

Results: The prevalence of sexual dysfunction among female and male patients with OCD was 80.6% and 25.0%, respectively. Moreover, correlation between the total score of OCI-R with erectile and satisfaction subscales of IIEF were statistically significant.

Conclusion: Evaluation of sexual function in all patients with OCD is recommended according to the high prevalence of sexual dysfunction observed with this disorder.

Policy of full disclosure: None

P-02-029

HEALTH SERVICES FOR WOMEN WITH SEXUAL DYSFUNCTION: A SURVEY OF OBGYNs IN BAVARIA

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Objective: To better understand the health services available to women with sexual dysfunction in Bavaria and uncover barriers in care

Methods: All OBGYNs in private practice in Bavaria were invited to participate in the study. A 23-item questionnaire was sent by mail and made available online (Nov 2014). A reminder was sent out one month after the questionnaire (Dec 2014). The questionnaire covered the topics of prevalence of sexual dysfunction among patients, available services / therapies, barriers in care, personal competence and knowledge in terms of caring for patients with sexual dysfunction, and demographic information.

Results: Questionnaires were sent to all OBGYNs in the state of Bavaria (n = 1346); the response rate to date (19.12.2014) is 17%. According to the doctors, patients who most frequently report of symptoms of sexual dysfunction are women age 50 and over; pregnant women seldom report of any dysfunction. The women who they deem to be “at risk” are: women over 50, women after childbirth, and women with psychological disorders. Doctors repeatedly emphasized that there is no financial compensation for anamnesis and diagnosis of sexual dysfunction. Other barriers mentioned were the lack of time to discuss this complex issue with patients, the lack of sex therapists and the long waiting times for appointments with therapists. 100% of doctors have been asked by their patients about medication for low libido, particularly by patients over 50 and patients between 26–49 years old. While most doctors consider themselves competent in communicating with their patients, they do not feel well-prepared; 77% of doctors claim the training in sexual dysfunction during residency to be “poor”.

Conclusion: OBGYNs in Bavaria experience a number of barriers in caring for patients with sexual dysfunction. Therapy options and providers of therapy are limited. Changes are needed in terms of medical training and in financial compensation.

Policy of full disclosure: None

P-02-030

MANAGEMENT OF FEMALE SEXUAL DYSFUNCTION: KNOWLEDGE, ATTITUDE AND CLINICAL EXPERIENCE OF GENERAL PRACTITIONERS AND RESIDENT DOCTORS IN DALARNA, SWEDEN

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Objective: The aim of this study was to characterize the physicians' knowledge, attitudes and clinical experiences of FSD in health centers in Dalarna, Sweden.

Methods: A survey using self-administered questionnaires applied to a total of 206 physicians, 140 GPs and 66 residents, working in health centers in Dalarna, Sweden. The survey was anonymous. Data was collected in October- November 2014.

Results: The response rate was 62,1% (128 of 206). The majority of the respondents, 74 (57,8%) were male and 54 (42,2%) were female. The GPs and residents rated their level of knowledge as low, 102 (79,7%). A large proportion of the physicians, 111 (86,7%), desired a higher level of knowledge. Among women using medications, whose side effects include sexual dysfunction, 65 (50,8%) physicians asked if they had experienced sexual problems. If a woman has a disease that can cause sexual problems, 50 (39,0%) of the physicians would ask if she had any problems with sexual dysfunction. Seventytwo (56,2%) of the physicians asked about sexual abuse when women sought help for a sexual problem.

Conclusion: The majority of the responding physicians working in general practice would like a higher level of knowledge of female sexual dysfunction. Around eighty percent rated their knowledge as low. Just over half of respondents asked about sexual abuse when women sought help for a sexual problem or asked about sexual dysfunction when a woman was using a medication whose side effects include sexual dysfunction. Even fewer would enquire about female sexual dysfunction in a woman with an illness that could cause sexual dysfunction. In this study the level of knowledge of female sexual dysfunction is low but the interest in further education is high.

Policy of full disclosure: None

P-04 Best cases that matter posters

P-04-001

ERECTILE DYSFUNCTION: A WINDOW TO THE HEART

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Introduction / Patient Information: A 60 year old gentlemen was referred to the erectile dysfunction (ED) Service with a 5 year history. His Sexual Health Inventory for Men (SHIM) score was 5/25. Risk factors included poorly controlled Type-II diabetes, smoking, hypercholesterolaemia and a family history of ischaemic heart disease. His drug history included Metformin (1 g OD), Gliclazide (80 mg OD), Sitagliptin, Simvastatin (40 mg OD), Lisinopril (2.5 mg OD) and Lansoprazole. Clinical examination was unremarkable. His only relevant blood test was a serum testosterone of 7 nmol/L (normal >12 nmol/L).

Treatment: The patient was previously prescribed Sildenafil 100 mg, Tadalafil 20 mg twice weekly and daily Tadalafil 5 mg, but these regimens achieved a sub-optimal improvement. He was then switched to Vardenafil 20 mg twice weekly with Nebido injections, but failed to adequately respond. The patient was referred to our vacuum pump expert, but found this therapy unacceptable. As a result, he was switched to daily Tadalafil 5 mg with 20 mg top ups and Testogel in view of a persistently low total serum testosterone of 5.8 nmol/L. He presented 4 months later, unhappy with the response. In view of significant cardiovascular risk factors, the patient underwent an exercise treadmill test (ETT), but this proved negative. Dynamic penile Doppler showed an equivocal reduction in peak systolic velocity (PSV) in both cavernosal arteries (30 cm/s), suggesting possible sub-optimal arterial inflow. The end diastolic velocities (EDV) were normal (<5 m/s). In view of consistently poor response to all treatment modalities and after a careful discussion, the patient underwent a pelvic angiogram. This demonstrated diffuse distal disease in the right internal pudendal artery (IPA) and a long but discrete segment of severe stenosis in the left IPA.(Figure 1A) After further discussion, the patient underwent Percutaneous Pelvic Intervention (PPI) of the left IPA 6 weeks later, with excellent angiographic results.(Figure 1B) Just prior to starting the procedure, the patient gave a classical angina history, and on this basis underwent coronary angiography at the same time, after PPI. This showed a proximal LAD stenosis, which was also satisfactorily stented, in the standard way.(Figure 1C,D)

Discussion: This case firstly demonstrates the role of ED as an early marker of CAD.(1) Despite the absence of exercise-induced symptoms during the initial presentation with ED, the patient had typical angina 18 months later. Recognising ED as an early warning sign of CAD resulted in timely diagnosis and therapeutic intervention. Secondly, the controversial role of non-invasive testing in ED management is highlighted. Although negative in our patient, inducible ischaemia on ETT occurs in 22% (5–56%) of ED patients, of whom >90% have obstructive CAD on coronary angiography.(2,3) Thirdly, we evince successful treatment of ED using PPI in a medically refractory patient, where the initial therapy was either sub-optimal or unacceptable. According to the European Association of Urology guidelines, consideration of penile prosthesis would be the next step in our patient.(4) However, this is more invasive, costly and is frequently not acceptable to many patients. Promising results from the ongoing studies make PPI one of the most exciting areas of investigation in vascular medicine.(5,6)

Conclusion / Take home message: CAD is more common in patients with ED than is generally appreciated and should be considered in all ED patients and vice versa. PPI is effective at restoring adequate blood flow to the penis and can improve ED symptoms. Confirmatory data from well-designed, randomised, double-blind, multicentre and long-term comparative studies are essential before widespread adoption of endovascular angioplasty and stenting as a standard therapeutic option for ED. References (1) Vlachopoulos C, Jackson G, Stefanadis C, Montorsi P. Erectile dysfunction in the cardiovascular patient. *Eur Heart J* 2013 Jul;34(27):2034–2046. (2)

Vlachopoulos C, Rokkas K, Ioakeimidis N, Aggeli C, Michaelides A, Roussakis G, et al. Prevalence of asymptomatic coronary artery disease in men with vasculogenic erectile dysfunction: a prospective angiographic study. *Eur Urol* 2005 Dec;48(6):996–1002; discussion 1002–3. (3) Montorsi P, Ravagnani PM, Galli S, Salonia A, Briganti A, Werba JP, et al. Association between erectile dysfunction and coronary artery disease: Matching the right target with the right test in the right patient. *Eur Urol* 2006 Oct;50(4):721–731. (4) Hatzimouratidis K, Amar E, Eardley I, Giuliano F, Hatzichristou D, Montorsi F, et al. Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. *Eur Urol* 2010 May;57(5):804–814. (5) Rogers JH, Goldstein I, Kandzari DE, Kohler TS, Stinis CT, Wagner PJ, et al. Zotarolimus-eluting peripheral stents for the treatment of erectile dysfunction in subjects with suboptimal response to phosphodiesterase-5 inhibitors. *J Am Coll Cardiol* 2012 Dec 25;60(25):2618–2627. (6) Babaev A, Jhaveri RR. Angiography and endovascular revascularization of pudendal artery atherosclerotic disease in patients with medically refractory erectile dysfunction. *J Invasive Cardiol* 2012 May;24(5):236–240.

Policy of full disclosure: None

P-04-003

SEXUAL DYSFUNCTION CAUSED BY INTRAUTERINE DEVICE MIGRATION TO THE URINARY BLADDER: A CASE REPORT

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Introduction / Patient Information: Intrauterine devices (IUD's) are the most widely used reversible way of contraception worldwide; however, their use is accompanied by a vast variety of complications, including device dislocation. The aim of the current report is to present a case of IUD migration to the urinary bladder that caused significant sexual dysfunction in a 38 years old woman.

Clinical Presentation: A 38 years old married woman presented to our outpatient clinic, complaining of gradually evolving dyspareunia within the past 12 months. Patient also reported episodes of lower urinary tract infection, with severe suprapubic pain, urge and mild macroscopic hematuria as main symptoms, treated with antibiotics. No medical history was revealed. According to patient's medical records, a Copper IUD was inserted 18 months ago, as contraceptive method due to her husband's latex allergy. Sexual history revealed significant pain during penetration that ceased at the end of coitus. Further evaluation showed low sexual desire and reduced lubrication, orgasms and satisfaction. Frequency of sexual intercourses was also reported significantly decreased. During the last 30 days, 2 sexual intercourses took place compared to 10 to 15 per month 12 months before, according to the patient. Female Sexual Function Index (FSFI) was used to evaluate patient's sexual functioning. Patient's total FSFI score was 19.5, with a score < 26.55 indicating sexual dysfunction. A global pattern of sexual dysfunction was revealed, as all FSFI domains were pathological, further confirming patient's complains. Physical and pelvic examination did not reveal any significant findings except for a mild tenderness at deep palpation of suprapubic area. Urinalysis showed 6–7 leukocytes and 10–12 erythrocytes per high power field. A KUB x-ray confirmed the presence of IUD in lesser pelvis. Pelvic ultrasonography revealed an elongated echogenic mass 1.5 cm in size in urinary bladder. Cystoscopy revealed the IUD embedded in the upper posterior wall of the bladder.

Treatment: Under anesthesia, IUD was completely removed out of bladder with the use of endoscopic forceps. Careful inspection of bladder lumen revealed a small perforation of the upper posterior bladder wall, where IUD was found embedded. An indwelling, trans-urethral Foley catheter was placed to manage bladder perforation. Patient was discharged on 3rd postoperative day. No complications occurred. During a follow up evaluation 6 months after the IUD removal, patient was asymptomatic and no UTI episode was reported. A significant improvement of intercourse frequency and sexual functioning was reported, with normal FSFI score.

Discussion: Urinary tract symptoms dominate in the presentation of a woman with an IUD migrated to the bladder. However, sexual history can also reveal sexual complaints are usually omitted because women are embarrassed to report or consider insignificant; at the same time, physicians do not screen for symptoms of sexual disorders.

Conclusion / Take home message: Perforations of the uterus due to IUD insertion are rare and usually accompanied by pelvic or loin pain and urinary tract symptoms. The present case report shows that a rapid or progressive development of sexual disorders in a woman with an IUD should also raise the suspicion of dislocation of the device that requires careful evaluation.

Policy of full disclosure: None

P-04-004

MALIGNANT PRIAPISM SECONDARY TO UROTHELIAL CELL CARCINOMA

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Introduction / Patient Information: Malignant priapism due to penile metastases is a rare condition. This term was originally used by Peacock in 1938 to describe a condition of painful induration and erection of the penis due to infiltration by secondary neoplasm. In the current literature there are 512 case reports. The primary tumor sites are bladder, prostate and rectum. The treatment has only palliative intent and consists of local tumor excision, penectomy, radiotherapy and chemotherapy.

Clinical Presentation: A 72-year-old unfortunate gentleman diagnosed with two primaries that were radically excised. Underwent laparoscopic anterior resection and radical cystectomy with ileal conduit in April 2008. The bowel histology showed upper rectal G2pT1 N1 disease fully resected- with no vascular invasion, while the bladder histology showed G3pT4a (prostate) N2 disease with extensive vascular invasion. A CT scan and subsequent PET has shown a solitary focus

of high FDG uptake within the right lower lobe with no evidence of metastatic disease elsewhere. In November 2008 started developing pain in his left foot. The MRI confirms sclerotic deposit, with no other deposits at the bone scan. Had poor response to radiotherapy to left heel. In January 2009 admitted with scrotal pain; the examination showed a firm glans, semi-erect with palpable tumour nodules. MRI abdomen confirmed extensive pelvic lymph nodes. Clinical progression in priapism, extremely painful rigid penis.

Treatment: Patient fully counselled underwent palliative penectomy without any previous corporal biopsy, as the diagnosis was clear. The penis histology confirmed metastatic urothelial carcinoma with extensive vascular permeation and parenchymal infiltration.

Discussion: To date there are 512 published cases of secondary penile metastasis. In 33% of the cases there are metastasis of bladder origin, in 19.4% prostatic origin, 15% recto-sigmoid, 5% lung, 4.2% upper GI tract, 3.3% lower GI. The most common clinical signs of penile metastases are, priapism (40%), painful or painless penile nodules (27.5%), swelling (15%) pain (7.5%), haematuria (5%) and urinary retention (5%). The most common ways in which the primary cancer can spread to the penis is the retrograde venous route due to the vast communication between the pelvic organs and dorsal venous system of the penis. In our specific case the non ischaemic priapism is due to the invasion of malignant cells into the cavernous sinus blocking the venous draining veins, without blocking the arterial flow. According to Kendi et al. the MRI play an important role in diagnosis and stadiation. However the key point in order to confirm the diagnosis and the primary site of neoplasm is the corporal biopsy. Penile metastasis is an advanced stage related to a poor prognosis; the treatment is just palliative in order to improve the quality of life. It could be hormone therapy, chemotherapy radiotherapy or surgery therefore it should be tailored to the patient. The overall survival is 10 months (range 6–18 months) from the time of the initial diagnosis.

Conclusion / Take home message: Malignant priapism is a rare event. The most frequent primary site are bladder, prostate and recto-sigmoid. Corporal biopsies are considered an effective method of diagnosis of the primary organ site.

Policy of full disclosure: None