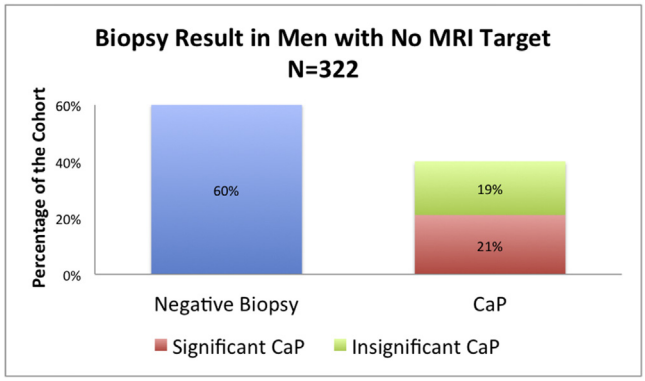
RESULTS: 128 patients (40%) were found to have CaP in their biopsies: 61 patients (19%) had insignificant CaP and 67 patients (21%) had csCaP. 52 (78%) of 67 patients with missed csCaP had ≥ Gleason 3+4=7. 105 patients (32%) were in Active Surveillance at the time of their biopsies. Of these, 27 patients (26%) had csCaP with negative mpMRI. Logistic regression indicated that patients with high PCA3, high PSA density, a prior positive biopsy and smaller prostate volume are directly related to having csCaP in the presence of negative mpMRI ($p<0.05$).

CONCLUSIONS: Despite recent advancement of MRI technology, negative mpMRI cannot rule out csCaP completely. 40% of men with negative mpMRI were diagnosed with CaP. Of these, 21% of men harbored csCaP. All clinical factors should be considered before eliminating a systematic biopsy because the MRI is unrevealing.



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PD06-06

THE EFFECT OF NEUROVASCULAR BUNDLE PRESERVATION ON CHANGES IN PENIS LENGTHS AND ELASTICITY SCORES FOLLOWING RADICAL PROSTATECTOMY

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INTRODUCTION AND OBJECTIVES: To date, many articles have been published about penile atrophy following radical prostatectomy (RP). In this study, we aimed to evaluate the changes in penis lengths and cavernous body elasticity scores in patients who underwent RP with neurovascular bundle (NVB) preserving or not.

METHODS: We prospectively recorded data of 65 pre-op potent patients who underwent RP for organ-confined prostate cancer, at our institution, between April 2014-March 2015. Patients who have penile deformity were excluded. Patients were divided into three groups(G): non-nerve spared (G1=22 patients), unilateral (left or right) nerve spared (G2=22 patients) and bilateral nerve spared (G3=21 patients). Data include pre and post-op (3rd and 6thmonths) penis lengths and elasticity scores. Elasticity of cavernous tissue (at level of peno-scrotal junction) was assessed with real-time elastography. All elastography measures performed by a single radiologist between 0-6 scores (0: elastic, 6: fibrotic). Penis lengths were measured from pubo-penile junction to tip of glans with maximum contraction of flaccid penis.

RESULTS: Age, mean pre-op penis lengths and elasticity scores were similar for three groups (p=0.22, p=0.82, p=0.36, respectively). Pre-op, post-op 3rd and 6th months penis lengths and elasticity scores were showed in fig 1. The differences of post-op penis lengths and elasticity scores between G1-G2 and G1-G3 were statistically significant. However, difference between G2 and G3 was not statistically significant (table 1). Also negative correlation was detected between penis lengths and elasticity scores in Spearman's correlation test at post-op 3rd(r=-0.243) and 6th (r=-0.263) months.

CONCLUSIONS: Shorter penis lengths and higher elasticity (in favor of fibrosis) scores were observed in bilateral non-nerve sparing group after RP. Although further prospective and large sample trials are needed for confirmation our results, preserve of NVB in at least one side mediates less penile atrophy and lower elasticity scores.

Table 1. Comparison of penis lengths and elasticity scores

	Penis lengths (post-op 3rd month) Mean+SD	p value	Penis lengths (post-op 6th months) Mean+SD	p value
Group 1	120,5± 14	0,048	118,8± 14	0,03
Group 2	129,2± 11,4		128,3± 11,5	
Group 1	120,5± 14	0,039	118,8± 14	0,017
Group 3	129,9± 9,7		129,2± 9,4	
Group 2	129,2± 11,4	0,9	128,3± 11,5	0,98
Group 3	129,9± 9,7		129,2± 9,4	
	Elasticity scores (post-op 3rd months) Mean+SD	**p value**	**Elasticity scores (post-op 6th months) Mean+SD**	**p value**
Group 1	2,66±0,71	0,0001	2,64±0,7	0,0001
Group 2	1,33±0,25		1,31±0,2	
Group 1	2,66±0,71	0.0001	2,64±0,7	0.0001
Group 3	1,22±0,38		1,24±0,33	
Group 2	1,33±0,25	0,58	1,31±0,2	0,6
Group 3	1,22±0,38		1,24±0,33	

The differences of post-op penis lengths and elasticity scores between group 1-2(at post-op 3rd month for penis length p=0.048 and for elasticity scores p<0.001, at post-op 6th month for penis length p=0.03 and for elasticity scores p<0.001) and group 1-3 (at post-op 3rd month for penis length p=0039, for elasticity scores p<0.001, at post-op 6th month for penis length p=0.017 and for elasticity scores p<0.001) were statistically significant. However, difference between groups 2 and 3 was not statistically significant (for all comparison p>0.05).

Figure 1a. Changes in penis lengths for three groups

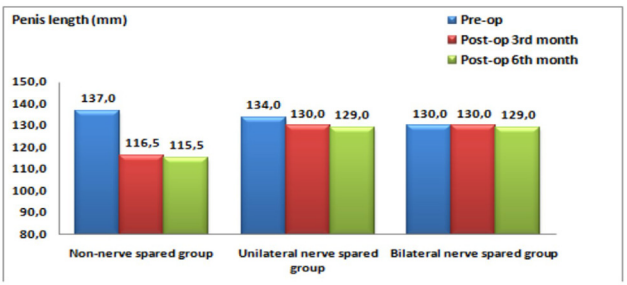
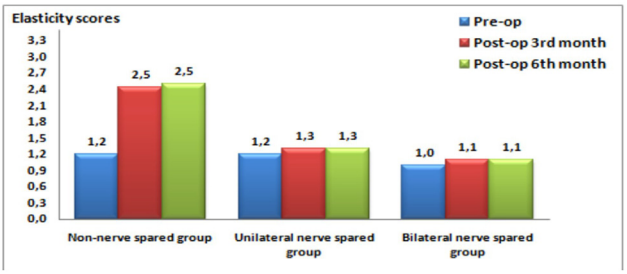


Figure 1b. Changes in elasticity scores for three groups



Source of Funding: None

PD06-07

GLEASON SCORE WITHIN PROSTATE ABNORMAL AREAS DEFINED BY MULTIPARAMETRIC MAGNETIC RESONANCE IMAGING DID NOT VARIED ACCORDING TO THE PIRADS SCORE.

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INTRODUCTION AND OBJECTIVES: Multiparametric magnetic resonance imaging (mpMRI) has been used to assess prostate

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