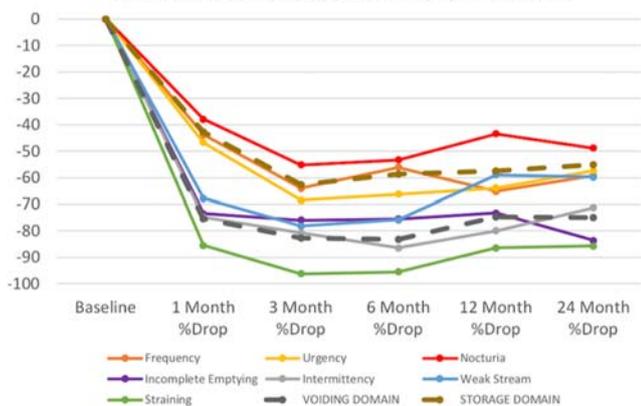


RELATIVE IPSS SUBSCORE CHANGES AFTER PAE



Source of Funding: None.

PD33-09
CAN METABOLIC SYNDROME AFFECT THE EFFICACY
OUTCOMES OF COMBINATION THERAPY WITH DAILY TADALAFIL
5MG PLUS TAMSULOSIN 0.4MG IN MEN WITH LUTS AND ED?

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INTRODUCTION AND OBJECTIVE: Metabolic Syndrome (METS) has a high prevalence (26.5%–55.6%) in men with LUTS and erectile dysfunction (ED). Daily tadalafil 5mg intake is currently recognized as an effective pharmacological treatment for male LUTS, alone or in combination with alpha-lithics such as tamsulosin 0.4mg, ensuring a greater LUTS relieve. Aim of this study is to assess if METS could affect the efficacy of combination therapy with daily tadalafil 5mg plus tamsulosin 0.4mg in men with LUTS and ED.

METHODS: Across 12 months, fifty consecutive patients aged >40 to 80 years, with moderate to severe LUTS (IPSS >7) and mild to severe ED (IIEF-5 <22) were enrolled and treated with the previous combination therapy for 12 weeks. The assessment of patients included age, body mass index (BMI), METS features - waist circumference (WC), blood pressure, clinical laboratory parameters- digital rectal examination, IPSS, OABq, uroflowmetry and postvoid residual (PVR) volume, IIEF-5. METS was defined according to NCEP ATP III. Differences were calculated by unpaired sample t-test at baseline and 12 weeks. The analysis of variance (ANOVA) was used for between-group differences.

RESULTS: Among 50 patients enrolled, 31 (62.0%) had METS. Mean age was similar with 65.5 years (9.1) in patients without METS and 67.1 years (7.2) in METS patients, p=0.133. Baseline IPSS, OAB-q and IPSS QoL were significantly higher in patients with METS (p<0.05), while IIEF was higher in patients without METS (p=0.039) at baseline (Table1). After 3 months of combination therapy, IIEF, total IPSS and subscores, OAB-q and Qmax significantly improved in both groups. DeltalPSS, deltaQMax and deltaIIEF were similar between groups (p>0.05). However, total IPSS, IPSS QoL, IPSS Voiding and IPSS Storage were significantly better at the end of the trial in men without METS. Conversely, 12wks IIEF was similar in patients with or without METS (16.3 vs 17.7 p=0.238) (Table2).

CONCLUSIONS: Tadalafil plus tamsulosin combi therapy represents an effective LUTS treatment in male, independently from METS. Despite a similar improvement of LUTS (delta), patients without METS obtained a significantly better LUTS relieve. Interestingly, the efficacy in ED was greater in men with METS and, at the end of trial, IIEF-5 scores were similar in the two groups.

Table 1

Patients' Characteristics (n=50)	METS				p
	No (19, 38.0%)		Yes (31, 62.0%)		
	Mean	Standard Deviation	Mean	Standard Deviation	
IPSS	8.2	4.6	13.8	4.8	<0.001
IPSS Voiding	2.9	2.1	5.7	2.7	<0.001
IPSS Storage	3.7	2.4	6.0	2.5	0.003
IPSS Quality of Life	1.7	1.3	2.5	0.9	0.016
IIEF	17.7	4.7	16.3	3.8	0.238
OAB-q	33.9	10.4	43.9	10.5	0.003
QMax (ml/s)	16.4	4.4	15.6	3.6	0.489
DeltalPSS	9.6	7.8	8.03	5.1	0.399
DeltalPSS Voiding	4.3	4.4	3.7	2.8	0.534
DeltalPSS Storage	3.7	3.5	2.8	2.2	0.296
DeltalPSS Quality of Life	1.7	1.3	1.6	1.1	0.716
DeltaIIEF	3.7	5.7	4.9	3.3	0.353
Delta QMax (ml/s)	2.9	4.3	3.1	3.6	0.873

Table 2

Patients' characteristics from baseline to follow-up (n=50)	METS					
	No (19, 38.0%)			Yes (31, 62.0%)		
	Baseline	Twelve Weeks Follow Up	p	Baseline	Twelve Weeks Follow Up	p
IPSS	17.8 (6.6)	8.2 (4.6)	<0.001	21.8 (6.0)	13.8 (4.8)	<0.001
IPSS Voiding	7.3 (3.9)	2.9 (2.1)	<0.001	9.4 (3.6)	5.7 (2.7)	<0.001
IPSS Storage	7.4 (3.8)	3.7 (2.4)	<0.001	8.9 (2.6)	6.0 (2.5)	<0.001
IPSS Quality of Life	3.5 (1.1)	1.7 (1.3)	<0.001	4.1 (1.0)	2.5 (0.9)	<0.001
IIEF	14.1 (5.7)	17.7 (4.7)	0.012	11.4 (3.1)	16.3 (3.8)	<0.001
OAB-q	44.3 (10.4)	33.9 (10.4)	<0.001	58.2 (11.5)	43.9 (10.5)	<0.001
QMax (ml/s)	13.5 (5.7)	16.4 (4.4)	0.008	12.5 (3.9)	15.6 (3.6)	<0.001

Source of Funding: None

PD33-10
CLINICAL SIGNIFICANCE OF 5-α REDUCTASE INHIBITOR AND
ANDROGEN DEPRIVATION THERAPY IN BLADDER CANCER
INCIDENCE, RECURRENCE, AND SURVIVAL: A META-ANALYSIS
AND SYSTEMIC REVIEW

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INTRODUCTION AND OBJECTIVE: To investigate the effect of AST, comprising a of 5-α reductase inhibitor (5-ARI) and androgen deprivation therapy (ADT), on the risk of bladder cancer incidence, recurrence, and mortality.

METHODS: We used the PRISMA statement to report the methods and results of this meta-analysis. Bladder cancer incidence, recurrence, and mortality after 5-ARI treatment and ADT were assessed using risk ratios (RRs) and hazard ratios (HRs) with 95% confidence intervals (CIs).

RESULTS: We analyzed nine studies (n=377,427) assessing the secondary effect of AST, with a mean follow-up period of 6 years (range, 2–13 years). Our result showed that the incidence of bladder cancer was significantly reduced when 5-ARI treatment and were initiated before diagnosing bladder cancer. When treatment was initiated after diagnosing bladder cancer, 5-ARI treatment reduced cancer-specific mortality, whereas ADT reduced bladder cancer recurrence.

CONCLUSIONS: This study corroborates that the use of 5-ARI and ADT could be helpful in managing bladder cancer and should not be limited to prostatic abnormalities.