Can that save the cost with avoidance of repeated semen analysis if the first semen analysis had nonmotile sperm density <100,00/ml.
Materials and Methods: From Jan 2010 to Dec. 2014 a total of 419 men underwent vasectomy for birth control in our hospital. Patients demographics and postvasectomy semen analysis results were collected retrospectively.
Results: During the period of recent 5 years, 419 patients underwent vasectomy in our hospital. Most of the patients has 2 or more children after marriage. Postvasectomy semen analysis was completed within the 3-6 months after surgery. No patient has motile sperm in their PVSA. Few patients had nonmotile sperm with the concentration <100,000/ml (AUA clearance parameter). Repeated semen analysis confirm the azospermia later. The cost saving is not high.
Conclusion: The AUA special clearance parameter is not applied in our hospital. The cost saving is not efficacy than the compensation of legal problem. So repeated semen analysis is still warranted in our hospital until azospermia confirmed.

MP2-6:
PEARLS, TRICKS, AND QUIRKS OF THE RECONSTRUCTION FOR HYPOSPADIAS AND CHORDEE

Jesun Lin [1,2], Herng-Jye Jiang [1], Jian Ting Chen [1], Bai-Fu Wang [1], Chin-pao Chang [1], Mon-I. Yen [1], Sheng-Hsien Huang [1], Hon-Jen Shi [1], Ming-Chih Chou [2]. [1] *Division of Urology, Department of Surgery, Changhua Christian Hospital, Changhua, Taiwan;* [2] *Institute of Medicine, Chung Shan Medical University, Taichung, Taiwan*

Purpose: We reviewed our 33 years experience in the management of hypospadias, chordee and their complications after reconstruction in order to understand their presenting Problems. We would recommend the factors of successful techniques for this congenital disease of penis.
Materials and Methods: We reviewed the records of 998 hypospadias and chordee patients between January 1981 and December 2014. The complications after reconstruction might be single or combined with several presenting problems in the same patient. This article represents a collection of recommendations, technical nuances, and innovative management techniques that have been found to contribute to the success of hypospadias and chordee surgery. We would classify the main problems of complications to be (1) 89 urethrocutaneous fistulae, (2) 36 urethral strictures, (3) 15 meatal stenosis (4) 38 remaining chordee, (5) 14 diverticula and (6) 6 hairy urethra. The penile shaft and perineum fistulae were repaired with the "pants-over-vest urethroplasty modified to the procedure of Turner-Warwick. The coronal fistulas were converted into repair for coronal hypospadias. The remaining urethral plate was tubularized with or without a relaxing midline incision (Reddy-Snodgrass). We wrapped dorsal dartos or subcutaneous flap to cover the neourethra for preventing urethrocutaneous fistula. The meatal stenosis was performed with dorsal meatotomy, Y-V glans flap, meatal skin graft and transverse meatotomy. Residual chordee were performed with dorsal plication, excision the chordee, the urethral diverticula were excised and tailored for redo-urethroplasty. Hairy urethra were resected and then urethroplasty. We performed double-tube stent and vacuum drain in subcutaneous layer for prevention of bladder spasm, hematoma and infection.
Results: The over all successful rate is 85% in one stage surgery for the fresh cases. The number of redo-operations for their presenting problems of complications ranged from 1 to 8 attempts. The successful rate for urethrocutaneous fistula is 76%, for urethral strictures is 82%, for meatal stenosis is 70%, for chordee is about 70%, for diverticula is about 85%, for the hairy urethra is about 70%. We followed up the outcome of consequent surgery from 6 months to more than ten years.
Conclusions: The successful surgery of the hypospadias, chordee redo operation for them requires radical correction of all deformities. It is true that"Experience is by far the best teacher. It might be said that unless the technique and subsequent good results of an individual method are transferable to others, the technique as taught is suspect"said by Dr. John W. Duckett.

Moderated Poster-3

Oncology

MP3-1:
ACCURACY OF MAGNETIC RESONANCE IMAGING FOR PROSTATE CANCER: EXPERIENCE IN CHANGHUA CHRISTIAN HOSPITAL

You-Chiuan Chien, Bai-Fu Wang. *Divisions of Urology, Department of Surgery, Changhua Christian Hospital, Changhua, Taiwan*

Purpose: To evaluate the accuracy of MRI acquisition for staging of prostate cancer (PCa) in robot-assisted laparoscopic radical prostatectomy (RALAP).
Materials and Methods: 33 consecutive patients underwent a multiparametric MRI protocol prior to RALAP. Analyses were carried out to predict side-specific extracapsular extension using variables determined preoperatively, including 3.0-Tesla magnetic resonance imaging findings (T2-weighted and diffusion-weighted imaging). A prediction model was then constructed and applied to the validation study sample.
Results: Of 33 eligible patients, histology showed ECE I in 14 (42%) cases. MRI sensitivity and specificity to detect ECE were 40 and 86%.
Conclusions: MRI provides a high specificity and relatively low sensitivity for local staging of prostate cancer.

MP3-2:
PURINE ANALOGUE ENERGI-F706 INDUCES APOPTOSIS OF 786-O RENAL CARCINOMA CELLS VIA 5'-ADENOSINE MONOPHOSPHATE-ACTIVATED PROTEIN KINASE ACTIVATION

Chao-Yu Hsu [1], Chun-Hsiang Lin [2], Shao-Hsuan Kao [2]. [1] *Divisions of Urology, Department of Surgery, Tungs Taichung MetroHarbor Hospital, Taichung, Taiwan;* [2] *Institute of Biochemistry, Microbiology and Immunology, College of Medicine, Chung Shan Medical University, Taichung, Taiwan*

Purpose: Purine compounds are known to activate 5'-adenosine monophosphate-activated protein kinase (AMPK), which has important roles in treatments for renal cell carcinoma (RCC). The present study was aimed to investigate the effects of the purine analogue ENERGI-F706 on the human renal carcinoma cell line 786-O and the underlying mechanisms.
Materials and Methods: Cell viability and cell cycle distribution were determined using the MTT assay in the absence or presence of ENERGI-F706 and flow cytometric analysis, respectively. Phosphorylation and protein levels were assessed by immunoblot analysis. The involvement of AMPK signaling was demonstrated using a specific inhibitor.
Results: ENERGI-F706 (0.2–0.6 mg/ml) significantly decreased the cell viability to up to $36.4 \pm 2.4\%$ of that of the control. Compared to 786-O cells, ENERGI-F706 exerted less suppressive effects on the viability of the human non-tumorigenic renal cell line HK-2. Flow cytometric analysis showed that ENERGI-F706 contributed to cell cycle arrest at S-phase and triggered apoptosis of 786-O cells. Immunoblot analysis revealed that anti-apoptotic B-cell lymphoma 2 (Bcl-2) levels were reduced and pro-apoptotic Bcl-2-associated X protein levels were diminished. In addition, activation of caspase-9, caspase-3 and poly(adenosine diphosphate ribose) polymerase (PARP) was promoted in 786-O cells in response to ENERGI-F706. Effects of ENERGI-F706 on AMPK cascades were investigated and the results showed that ENERGI-F706 enhanced phosphorylation of AMPKα (T172) and p53 (S15), a downstream target of AMPK. In addition, the AMPK activation, p53 (S15) phosphorylation, reduction of Bcl-2, cleavage of caspase-3 and PARP as well as suppressed cell viability induced by ENERGI-F706 were reversed in the presence of AMPK inhibitor compound C (dorsomorphin).
Conclusions: ENERGI-F706 significantly suppressed the viability of 786-O cells via induction of cell cycle arrest and apoptosis, attributing to AMPK and p53 activation and subsequent cell cycle regulatory and apoptotic signaling. It was therefore indicated that ENERGI-F706 may be suitable for the treatment of RCC.