200uM concentration of capsaicin, cleaved PARP, P53 expression increased, and Bcl-2, Rb, p-Rb, CDK2 decreased performance indicated that capsaicin induce cell cycle arrest and apoptosis of TSGH 8301 cells. And in 10uM concentration of capsaicin, there was no increase in cancer cell growth, and no inhibition of the growth of the cancer cells. Western blot analysis found that capsaicin inhibited expression of SIRT1 and tNOX, and the expression of its downstream p53 protein acetylation degree was also affected. Capsaicin presumed to influence cell growth of TSGH 8301 cells through tNOX and SIRT1 protein.

**Conclusion:** Capsaicin cause bladder cancer cell lines TSGH8301 growth arrest and apoptosis, possibly through tNOX and SIRT1 regulatory pathways.

**MP6-10. RETROSPECTIVE ANALYSIS OF PREOPERATIVELY PI-RADS SCORE AND OF POST-OPERATIVE PATHOLOGICAL REPORT INPATIENTS OF PROSTATE CANCER WITHOUT PREOPERATIVE PROOF**

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**Purpose:** Multiparametric MRI has become an important role in prostate cancer evaluation. Prostate Imaging Reporting and Data System (PI-RADS) is used to detect significant prostate cancer. In this study, we review the pre-operative MRI and radiology report among post-operative whole-mount photography. We want to identify the difference location of lesion between MRI and pathology.

**Materials and Methods:** From June 2011 to June 2015, 44 clinically suspected patients of prostate cancer received robotic-assisted laparoscopic prostatectomy with bilateral neurovascular bundle preservation and preoperative MRI without positive preoperative pathology report. Among them, 8 patient of prostate cancer has post-operative pathology report with whole-mount photography. We analysis pre-operative PI-RADS score and lesion of radiology report among post-operative pathology findings.

**Results:** There were 1 patient with PI-RADS score 3, 5 patients with PI-RADS score 4, 2 patients with PI-RADS score 5. Post-operative pathology report showed 5 patients with tumor located at apex or anterior lobe, 1 patients with tumor located at bilateral lobes, and 1 patient with tumor located near lateral capsule (tumor less than 1%). 1 patients have different location between radiology report and pathology report.

**Conclusion:** Transrectal ultrasound (TRUS)-guided, systematic needle biopsy is usually with anterior lobe or apex cancer miss. Lesion located via MRI with PI-RADS score 5 is more likely prostate cancer. PI-RADS score can help us to identify prostate cancer which is missed via TRUS biopsy.