

be easily performed on any given day. A basic office examination table with appropriate bucket stirrups is utilized. A Stryker™ Continuous Flow Cystoscope system (23 F) with a Stryker™ Neptune Water Management system is easily adapted to the office setting. Glands ranging from 27 grams to 75 grams have easily been managed with actual laser times ranging from 4.5 minutes to 26 minutes. Blood loss is minimal. Discharge from the office with a catheter is preferred for 24 hours but is not necessary in all cases and is up to the individual surgeon.

Results: To date, over 50 patients have been treated with results ranging from “good” to “superb”. Data will be presented concerning and comparing IPS Scores, flow rates, residual urine volumes, episodes of nocturia, urgency and pain indices demonstrating the procedure to be comparable, if not better, than the standard TURP. Explanation of patient satisfaction will demonstrate superiority to a control group of patients having undergone a TURP by the same surgeons.

Conclusions: The Laserscope / AMST™ HPS Laser procedure is thus demonstrated to be an excellent out-patient form of prostatectomy in all facets. It is well on the way to being recognized as such, but larger sample sizes and broader experience will be needed to verify our findings.

MP-20.28

Dutasteride provides greater improvement in symptoms and Qmax than tamsulosin in men with moderate-to-severe symptoms of BPH and prostate enlargement: Two-year results from the Combination of Avodart® and Tamsulosin (CombAT) study

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Objectives: The ongoing CombAT study is investigating whether combination therapy with dutasteride and tamsulosin is more effective than either monotherapy alone for improvement of symptoms and long-term clinical outcomes of AUR and BPH-related prostatic surgery in a population of men aged ≥50 years with moderate-to-severe BPH symptoms and prostatic enlargement. This *post hoc* comparison of dutasteride and tamsulosin was based on data from a pre-planned 2-year efficacy analysis.

Materials and Methods: The CombAT study is a multicenter, randomised, double-blind, parallel-group study. Eligible subjects were men aged ≥50 years with a clinical diagnosis of BPH, an IPSS ≥12 points, a prostate volume ≥30 cc by TRUS, a total serum PSA 1.5–10 ng/mL, and a Qmax >5 mL/sec and ≤15 mL/sec with a minimum voided volume ≥125 mL. Subjects were randomised after a 4-week placebo run-in period to dutasteride 0.5 mg, tamsulosin 0.4 mg, or the combination once daily for 4 years. Urinary symptoms were assessed at screening, baseline and every 3 months using the self-administered IPSS questionnaire. Qmax measurements were obtained at screening, baseline and every 6 months.

Results: Dutasteride monotherapy resulted in a pattern of increasing symptom improvement over 2 years (Table). Tamsulosin therapy resulted in a more rapid decline in symptom scores than dutasteride therapy, but was similar to dutasteride at Month 15. A decline in benefit for tamsulosin was observed from Month 15, and symptom improvement was less than that

of dutasteride from Month 18 onwards. Dutasteride resulted in continuous and sustained Qmax improvements to Month 24, greater than those of tamsulosin from Month 12 onwards.

Conclusions: In this population of men with moderate-to-severe symptoms and prostatic enlargement, dutasteride provided symptom and Qmax improvements that were greater than those of tamsulosin treatment from Month 12 (Qmax) and Month 18 (IPSS).

MP-21: Penis, Testis, Urethra
Thursday, September 6
10:15-12:15

MP-21.01

Report on the early and late complications of 169 penile fractures

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Introduction: Penile fracture is an uncommon urologic emergency and few reports exist about complication following penile fracture. This study reports early and late penile fracture complications.

Methods: In this retrospective study, we reviewed medical records of 186 patients who had undergone surgery for repair of penile fracture in a 16 year period (1990-2006) to determine early (as defined as less than 12 weeks), and late (as defined as more than 12 weeks) post-operative penile fracture complications. The mean patients' age was 35 years old (range 17 to 59 years old).

Results: For early complications, 169 (91%) were available and for late complications 105 (56%). The most common cause of penile fracture was masturbation.

Table 1. MP-20.28

Month	IPSS mean change from baseline			Qmax mean change from baseline (mL/sec)		
	Dutasteride (n=1623)	Tamsulosin (n=1611)	p-value	Dutasteride (n=1623)	Tamsulosin (n=1611)	p-value
3	-2.8	-4.5	<0.0001			
6	-3.4	-4.4	<0.0001	1.2	1.2	0.8440
9	-4.0	-4.7	0.0008			
12	-4.2	-4.5	0.1747	1.5	0.9	0.0001
15	-4.8	-4.8	0.8259			
18	-4.9	-4.5	0.0781	1.8	1.1	<0.0001
21	-5.0	-4.4	0.0025			
24	-4.9	-4.3	0.0113	1.9	0.9	<0.0001

ITT population; LOCF