AB003. Erectile dysfunction (ED) after radical prostatectomy: mile stones in development of rehabilitation strategy

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Abstract: Radical Prostatectomy is a commonly used treatment modality for localized prostate cancer. The nerve-sparing technique was one of the major break-troughs in the last century with the hope to preserve erectile function. Unfortunately, despite the perfection of nerve-sparing surgery with robot, many men still suffer from erectile dysfunction (ED) as a complication of prostatectomy. In the last two decades, the concept of penile rehabilitation was introduced and many therapeutic approaches have been studied with the aim to promote erectile function recovery. Despite the understanding of the mechanisms and well-established rationale for post-prostatectomy penile rehabilitation, there is still no consensus regarding effective rehabilitation programs. This presentation will provide an overview of the mile stones in basic, translational and clinical research aimed at preserving or promoting erectile function after radical prostatectomy. The contemporary series of trials that assess penile rehabilitation and explore treatment modalities that might play a role in the future will also be analyzed. Although recent trials have shown that most therapies are well-tolerated and aid in some degree on EF recovery, we currently do not have tangible evidence to recommend an irrefutable penile rehabilitation algorithm.

AB004. Contemporary perspectives on testosterone replacement therapy (TRT)

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Abstract: The hormone testosterone (T) is responsible for the normal growth and development of male sex organs, and maintenance of secondary sex characteristics. T is the primary androgenic hormone, and its production and secretion are the end products of a series of hormonal interactions and feedback regulatory mechanisms. Testosterone deficiency (TD) occurs when the testes fail to produce normal levels of T. Primary, or hypergonadotropic, hypogonadism is recognized as testicular failure; T levels are low, and pituitary gonadotropins are elevated. In secondary, or hypogonadotropic hypogonadism, there is an inadequate secretion of pituitary gonadotropins, and, in addition to low serum T levels, luteinizing hormone (LH) and follicle stimulating hormone (FSH) are low or low-normal. The role of T in cardiovascular (CV) disease in men is currently a hotly debated topic. Two recent studies suggest that hypogonadal men undergoing testosterone replacement therapy (TRT) have a higher incidence of CV morbidity and mortality. However, the preponderance of TRT studies conducted over the past 3 decades has demonstrated neutral or lower incidences of CV events.
Perhaps the decreased risk with TRT can be attributed to the modification and improvement of CV risk factors. The FDA Advisory Committee convened a meeting on Sep 17, 2014 to further assess TRT and correctly opined that, “with regards to the risk of CV events, the evidence linking TRT to an increased risk of heart attack, stroke, and death was inconclusive.” They also suggested that the appropriate population for TRT be identified and that studies to better determine the risks of major CV events in men receiving TRT be conducted. Despite the results of the 800-elderly-man, NIH-sponsored, 5-year T-Trial to be published in the latter part of 2015, there is still a need for longer and larger randomized, placebo-controlled trials to provide more definitive and reassuring data regarding the efficacy and safety of TRT in symptomatic hypogonadal men.

**Keywords:** Testosterone (T); cardiovascular (CV); testosterone replacement therapy (TRT)

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**AB005. The role of serendipity in sexual medicine**

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**Abstract:** The word “serendipity” is considered very difficult to define; it may be considered “A talent for making fortunate discoveries while searching for other things”. The history of sexual medicine teaches us the importance of serendipity along with research. Serendipity in the year 1988 was initiated by a slow elevator. Dr. Jacob Rajfer, Professor of Urology, had attended a meeting on the 2nd floor of the Univ. California LA and was waiting for an elevator to take him to his office on the 6th floor. The elevator was very slow to arrive, so Dr. Rajfer began looking around. There was a sign on a door across from the elevator that read: “Vascular smooth muscle lab”. Dr. Rajfer knew that an unknown substance, Endothelium-derived Relaxing Factor (EDRF) dilated blood vessels by relaxing smooth muscles. A penile erection resulted from vasodilatation and the penis was full of vascular smooth muscle. The head of the vascular smooth muscle lab was Dr. Louis Ignarro who had just published that EDRF might be Nitric Oxide (NO). Drs. Rajfer and Ignarro began collaborating, and in 1990 published that ‘NO’ mediates erections: a discovery started by a slow elevator and leading to Dr. Ignarro receiving a Nobel Prize in 1998 and Pfizer scientists developing Viagra! Viagra, which was able to dilate smooth muscle, was being developed by Pfizer researchers to treat angina when increased nocturnal and spontaneous erections were noted. The FDA approved Viagra as the first oral treatment for erectile dysfunction in 1998. Serendipity, research and Viagra impacted how we look at aging and intimacy. The language of sexual medicine changed as well: the old term, ‘impotence’ (lacking in power) was changed to ‘erectile dysfunction’ or ED. Serendipity has played a role in the discovery of more than 24% of all drugs on the market. We would all do well to heed the wise words of Louis Pasteur: “Chance Favors the Prepared Mind”.

**Keywords:** Serendipity; chance discoveries; sexual medicine; history of erectile dysfunction (history of ED)

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**AB006. Erectile dysfunction (ED) as a marker for cardiovascular diseases (CVD)**

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**Abstract:** In 1973 V. Michal, a vascular surgeon said “Erectile dysfunction (ED) is related to diseases of