days preceding visits. Quality of life (QoL) was assessed by the SF-36 questionnaire at Weeks 1 and 52 (end of study).

RESULTS: Hypogonadal subjects with SD were significantly older (p<0.001), and had lower serum estradiol levels (p=0.043); baseline T levels were not significantly different. Sexual desire and activity, which were similar in both groups at baseline, improved to a similar extent in each group. In men with and without SD, LPCN 1021 significantly improved penile rigidity (p<0.001 and p=0.028, respectively) and ability to maintain an erection (p<0.001 and p=0.007, respectively). Non-significant differences were observed for the same with T gel 1.62%. In addition, LPCN 1021 significant component summary (p=0.008) in hypogonadal subjects improved depressed mood (p<0.001).

INTRODUCTION AND OBJECTIVES: The long term effects of long acting testosterone undecanoate (TU) and the CAG repeats Length in a large number of Thai late onset hypogonadism (LOH) men has not yet been reported. This study analyzed the 8-year follow-up effects of intramuscular TU therapy on metabolic parameter, urinary symptoms, bone mineral density, sexual function and investigate the CAG repeats Length in LOH men.

METHODS: We reviewed the medical records of 428 men with a diagnosis of LOH and who had been treated with TU between January 2007 and December 2014. A total of 4 patients were diagnosed with prostate cancer during TU. There are 120 patients (mean age 65.6 ± 8.9) who had a minimum of 5 years continuous TU supplementation and sufficiently completed records to all analysis and a maximum duration of 8 years. The mean and median duration of treatment was 80.13 and 84 months, respectively. Men received intramuscular injections of 1,000 mg TU at day 1, at week 6, and every 10-14 weeks thereafter. Genomic DNA was extracted from peripheral blood and the CAG repeat region was amplified by PCR. Fragment analysis and sequencings was performed by PCR. The confirmed results with electropherogram and chromatogram (gene scan). The main outcome measure was dynamic anthropometric measure. Statistical analysis were performed with the statistics programs Stata version 14.0 and SPSS11.5.

RESULTS: TU did not improve all obesity parameter. A statistically significant decline (p < 0.05) was found in waist circumference, % body fat, HbA1c, cholesterol, and LDL. TU did not produce differences in BMI, HDL, triglyceride and the Aging Male Symptoms (AMS) score from the base line. However, a statistically significant increase (p < 0.05) was demonstrated in the level of testosterone, PSA, hematocrit and International index of erectile function score. Both vertebral and femoral BMD was statistically significant increase (p < 0.05). No prostate cancer was reported in this group. The repeat length CAG was between 14-31. The most CAG length was median (20-23) with low testosterone. Men with longer CAG receptor had higher levels of total T and AMS score. There was no association between repeat length and any of the anthropometric measure.

CONCLUSIONS: Long-term TU treatment in LOH men for up to 8 years durations appears to be safe, tolerable and effective in improving obesity parameter. The results suggested the AR CAG repeat length correlates with serum Testosterone of aging men.

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REGULAR LOW DOSE SILDENAFIL REDUCES VENOUS LEAK RATES AFTER RADICAL PROSTATECTOMY
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INTRODUCTION AND OBJECTIVES: Long-term erectile dysfunction (ED) after radical prostatectomy (RP) is associated with reduced HRQOL. Mixed data exist on the role of PDE5 inhibitors (PDE5i) in the rehabilitation of RP patients. Venous leak, mediated through cavernosal smooth muscle collagenization, portends a poor prognosis for erectile function recovery and PDE5i response. This analysis was aimed at assessing the impact of regular low dose sildenafil on venous leak rates in a RP population.

METHODS: The study group included men who underwent RP, who were on intracavernosal trimix (papaverine, phentolamine, PGE1) injections for the first 12 months postop with at least 18 months follow-up. Erectile function and RP data were recorded. Nerve sparing score (NSS) was graded 1 perfect, 2 mild damage, 3 moderate damage, 4 complete resection with each side being scored separately. The diagnosis of VL was made based on the previously published parameter of dose of trimix =50 units failing to induce a penetration hardness erection. Patients were advised to use sildenafil 25mg every night on non-injection days for the first 12m after RP. Use was recorded and comparison was made between those men using V25 =5 days/week and those who never used it. Multivariable analysis was performed to define predictors of the development of VL after RP. Factors analyzed in the model included: patient age, nerve sparing status (score), baseline erectile function, vascular comorbidities and sildenafil use.

RESULTS: 948 patients met inclusion criteria. Mean patient age 62±17 years. 89% men were partnered. Comorbidity profiles and baseline EF were identical between the two groups. The median nerve sparing score (NSS) was 3 for both groups while 38% of patients had NSS >4 (no difference between groups). 47% (448/948) used V25 regularly (V+), while 18% (176/948) never used it (V-). The mean ICI trimix doses were V+ 27±17 units vs V- 49±28 units (p<0.001). Using the VL definition, 11% of V+ and 29% of V- patients had VL (p<0.001). The use of V25 (number of days per week) correlated with the trimix dose, R=0.47, p<0.001. On multivariable analysis, NSS, patient age, the presence of diabetes and never using V25 all predicted the presence of VL.

CONCLUSIONS: Regular use of low dose sildenafil is associated with reduced rates of venous leak development after RP.