popular, some urologists remain sceptical regarding the lack of tactile sensation, and subsequently, a possible increase of positive surgical margins (PSM). The objective of this study is to evaluate the surgical margin status in patients with pathological proven organ-confined disease as well as extraprostatic extension.

Materials and Methods: The records of N=2000 men who underwent RARP at a certified robotic institute from February 2006 to April 2010 were retrospectively reviewed. A total of N=1484 patients were identified as having a pathological proven organ-confined disease (<T3a) and N=516 patients an extraprostatic extension (>T2c). The parameters analyzed included PSM rates according to pathologic stage. PSM were defined as cancer at the inked resection margin.

Results: The overall PSM rate was 8.1% (N=162 patients). PSM were noted in 3.1% of all pT2 cases (45 of 1484 pT2 patients). A PSM was evident in N=2 patients with a T2a tumor, in N=7 patients with a T2b tumor and in N=37 patients with a T2c tumor. PSM were noted in 16.1% of all pT3 cases (73 of 455 pT3 patients). N=57 exhibited PSM with a T3a tumor and N=16 patients PSM with a T3b tumor. Finally, PSM were evident in 72.1% of pT4 cases (44 of 61 pT4 patients).

Conclusions: Our findings suggest that patients with an organ-confined disease undergoing RARP from experienced surgeons exhibit an excellent surgical margin status. In patients with extraprostatic extension, the surgical margin status can be surely considered as acceptable.

UP-02.190 Lectin-Based Glycoproteomic Profiling of Serum Samples from Patients with Prostate Cancer
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Introduction and Objective: Currently, digital rectal examination and serum prostate specific antigen (PSA) serve as the diagnostic screening tools for prostate cancer. However, due to low specificity of these, a more reliable early diagnostic tool for prostate cancer is deemed necessary. A gel-based proteomics analysis of protein expression in the sera obtained from human subjects with treatment naive prostate cancer were performed. In addition, a lectin was used as an affinity matrix to probe for aberrantly expressed glycoproteins that may be potentially associated with prostate cancer development. The champedak galactose-binding (CGB) lectin has previously been shown to have high affinity and specificity towards the O-glycans of glycoproteins. Our objective is to identify differences in protein expression in serum of patients with prostate cancer and benign prostate hyperplasia (BPH) using CGB lectin.

Materials and Methods: The glycoproteomic expression patterns of patients with prostate cancer and BPH were investigated by adopting the use of CGB lectin. Pooled sera of patients with BPH(n=10) and prostate cancer(n=7) were obtained after informed consent. The O-glycosylated proteins from pooled sera of patients were isolated via immobilized CGB lectin column affinity chromatography. Subsequent 2-DE electrophoretic profiling of the glycoproteins led to highly resolved protein spot clusters. These resolved glycoprotein maps were then analyzed using the ImageMaster software while the identities of the proteins were validated via mass spectrometry (MALDI ToF/ToF).

Results: Proteins Kininogen-1 precursor (KNG), Alpha-1-antitrypsin precursor (AAT) and Transthyretin precursor (TTR) showed significantly (p<0.0065) up-regulated expression in patients with prostate cancer. KNG and AAT are known mediators of inflammation and acute phase responses, whilst TTR, a thyroid hormone-binding protein, has been associated with amyloidosis, neuropathy and mutation. The above acute phase response proteins may prove useful as complementary diagnostic markers for prostate cancer (Pang et al., 2010).

Conclusion: Patients with prostate cancer demonstrated distinctive O-glycoprotein upregulated expression patterns when compared to BPH patients; thus providing a possible diagnostic tool in the future.

UP-02.191 Acute Myocardial Infarction Without Cardiogenic Shock Does Not Affect Serum Prostate Specific Antigen Levels: A Case-Control Study
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Introduction and Objective: The aim of this study was to evaluate the impact of acute myocardial infarction (AMI) on serum PSA levels.

Materials and Methods: Nineteen patients who were referred to the cardiology intensive care unit of our institution with acute coronary syndrome and who had the diagnosis of AMI were included in the study together with 22 controls. Controls were chosen from male outpatient urologic patients over 40 years of age with any complaints except lower urinary symptoms. Diagnosis of AMI was achieved by the combined use of electrocardiogram, echocardiography, creatine-kinase MB and troponin S levels. All patients underwent coronary angiographic evaluation. PSA levels of all patients at the time of first inspection and after 3 days were obtained. The difference between the initial and the 3rd day PSA levels were calculated for each patient, were divided by the initial PSA level and multiplied by 100 in order to calculate the percent change with respect to the initial value. The percent changes in PSA levels of AMI patients and controls were compared, p values <0.05 were accepted significant.

Results: Mean patient age, PSA and iPSA were: 57.14±9.83 years, 3.48±1.17ng/dl and 0.30±0.18ng/dl, respectively. Mean coronary arterial stenosis level was 51.1±42.3%. Fourteen patients (73.6%) had non-ST elevated MI, while 3 (15.8%) had anterior and 2 (10.6%) had inferior MI. Two groups were similar regarding age, the initial PSA, free PSA (iPSA), free-total PSA ratio and prostate volume on transrectal ultrasound (Vp). The mean percent changes in PSA levels of AMI patients and controls between days 0 and 3 were: −12.43±4.2% and 1.63±16.59%, respectively, and no significant difference was observed between the two patient groups (p=0.065).

Conclusions: Despite the recent atten-