



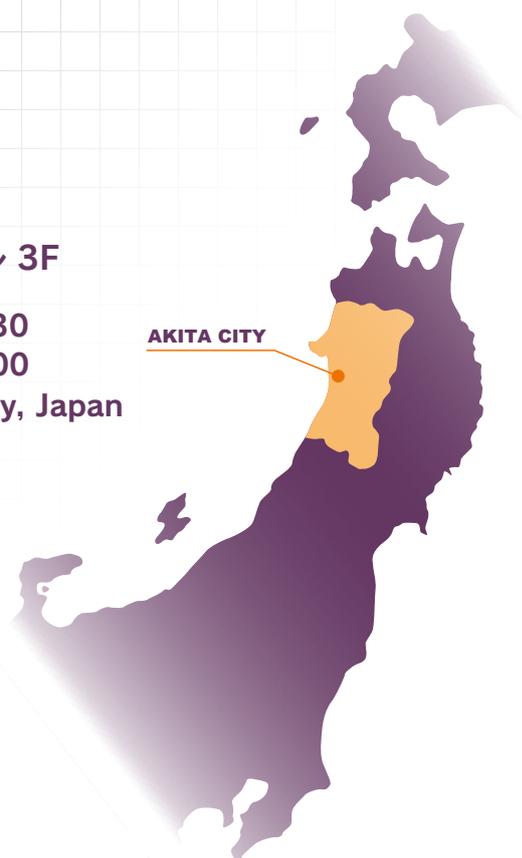
# 2017 Asan-Michinoku Urological Seminar

日時：平成29年**9月1日**(金) 18:30~19:30  
**9月2日**(土) 16:30~19:00

場所：秋田市にぎわい交流館AU 多目的ホール 3F

Date : September 1st, 2017(Fri) 18:30~19:30  
September 2nd, 2017(Sat) 16:30~19:00

Venue : 3F Multipurpose Room, AU, Akita City, Japan



# Asan-Michinoku Urological Seminar

謹啓

残暑の候、先生方におかれましては益々ご健勝のこととお慶び申し上げます。

この度、Asan-Michinoku Urological Seminar Satellite Symposium 並びに  
Asan-Michinoku Urological Seminar を下記の如く開催する運びとなりました  
のでご案内申し上げます。

ご多忙とは存じますが、万障お繰り合わせの上、多数ご参加下さいますようお願い  
致します。

謹白

## Asan-Michinoku Urological Seminar Satellite Symposium

日 時：平成29年9月1日(金) September 1st, 2017(Fri) 18:30~19:30

場 所：秋田市にぎわい交流館AU 多目的ホール 3F

秋田市中通1丁目4-1 TEL:018-853-1133

## Asan-Michinoku Urological Seminar

日 時：平成29年9月2日(土) September 2nd, 2017(Sat) 16:30~19:00

場 所：秋田市にぎわい交流館AU 多目的ホール 3F

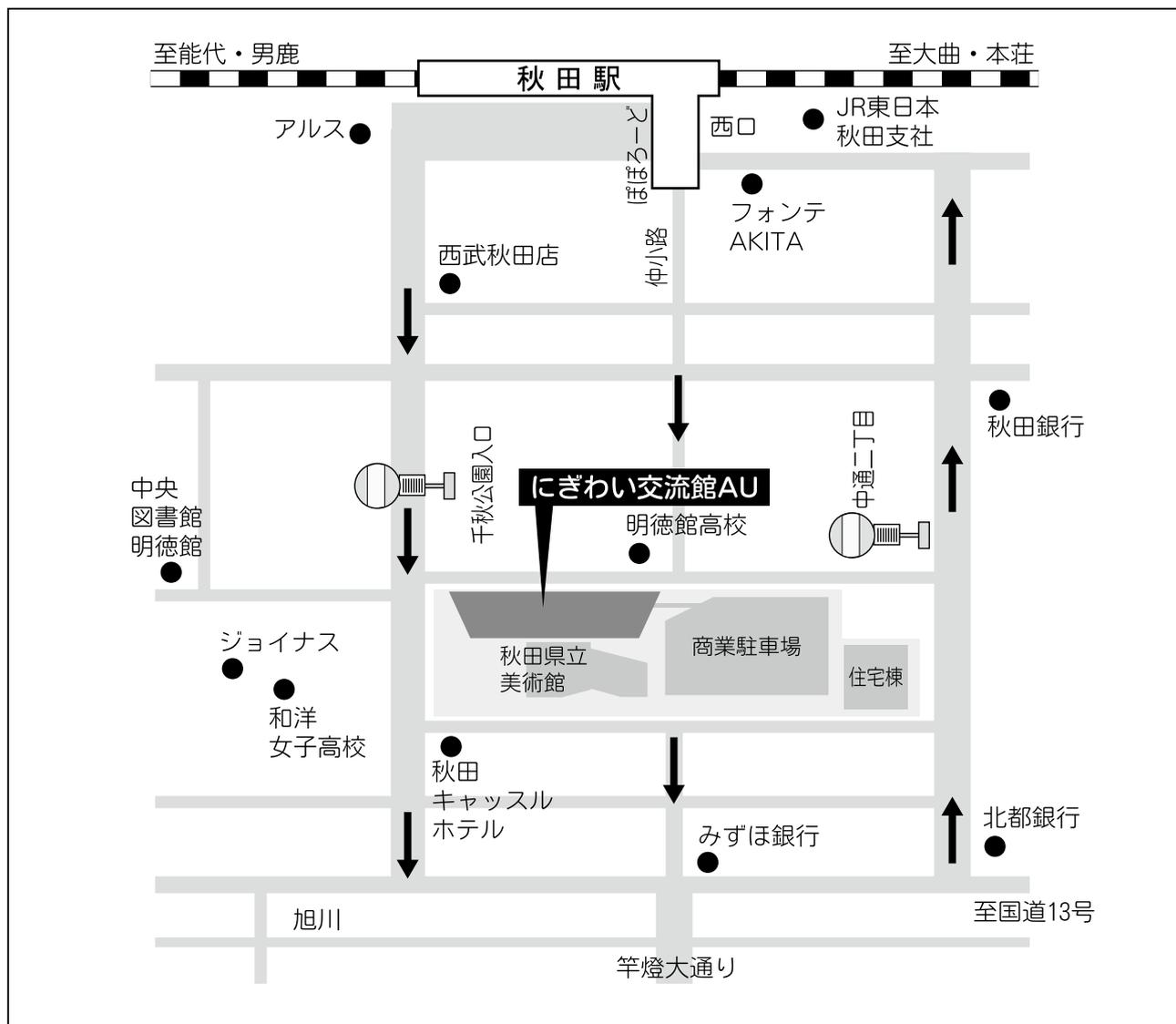
秋田市中通1丁目4-1 TEL:018-853-1133

## Invited Speakers : Asan Medical Center

9月1日(金) Prof. Choung Soo Kim  
Prof. Kun Suk Kim

9月2日(土) Prof. Hanjong Ahn  
Prof. Hyung Keun Park  
Prof. Sang Hoon Song

## 秋田市にぎわい交流館へのアクセス



■JR秋田駅西口 徒歩約7分

■秋田自動車道秋田中央IC 車で約15分

■秋田中央交通バス(千秋公園入口) 徒歩約1分

■秋田中央交通バス(中通二丁目) 徒歩約1分

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## Opening Remarks

18:30 ~ 18:40

秋田大学大学院医学系研究科腎泌尿器科学講座

Department of Urology, Akita University Graduate School of Medicine

教授 羽瀨 友則 先生

Professor Tomonori Habuchi

## Lecture Session

18:40 ~ 19:30

Chair 秋田大学大学院医学系研究科腎泌尿器科学講座

Department of Urology, Akita University Graduate School of Medicine

准教授 井上 高光 先生

Associate Professor Takamitsu Inoue

### [Feminizing Genitoplasty]

Professor Kun Suk Kim

Pediatric Urology, Urology, Children's Cancer Center

Asan Medical Center

### [Characteristic Differences in Prostate Cancer between Asian and Western Men]

Professor Choung Soo Kim

Urology, Prostate Center, Urologic Cancer Center

Asan Medical Center

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Professor Tomonori Habuchi

## Lecture Session 1

16:40 ~ 17:00

Chair 東北大学大学院医学系研究科外科病態学講座泌尿器科学分野

Department of Urology, Tohoku University Graduate School of Medicine

准教授 伊藤 明宏 先生

Associate Professor Akihiro Ito

**[Robotic Surgery in the Field of Pediatric Urology]**

Professor Sang Hoon Song

Urology, Pediatric Urology

Asan Medical Center

Discussion Session

17:00 ~ 18:00

## 「Challenging in CRPC future」

**Chair** 秋田大学大学院医学系研究科腎泌尿器科学講座

Department of Urology, Akita University Graduate School of Medicine

准教授 成田伸太郎 先生

Associate Professor Shintaro Narita

### Panelist

東北大学大学院医学系研究科外科病態学講座泌尿器科学分野 山下 慎一 先生  
Department of Urology, Tohoku University Graduate School of Medicine Shinichi Yamashita

弘前大学大学院医学研究科泌尿器科学講座 畠山 真吾 先生  
Department of Urology, Hirosaki University Graduate School of Medicine Shingo Hatakeyama

秋田大学大学院医学系研究科腎泌尿器科学講座 奈良 健平 先生  
Department of Urology, Akita University Graduate School of Medicine Taketoshi Nara

Lecture Session2

18:00 ~ 18:30

**Chair** 弘前大学大学院医学研究科泌尿器科学講座

Department of Urology, Hirosaki University Graduate School of Medicine

教授 大山 力 先生

Professor Chikara Oyama

## 「Recent Updates on Retrograde Intra-Renal Surgery」

Professor Hyung Keun Park

Urology, Prostate Center  
Asan Medical Center

Lecture Session3

18:30 ~ 19:00

**Chair** 東北大学大学院医学系研究科外科病態学講座泌尿器科学分野

Department of Urology, Tohoku University Graduate School of Medicine

教授 荒井 陽一 先生

Professor Yoichi Arai

## 「Transcript levels of Glucocorticoid Receptors, Androgen Receptors, and Its Splice Variants in Prostate Cancer: Comparison between Hormone-Dependent and Castrate-Resistant Prostate Cancer」

Professor Hanjong Ahn

Urology, Prostate Center, Urologic Cancer Center  
Asan Medical Center

会終了後、情報交換会を予定しております

主催: アストラゼネカ株式会社

# Feminizing Genitoplasty

**Kun Suk Kim**

**Asan Medical Center, University of Ulsan College of Medicine**

The management of children with intersex conditions is an ongoing challenge to the pediatric urologist. Current controversies exist regarding the timing and technical aspects of feminizing genitoplasty. In this lecture I reviewed the topics including the recent surgical developments and current controversies that influence our current practices.

## 1. Timing of surgery

### 1) 'Gender neutral ?'

Recently, a number of advocacy groups such as the Intersex Society of North America have begun to question early sexual determination. They believe that the decision for genital surgery is a right of the patient, not the parents. But raising a child with genital ambiguity would be extremely difficult, especially in Asian country and most parents would not be able to bring up a child 'gender neutral,' The ethical issues involving parents' rights and responsibilities to make decisions for their child remain unresolved. And also unfortunately there are no data on the impact of raising a child with genital ambiguity.

### 2) Surgical aspect

Most urologists currently recommend that clitoroplasty be done as early as the first few months of life. However the optimal timing for vaginoplasty continues to be debated. Two separate schools of thought have been put forth for a high vaginal confluence. Some believe that the high rate of vaginal stenosis warrants delay of vaginal surgery until after puberty, which also avoids any need for vaginal dilatation. The others believe that vaginoplasty, regardless of the vaginal location, is best combined with clitoroplasty and labioplasty in a single stage. This allows the surgeon flexibility in using redundant phallic skin for the reconstruction, which is compromised when the skin has previously been mobilized.

## 2. Evaluation for surgery : Urogenital classification

Vaginal confluence with the urinary tract occurs in a continuum from the bladder to a nearly normal location in the perineum. The channel length of common urogenital sinus, from the perineum to vaginal confluence was thought to be an important factor. But the location of the vagina in relation to the bladder neck is more important than the length of the common channel.

## 3. Clitoplasty

Toady, every effort is made to not only provide excellent cosmesis but also retain normal clitoral innervation for optimal sexual gratification.

### 1) Reduction of cavernosal tissue

All recent techniques have been based on preservation of the neurovascular bundle. Subtunical excision of the erectile tissue is performed by incising laterally through Buck's fascia to resect the erectile corpus cavernosa tissue. Baskin and coworker recently demonstrated the neurovascular anatomy of the clitoris. This work suggests that a ventral incision would preserve not only the main dorsal neurovascular bundle but also the neural branches that fan out laterally.

### 2) Reduction of glans

Efforts to decrease the size of the glans are controversial. No data suggest that a large glans is detrimental to sexual function. The glans is innervated by perforating branches entering at the dorsal junction of the glans and corpora. If glans resection is attempted, it should be performed ventrally near the midline (similar to hypospadias glans wings).

## 4. Vaginoplasty

Fortunoff flap (inverted U-shaped perineal flap) that has been popularly used, recently modified to a more omega-shaped flap that has resulted in improved cosmesis.

For high vaginal confluence, gap between the perineum and vaginal opening should be reconstructed by Passerini method or Gonzalez's skin flap which had long-term followup results.

# Characteristic Differences in Prostate Cancer between Asian and Western Men

**Choung Soo Kim**

**Asan Medical Center, University of Ulsan College of Medicine**

Prostate cancer is becoming the most important male cancer in Asia. The incidence of prostate cancer has gradually increased in most Asian countries. But it is still lower than Western countries. Although genetic and environmental factors, particularly a Western diet, can explain these differences, lower exposure to PSA screening in Asian male is also a major contributing factor. There's a variation in the epidemiology and mortality of prostate cancer among Asian populations which might be attributable to differences in PSA testing and treatment methods according to socioeconomic status. The proportion of patients with advanced prostate cancer is substantially higher in Asian countries. The stage and grade of prostate cancer in Asian countries is higher than Western countries, but they are migrating to lower stage and lower grade.

There's the difference in treatment between Asian men with prostate cancer and Westerner. Active surveillance is the important treatment choice in patient with low risk prostate cancer in Western countries. We need more evidences for active surveillance to be applied in Asian countries. Treatment response to ADT is better in Asian patients than Western patients. And the prevalence of side effect of ADT is low in Asian compared to Western patients. The response to docetaxel in Asian patients is similar to that of Western patients. But the side effects of febrile neutropenia is more common in Asian patients

In conclusion, There's differences in incidence, genetics, pathologic characteristics, responses and side effects of treatments in prostate cancer between Asian and Western countries. Therefore, we need for continuously refined and updated data and guideline for Asian prostate cancer patients with high level of evidences for the adequate management of prostate cancer in Asian men.

# **Robotic Surgery in the Field of Pediatric Urology**

**Sang Hoon Song**

**Asan Medical Center, University of Ulsan College of Medicine**

Laparoscopic procedures for urological disease in children have been proven to be safe and effective. However, the availability of laparoscopic procedures is still partly limited to experienced, high-volume centers because they are technically demanding. The da Vinci robot system is being used for an increasing variety of reconstructive procedures because of the advantages of this approach, such as motion scaling, greater optical magnification, stereoscopic vision, increased instrument tip dexterity, and tremor filtration. Particularly in the field of pediatric urologic surgery, where the operational field is limited due to the small abdominal cavity of children, robotic surgical technology has its own strengths. Currently, robots are used to perform most surgeries in children that can be performed laparoscopically. In this lecture, I aimed to provide a comprehensive overview of the current role of robot-assisted laparoscopic surgery in pediatric urology by analyzing the published data in this field. A growing body of evidence supports the view that robotic technology in pediatric urological surgery is technically feasible and safe. Robotic technology provides additional benefits for performing reconstructive urologic surgery, such as in pyeloplasty, ureteral reimplantation, and enterocystoplasty procedures. The main limitations to robotic surgery are its high purchase and maintenance costs, and the cost effectiveness of this technology remains to be validated.

# **Recent Updates on Retrograde Intra-Renal Surgery**

**Hyung Keun Park**

**Asan Medical Center, University of Ulsan College of Medicine**

With the improvements of instruments and techniques, the role of Retrograde Intra-Renal Surgery (RIRS) has expanded for the treatment of urinary calculi located in the upper urinary tract, which compensates for the shortcomings of shock wave lithotripsy and percutaneous nephrolithotomy. The advance of RIRS has also improved the urologist's ability to perform ureteroscopic procedures for the diagnosis and treatment of upper urinary tract urothelial cancer. Due to these developments, the importance and efficiency of the flexible ureteroscope have rapidly increased worldwide. In Korea, the number of surgical operations with flexible ureteroscope has increased rapidly for the recent 5 years. However RIRS still has many limitations, such as durability, high cost of flexible ureteroscope, and sterilization issue, etc. Recently to solve these problems, disposable flexible ureteroscope has been introduced. And we are developing our own domestic flexible ureteroscope. RIRS is still evolving and expanding its indications. The selection of instruments and techniques during RIRS should be based on increased surgical efficiency, decreased complications, and improved cost-benefit ratio.

# **Transcript levels of Glucocorticoid Receptors, Androgen Receptors, and Its Splice Variants in Prostate Cancer: Comparison between Hormone-Dependent and Castrate-Resistant Prostate Cancer**

**Myungsun Shim and Hanjong Ahn**

**Asan Medical Center, University of Ulsan College of Medicine**

**Purpose.** Androgen receptor (AR) mutation and the glucocorticoid receptor (GR) pathway are believed to be involved in the acquisition of castration-resistance in prostate cancer. We aimed to evaluate the expression level of these receptors during different stages of prostate cancer (Pca).

**Materials and methods.** A total of 95 patients who underwent transurethral resection of the prostate from 2000 to 2013 were assigned to 4 groups: Group 1, hormone-naïve and T1a or T1b Pca (n = 17); Group 2, hormone sensitive and metastatic Pca (n = 33); Group 3, chemo-naïve CRPC, (n = 18); and Group 4, CRPC with chemotherapy (n = 27). A quantitative reverse-transcriptase-polymerase-chain-reaction assay was used to evaluate the copy number of full length AR (ARfl), AR splice variant 7 (ARV7), and GR transcription in Pca tissues. The cancer-specific survival (CSS) was also analyzed according to the transcript level of each receptor.

**Results.** The transcript levels of ARfl significantly increased from Group 1 to Group 3 (p = 0.045), but decreased from Group 3 to Group 4. The transcript levels of ARV7 and GR significantly increased from Group 1 through to Group 4 (p = 0.002 and 0.049, respectively). The high expression of all these three receptors exhibited significantly poorer CSS as compared to low expression on Kaplan-Meier curve analysis, although the ARV7 level alone was an independent prognostic factor for CSS in CRPC patients on Cox regression analysis (high vs. low: hazard ratio, 1.897; 95% confidence interval, 1.102-3.625; p = 0.042).

**Conclusions.** The transcript levels of ARV7 and GR significantly increase as Pca progresses to CRPC. High ARV7 expression is independently predictive of poorer CSS in patients with Pca who have received androgen deprivation therapy.

**Key words.** prostate cancer, castration-resistance, androgen receptor, glucocorticoid receptor