men with sleep apnea. Modern somnology opens new perspectives for studying different pathological processes during sleep.

Objectives: The possibility of an objective study of night penile tuminiscents (NPT) during polysomnography (PSG) allows to reveal the initial manifestation of ED in men with sleep apnea.

Aims: To identify features of ED in andropausal men with sleep apnea during PSG.

Methods: A total of 51 men (37 – with sleep apnea – 1st group, 14 – healthy men – 2nd group) aged 46-55 years. PSG were carried out with the use of GRASS-TELEFACTOR Twin PSG (Comet) c As the amplifier 40 with an integrated module for sleep SPM-1 (USA) with amplifier for mercuric NPT-sensor. Statistical data processing was carried out using «Statistica for Windows» 6.0 (StatSoft, USA). All differences were considered significant at $p < 0.05$.

Results: Significant deviations from a norm of nocturnal erection patterns were detected in all patients 1st group compared with Control (2nd group). Thus, T_{up} (a point at which tumescence begins) follows rapid eye movement (REM) sleep. T_{max} (the first point after T_{up} wherein penile circumference reaches 75 percent of the MCI for the entire night) in the 1st group is lower than in the 2nd group. Period of point T_{down} (a point at which detumescence begins) in men with sleep apnea is prolonged in time and exceeds the limits of REM-sleep.

Conclusions: Thus, in our study we mark lowered quality and quantity of spontaneous episodes of erection in andropausal men with sleep apnea that is associated with REM-sleep, which is the key component of estimation of nocturnal erections. A study of erectile function in andropausal men with sleep apnea will allow prognosticate premature development erectile dysfunction and correct treatment regimen and timely CPAP-therapy made it possible to eliminate early erectile dysfunction.

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The life quality of patients who receiving chemotherapy treatment after mastectomy and stoma surgery

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The objective of this study was to determine the quality of life of patients who treated with chemotherapy after mastectomy and stoma surgery. The research was carried out between 5th September and 30th December 2014 at Ordu State Hospital in the chemotherapy unit as a cross-sectional and descriptive study. The data was collected with questionnaire including descriptive feature and The Medical Outcomes Study Short-Form 36-Item Health Survey (SF-36). Statistical analyses were evaluated via Statistical Package for Social Sciences (SPSS) software program 15.0 for data entry and analysis. The study included 46 patients (10 men, 36 woman) and 69, 6% of them had an operation for mastectomy and 30.4% of others had an operation for stoma. After datas analysis, it was found that 63.1% of patients are between the years 40–59, all of them had least one child and 58.7% of them have the education of primary school or literate. 50.0% of the patients that they have undergone stoma surgery over the past 0–6 months. Also 45.5% of the patients that they have undergone mastectomy surgery over the past 0–6 months. The scores for physical function, mental health, general health perception, fatigue, social function, pain, physical role function and emotional role function 20.15, 17.92, 15.77, 14.6, 6.15, 5.21, 5.04 and 4.15 respectively. Of patients who receving chemotherapy treatment after mastectomy and stoma surgery were life quality average 89.21 ± 18.49.

Keywords: Chemotherapy; Stoma; Mastectomy; Quality of life

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P179

Oestrogen patches (OP) to treat prostate cancer (PC) – Are different commercial brands interchangeable?

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Background: Luteinising Hormone Releasing Hormone agonists (LHRHa) are used widely to treat PC. Transdermal oestrogen is an alternative, producing castrate levels of testosterone (T) but avoiding oestrogen-dependent LHRHa-associated toxicities particularly osteoporosis. Transdermal administration also bypasses first-pass hepatic metabolism and therefore should avoid the vascular toxicity of oral oestrogen.

Methods: PATCH (ISRCTN 70406718) is an ongoing randomised phase II/III PC trial ($n = 836$ recruited) comparing LHRHa (administered per local practice) and OP. FemSeven patches releasing oestradiol (Oe) 100 μg/24 h – initially 4 patches changed twice weekly for 4 weeks and then 3 patches changed twice weekly if $T \leq 1.7$ nmol/L are recommended. These patches became temporarily unavailable and an alternative brand (same dose and schedule) was advised.

Results: In stage 1 of the trial ($n = 254$) randomisation ratio (2:1 OP:LHRHa), castration rates at 3 months were OP 92%, LHRHa 93% and did not differ by LHRHa: Leuprorelin 28/30 (93%), Goserelin 41/44 (93%), Triptorelin 1/1 (100%). In OP patients, median serum Oe was 700 pmol/L (interquartile range 530-1021). When FemSeven was unavailable 10 patients swapped to an alternative brand with T and Oe monitored. On FemSeven all patients were castrate, serum T 0.4–1.1 nmol/L and Oe range 449–1226 pmol/L. After 4 weeks on the other brand: Oe range 166–591 pmol/L and 3/10 patients were not castrate (serum T 5.9, 3.5 and 4.9 nmol/L.) Back on FemSeven the 3 patients became castrate within 4 weeks and the Oe range of the group was 411–990 pmol/L.