done to raise the proportion of women urologists in Japan.
Materials and Methods: Three-page questionnaires were designed and mailed to 11 medical schools to which members of the SFUJ steering committee belong. Questions focused on the determinants of selection of field as a career. Comparisons between urology applicants and non-applicants were evaluated by the chi-square test.
Results: We obtained 168 responses from women medical students in their 5th or 6th year. As working conditions, 44% hoped for full time work with no night duty. The five most frequently selected determinants of field selection were "interest" (89%), "mentorship" (73%), "challenging career" (71%), " dependable postpartum policies in training programs" (59%) and "compatibility of career with family life" (58%). The most frequently cited positive and negative images of urology were, respectively, "interesting" (31%) and "most of the patients are male" (57%). Although six (4%) students answered that urology would be their career of choice, ninety-eight (58%) would not choose urology as a career. Of the urology applicants, 83% reported that urology was "interesting"; by contrast, less than 15% of the non-applicants found urology "interesting" ($p<0.05$). The perception that "most of the patients are male" was cited by 33% of urology applicants, whereas 62% of the non-applicants felt this way. Twenty-three (14%) of the students were unaware of the field of "female urology".
Conclusion: To recruit female medical students, it is important to help the students to develop a realistic perception of the urological field that includes female urology and removes the negative image that "most of the patients are male". The creation and enforcement of maternity policies in training programs will also encourage female medical students to enter a career in urology.

MP-05.12
Three-Stage Training Model for Laparoscopic Nephron-Sparing Nephrectomy
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Introduction and Objectives: To introduce the three-stage model designed for urologists without laparoscopic experience to master laparoscopic nephron-sparing surgery (LNSS).
Materials and Methods: The first stage is initiated on the box simulator. The second stage is scheduled to perform on pig model developed according to the standard method of LNSS. The third stage is in the operating room, including initial assisting the laparoscopic surgeries, then 7-9 relative simple laparoscopic procedures performed by trainees, finally LNSS performed by them. Mentor-initiated model is applied during the operations.
Results: Four trainees finished all three stages of training successfully. The mean cumulative time spend on the box trainer was 70 hours, and they mastered the basic laparoscopic skills including sewing and knotting after the first stage training. Every trainee performed 20 LNSSs on pig model which consisted of 6 cases of semi-nephrectomy. The operative time for LNSS located on the renal poles decreased from the initial 120±10.9min to 69±5.2min for the 14th LNSS ($p<0.001$). When the 4 trainees successfully performed 7-9 relatively simple laparoscopic operations including retroperitoneoscopic renal cyst unroofing and upper ureterolithotomy and anatomic adrenalectomy, they were evaluated objectively and subjectively by the mentor, and then were permitted to perform 3 LNSSs under the supervision of mentors. No complications occurred. The mean operative time for LNSS was 87 min, and the mean warm-ischemia time was 25 min.
Conclusion: The three-stage model is effective and feasible for the surgeons to master the advanced LNSS which can reduce the complications and improve the curative effects remarkably.

MP-05.13
Descriptive Analysis of Urological Cancers, Komfo Anokye Teaching Hospital Oncology, Ghana
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Introduction and Objective: We describe urological cancers diagnosed and treated at KATH Oncology. Urological cancers are usually referred to the directorate for management. The center also caters for patient from the middle and northern belts of the country.
Materials and Methods: Retrospectively, 212 urological cancer cases data were extracted from the Komfo Anokye Teaching Hospital Oncology departmental-based cancer registry. The data collected between 2004 and 2008 based on an analytic case-finding reportability method was coded using ICD-O-3 and FIGO staging scheme. The data was analyzed and results presented. Unknown variable values were excluded in the analysis in order to present the true picture of the situation.
Results: There were higher number of male cases (n=167) than in females (n=45). This is due to higher number of prostate cases which accounted for more than 60% of the overall cases, but higher number of females (n=45, 62.5%) than in males (n=27, 37.5%) for bladder, kidney and renal pelvis cancers. The mean ages per disease are: prostate (n=129, 60.8%), 69; bladder (n=60, 28.3%), 56; kidney (n=11, 5.2%), 37; testis (n=8, 3.8%), 32; penis (n=3, 1.4%), 59; and renal pelvis (n=1, 0.5%), 73. The basis of diagnosis were 28% clinical and 72% histology verified of which all 91 histology verified prostate cases were adenocarcinoma, 56% (n=24) transitional cell carcinoma in bladder, 100% (n=5) renal cell carcinoma in kidney, 50% (n=3) seminoma in testicular cases, 100% (n=3) squamous cell carcinoma in penile cancers, and the only renal pelvis case was transitional cell carcinoma. When these cancers are grouped according to the cell types, there were 7% grade I, 11% grade II, 15% grade III and 67% grade IV. Only 41 cases were staged, of which 2% were stage II, 27% stage III and 71% stage IV. 41% of the cases were farmers and traders, and another 41% were public servants and pensioners.
Conclusion: Unusually there was higher percentage of transitional cells in bladder cancers. There is an urgent need of population-based cancer registry and primary prevention of these cancers in the region to reduce late stage diagnosis.

MP-05.14
Robotics in Urology: Comparison of International Practice Patterns
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Introduction and Objective: To determine the current status of urologic laparoscopic and robot-assisted surgery (RAS) globally.
Materials and Methods: There were 291 surveys completed by urologic staff and trainees at various national and international conferences in 2008. The 58-item questionnaire assessed the individual and institutional practice patterns of minimally