MP2-18

Community Centered Retrospective Review of Prostatic Urethral Lift - A Single Surgeons Experience

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Introduction: Benign prostatic hyperplasia (BPH) with associated lower urinary tract symptoms (LUTS) has a significant impact on quality of life. Multi-institutional projects have demonstrated prostatic urethral lift (PUL) as a minimally invasive procedure with strong 5-year durability, minimal side effect profile, and no associated erectile or ejaculatory dysfunction. Long term single series data are needed. We aim to evaluate the performance of PUL in our single series community cohort.

Materials & Methods: We completed a retrospective chart review of men who underwent PUL in the office from January 2016 to August 2017. PUL, also known as Urolift (NeoTract, Pleasanton, CA, USA), was performed in the office under sedation by a single surgeon. International prostatic symptom score (IPSS) and quality of life (QOL) were recorded at baseline and at subsequent office visits. A paired-samples T-test was used to compare pre and post treatment values and a Pearson coefficient was used to determine the strength of relationships between variables. A value of $p < 0.05$ was set as the threshold for statistical significance.

Results: We identified 122 men who had undergone a PUL. Descriptive statistics demonstrated an average age of 69.5 ± 9.6, prostate volume of 51.6 ± 27.8, and number of implants used 5.5 ± 1.0. When comparing IPSS and QOL 83 and 80 paired samples were available and the mean follow up period was 9.3 ± 6.03 months. IPSS values improved significantly from 20.4 ± 6.2 to 6.3 ± 4.7 (-14.08 ± 6.6 p + 1.0 to 1.4 ± 1.3 (-2.82 ± 1.4 $p < 0.05$). Significant relationships existed between both pre-operative IPSS and IPSS score difference (IPSS at last follow up – preoperative IPSS) $r = -0.731$ ($p < 0.05$) and QOL and QOL difference $r = -0.463$ ($p < 0.05$). The number of implants used was found to be associated with prostate volume ($r = 0.492$ $p < 0.05$) but not IPSS or QOL score differences.

Conclusions: Our single surgeon series demonstrated statistically significant improvement in IPSS and QOL at an average of 9 months. In addition, initial IPSS and QOL scores were found to significantly correlate with IPSS and QOL score improvements. Continued follow up is needed to compare our results against previously published data.

MP2-19

Initiative to Improve Oncologic Management of Small Renal Masses: A Shared Decision-Making Model

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Introduction: The finding of small renal mass (SRM) on radiological imaging and the potential of a cancer diagnosis is anxiety provoking for most patients. When diagnosed with a SRM, patients are confronted with multiple treatment options forcing a decision on a therapeutic course. The decision-making process often occurs in the absence of any framework to guide patients. The purpose of this initiative was to develop and implement a shared-decision-making (SDM) model for newly diagnosed patients. Specific goals of the SDM model were to improve patient knowledge, alleviate patient anxiety, and improve patient confidence to make evidence-based decisions.

Materials & Methods: A SDM model was developed and implemented utilizing an educational video [Urology Care Foundation's "What is a renal mass?" video] and a structured provider discussion. Patient knowledge, anxiety, and confidence in decision-making was assessed using a pre- and post-intervention survey. Structured provider discussions included risks and benefits of each management strategy individualized to the patient's situation. Initial preference, informed preference and final treatment decision were recorded for each patient.

Results: RESULTS: Thirty-four participants demonstrated improved knowledge with a mean of 1.8, 4 were unchanged, 2 decreased. A Wilcoxon signed rank test was used for data analysis, P value < 0.001; 1.8, CI of 95% (1.5-2.9) validated a significant improvement in knowledge post intervention. Two questions pertained to patient's self-assessment of anxiety and confidence in decision-making. Approximately 40% of patients reported a decrease in their anxiety rating by a mean of 39%. When confidence in decision-making improved, it improved by a mean of 38%.

Conclusions: There was clear trend towards a greater patient understanding of SRMs. A SDM model which incorporated an intervention (educational video and structured provider discussion) showed improved patient knowledge, alleviation of anxiety and improved confidence in decision-making. The findings demonstrate the feasibility of implementing a SDM model with newly diagnosed patients. Results should encourage providers who aspire to incorporate a SDM model as a **Best Practice** for educating and counseling all such patients.

MP2-20

Analysis of Online Urologist Ratings: Does Subspecialty Influence Mean Rating?

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Introduction: Americans are increasingly using online rating websites to obtain information about physicians and to provide feedback. We sought to perform an analysis of online ratings information, with specific focus on the relationship between overall urologist rating and urologist subspecialty.

Materials & Methods: We conducted an analysis of urologic physician ratings on Healthgrades.com. We selected 20 states throughout four US geographical regions and collected ratings data for all urologists across three practice sizes within each state (largest private practice group; largest academic center; three small urology practices, < 5 physicians). Using available online information, physicians were further categorized into one of the following subspecialty groups: general, female urology, infertility and men's sexual health, pediatrics, reconstruction, robotics/oncology, and stones/endourology. Ratings data were collected, which are provided on a scale of 1-5 (1 = "poor"; 5 = "excellent"). Statistical analysis was performed using Kruskal-Wallis analysis to assess for significant differences in the distributions of ratings within each subgroup.

Results: Data was analyzed on 872 urologists with a mean age of 53 (+/-10) years. Comparison of median ratings by physician and practice characteristics are detailed in Table 1. The median overall urologist rating was 4.0 (IQR [3.4-4.7]). Kruskal-Wallis analysis demonstrated that academic practice type and robotics/oncology subspecialty ratings were significantly higher when compared to remaining practice types or subspecialties ($p < 0.001$ for both). All other comparisons throughout practice type, specialty, region, and gender failed to demonstrate statistically significant differences.

Conclusions: In our study of online urologist ratings, academic practice setting and robotics/oncology subspecialty were associated with higher overall ratings. Further study is needed to assess whether this finding persists across other online rating websites.

Table 1: Classification of Physicians and Summary Statistics (n=872)

	N (%)	Median Rating (IQR)
Practice Size		
Large	424 (49)	3.9 [3.4, 4.4]
Academic	282 (32)	4.4 [3.8, 5.0]
Small	166 (19)	3.8 [3.2, 4.3]
Specialty		
General	426 (49)	3.9 [3.3, 4.4]
Robotics/Oncology	195 (22)	4.5 [3.8, 5.0]
Female	81 (9)	4.0 [3.3, 4.5]
Stones/endourology	65 (7)	4.3 [3.5, 5.0]
Infertility/Men's Sexual Health	48 (6)	3.8 [3.5, 4.5]
Pediatrics	45 (5)	4.1 [3.4, 5.0]
Reconstruction	12 (1)	4.0 [3.4, 4.8]
Region		
Midwest	289 (33)	4.2 [3.4, 4.8]
South	247 (28)	4.0 [3.4, 4.5]
Northeast	203 (23)	4.1 [3.5, 4.7]
West	133 (15)	4.0 [3.3, 4.4]
Gender		
Male	784 (90)	4.0 [3.4, 4.7]
Female	88 (10)	4.0 [3.4, 4.6]