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# MP78-18 THE ECONOMIC IMPACT AND OPEN RADICAL PROSTATECTOMY ON PATIENTS AND THEIR FAMILIES

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## INTRODUCTION AND OBJECTIVES

Robotic-assisted laparoscopic prostatectomy (RALP) and open radical prostatectomy (ORP) have similar clinical and functional outcomes. RALP is more expensive than ORP, but it is not clear whether subsequent postoperative costs vary. We assessed the economic impact of RALP and ORP on patients and their families in the year following surgery.

## METHODS

We recruited ORP and RALP patients planning surgery for stage T1-T2 prostate cancer at an academic cancer center. Economic impact questionnaires were completed at 3, 6, and 12 months after surgery. The self-administered survey included items regarding the use and cost of health services and

supplies, health insurance coverage and employment, and changes in the patient's and his family's finances since prostate cancer surgery.

## RESULTS

Between June 2010 and June 2011, 122 men completed a 12-month follow-up survey. Of these, 105 had health insurance. Of the 105 men who had health insurance, 12% said insurance coverage had changed since surgery, 12% said insurance coverage was the same, and 76% reported new use of insurance. Of the 105 men who had health insurance, 22% were uncertain. Of 159 men who had not had prostate surgery, 36% reported new use of insurance. Approximately 22% of men who had not had prostate surgery were greater than before surgery. Of the 159 men who had not had prostate surgery, 36% reported new use of insurance. Of the 159 men who had not had prostate surgery, 36% reported new use of insurance.

Comparing men who had prostate surgery with men who had not had prostate surgery, reports of new prescription drug use, hospitalization, or health care utilization were similar.

## CONCLUSION

Both RALP and ORP are associated with an economic burden on patients and their families, and many postoperative costs are not covered by health insurance. Neither approach appears to have an economic advantage from the patient perspective.

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76% response rate), RALP. All patients had health insurance since surgery. Of the 173 men (84%) who had health insurance, 23% were not return to work after surgery. Of the 173 men (84%) who had health insurance, 23% were not return to work after surgery. Of the 173 men (84%) who had health insurance, 23% were not return to work after surgery.

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