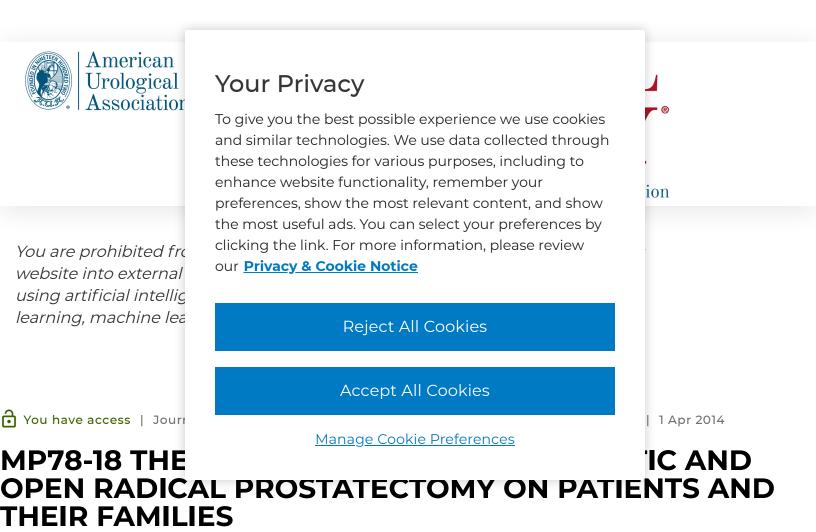
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## INTRODUCTION AND OBJECTIVES

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 and 205 completed a 12 had health insurance. C surgery, 12% said insura reported new use of incuncertain. Of 159 men vafter prostatectomy, 36 Approximately 22% of nwere greater than befo hospital, physician or of said that since surgery late, or use money from least once in the 12 more

Comparing men who h reports of new prescrip or health care utilization

CONCLUSIO

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76% response rate),
RALP. All patients
cations since
173 men (84%) who
costs and 23% were
not return to work
sick days.
eir monthly expenses
y spent money on
rapies. About 37%
bay bills or pay them
cy department at

ferences in their stoperative expenses

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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