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MP78-18 THE TIC AND OPEN RADIC NTS AND THEIR FAMIL

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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 September 2013, 441 of 584 eligible patients consented (76% response rate), and 205 completed a 12-month assessment, of whom 39% had ORP and 61% had RALP. All patients had health insurance. Of 179 men (87%) who reported any new prescription medications since surgery, 12% said insurance did not cover any of the cost of those medications. Of 173 men (84%) who reported new use of incontinence pads, 75% had no insurance coverage for those costs and 23% were uncertain. Of 159 men v not return to work after prostatectomy, 36 sick days. Approximately 22% of n eir monthly expenses were greater than befo y spent money on hospital, physician or ot rapies. About 37% said that since surgery pay bills or pay them late, or use money from cy department at least once in the 12 mor

Comparing men who h ferences in their reports of new prescrip stoperative expenses or health care utilizatio

CONCLUSIO

Both RALP and ORP ar eir families, and many postoperative co appears to have an economic advantage fr

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