PD37-03: Post Prostatectomy Incontinence: Intervention Trends in a High Risk Cohort Over Five Years

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- No disclosures
Introduction

- Post-Prostatectomy Incontinence (PPI) impacts quality of life (QOL).
- 9% of men report >3 pads per day\(^1\).
- Natural history of moderate to severe incontinence is unknown.
- Continence stabilizes at 6 months yet incontinence procedures are performed at mean 20 months-4 years post-op \(^2-6\).
- Early intervention may be beneficial.

Study Aim

• Assess if moderate to severe bother symptoms and high pad per day (PPD) count at 3 months post-operatively were predictive of future interventions for incontinence.

• Hypothesis: Men reporting high pad count and significant bother would be more likely to have subsequent incontinence procedures.
Methods

• Men with localized prostate cancer selecting prostatectomy
• Single center
• December 1999 to October 2014.
• Prospective EPIC-26 and UCLA surveys 1-60 months post op
• Excluded:
  – Patients using <3 PPD at one month follow-up (n=586)
  – Patients with <60 months of comprehensive clinic follow-up (n=827)
• Retrospective review to identify procedure status
Methods

• Fisher’s exact test and Student’s t-test
• A multiple logistic regression
  – Evaluated the impact of age, BMI, radiation, urinary bother, and PPD on the need for incontinence surgery within 60 months.
• Hypothesis testing at 95% significance with P value <0.05.
Results

- 155 patients
- Average (SD) age 61.2 (±6.0)
- Average (SD) BMI 28.5 (±3.7)
- All underwent a robotic-assisted procedure
- 28 (18.1%) required adjuvant or salvage radiation
- 20 (12.9%) patients underwent surgical intervention for incontinence within 60 months following prostatectomy
Results

- 37 (26.8%) reported ≥5 PPD at one month post-op
- 16 (11.0%) reported ≥5 PPD at 3 months post-op
- 63 (46.3%) reported moderate or severe bother from urinary control at 3 months
Results

• 14 reported ≥5 PPD AND moderate to severe bother
  – 6 (42.9%) had surgical intervention within 60 months (p<0.001)
• 65 reported ≥5 PPD OR moderate to severe bother
  – 15 (23.1%) had surgical intervention within 60 months (p=0.001)
## Results

<table>
<thead>
<tr>
<th>Variable</th>
<th>No/ Mild bother at 3 months N=90 (%)</th>
<th>Moderate/ Severe bother OR ≥5 PPD at 3 months N=65 (%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean (SD)</td>
<td>60.5 (6.4)</td>
<td>62.3 (5.2)</td>
<td>0.075</td>
</tr>
<tr>
<td>BMI, mean (SD)</td>
<td>28.6 (4.0)</td>
<td>28.6 (3.2)</td>
<td>0.921</td>
</tr>
<tr>
<td>Radiation</td>
<td>20 (22.2%)</td>
<td>8 (12.3%)</td>
<td>0.139</td>
</tr>
<tr>
<td>Pre-operative pads</td>
<td>2 (2.3%)</td>
<td>0</td>
<td>0.509</td>
</tr>
<tr>
<td>Pre-operative control score on UCLA/EPIC, mean (SD)</td>
<td>3.8 (0.5)</td>
<td>4.3 (5.1)</td>
<td>0.371</td>
</tr>
<tr>
<td>Pre-operative bother score on UCLA/EPIC, mean (SD)</td>
<td>1.4 (0.9)</td>
<td>1.7 (0.9)</td>
<td>0.035</td>
</tr>
<tr>
<td>5+ pads at 1mo after surgery</td>
<td>13 (16.1%)</td>
<td>24 (42.1%)</td>
<td>0.001</td>
</tr>
<tr>
<td>5+ pads at 3 mo after surgery</td>
<td>0</td>
<td>16 (25.8%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Incontinence surgery within 5 years</td>
<td>4 (4.4%)</td>
<td>15 (23.1%)</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td>95% CI</td>
<td>p-value</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----</td>
<td>-------------</td>
<td>---------</td>
</tr>
<tr>
<td>Age</td>
<td>1.02</td>
<td>0.93-1.13</td>
<td>0.648</td>
</tr>
<tr>
<td>Body mass index</td>
<td>1.17</td>
<td>1.01-1.36</td>
<td>0.042</td>
</tr>
<tr>
<td>History of radiation</td>
<td>1.08</td>
<td>0.26-4.47</td>
<td>0.918</td>
</tr>
<tr>
<td>Bother at 3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No or mild</td>
<td>Reference</td>
<td></td>
<td>--</td>
</tr>
<tr>
<td>Moderate or severe OR using ≥5 PPD</td>
<td>6.38</td>
<td>1.89-21.55</td>
<td>0.003</td>
</tr>
</tbody>
</table>
Discussion

• In a cohort of high risk patients, moderate to severe bother and using ≥5 PPD at 3 months post-op is associated with requesting incontinence intervention within five years.

• Identifying patients who are unlikely to recover continence and intervening earlier could reduce months of decreased quality of life.
Discussion

• Limitations
  • Retrospective
  • Pad counts by patient report
  • Limited patient population

• This study identifies factors that increase future odds of intervention, indicating a lack of symptom resolution.
• Further research is warranted.
Conclusion

• Patient counselling:
  • If moderate to severe bother and using ≥5 PPD at 3 months, consider early discussion on incontinence procedures to be performed at 6 months post-operatively.
Thank You

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