

MP 20-7981 Racial Disparities in Continence after Radical Prostatectomy

Jim C. Hu^{1,2}, Behfar Edhaie³, Daniel Skoberg⁴, Sigrid V. Carlsson^{3,4,5}, Michael Tzeng¹, Andrew J Vickers⁴

¹Department of Urology, Weill Cornell Medicine, New York, NY, USA.

²New York Presbyterian Hospital, New York, NY, USA.

³Department of Surgery (Urology Service), Memorial Sloan Kettering Cancer Center, New York, NY, USA.

⁴Department of Epidemiology and Biostatistics, Memorial Sloan Kettering Cancer Center, New York, NY, USA.

⁵Department of Urology, Institute of Clinical Sciences, Sahlgrenska Academy at University of Gothenburg, Sweden

- Comparative studies by race for radical prostatectomy outcomes are sparse
- Asians are one of the fastest growing racial groups in the U.S.
- Little is known about differences in quality of life outcomes after radical prostatectomy.
- We assessed prospectively captured age and pre- and post-RP urinary function (3, 6, 9, 12 months) captured for 6958 RP at Memorial Sloan Kettering (MSK) using the MSK RP urinary outcome scale and 138 RP at Weill Cornell Medicine using EPIC-CP from 6/06 – 8/19. There were 135 Asian-American vs. 3915 non-Asian-American men with data for analysis.
- Urinary continence was defined with the corresponding item from the MSK RP scale (0 pads and occasional pad or protective material use) and EPIC-CP (0 pads), respectively.

- The median age for Asian-American vs. non-Asian-American men was 63 interquartile range (IQR) (58, 68) vs. 62 IQR (57, 67), $p=0.073$.
- Asian-American men had significantly worse urinary continence after RP (OR 0.76; 95% CI 0.59, 0.98; $p = 0.036$).
- Among Asian men treated as MSKCC, adjusted continence rates at 3 and 6 months were 37% and 56%, compared to 40% and 65% among non-Asian men

