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PD05-10 AUGMENTED ANTIBIOTIC PROPHYLAXIS AND POST-BIOPSY SEPSIS FOR PRIVATELY INSURED MEN UNDERGOING PROSTATE BIOPSY

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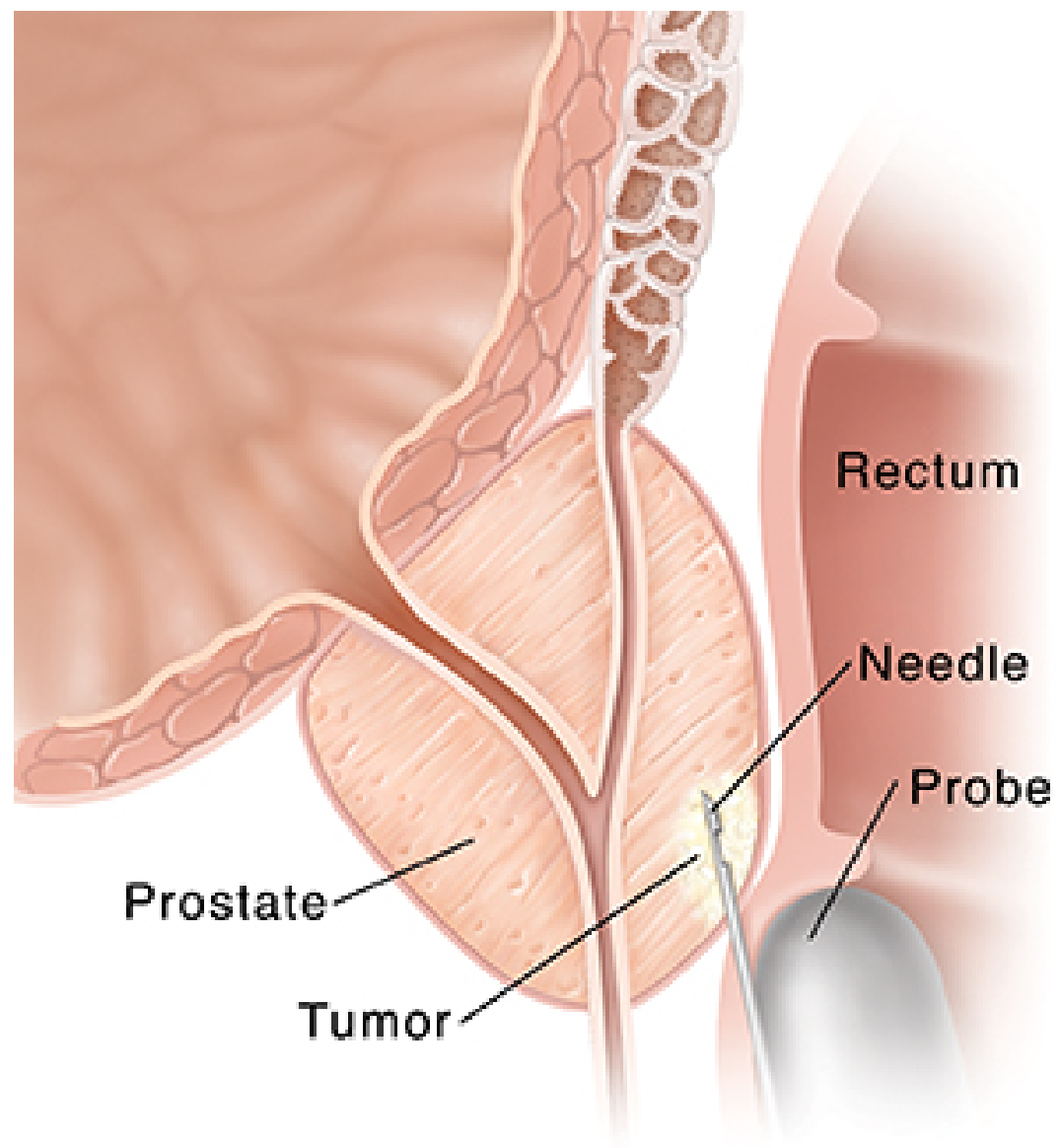
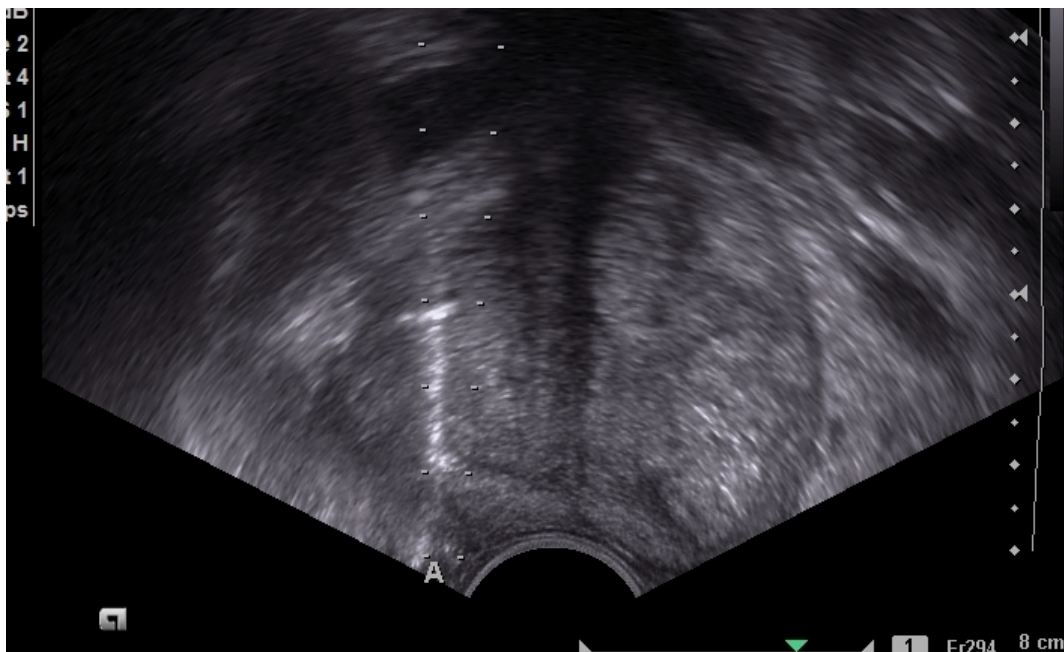
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Disclosures

- American Cancer Society (CPF; MRSG-CPHPS-18-1)
- No other relevant relationships to disclose.



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Objectives

- Assess infectious outcomes in men who underwent prostate biopsy, including sepsis.
- Determine if use of augmented or parenteral prophylactic antibiotics was associated with lower risk of infection.
- **Hypothesis:** Men who were given augmented antibiotic prophylaxis would be less likely to suffer from infectious complications.



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Methods

- **Database**

- MarketScan Commercial Claims and Encounters (2009-2015)

- **Cohort**

- N= 430,696 men with prostate biopsy
 - N = 379,226 with insurance 3 months prior and 15 days after
 - N = 319,121 with no prior UTI/sepsis
 - **N = 163,831 men with claims associated with antibiotic prophylaxis (Analytic cohort)**



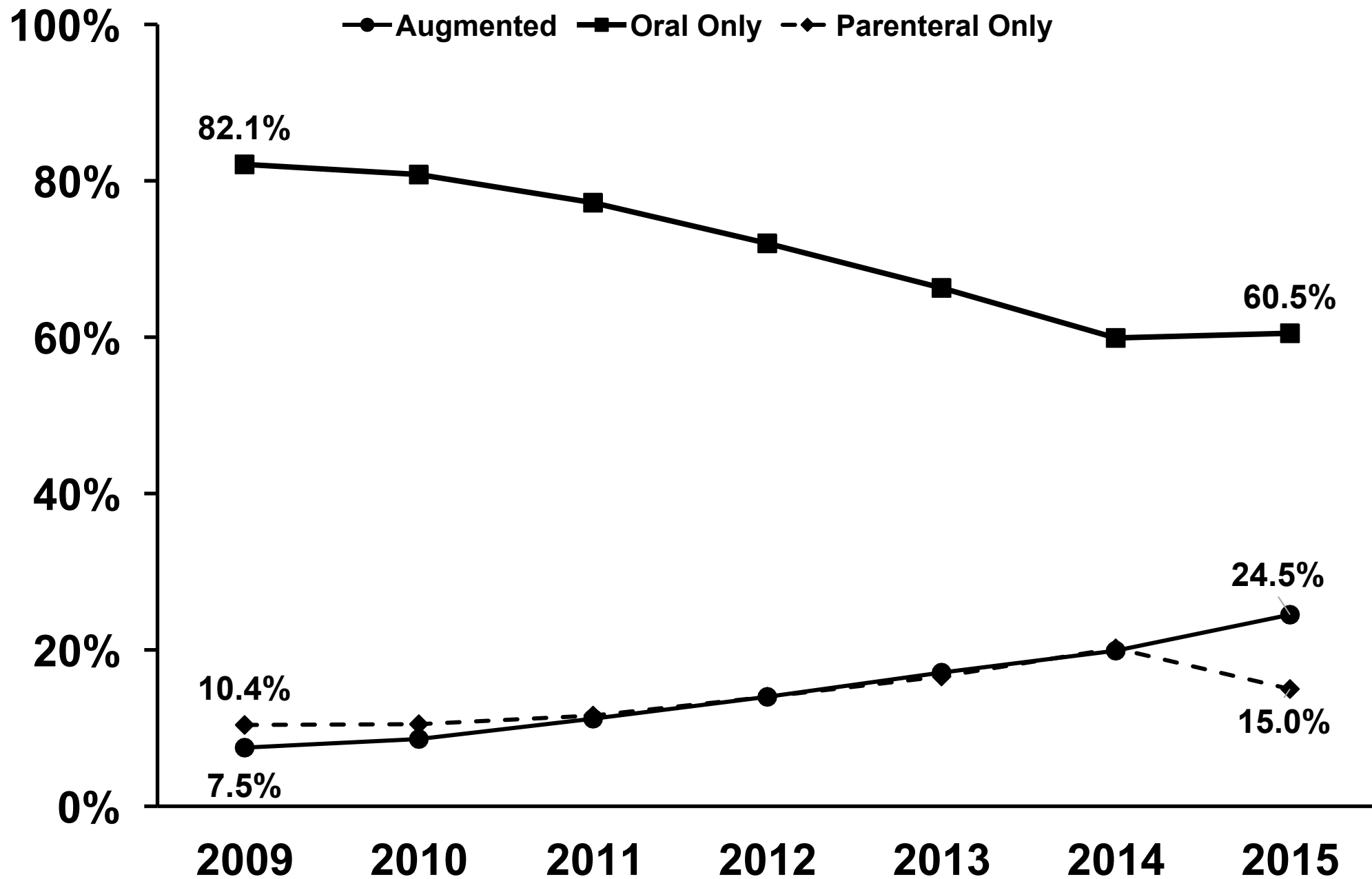
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Methods

- **Exposure = Antibiotic regimen**
 - Oral only
 - Augmented (oral + parenteral)
 - Parenteral only
- **Outcomes (within 14 days post-biopsy)**
 - Any infectious complication
 - Bacteremia/sepsis
- **Statistical Analysis**
 - Bivariate analysis and multivariable regression

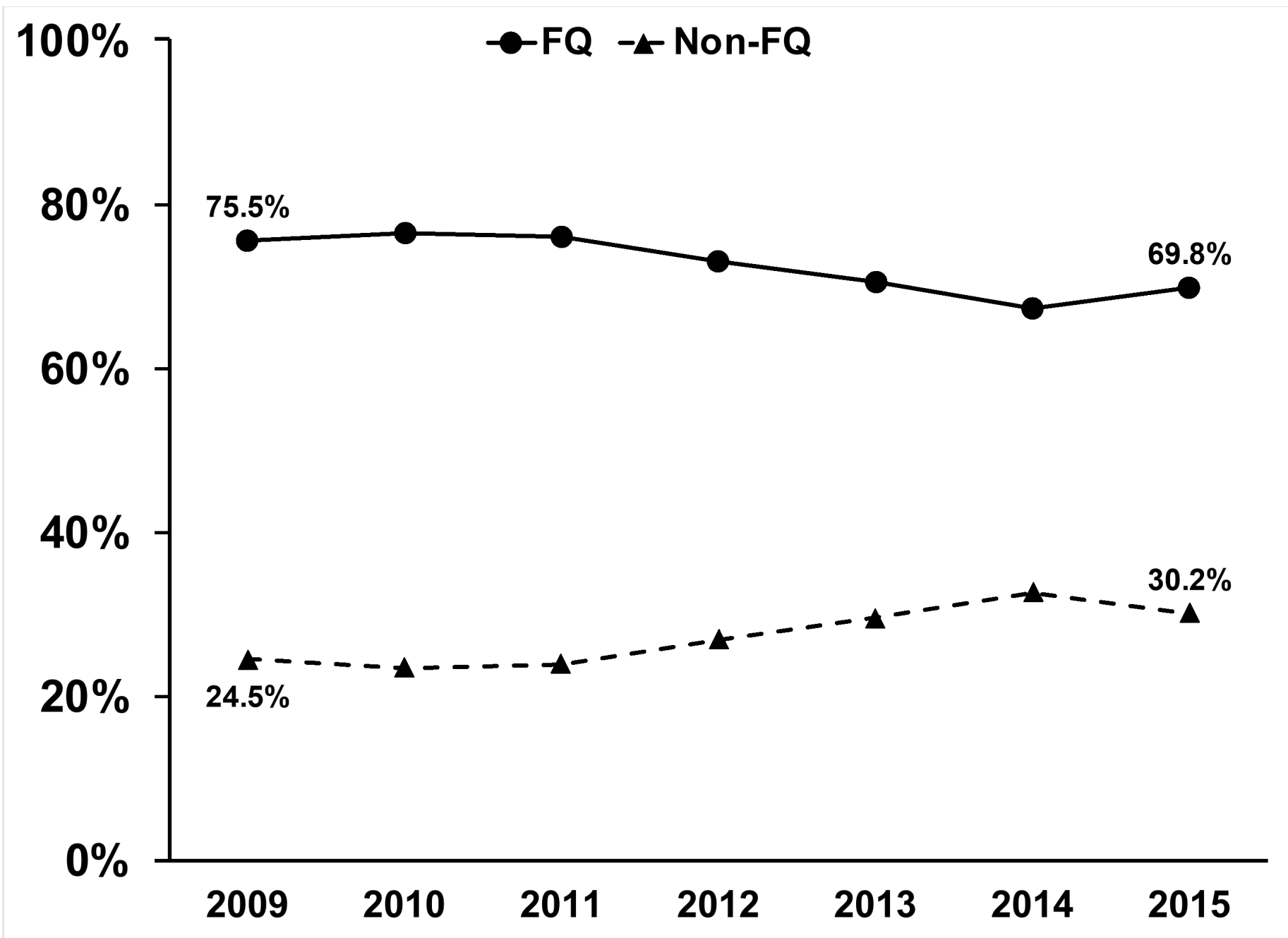


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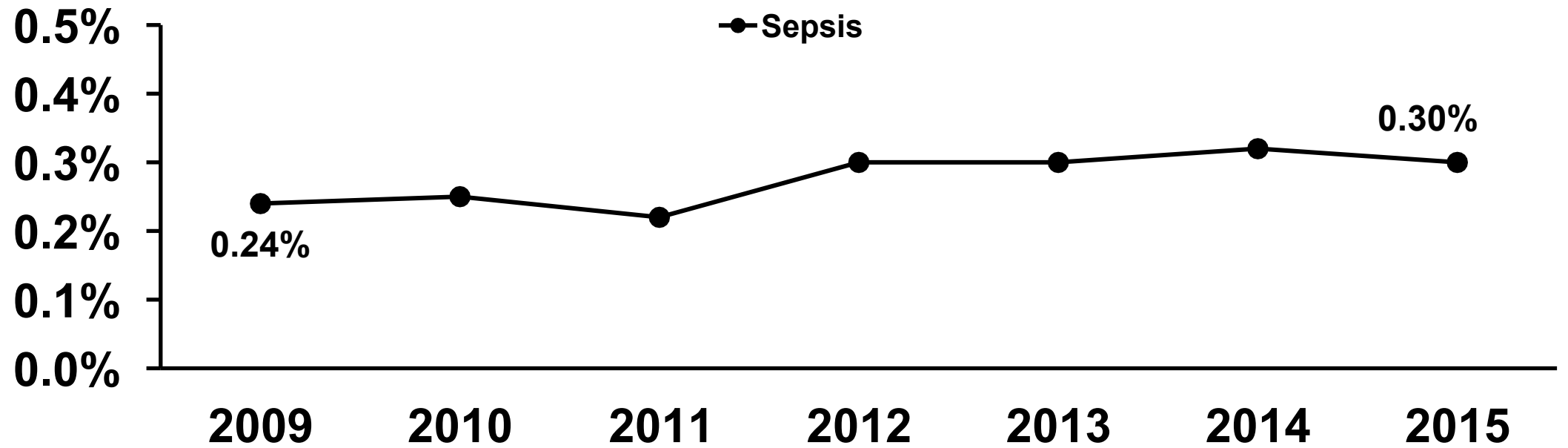
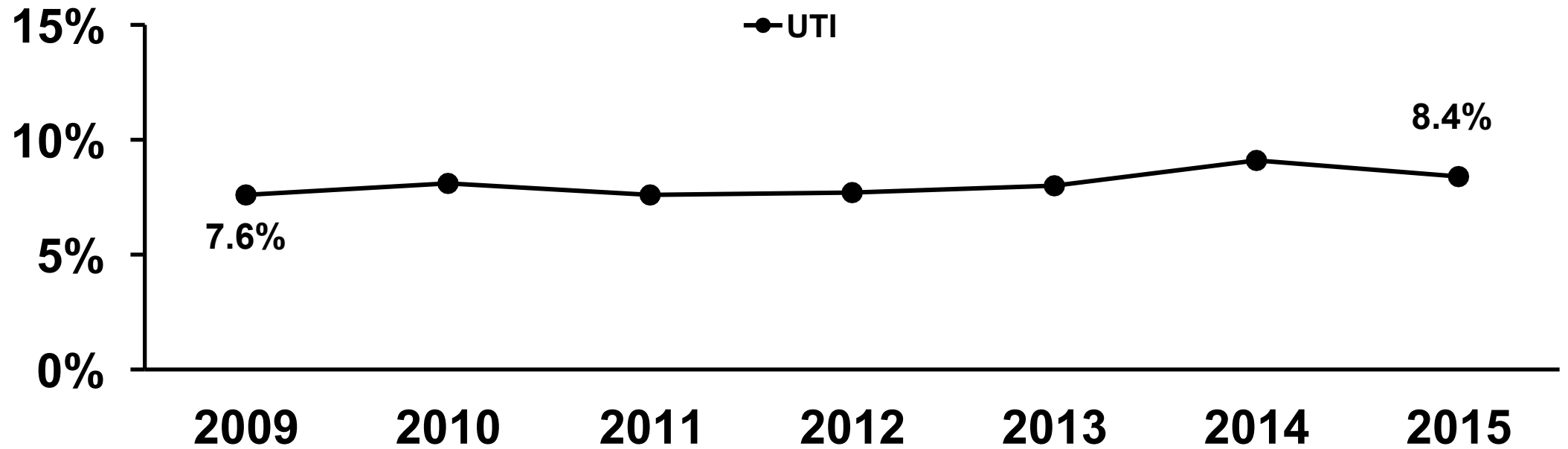


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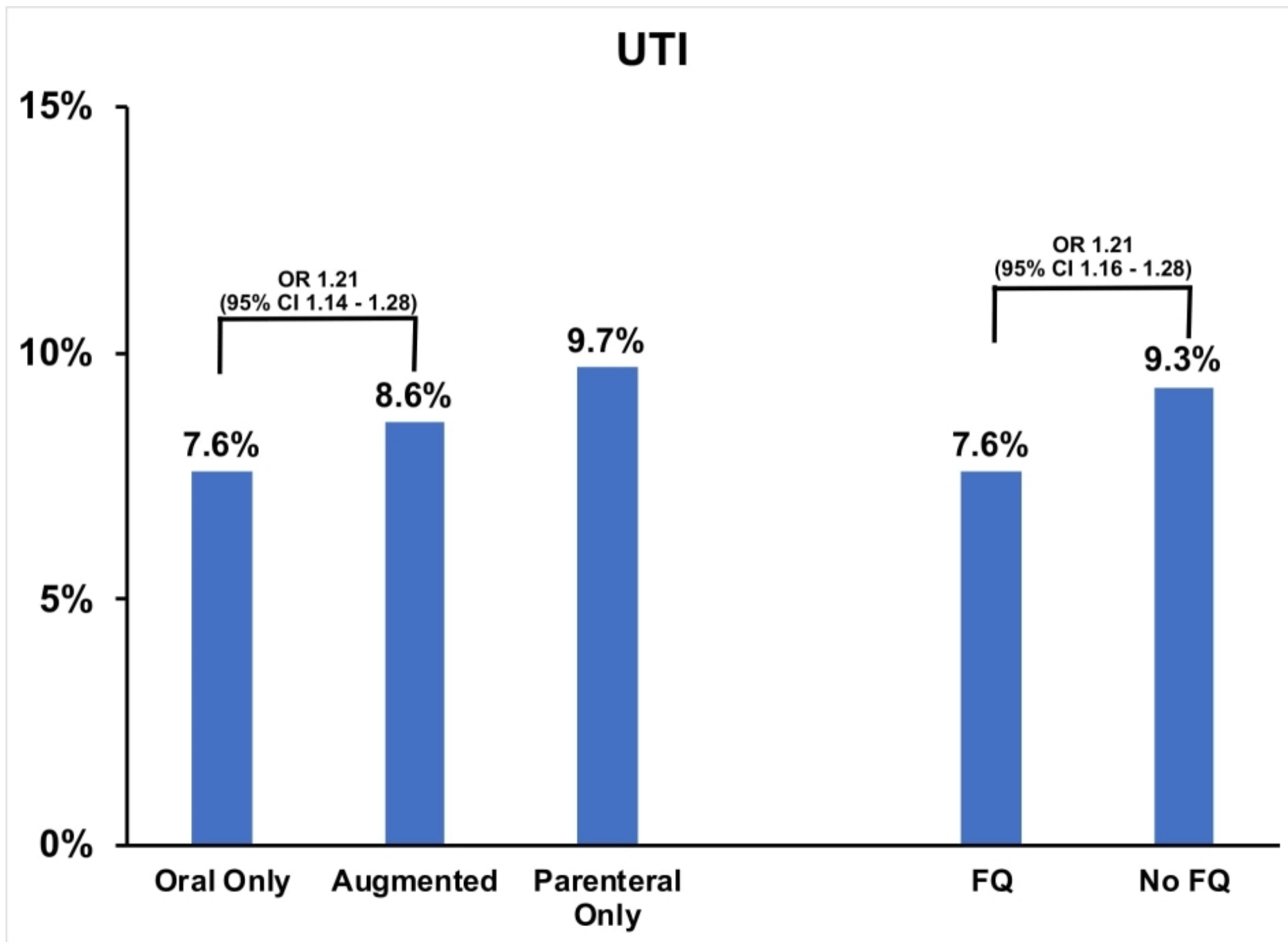


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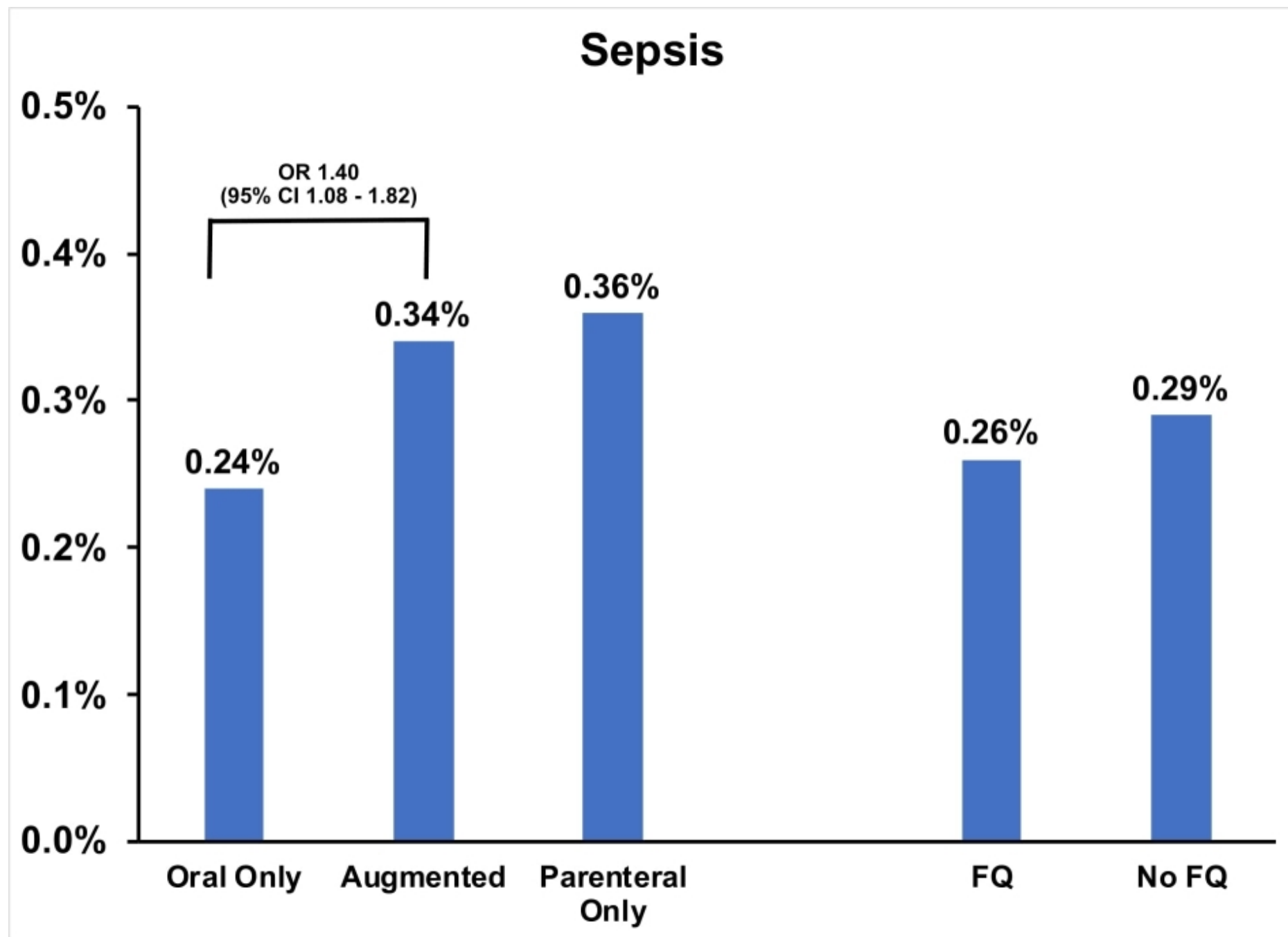


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Conclusions

- Augmented antibiotic regimens not associated with decreased risk of post-biopsy UTI or sepsis.
- Fluoroquinolone use was associated with decreased risk of post-biopsy UTI or sepsis.



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Limitations

- **Correlation not causation**
 - Antibiotic resistance increasing
 - Consistent association over time and geographically?
- **Selection bias**
 - Excluded large cohort of men without pharmaceutical claims
- **Rare event**
 - ~50 sepsis cases per year



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Thank you!