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MP51-19 IS THERE A GENDER OR RACIAL PROMOTION DISPARITY IN ACADEMIC UROLOGY?

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(< 100,000 population). Surgeon practice type (e.g. academic, private, salary hospital, etc) was also evaluated with particular focus on cases performed by full-time academic physicians. Also, trends in changes in surgeon practice area are also reported comparing the first 5-year (2008-2012) vs. second (2013-2017) 5-year period with significant changes (rising (+), falling (-)) reported.

RESULTS: The table shows the results only for those codes in which % cases being performed in practice area < 100,000 (case group 1) was significantly different from the entire index cohort – including significantly more often or less often. A partial list of non-significant procedures (i.e. not different from entire cohort) and therefore not in the table include: ureterolithotomy, any colporrhaphy, open radical nephrectomy +/- IVC thrombectomy, IPP, vasovasostomy. Although the % in case group 1 was not significantly different between the first (2008-2012) vs. second (2013-2017) 5-year periods for the entire cohort, significant changes (increase (+) or decrease (-) were noted for 4 procedures (see table). Percent of procedures performed by academic urologists are also noted.

CONCLUSIONS: This analysis provides an assessment of procedures that are more and less commonly performed in non-metropolitan and in academic settings. A better understanding of these differences and trends helps us to better plan care delivery for NM populations and non-teaching hospital patients which may include strategies of telehealth and improved care coordination.

CPT	Description	% case group 1 (pop < 100k)	% FT academic
57288	Urethral sling for stress incontinence	16.9%	5.3%
55250	Vasectomy	15.0%	8.5%
50590	ESWL	14.8%	7.7%
55840, 55842, 55845	Open prostatectomy (w or wo LND)	14.4%	16.5%
52344	Ureteroscopic mgmt. of ureteral stricture	14.3%	12.1%
52601	TURP	14.2%	12.5%
55700	Prostate biopsy	14.2%	12.5%
52351, 52352, 52353	Ureteroscopy (diag, USE, lithotripsy)	14.2%	12.5%
52224, 52234, 52235, 52240	TURBT	14.0%	13.1%
52276	DVIU	13.9%	11.6%
52648	Laser PVP	13.8%	9.8%
ALL CODES	ALL CODES	13.0%	14.0%
50240	Open partial nephrectomy	11.5%	18.8%
50080, 50081	PCNL	10.8%	14.3%
51550, 51555, 51565	Partial cystectomy	10.7% (+)	22.0%
50760	Ureteroureterostomy	10.5%	26.1%
53445	AUS	10.1%	16.3%
54120	Partial penectomy	10.0%	27.9%
50545, 50546	Laparoscopic nephrectomy (includes radical)	10.0%	15.8%
50548	Laparoscopic nephroureterectomy	9.1%	16.8%
50780, 50785	Ureteroneocystostomy w/wo psoas, Boari	9.1%	25.3%
55866	Lap/Robotic prostatectomy	8.5%	16.1%
51570, 51575, 51590, 51595, 51596, 51597	Complete/radical cystectomy (w/wo PLND, diversion, exent)	8.2%	26.6%
54300	Repair penile curvature	8.1% (+)	30.2%
54400	Semi rigid prosthesis	7.7%	17.6%
50544	Laparoscopic pyeloplasty	7.6%	19.4%
51990	Lap urethral suspension	7.5%	20.1%
50543	Laparoscopic partial nephrectomy	7.5% (-)	18.0%
53400, 53410, 53415	Urethroplasty	6.5%	33.2%
53215	Male urethrectomy	6.0%	32.3%
49203, 49204, 49205	RP mass excision (<5cm, >5cm, >10cm)	5.6%	39.9%
50840	Ileal ureter	5.4%	55.4%
38780	RPLND	4.9%	46.3%
51960	Enterocystoplasty	3.8%	47.3%
54900, 54901	Epididymovasostomy (unilateral or bilateral)	2.9% (-)	33.0%
51940	Bladder extrophy closure	0.0%	65.2%

Source of Funding: None

MP51-18
PRACTICE PATTERNS OF PROSTATE BIOPSY ANTIBIOTIC PROPHYLAXIS IN OVER 4000 PATIENTS FROM THE PENNSYLVANIA UROLOGIC REGIONAL COLLABORATION (PURC)

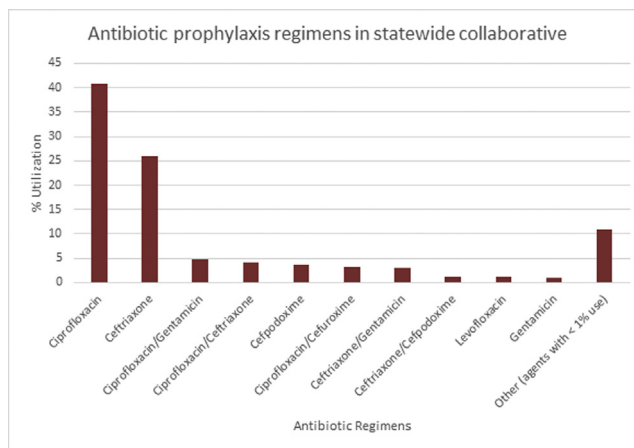
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INTRODUCTION AND OBJECTIVES: Prostate needle biopsy (PNB) is the referent standard for establishing the histologic diagnosis of prostate cancer. Several white papers and best practice statements from the American Urologic Association (AUA) have addressed elements of the PNB procedure. The extent to which such publications have standardized practice patterns remains unclear. Therefore, we review practice patterns pertaining to PNB in a large statewide quality registry with a focus on the extent of heterogeneity across practices and providers.

METHODS: The Pennsylvania Urologic Regional Collaboration (PURC) is a physician-led statewide quality collaborative focusing on prostate cancer diagnosis and therapy. Established in 2015, 9 participating practices encompassing 88 physicians have accrued over 5,600 patients into this data registry. Amongst these patients, 4175 (74%) had a PNB performed at one of the practices and formed the cohort of interest. SAS version 9.4 was used for analysis.

RESULTS: 4175 men underwent a transrectal ultrasound or fusion guided biopsy of which 82% were an initial biopsy, 13% had one prior biopsy, and 5% had multiple prior biopsies. Antimicrobial prophylaxis was prescribed in 97% of cases with 92% of men having documentation of receipt prior to the time of biopsy. Antibiotic regimen strategies included single agent in 76% of cases, dual agent augmented treatment in 21%, and triple antibiotic prophylaxis in 3%. The most common prophylaxis regimen was single agent Ciprofloxacin (41%) or Ceftriaxone (26%) with an amalgam of different combinations thereafter. (Figure) Rectal cultures with targeted antibiotics was infrequently incorporated into practice (<1% of cases). Infectious complications including fever, documented UTI, or urinary sepsis were documented in 31 patients (0.86%). No specific antibiotic regimen was associated with infections (p>0.05 for all)

CONCLUSIONS: Reported infection rates following PNB in this large registry is low (~1%). Nonetheless, significant practice pattern variability exists across providers with regards to procedural antibiotic prophylaxis. Efforts at standardization with published AUA recommendations continues albeit with understanding some inherent variability exists based on local antibiograms.



Source of Funding: none

MP51-19
IS THERE A GENDER OR RACIAL PROMOTION DISPARITY IN ACADEMIC UROLOGY?

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INTRODUCTION AND OBJECTIVES: Over the past decade, increasing numbers of women are entering academic urology, promoting more gender balance in a field long dominated by men. Reports have shown that women advance along academic promotion in many fields of medicine and surgery more slowly than men for unclear reasons. Timely promotion and assessment is important

for retention of faculty and has implications for salary parity and job satisfaction. We sought to better understand promotion time lines across gender and race/ethnicity and how academic output impacts promotion.

METHODS: We examined data from the 2017 AUA Census. A subset cohort that endorsed having an academic appointment were asked questions regarding their promotion time line. We obtained demographic and academic output information including the number of peer-reviewed articles published and types of grants obtained (NIH, DOD, PCORI, other federal agencies and foundation-funded grants). Complex survey weights were used to make population projections.

RESULTS: A total of 554 urologists endorsed having an academic appointment, representing 2,991 urologists in academic medical centers in the United States. Among those 2,991 academic urologists, 12.6% of them are women, 80.3% are white, 6.5% are Hispanic. On average, women took 1.2 years longer than men to advance from Assistant to Associate Professor, 7.3 years (95% CI 6.8-7.8) vs 6.1 years, 95% CI 5.7-6.5, $p < 0.001$. Advancement from Associate to Professor was similar in women and men (6.0 years (95% CI 5.1-6.9) vs. 6.4 (95% CI 5.8-7, $p < 0.001$). The time line for promotion was not statistically different across race/ethnicity. Women were less likely to be a principal investigator (PI) on a federal grant than men, although this did not reach statistical significance (33.5% (95% CI 24.1-44.4% vs 47.5% (95% CI 42.4-52.6%, $p = 0.893$).

CONCLUSIONS: Women took 1.2 years longer to reach Associate Professor than men, while there was parity in promotion to Professor. Race/ethnicity did not appear to impact the number of years to promotion. Further research is needed to elucidate whether child rearing, gender bias, or other factors are associated with a delay in promotion of women in urology.

MP51-20
DIFFERENCES IN PERCEPTION OF SEXUAL SIDE EFFECTS FROM TREATMENT OF PROSTATE CANCER BY SEXUAL ORIENTATION

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INTRODUCTION AND OBJECTIVES: Previous work has shown that men who have sex with men (MSM) with prostate cancer (PCa) are less likely to be satisfied with PCa care compared to heterosexual men (HSM). PCa treatment can lead specifically to sexual side effects. While the impact of these side effects has been studied extensively in HSM, data on how MSM perceive sexual side effects associated with PCa treatment is lacking. Our objective was to determine if differences exist in how PCa treatments are perceived by MSM and HSM.

METHODS: 618 men (285 MSM, 333 HSM) between 50-89 years old from across the US were administered a self-reported online survey regarding perceptions of the sexual side effects associated with PCa treatment. Continuous variables were analyzed with a t-test, and a chi-square test was utilized for categorical variables.

RESULTS: The two cohorts were well matched with regard to demographics, including age, race, and education. MSM placed greater importance than HSM on having ejaculate with climax (41.6% vs 25.85%, $p < .0001$) and preservation of penile length (34.74% vs. 23.6%, $p = .0005$). MSM felt more strongly about erections being a part of their sense of masculinity (69.78% vs 61.73, $p = 0.02$) and were more likely to be bothered by erectile dysfunction (74.19% vs. 69.06%, $p = 0.046$). There was no difference in the perceived bother of climacturia between the two groups. In terms of sexual relationships, MSM were more likely than HSM to be in relationships that were not monogamous (38.5% vs. 10.38%, $p < .0001$), had a greater number of sexual partners in the preceding year (33.3% MSM had 2 or more partners vs. 0% in HSM), and were more likely to be sexually active in the preceding year (75.46% vs. 57.01, $p < .0001$).

CONCLUSIONS: MSM are more likely than HSM to feel bothered by erectile dysfunction, ejaculatory dysfunction and loss of penile length, all of which can be affected with prostate cancer treatment. MSM are less likely to be in monogamous relationships, are more likely to have a greater number of sexual partners, and are more likely to be sexually active. Knowledge gaps in expectations and relationship status in MSM are not well elucidated and may play an important part in helping MSM with prostate cancer maintain sexual satisfaction.

Source of Funding: None

Table: Promotion Disparities by Gender and Racial Factors in Academic Urology

Demographic Characteristics					
	United States		Academic Institutions		Representation in Academic Institutions
	#	%	#	%	
Number of Female Urologists	1,106	8.8	381	12.1	Higher
Number of Male Urologists	11,410	91.2	2,776	87.9	Lower
Total Number of Urologists	12,517	100.0	3,157	100.0	
White	10,053	80.3%	2,409	76.3	Lower
Others	2,464	19.7	748	23.7	Higher
Asian	1,471	11.7	481	15.2	Higher
Black	255	2.0	62	2.0	Flat
Hispanic	517	4.1	95	3.0	Lower
Non-Hispanic	11,699	93.5	2,983	94.5	Flat
Unknown	301	2.4	79	2.5	
Average Number of Years from Assistant to Associate Professor by Gender					
Group	# Sample	Population	Number of Years	95% Confidence Interval	Significance
Male	311	1,624	6.09	(5.68-6.49)	<0.001
Female	33	126	7.28	(6.79-7.77)	
All	344	1,750	6.17	(5.80-6.55)	
Average Number of Years from Associate to Full Professor by Gender					
Male	197	1,102	6.40	(5.79-7.01)	NA
Female	11	51	6.00	(5.10-6.90)	
All	208	1,153	6.38	(5.80-6.97)	
Average Number of Years from Assistant to Full Professor by Gender					
Male	193	1,081	11.77	(11.01-12.53)	NA
Female	11	51	13.30	(12.04-14.56)	
All	204	1,132	11.84	(11.11-12.57)	
Average Number of Years from Assistant to Associate Professor by Race					
White	262	1,338	6.07	(5.62-6.52)	NA
Others	82	411	6.49	(5.86-7.11)	
Black	7	33	6.44	(5.34-7.54)	NA
Non-Black	337	1,716	6.17	(5.78-6.55)	
Asian	56	277	6.44	(5.63-7.25)	NA
Non-Asian	288	1,472	6.12	(5.70-6.54)	
All	204	1,132	11.84	(11.11-12.57)	
As A Principal Investigator in Grant-Funded Project by Gender					
Male	470	2,614	47.5%	(42.4%-52.6%)	NA
Female	84	378	33.5%	(24.1%-44.4%)	
All	554	2,991	45.7%	(41.1%-50.4%)	
As A Principal Investigator in Grant-Funded Project by Race					
White	426	2,309	47.7%	(42.4%-53.1%)	NA
Non-White	128	682	39.1%	(30.5%-48.5%)	
Black	14	64	50.7%	(23.6%-77.4%)	NA
Non-Black	540	2,927	45.6%	(41.0%-50.4%)	
Asian	89	451	38.6%	(28.8%-49.5%)	NA
Non-Asian	465	2,540	47.0%	(41.9%-52.2%)	
All	554	2,991	45.7%	(41.1%-50.4%)	

Source of Funding: Alafi Foundation