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Breyer, Benjamin N

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EDITORIAL COMMENTS



Urological epidemiology has evolved since the original UDA paper on LUTS/BPH was published in 2005.¹ That work by Wei et al has been a valuable resource with more than 500 citations. Today health services and outcomes research programs are ubiquitous and ever popular. The ability to obtain, create and analyze big data sets continues to expand, as does the workforce with the training and desire to answer important questions and generate new knowledge. One may wonder whether the UDA will have as much impact today as it did in 2005.

The current study shows the promise and power of the UDA. The UDA enabled collaboration of experts in the field; researchers were brought together to study urological disease. The UDA facilitated access and analysis of high quality longitudinal data which are available to anybody and yet it has

barriers. Optum is costly and working with Medicare data benefits from an experienced analyst.

Welliver et al examined a decade of LUTS/BPH management trends. They found that medicine use increases with patient age while surgery decreases. Younger men were more likely to elect treatments which did not impact their sex lives. Understanding the impacts of newer, minimally invasive BPH therapies not yet covered in these data will be exciting future work. We can look forward to UDA projects to come which address critical questions with big data.

Benjamin N. Breyer

*Departments of Urology and Epidemiology and Biostatistics
University of California-San Francisco
San Francisco, California*

REFERENCE

1. Wei JT, Calhoun E and Jacobsen SJ: Urologic diseases in America project: benign prostatic hyperplasia. *J Urol* 2005; **173**: 1256.



This excellent analysis shows practice management trends and the impact of guidelines as they are issued, reimbursements as they change, technology adoption as well as the marketing power of industry.

Reimbursement and marketing power better explain utilization trends. Graphs of various treatments show the influence of industry to promote each technology (fig. 3 in article). Open prostate and TUIP had low numbers during the whole period, reflecting limited promotion for these procedures. Despite being minimally invasive with sexual dysfunction and retrograde ejaculation rates as low as those of other MIST procedures, TUIP never gained increased use since industry did not actively promote TUIP. Its reimbursement is also lower than for other MISTs and TURP. Comparatively TURP continues to enjoy high utilization but it was impacted by the introduction of laser prostatectomy, of which prostate photovaporization was the most popular with solid marketing support by industry. The waxing and waning trends of prostate photovaporization seem to coincide and reflect periods when technology was undergoing corporate transition instability while being acquired. Meanwhile, TUNA and TUMT demonstrated growing utilization in 2004 to 2008 with higher use in younger men.

These trends were driven by high reimbursements and the combined marketing power of MIST companies rather than a preference for MIST or for the preservation of sexual function, especially since MIST sexual function studies were poor in those periods.

Despite similar reimbursement rates and sexual side effects, the TUMT incidence was several times higher than the TUNA rate because up to 5 TUMT companies were marketing that technology vs 1 for TUNA. The steady decline in thermotherapy is better explained by decreased reimbursement and decreased marketing. Recently TURP demonstrated a growing increase in use, reflecting the introduction of bipolar technology, which has slowly replaced monopolar technology. Bipolar TURP is also advantageously marketed and provided by major endoscopic companies with access to the surgeon-physician.

The insights raised by these data are valuable and may change how practice adopts technology in the future.

Alexis E. Te

*Department of Urology
Weill Medical College of Cornell University
New York, New York*