Hypothesis / aims of study
The aim of the study is to assess functional outcomes, using validated questionnaires, in a large group of patients after robot-assisted radical prostatectomy (RARP) in a single center. We also assessed the correlation between ICIQ-SF and EORTC QLQ-C30 results in order to evaluate the association between objective measurements and “return to normal activities” which represents the “real life” functional goal of this technique.

Study design, materials and methods
363 patients underwent RARP between September 2009 and August 31st 2016. All data were prospectively collected in a compulsory regional database (Flemish cancer registry). The database was accessed on August 2016. Pre- and post-operative ICIQ-SF and EORTC QLQ-C30 questionnaires were available for every patient. Minimal clinical important difference (MCID) values between pre and post-operative scores (defined as the smallest difference in score in the domain of interest which patients perceive as successful) were used to define a successful outcome after surgery. Paired T-test analyses were used to compare pre and post-operative results. Patients where then subdivided, according to the MSID, in two groups: patients with successful outcome and without successful outcome. Chi-squared test was used to investigate the relationship between ICIQ-SF and EORTC QLQ-C30 results.

Results
Mean follow up was 13.5 months (median11, range 1-43). Before surgery, 81% of patients reported a ICIQ-SF score of 0. Using MCID= 4,11 points, this proportion decreased to 60% (N=227), p=0.26. At baseline 45% of patients had Global health scores of 100 (45%). After surgery this proportion was 52%. MCID was 6,67, (p=0.00). Before surgery 76% and 88% of patients resulted to have 100 points in Physical and Role functioning respectively. After surgery this proportion decreased to 71.6% and 67% (p=0.89, 0.043) respectively. MCID resulted to be 6.4 and 9.1 points respectively. The results obtained for each EORTC QLQ-C30 domain were compared to the objective results of the ICIQ-SF. Satisfactory EORTC outcomes were not associated to satisfactory ICIQ-SF scores (all p≤ 0.05).

Interpretation of results and Concluding message
According to our knowledge, this is the first prospective, single center study comparing ICIQ-SF results and the real-life outcomes addressed with EORTC QLQ-C30, of a big cohort of patients submitted to RARP. We showed that quality of life is not only determined by objective continence outcomes and should be associated with more true-life questionnaires, in order to improve the knowledge and the treatment of this group of patients.

Disclosures
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