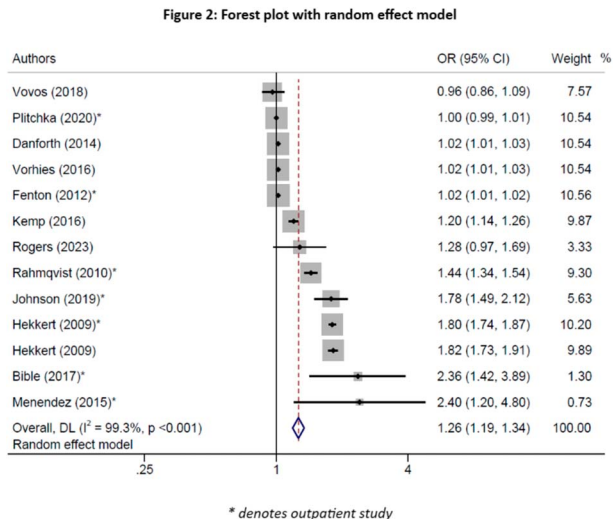
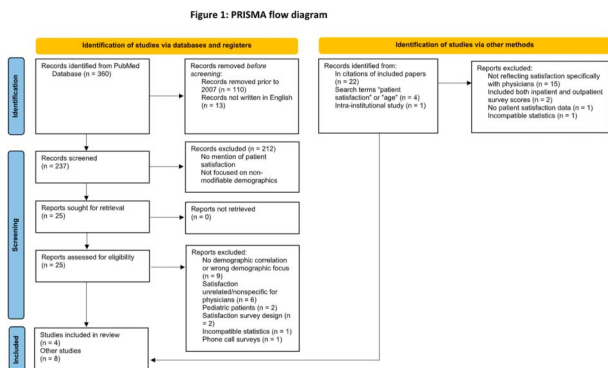


METHODS: A focused literature search according to PRISMA guidelines was performed from 2007 to the present using the PubMed database. Odds ratios were included from each paper or were calculated using the Practical Meta-Analysis Effect Size Calculator.

RESULTS: Out of 387 reviewed papers, 12 articles were selected for this systematic review resulting in a total of 174,558 patients. Selected studies included overall hospital and surgical subspecialty data of patient satisfaction scores of their physician providers only. The overall analysis for inpatients and outpatients revealed an odds ratio (OR) of 1.26 (95% confidence interval [CI], 1.19 to 1.34; I² = 99.3%; p value of <0.001). The inpatient setting showed an OR of 1.18 (1.07 – 1.30); I² = 99.1%; p < 0.001, whereas the outpatient setting showed an OR of 1.38 (1.24 – 1.55); I² = 99.5%; p < 0.001. Funnel plot and bias test did not show publication bias in both the inpatient and outpatient settings (p-value of 0.242, and 0.139, respectively).

CONCLUSIONS: There is a positive and statistically significant relationship between patients' age and satisfaction with their physicians, meaning that older patients are more satisfied with their physicians than their younger counterparts in both inpatient and outpatient settings. This relationship was more pronounced in the outpatient setting.



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MP33-19

A TRANSFUSION DASHBOARD INITIATIVE SAFELY REDUCES UNNECESSARY GROUP AND SCREEN TESTING FOR ENDOUROLOGIC PROCEDURES

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INTRODUCTION AND OBJECTIVE: Group and screen (G&S) testing is routinely performed pre-operatively for many endoscopic procedures, despite a low rate of blood transfusion. While important, testing can be costly, unnecessary and burdensome to patients to obtain G&S in a short timeframe due to expiry. We aimed to assess and reduce unnecessary G&S testing in a safe and collaborative manner through a Transfusion Dashboard. We assessed the effect of reduced G&S testing on cost and the environment.

METHODS: The Transfusion Dashboard (TD), launched at UBC in 2020, is a quality improvement initiative which tracks procedure-specific transfusion rates. Based on initial findings, recommendations for pre-operative G&S for endoscopic procedures were developed. We reviewed incidence of G&S testing, perioperative transfusion rates and rescue transfusion rates (when a patient without G&S needs urgent, uncrossed transfusion) in endourological procedures before and after the implementation of this initiative with the chi-squared test. We also assessed cost and environmental savings.

RESULTS: From 2016-2023, outcomes were tracked for 4393 pre-TD initiative and 2058 post-TD initiative patients who underwent endoscopic procedures (Table 1). We found a statistically significant decrease in G&S testing post-TD for TURP, PNL, HoLEP, and TURBT by as much as 63.6% (Table 1, p < 0.001). There was no change in uncrossed or overall blood transfusions (0% for all groups). In 2022, for TURP alone, this resulted in a total saving of \$1947 and reduction of 40Kg in CO₂ emissions by eliminating 75 patient visits to the laboratory.

CONCLUSIONS: Institutional and procedure specific G&S testing guidelines decrease unnecessary tests, leading to improved resource stewardship, reduced cost, respecting patients' time, and environmental savings. While the cost savings per group is modest, care improvements may be amplified safely in larger organizations and across more procedures.

Table 1. Pre and Post TD Initiative G&S rates and transfusion rates. For all procedures, post-TD had a significantly decreased G&S rate without an increase in uncrossed or other transfusion rate.

	Pre-op GS rates (%)			Transfusion rates (%)								
	Pre	Post	p-value	Intraop	POD0	POD1-3	Overall	Intraop	POD0	POD1-3	Overall	p-value
TURP (n=1865)	92.2	28.6	<0.001	0.15	0.38	0.38	0.77	0.36	0.71	0.53	1.24	0.327
HoLEP (n=904)	94.4	78.1	<0.001	0	0.43	1.3	1.73	0.23	0.68	0.90	1.36	0.652
TURBT (n=2034)	8.7	2.9	<0.001	0.21	0.35	0.64	0.85	0.16	0.64	0.80	1.44	0.224
PNL (n=1648)	95.4	83.2	<0.001	1.31	2.54	3.69	5.16	2.10	4.44	2.57	5.61	0.720

Source of Funding: None

MP33-20

A PHARMACOVIGILANCE STUDY OF HUMAN CHORIONIC GONADOTROPIN-ASSOCIATED ADVERSE EVENTS IN MALES

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INTRODUCTION AND OBJECTIVE: Human chorionic gonadotropin (hCG) is an exogenous analog of luteinizing hormone (LH). The only FDA-approved indication for males is to treat hypogonadotropic hypogonadism and cryptorchidism. hCG is used off-label to treat other conditions, including hypogonadism with various etiologies and infertility. Thus, little has been reported on the adverse side effects of hCG. We sought to explore the W.H.O pharmacovigilance database (VigiBase), the world's largest pharmacovigilance database, based on spontaneous individual case safety reports (ICSR), in order to report adverse events associated with the use of hCG.

METHODS: We conducted a pharmacovigilance study using VigiBase on hCG use in men. We used reporting odds ratio (ROR), a

surrogate measure of association used in disproportionality analysis, with 95% confidence intervals (CI), and descriptive demographic statistics were calculated. Conclusively for ease of interpretation, related indications and adverse events were grouped. Furthermore, we ran sensitivity analyses on indications, age, and gender to mitigate uncertainty in our results.

RESULTS: A total of 530 adverse events of hCG usage in men were identified; only 308(58.11%) had indication reported. Age demographics were; 157(29.62%) children, 241(45.47%) adults, 132(29.91%) unknown age. There was a significant disproportionally signal with dosing and administration errors 75(14.15%) (ROR, 5.313; 95% CI, 4.162-6.784), reproduction and fertility disorders 13(2.45%) (ROR, 12.117; 95% CI, 6.987-21.012), testicular and epididymal disorders 13(2.45%) (ROR, 102.245; 95% CI, 58.919-177.430), and penile disorders 4(0.75%) (ROR, 41.819; 95% CI, 15.627-111.908). In our pediatric sub-group, edema, whether facial, peripheral, or generalized, represented 12.73% of adverse events, with a significant disproportionally signal (ROR, 10.052; 95% CI, 5.579-18.115). Main indications included; 85(16.03%) hypogonadism, 74(13.96%) cryptorchidism, 41(7.73%) anabolic steroids and substance abuse, 32(6.03%) hypothalamo-pituitary disorders, 30(5.66%) infertility, and testicular failure.

CONCLUSIONS: We report the first global pharmacovigilance study of hCG usage and adverse events in males. hCG appears to be associated with a spectrum of perhaps underappreciated relevant physical side effects. Additionally, we noted a strong association of dosing and medication errors which raises concern about deficits in patient education and medication packaging for hCG, suggesting further investigational studies.

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