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MP67-23 EVALUATING THE AWARENESS, CLINICAL EXPERIENCE AND KNOWLEDGE OF FEMALE GENITAL MUTILATION/CUTTING AMONG FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY SPECIALISTS IN THE UNITED STATES

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CONCLUSIONS: This is the first fellowship of its kind in the Caribbean to our knowledge. A novel curriculum was created and implemented, and the first two fellows have successfully completed all rotations. This training model may be transferable to additional sites.

Source of Funding: None

MP67-21

KNOWLEDGE AND PRACTICES OF URETHRAL RECONSTRUCTION AMONG MEMBERS OF THE CARIBBEAN UROLOGICAL ASSOCIATION AND PAN AFRICAN UROLOGICAL SURGEONS ASSOCIATION

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INTRODUCTION AND OBJECTIVE: Urethral stricture disease is a common condition seen by urologists in Africa and the Caribbean. Management of urethral strictures in these areas is not well known. We performed this study to evaluate the current attitudes and practices in the management of urethral stricture disease (USD) among Caribbean and African urologists.

METHODS: An online questionnaire, similar to those previously used, was distributed to the members of the Caribbean Urological Association and the Pan African Urological Surgeons Association (PAUSA) using SurveyMonkey®. Demographic data, data on investigations used and surgical techniques used in the management of urethral stricture disease were gathered.

RESULTS: Responses were received from 31 urologists practicing in 10 islands with the majority of urologists practicing in Jamaica and Trinidad and Tobago. There were 50 respondents from among the membership of PAUSA. In both organizations, most respondents practiced both privately and publicly with the majority practicing in academic settings. Among Caribbean urologists 24% saw 15 strictures or more a year in routine practice. Comparably, 62% of African urologists indicated that they saw more than 15 strictures a year. Urologists in the Caribbean were more likely to pursue buccal mucosal urethroplasty as a treatment option than their African counterparts (54% vs 36%). The Volume of urethroplasties seemed to be higher in Africa with 30% performing more than 15 urethroplasties per year compared to none in the Caribbean.

CONCLUSIONS: Urethral stricture disease is a common condition seen throughout Africa and the Caribbean. Management appears to vary between the two geographic areas. This observation may be secondary to the etiology of the stricture or training. Further studies to evaluate etiology and surgical outcomes are needed to improve treatment and training in these areas.

Source of Funding: We received no funding for this project

MP67-22

AWARENESS AND ATTITUDES TOWARD VASECTOMY IN RURAL DOMINICAN REPUBLIC

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INTRODUCTION AND OBJECTIVE: Tubal ligation is the most common form of permanent contraception worldwide. However, vasectomy is an office-based procedure for men desiring permanent contraception that is associated with significantly fewer risks. In our 15-year experience of annual mission trips to Peralta, Dominican Republic providing urological and gynecological care, there have been hundreds of requests for tubal ligation, but there has never been a single request for vasectomy. In this survey-based study, our goal was to evaluate awareness and attitudes toward vasectomy within this population.

METHODS: For the past 15 years, the Rush Global Health Initiative has supported an annual mission to Peralta, Dominican Republic with an emphasis on providing urologic and gynecologic surgical care. During one of these missions, a total of 61 patients presenting to preoperative clinic for urologic or gynecologic surgery were offered a 21-question survey assessing knowledge and opinions about vasectomy, based on a previously validated questionnaire.

RESULTS: The survey was completed by 29 patients, representing a response rate of 48%, including eighteen women (62%) and eleven men (38%). The majority (59%) of patients were 20-39 years old, and 69% of respondents had ≥ 3 children. In terms of religion, 41% of respondents identified as Protestant while 38% identified as Catholic. Thirteen respondents (45%) reported that they had never heard of vasectomy. Of those who endorsed knowledge of vasectomy, none believed that this procedure could be performed in an office setting. Concerns regarding complications from vasectomy were reported by 77% of participants, particularly recovery time and absence from work. Other concerns included impotence and/or decreased masculinity (61%) and religious objections (46%). Interestingly, 74% of survey respondents reported that they would consider a vasectomy. The most commonly cited reasons for refusing vasectomy were lack of knowledge about the procedure (50%) and complications (20%).

CONCLUSIONS: Many patients in rural Dominican Republic lack knowledge of vasectomy as a method of permanent contraception, and many of these patients hold false beliefs about the procedure. Although cultural and religious factors clearly shape attitudes toward vasectomy, our results suggest that underutilization of vasectomy may be largely due to an education gap. Accordingly, future efforts in such communities should focus on education regarding the risks and benefits of vasectomy to increase awareness and utilization.

Source of Funding: None

MP67-23

EVALUATING THE AWARENESS, CLINICAL EXPERIENCE AND KNOWLEDGE OF FEMALE GENITAL MUTILATION/CUTTING AMONG FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY SPECIALISTS IN THE UNITED STATES

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INTRODUCTION AND OBJECTIVE: Female genital mutilation/cutting (FGM/C) is a cultural practice whereby there is partial or total removal of external female genitalia for non-therapeutic reasons. Despite the high prevalence of urologic complications, there is a paucity of literature discussing FGM/C in the context of clinical Female Pelvic Medicine and Reconstructive Surgery (FPMRS) practice. This study aimed to evaluate the awareness, clinical experience, and knowledge of FGM/C among US FPMRS specialists with the ultimate goal of strengthening the recognition and care of patients with FGM/C.

METHODS: We distributed a 27-item survey via email to members of the *Society of Urodynamics, Female Pelvic Medicine and Reconstructive Surgery*. We collected variables pertaining to previous education of FGM/C, confidence in a clinical environment, cultural and medical knowledge, and future education.

RESULTS: A total of 54 US-based FPMRS specialists completed the survey. All providers had heard of FGM/C before; however only 13% received formal education during medical training. Over half of respondents had encountered a patient with FGM/C in clinical practice; however, only 19% and 13% felt completely confident recognizing and discussing FGM/C, respectively (Table 1). 70% believed religious doctrine informed the practice of FGM/C and 24% correctly identified the type of FGM/C on clinical representation. Only 17% of respondents were aware of FGM/C guidelines and providers expressed a desire for future, multimodal educational

resources on the topic. Finally, 80% of FPMRS specialists correctly identified that FGM/C is illegal in the US.

CONCLUSIONS: Education regarding FGM/C remains sparse and variable for US FPMRS specialists, and cultural and clinical knowledge is lacking. With increasing globalization, there is an imperative for both urologists and gynecologists to be aware of FGM/C. Future work seeks to focus on formal provider education and investigation of the perspectives of patients with FGM/C, in order to translate findings into meaningful education and patient-centered care.

Table 1. Awareness and clinical experience of FGM/C among US FPMRS specialists

Variable	Participants (n=54) n (%)
Have you heard of FGM/C before?	
Yes	54 (100)
No	0 (0)
Unsure	0 (0)
Have you received prior FGM/C education during medical training?	
Yes	7 (13)
No	46 (85.1)
Unsure	1 (1.9)
Have you received prior FGM/C education outside of medical training?	
Yes	24 (44.4)
No	30 (55.6)
Unsure	0 (0)
Prior modes of FGM/C education	
Educational lectures/seminars	23 (42.6)
Cultural humility/competency courses	8 (14.8)
Online postgraduate modules	7 (13)
International electives	4 (7.4)
Published literature	4 (7.4)
Child protection courses	1 (1.9)
Other	11 (20.4)
Have you previously encountered a patient with FGM/C?	
Yes	31 (57.4)
No	21 (38.9)
Unsure	1 (1.9)
Confidence in recognizing/diagnosing FGM/C (Likert)	
Not confident	7 (13)
Slightly confident	8 (14.9)
Somewhat confident	13 (24.1)
Fairly confident	15 (27.8)
Completely confident	10 (18.6)
Confidence in discussing FGM/C with a patient (Likert)	
Not confident	7 (13)
Slightly confident	15 (27.8)
Somewhat confident	15 (27.8)
Fairly confident	9 (16.6)
Completely confident	7 (13)

Source of Funding: None

MP67-24

ASSESSING ONLINE CROWDFUNDING FOR UROLOGIC CANCER CARE USING AUTOMATED DATA EXTRACTION

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INTRODUCTION AND OBJECTIVE: Medical crowdfunding through online platforms has rapidly expanded as a means to defray the financial toxicity associated with cancer care. We aimed to understand the financial needs and online crowdfunding associated with urologic cancers care using a novel method for comprehensively assessing active campaigns.

METHODS: The data used in this study came from GoFundMe.com, the largest online crowdfunding platform. We performed web data extraction involving a two-tiered approach: first, an automated web browser (Selenium) was used to find campaigns containing specific search terms related to urologic cancers and extracted the hyperlink address. Then, extraction and exportation were performed using a web-based tool (scrapy.org). We finally aimed to characterized the total amounts requested, direct needs reported, donations received and factors associated with differential fundraising success.

RESULTS: We identified 2,126 gofundme.com campaigns relating to prostate (n=376), bladder (n=568), kidney (n=579) and testicular (n=607) cancers. Overall, these campaigns requested \$46,369,821 (median per campaign \$10000.0 [IQR 5000.0-25000.0]).

The main request in these campaigns were related to direct treatment costs (34.36%) or living expenses (17.50%), or both (48.17%). Campaigns were supported by a median of 57 (IQR 30.8-111.3) donors and were shared on media 421 times (IQR 208.0-780.8). Campaign fundraising differed by cancer type: testicular cancer \$6005.0 (IQR 3285.0-11090.5); kidney cancer \$5810.0 (IQR 2627.5-13272.5); prostate cancer \$5233.0 (IQR 2171.25-12255.0) and bladder cancer \$4062.5 (IQR 2283.75-8570.25), (p<0.01). Campaigns for alternative treatments had higher fundraising totals \$8527.0 [IQR 4762.5-16206.5] compared with those describing conventional therapies \$5362.5 [IQR 2707.5-11334.0], (p<0.01). Campaigns in the highest versus lowest fundraising quartile, had significantly higher number of shares (786.0 (IQR 481.0-1400.0) vs. 187.0 (IQR 92.0-361.0), p<0.01), and provided information about employment (47.6% vs. 42.6%) and family (80.6% vs. 73.6%), (both p<0.01).

CONCLUSIONS: Using a novel web-based methodology analysis, we assessed, identified and characterized patients reported financial needs for urologic cancer care. These findings indicate a diverse range of needs related to both direct and indirect treatment costs. Similar methods may also be applied to organize social media data to better understand public health priorities.

Source of Funding: none