

process (QA) could impact results of mpMRI directed fusion biopsies. We report results of our QA process on biopsy rates, comparing them to biopsy rates where MRI was done at centers not participating in QA.

METHODS: Performance of fusion biopsy is restricted to 5 of our practice of 103 providers: 2098 patients were included in this study; 1294 and 804 for the QA and non-QA groups, respectively. Our QA process requires urologists and interpreting radiologists to sequentially cross-reference biopsy results to all MRI reads. Non-QA patients attended sites not participating in QA due to insurance reasons or patient personal preference. We assessed the positive biopsy rates for PI-RADS 4 and 5 lesions (P4/5) as well as the negative biopsy rates for Pi-RADS 3 lesions (P3). There was no financial relationship between IMP and any of the radiology centers.

RESULTS: Negative biopsy rates for P3 between groups was not significantly different in any year. Positive biopsy rates for P4/5 in the QA group increased significantly from 45.5% to 66.3% between 2014 and 2018, respectively ($p=0.003$) while non-QA group P4/5 positive biopsy rates over the same interval increased non-significantly from 36.4% to 53.2% ($p=0.07$). No difference in positive or negative biopsy rates was noted between performing providers. By the third year of the QA process read accuracy was significantly greater in the QA group (Table 1).

CONCLUSIONS: A standardized QA process significantly improves positive biopsy rates for P4/5 lesions over time, and should be instituted by all groups performing MRI fusion biopsy.

Year	QA	No QA	p
2014	45.5%	36.4%	0.59612
2015	51.5%	40.0%	0.12852
2016	53.3%	46.1%	0.16452
2017	64.6%	43.9%	< .00001
2018	66.3%	53.2%	0.00544

Table 1. Positive Biopsy Rates by Year, P4/5 Lesions

Source of Funding: none

MP66-13

TRAZODONE PRE-TREATMENT SCREENING AND SIDE EFFECTS COUNSELING AT A SINGLE VETERANS AFFAIRS HOSPITAL

Tejash Shah*, Thaiphi Luu, Juhi Deolanker, Sri Ram Pentakota, Newark, NJ; Hossein Sadeghi-Nejad, East Orange, NJ

INTRODUCTION AND OBJECTIVE: Priapism is a urologic emergency with several risk factors, including use of antipsychotics such as trazodone, and having a history of prolonged erections. There are several reports of trazodone use leading to both prolonged erections and priapism, but patients are often not counseled on these well-known side effects. We sought to evaluate whether patients were appropriately counseled about trazodone complications regarding prolonged erections and priapism prior to starting the medication, the incidence of prolonged erections in those taking trazodone and the rate of patient reported events of prolonged erection to their prescribing physicians.

METHODS: A pharmacy search was performed at the East Orange Veterans Affairs Hospital (EOVA) to identify all patients <50 on trazodone as of February 27, 2019. Patients previously on trazodone or those who discontinued it prior to this date for any reason, including priapism, were not included. Patients who agreed to participate were asked about information provided to them prior to medication initiation,

occurrence of prolonged erections/priapism, and reporting rate to prescribing physicians.

RESULTS: 229/524 male patients on trazodone at the EOVA participated in the study, average age of 38.57 +/- 6.88 years. Indication for trazodone was insomnia or depression and dose was 50mg – 100mg, 2 - 3 times a day. Prior to prescribing trazodone, only 43/229 (18.78%) of patients were informed about the risk of prolonged erections and only 37/229 (16.16%) patients were informed about the risk of priapism. Before starting treatment only 17/229 (7.42%) of patients were asked if they previously had any episodes of prolonged erection and/or priapism. After starting trazodone therapy 18/229 (7.86%) of patients developed prolonged erection, only 2/18 of them were informed about the risk of prolonged erections prior to initiation of therapy. Only 5/18 of those who developed prolonged erections told their physicians. None of the patients actively taking trazodone had an episode of priapism.

CONCLUSIONS: Patients on trazodone are known to have an increased risk of prolonged erections and priapism. However, as this study shows prior to trazodone treatment only a fraction of patients were properly screened for previous prolonged erections or priapism and properly informed about the risks of trazodone treatment. It is imperative that physicians appropriately screen patients prior to trazodone initiation, educate patients about the risks of prolonged erections and priapism and instruct patients to report any treatment side effects.

Source of Funding: None

MP66-14

ASSESSING CROSS-CULTURAL COMPETENCY KNOWLEDGE AMONG PHYSICIANS-IN-TRAINING

Emefah Loccoh*, Tasha Posid, Columbus, OH

INTRODUCTION AND OBJECTIVE: Training and education focused on improving cross-cultural competency for the purposes of better addressing health needs of populations who have been historically marginalized and underserved is uncommon and understudied. Our objective was to assess baseline cross-cultural knowledge and preparedness among medical trainees.

METHODS: Participants were current Ohio State medical students (n=55), residents (n=31), and fellows (n=14), overall (N=100; M_{Age}=27.5 years, SD=3.66 years), who assessed their perceptions of their own cultural preparedness, competence (skills), and attitudes towards providing cross-cultural care, and training in this area to date.

RESULTS: Trainees felt that it was very important to consider other cultures when providing care (M=4.44/5; $p<.001$) and felt that their skills interacting with patients from diverse cultural backgrounds was slightly higher than average (M=3.23/5; $p=.011$). Trainees reported that they felt somewhat prepared to care for culturally diverse patients (M=3.29/5; $p=.033$) and ranked themselves slightly above-average when communicating with patients from other cultures (M=3.58/5; $p<.001$) (Figure 1). Trainees were generally not satisfied with how much cross-cultural training was currently provided either formally or informally ($ps<.01$), despite the fact that they felt a significant amount of cross-cultural training was needed in order to succeed in their future career ($ps<.02$) (Figure 2).

CONCLUSIONS: Although trainees perceive their need for cross-cultural training to be high, in actuality, they feel that their training and education on this topic is inadequate. These results should be used to identify areas where cross-cultural training and education can be improved ensure that future physicians are equipped with the skills to accurately care for individuals of various cultural backgrounds.