Penile Prostheses Registries

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Commentary

Data of the first two existing registries on penile prostheses - PROPPER in U.S.A. and INSIST-ED in Italy-have been recently published [1,2]. This represents an absolute novelty in the scientific literature. Although the two registries have several structural differences that mandate caution in making comparisons between the respective outcomes, some key outcome data are similar.

Before these two studies the published data on penile implant surgery consisted mostly of single-surgeon small series and retrospective experiences, rather than prospective, large, multicenter data collection [3-7]. Accordingly, it has been advocated the creation of prospective databases i.e. clinical data registries also to monitor more accurately the results of surgery, and to have solid grounds to formulate sound specific guidelines [8].

According to the American Medical Association "a clinical data registry records information about the health status of patients and the health care they receive over varying periods of time. Clinical data registries typically focus on patients who share a common reason for needing health care. They allow health care professionals and others to see what treatments are available, and how patients with different characteristics respond to various treatments. This information can be used to inform patients and their health care professionals as they decide the best course of treatment and to improve care for patients in the future. Information from registries may also be used to compare the performance of healthcare providers with regard to their outcomes and resource use" [9]. This definition captures most of the reasons why I feel that registries for penile implants are strongly needed; I will go through the key points of the definition.

"Health status of the patients … reasons for needing health care"; it is important to understand who are the people that presently benefit the most of penile prostheses. Both registries show that the leading ED cause for penile prosthesis surgery and quality of life data, may positively impact on resources allocation to this area by Public Health Authorities.

In conclusion, I do hope that the first experiences of penile prostheses in U.S.A., will be soon followed by other Countries, so to generate a great amount of prospective, multicenter, multinational, comparable data for the benefit of our patients, i.e. better Public Health policies, and possibly also of surgeons, i.e. definition of the best operative standards.

References


