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**Introduction & Objectives:** Urinary incontinence (UI) after radical prostatectomy (RP) is a common long-term side effect having an important impact on patients' quality of life. Reported incidence of post-RP UI ranges from 5%-27% between series but is dependent on method of reporting and definition used, making comparison between centers difficult. The use of claims-based data might be a valuable and easily available objective tool to establish post-RP UI rates, but has never been validated for this purpose. The primary aim of this study is to correlate claims-based data with Patient Reported Outcome Measures (PROMs). The secondary aim of this study is to compare claims-based post-RP UI rates between low- and high-volume hospitals.

**Materials & Methods:** All patients that underwent RP in the Netherlands between Sept. 2019 and Mar. 2020 were included. Claims-based data for UI pads at 12-15 months after RP were registered. All hospitals performing RP were asked to report the usage of pads 10-15 months after RP, according to the EPIC-26 or EPIC-50 questionnaire (validation cohort). Corresponding patients were matched through a trusted third party based on the combination of date of birth and date of surgery. Patients were excluded if they had a history of pad claims 30-120 days before RP; underwent continence surgery within 12-15 months following RP; were uninsured or died during follow-up. Patients from the validation cohort were excluded if there were no PROMs data available or if the PROMs data were outside the 10-15 months time frame. UI according to claims-based data was defined as  $\geq 1$  pads claimed on average. UI according to PROMs was defined as the use of  $\geq 1$  pads. A 2x2 contingency table was used to assess the accuracy of claims data for reported incontinence with PROMs. Differences between hospital volume groups were assessed with chi-square tests.

**Results:** In total 1624 patients underwent RP in the study period. Corresponding data of 845 patients was provided by participating hospitals. After application of exclusion criteria, 416 patients were successfully matched from both cohorts. Claims-based data and PROMs showed 31% and 45% post-RP UI ( $\geq 1$  pads), respectively. Usage of  $\geq 2$  pads according to PROMs was 13%. The post-RP UI rate according to the claims-based data for patients without PROMs data was similar to patients that did report PROMs (31% vs 30%,  $p=0.739$ ). Sensitivity, specificity, PPV, NPV and accuracy were 62%, 96%, 92%, 75% and 81% respectively for UI according to claims-based data compared with PROMs. Post-RP UI rates were significantly lower (36% versus 28%,  $p=0.002$ ) in high-volume hospitals ( $>150$  procedures annually).

**Conclusions:** Claims-based data show a reasonable accuracy with PROMs data for post-RP UI and can be used as a quality indicator to monitor post-RP UI rates over time and between hospitals. A lower rate of post-RP UI based on claims-based data was observed in high-volume centers.