

# Quality control: an office-based urologist's perspective



Quality Assurance: Implications for Swiss Urologists

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# Quality control: an office-based urologist's perspective

- Why?
- Possible?
- How?

# Why

- Benefit for the patient
- Stay “up to date”
- Public Healthcare, cost, insurances
- New Technologies

# Possible?

- Mandatory
- Mentality change
- From individual to group approach

# How

- Team
- Multidisciplinary
- Database, registry...
- Evaluate Outcomes/ compare

# How

- Problems:
- geography
- Economical (cost)
- Practice change

# Private Experience

- Prostate Cancer
- New Technologies

# Prostate Cancer

- Very difficult paradigm
- Ttt or not, from prostatectomy to AS...
- Fusion Biopsies, Focal Therapy...
- **High Quality Approach is needed!!**



# How?

- Team with sub-specialisations (Biopsies, Robotic, focal...)
- Put together Urologist, Radiologist, Pathologist
- Regular Meetings
- Database

# Team

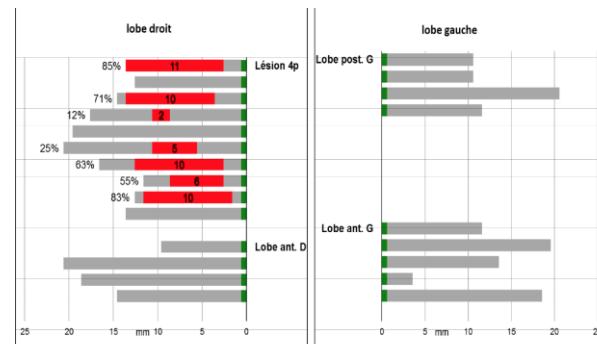
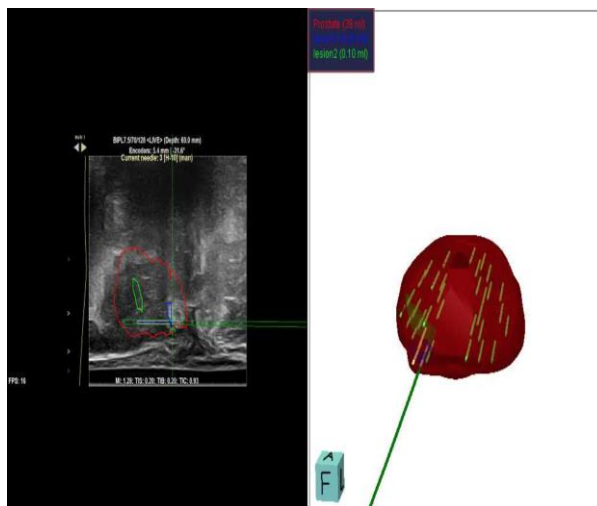
- 3 Urologists January 2014 (SIPC)
- 6 Urologists, 1 radiologist and 1 Pathologist  
June 2016
- More than 10 Urologists 2017 (oncologist)
- Turnover, Young Urologists integration

# How

- Pre-ttt and post-ttt meetings wkly, Genetic mtg
- Indication Bx, treatment, Questionnaires
- Oncologist, RxTTT,
- **Radiopathological meeting**

# Radiopathological

- Quality of biopsy and Imagery (various techn.)
- Radiologist/Urologist
- Every MRI/Biopsy analysed
- When possible correlation with RP



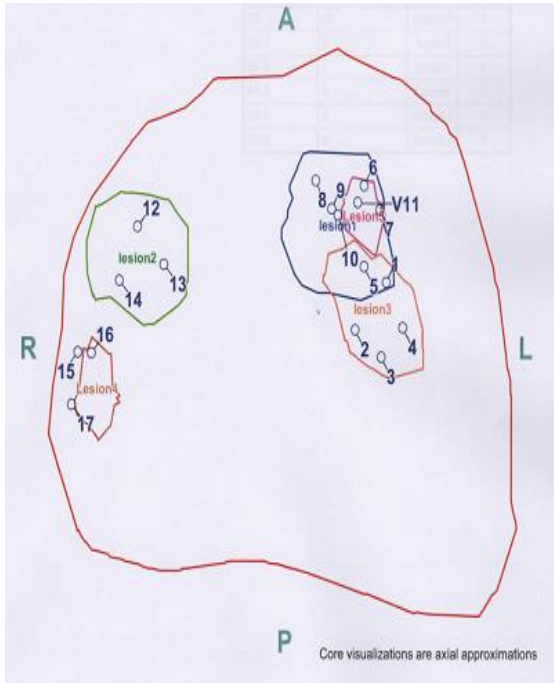
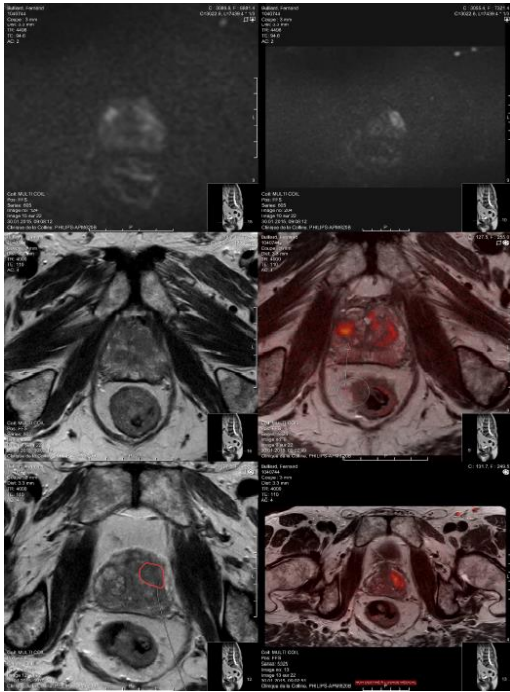
Pourcentage de carcinome par cylindre signalé en rouge, avec la taille tumorale en mm.  
Mesure des cylindres lors de la macroscopie.

**Diagnostic :**

Biopsies prostatiques d'une lésion suspecte en aire 4p Pirads 4 :

- Adénocarcinome prostatique de grade Gleason 3+4=7, touchant 7/10 cylindres.
- Pas d'invasion carcinomateuse périneuse, ni d'extension extraprostatique.

Biopsies prostatiques du lobe antérieur droit (2), du lobe postérieur gauche (3), du lobe antérieur



# How

- Every patient in the database
- Strict follow-up
- Informaticien ans Stat
- Ethical comity approuval

# Quality

- Better Imaging
- Better Biopsies
- Better Treatment



# How

- Personal contribution
- Society
- Foundation

# Politique...

- Independence from Privat Institutions
- Friendly Approach (inclusive!)
- Cooperation with Public Institutions/Uni
- Preparing the future (subspeciality)
- Control? Who?

# New Technologies

- Urology rapid evolution
- Mini-Invasive World
- Difficult to judge High Technology devices
- Cost!!

# New Technologies

- Team approach
- Determine one specialist doing the technic
- Collect datas in the same group
- Control and follow success rate and complications

# Focal Therapy experience

- One surgeon in charge of the procedure
- Collaboration with a « pilot » center (Prf Gelet)
- Database

# Focal Therapy experience

- Develop a group with experts warrant of quality
- Registry (oncological/functional endpoints)
- Develop close collaboration between centers
- Progress over time

# Conclusion

Offer our patients

- Clear success and complications rates
- Compare our standards with other centers
- Progress over time, publications