

PROSTATE CANCER

Assessing the surgeon

A team at Memorial Sloan–Kettering Cancer Center (MSKCC) has developed a multimodal software tool for surgeons to track their individual progress. Much like a student might use a report card to direct their study habits, surgeons can use the system to help direct their efforts in improving a range of patient outcomes.

“I contend that it is almost impossible for contemporary surgeons to know whether their results are above or below average,” lead investigator Andrew Vickers told *Nature Reviews Urology*. This notion led his team to design the software, initially focussing on surgeons

performing radical prostatectomy. The software manipulates comprehensive data covering a range of variables, from patient outcomes—such as erectile dysfunction—to surgical modality used. Data gathering was integrated into MSKCC’s existing systems, including surgical notes and patient questionnaires.

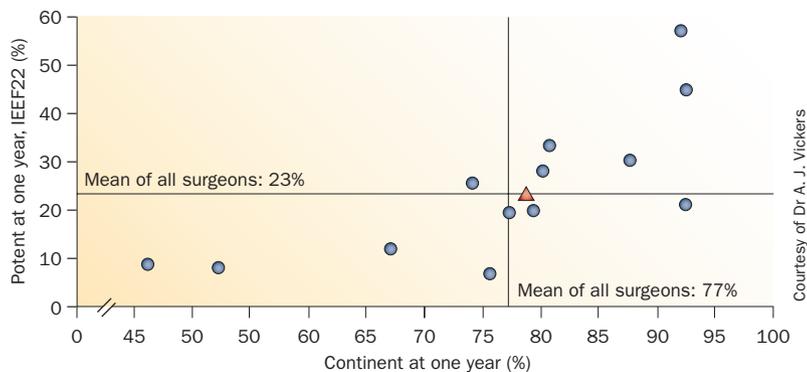
In the interface, data visualization can be customized into a range of formats. For example, the user can choose to display data on the number of patients who are continent 1 year after surgery against the proportion who have regained erectile function over the same time period. If the

surgeon has made a change to his or her operating procedure, only recent data can be displayed so the influence of this change can be tracked. In this way, surgeons can improve quality of care by assessing a range of outcomes and end points. “Any urologist could have fantastic potency outcomes; the difficulty is doing this while achieving good oncologic control and appropriately referring low-risk patients to active surveillance,” says Dr Vickers. Importantly, this monitoring approach prevents surgeons from optimizing just one end point. For example, if the only measure of success is preservation of urinary function, surgeons might alter their techniques with this in mind. Finally, the feedback for a particular surgeon is benchmarked against the outcomes of the other surgeons in the group, whose identities are kept undisclosed.

Although it was designed as a mechanism for the individual to improve, the system has also been identified as a collective learning tool, and has been used as such, with presentations from a high-performing surgeon highlighting the importance of the software to the individual and group.

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Original article Vickers, A. J. *et al.* How do you know if you are any good? A surgeon performance feedback system for the outcome of radical prostatectomy. *Eur. Urol.* doi:10.1016/j.eururo.2011.10.039



Each circle in the graph above represents a surgeon in the database.

Your personal results are shown by the red triangle ▲

Your continence rate, after adjustment: 78% (ranked 9th out of 18 surgeons)

Your potency rate, after adjustment: 22% (ranked 7th out of 15 surgeons)