

P019 A surgeon feedback system (AMPLIO) for nerve-sparing radical prostatectomy assessing functional and oncological outcomes

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Introduction & Objectives: The outcomes of radical prostatectomy (RP) are intimately influenced by subtle changes in surgical technique. Achieving the optimal outcome of complete cancer excision with preservation of urinary and sexual function to the greatest extent possible is associated with a steep learning curve and therefore great variation among surgeons. We hypothesize that providing the surgeons with continuous feedback on their outcomes and that of their peers could help reduce variation and improve performance.

Materials & Methods: We present a feedback platform (AMPLIO) that shows surgeons their functional and oncological outcomes compared to that of peers after neurovascular bundle preservation in RP. We prospectively collect demographic, clinical, pathological and quality of life data on the approximately 900 radical prostatectomies performed at our center each year. The AMPLIO platform captures, analyzes this data and provides surgeons with an individual feedback on their outcomes.

Results: Feedback is provided through graphs in an anonymous way with comparison to that of peers. Surgeons can voluntarily review their personal surgical performance, assess their patients' outcomes and compare their outcomes to the group's median and to each participating surgeon. The AMPLIO platform uses statistical modeling to adjust for patient and disease characteristics and displays outcomes after risk adjustment. Performance can be tabulated to show the rate of biochemical vs rates potency and full continence. This allows surgeon to gauge their decision making and provides them with insights regarding how well their surgical decision making balances oncological outcomes and quality of life preservation both individually and as group. The AMPLIO platform display showed variation between surgeons.

Conclusions: We have developed a surgeon performance feedback system. This concept is widely used as a quality improvement tool in other fields. We hope to find that, once surgeons are aware of their outcomes, they will find ways to improve them.