



ICHOM Workshop Warsaw 2019

What matters for the Patient...

Value Based Health Care in a specialised disease centre

Dr. Burkhard Beyer MD, CMIO

Martini Klinik Prostate Cancer Center Hamburg

The only European institution
exclusively dedicated to prostate cancer
diagnosis and treatment



- **Diagnostics (Prostate Cancer Detection)**

Different types of imaging:

- Ultrasound
- MRI
- PSMA-PET CT

- **Local therapy**

- Open + robot-assisted Prostatectomy
- Radiotherapy (incl. HDR-, LDR- Brachytherapy)
- Focal therapy
- Active Surveillance

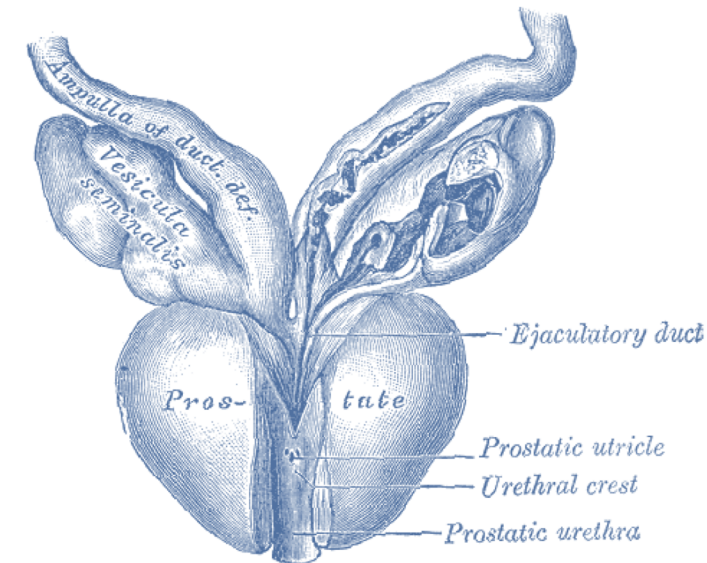
- **Therapy of metastatic Prostate Cancer**

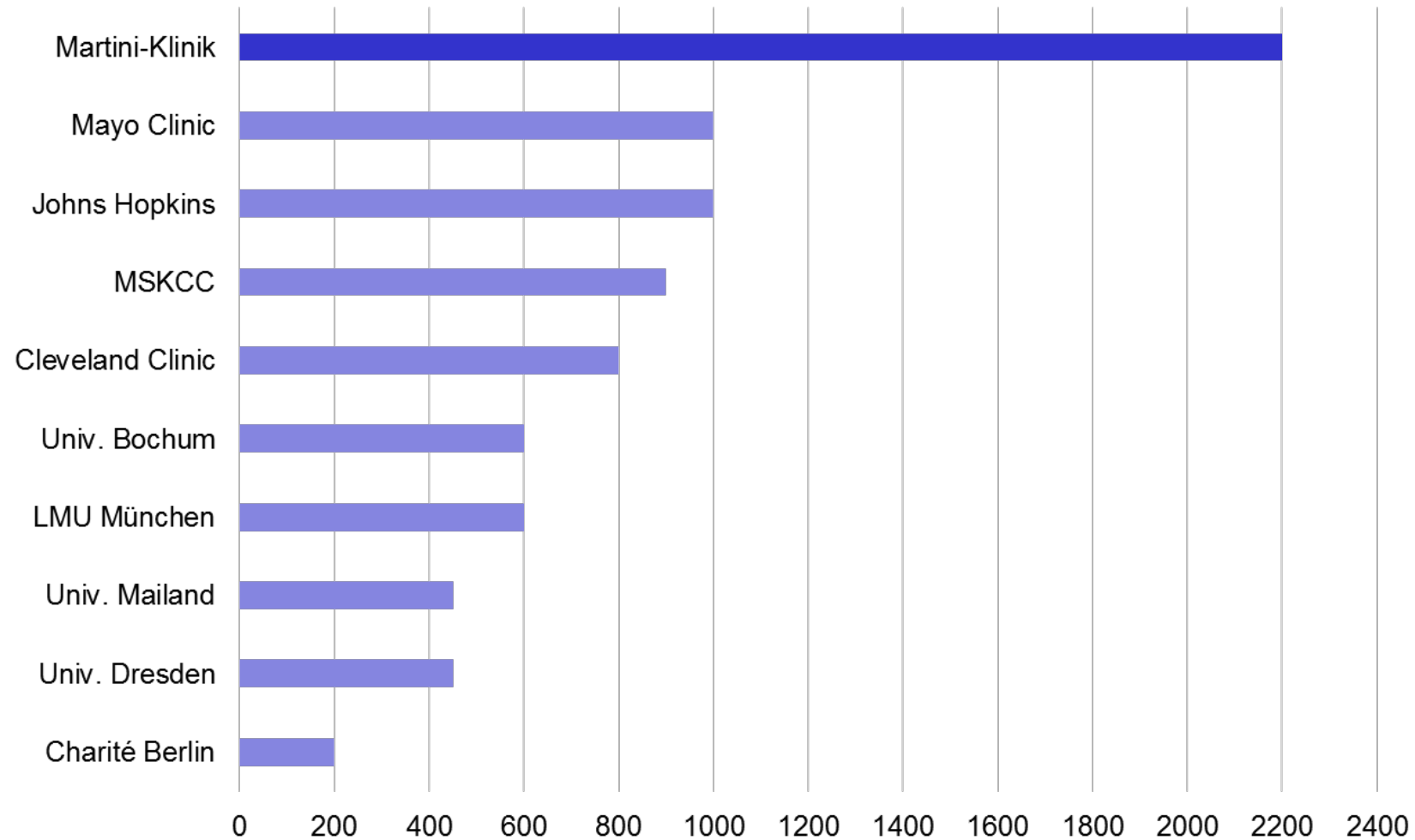
- Androgen Deprivation Therapy
- Immunotherapy
- Chemotherapy

- **Psychooncology**

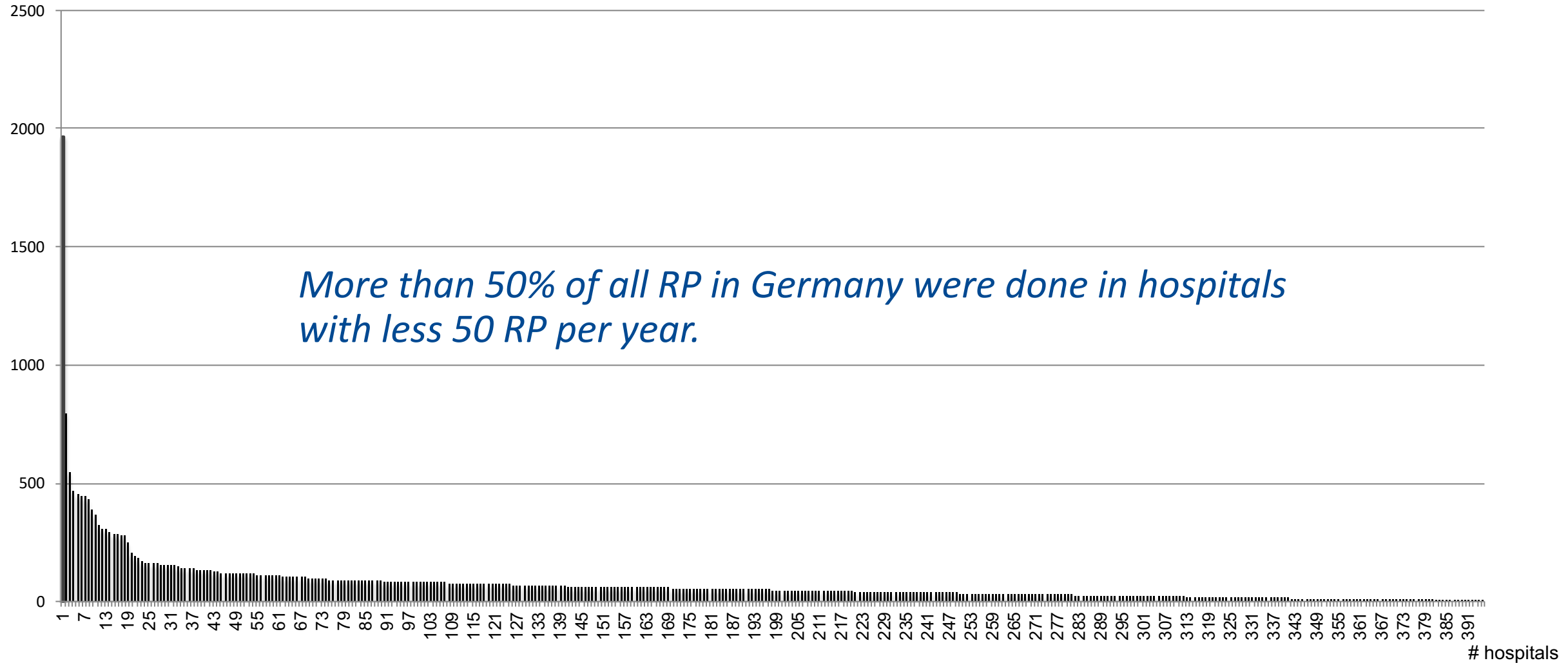
- **Nutritional Medicine**

IPU
Integrated Practice Unit





prostatectomies per year



World J Urol
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ORIGINAL ARTICLE

High volume is the key for improving in-hospital outcomes after radical prostatectomy: a total population analysis in Germany from 2006 to 2013

Christer Groeben¹ · Rainer Koch² · Martin Baunacke¹ · Manfred P. Wirth¹ · Johannes Huber¹

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Variables	Mortality Odds ratio (95% CI)	Transfusion Odds ratio (95% CI)	Surgical revision Odds ratio (95% CI)
Caseload			
0–19	2.26 (1.21–4.20)	2.81 (2.62–3.01)	1.42 (1.10–1.82)
20–49	2.11 (1.39–3.20)	2.01 (1.92–2.10)	1.21 (1.03–1.41)
50–99	1.64 (1.12–2.40)	1.61 (1.54–1.68)	1.21 (1.07–1.38)
100–199	1.22 (0.78–1.85)	1.29 (1.23–1.35)	1.10 (0.96–1.25)
200 + (reference)	1	1	1
Share of RRPE and LRPE of annual caseload			
<25%	0.84 (0.45–1.57)	1.58 (1.49–1.67)	1.56 (1.31–1.86)
50–25%	0.75 (0.42–1.34)	1.64 (1.55–1.74)	1.27 (1.06–1.51)
>50% (reference)	1	1	1
Hospital without certification	1.42 (0.97–2.09)	1.20 (1.16–1.25)	1.08 (0.96–1.22)
Prostate cancer center (Reference)	1	1	1
Individual surgery performed as RRPE or LRPE			
Yes	1.02 (0.58–1.79)	0.26 (0.24–0.28)	0.89 (0.75–1.06)
No (reference)	1	1	1



- Each patient has only one contact person: his treating surgeon
- All are high-volume surgeons - all performing 200-300 RP/year
- All have a special scientific field of interest
e.g. genome analyses, new imaging techniques, metastatic PCa etc.

Prof. M. Graefen	Outcome Study Group, Robotic Surgery
Prof. H. Heinzer	Resident Education, Events
Prof. H. Huland	International Outcome Standardization
Prof. A. Haese	Robotic Surgery, Serum/Urine Marker
Prof. T. Steuber	Advanced PCa
PD Dr. G. Salomon	Focal Therapy, Imaging
Dr. U. Michl	QoL, Functional Data
Dr. I. Thederan	Organization, Complementary Medicine, Nutrition
PD Dr. L. Budäus	Imaging, Fusion biopsies
Prof. Dr. D. Tilki	Basic Science
PD Dr. T. Maurer	Radioguided Surgery

- Dr. von Breunig Anesthesiology
- Prof. Dr. Sauter Pathology
- Dr. Schwarz Radiation Therapy
- PD Dr. Beyersdorff Radiology
- Dr. Krüger Psychoonkology





Hierarchy



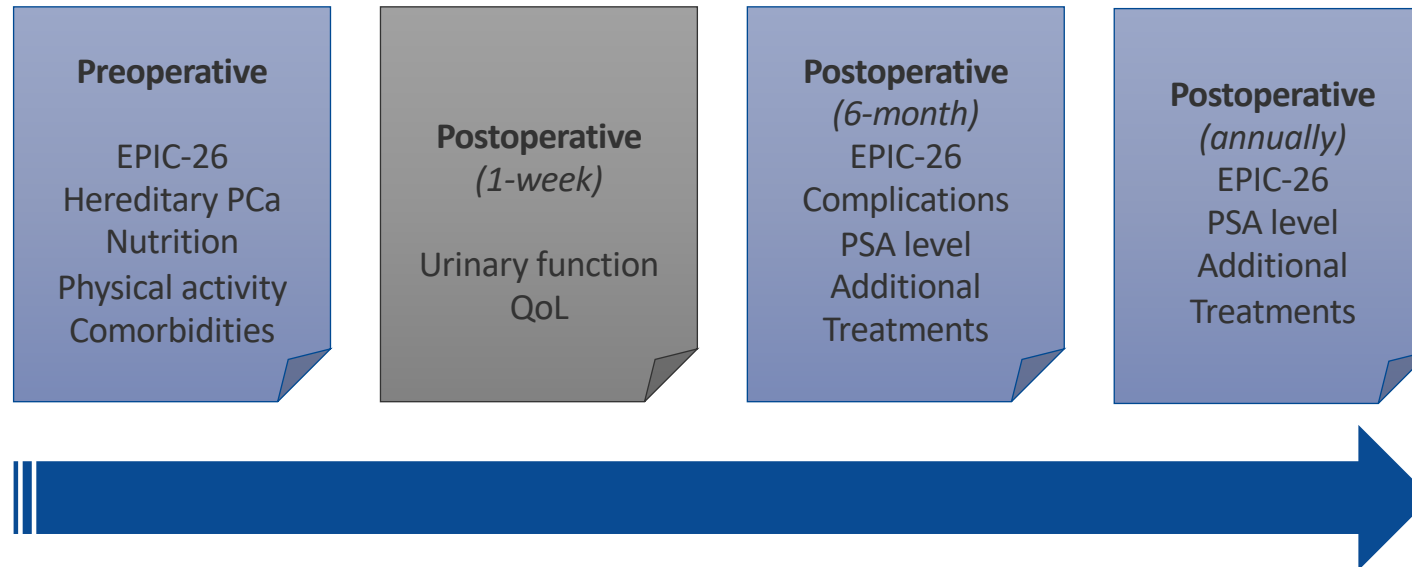
Faculty

What happens with the patient?

Did I help him with my therapy?

What's his quality of life?

PROM – Patient reported outcome measurement



- Prostate Cancer Database since 1992
- Outcome data from >28.000 patients after Prostate Cancer treatment
- Profound preoperative data from each patient and his tumour characteristics (risk classification)

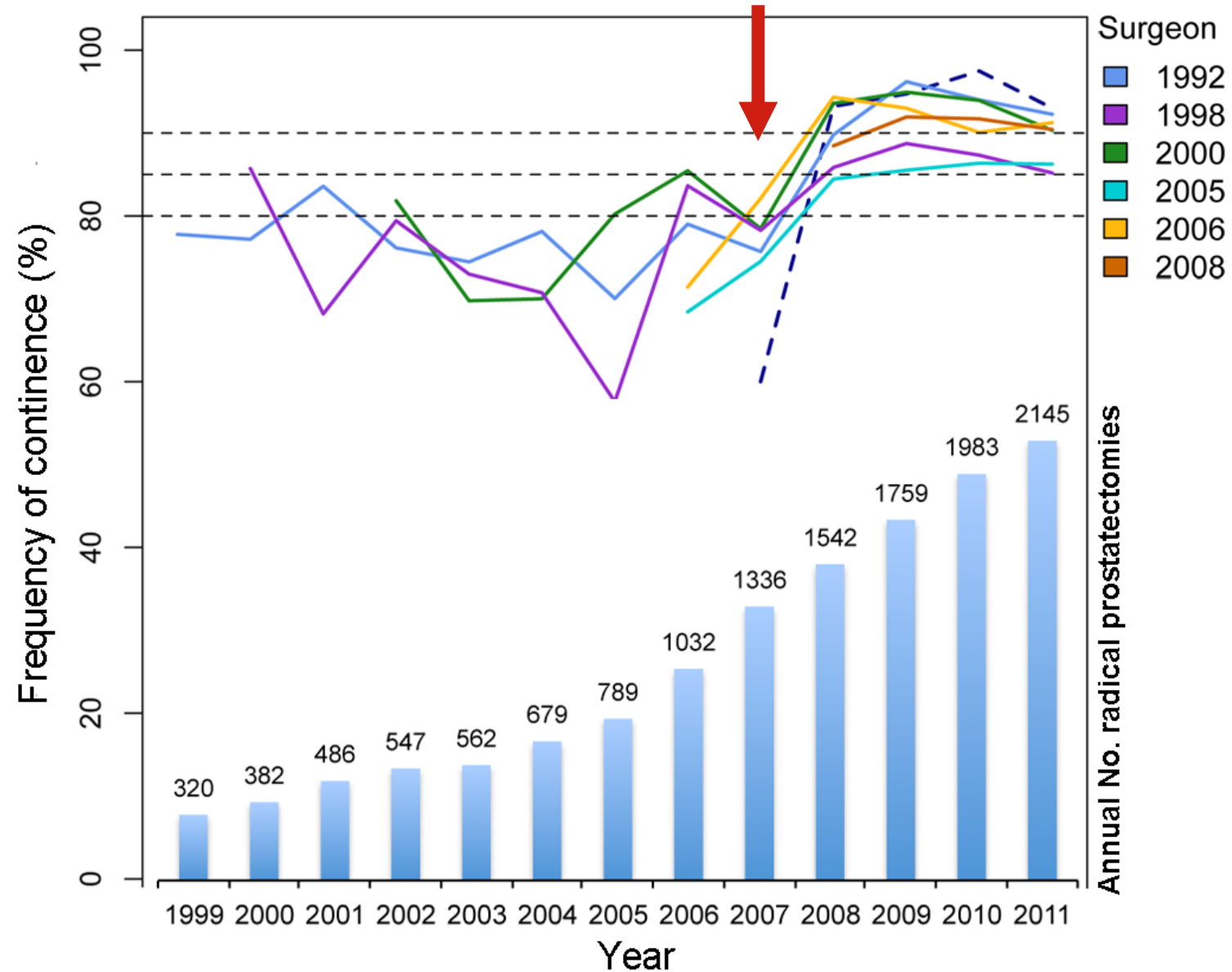
Database-Problems

- No money: not from administration or grants
- No IT-system
- No motivation of the staff
- Critic of the referring urologists

1. Clinical research
2. Basic science
3. Patient counselling
- 4. Quality control**
5. Value based health care

One week letter:
Continence 1 week after removing the catheter





- Postoperative Pain Management
- PRO-Survey conducted by the ward nurses
- Use of standardized pain questionnaires
- Significant differences in the need of painkillers between open- and robot-assisted radical prostatectomy
- Differences in bowel function
- Adaptation of the generalized postoperative pain management to a individualized therapy per patient and type of surgery
- Introduction of ERAS Principles (Enhanced recovery after surgery)



March 2013

Invitation to experts to join the working group
by H. Huland / M. Graefen

28 persons from 9 countries:

Experts in Urology, radiotherapy, national
registries, statisticians and patient
representatives

May 2013

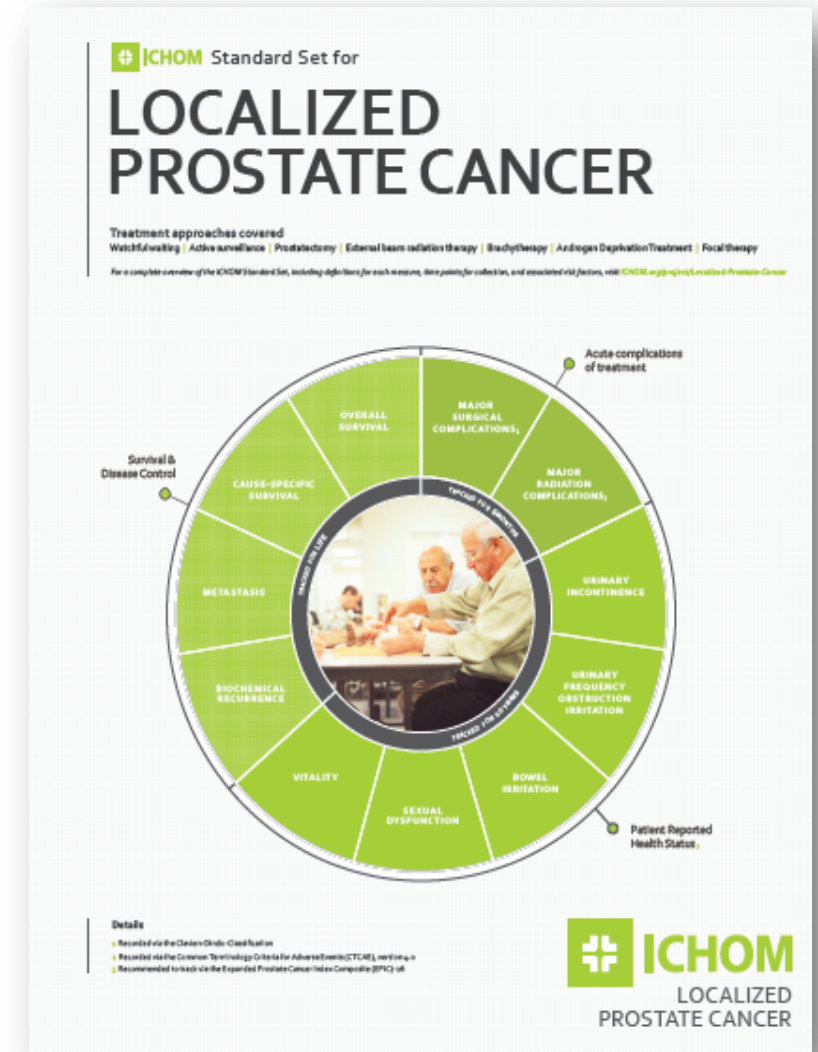
Meeting of the working group at the AUA, San Diego

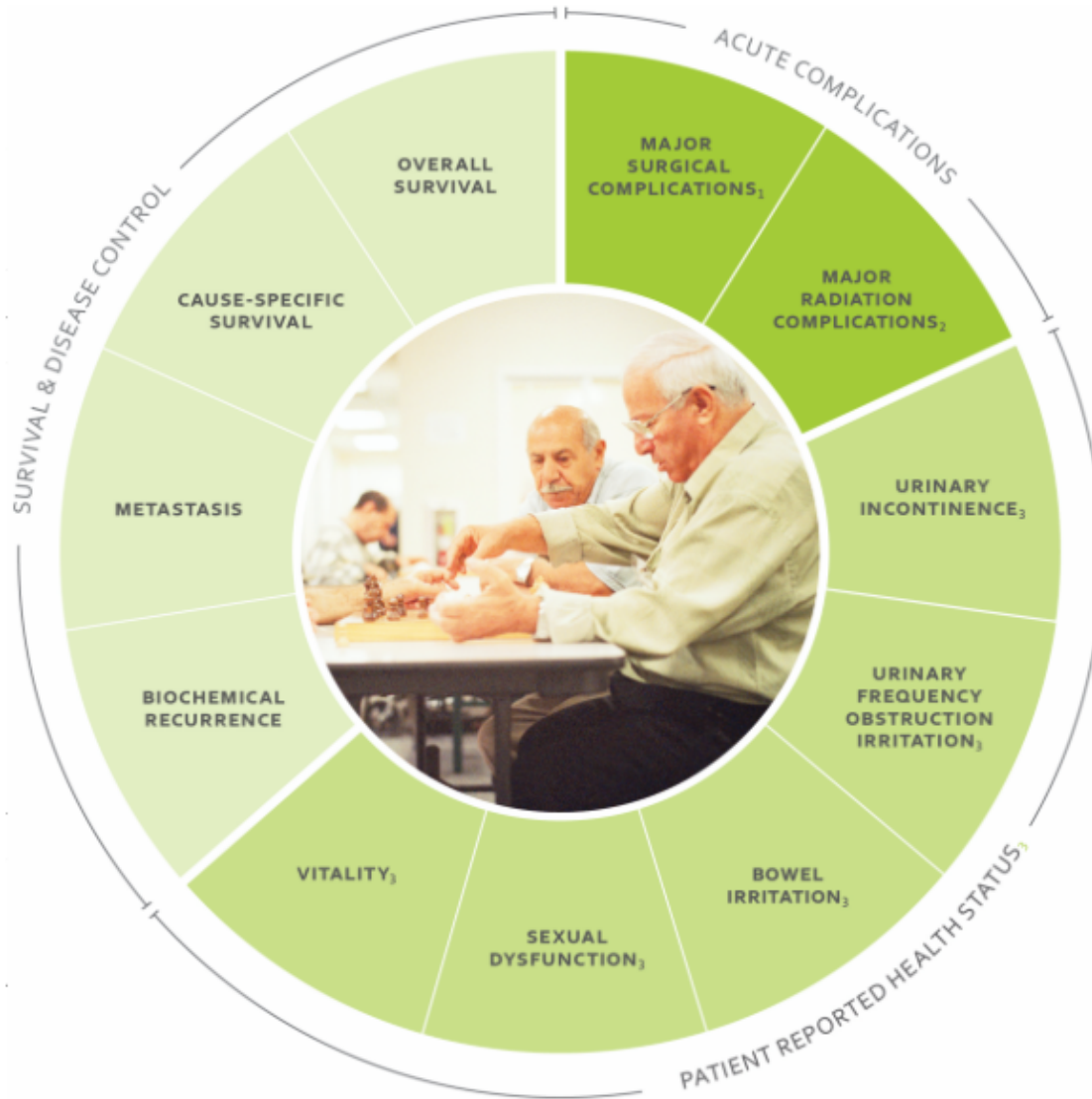
May-December 2013

6 Telephone conferences, multiple surveys of the
working group

November 2013

Manual Localized Prostate Cancer
2nd ICHOM conference, Boston





Treatment modalities

- Watchful waiting
- Active surveillance
- Prostatectomy
- External beam radiation
- Brachytherapy
- Androgen deprivation
- others

Only outcome data
which matters for the
patients

- Place the needs, wishes, hopes of patients at the centre of attention
- Assess data with the help of PROMS
- Outcome measurement should be
 - Systematic
 - Standardised
 - Risk adapted
 - Transparent
 - International comparable
- Don't try to be perfect from the beginning...
- ... **just start!**

“It always seems impossible until it's done.”

Nelson Mandela



Martinistraße 52 | D-20246 Hamburg

Dr. Burkhard Beyer

Consultant Urologist

Phone +49 (0) 40 7410-52272

Fax +49 (0) 40 7410-42272

b.beyer@uke.de | www.martini-klinik.de