ICHOM Newsletter Interview

Mr Prasanna Sooriakumaran (aka PS) is one of the UK's foremost robotic prostate cancer surgeons, having fellowship trained with global pioneers at Cornell University in New York and the Karolinska Institute in Stockholm. He became an academic surgeon at the University of Oxford in 2013 before moving to University College London Hospital in 2017 to join the UK's highest volume prostate cancer surgical centre. PS has published extensively on outcomes after prostate cancer surgery, and is a UK leader in Retzius-sparing robotic prostatectomy, a novel technique that improves outcomes for prostate cancer surgical patients. PS heads up the outcomes research program for the Santis Clinic, the UK leader in private prostate cancer surgical care using the Retzius-sparing technique.

1. **Tell us about your current role and responsibilities/key focus?**
   I am a consultant urological surgeon specialising in robotic surgery for prostate cancer. I also hold visiting academic appointments at the University of Oxford and University College London.

2. **What is your background in outcomes measurement?**
   I have conducted many studies comparing outcomes of robotic surgery with conventional open and laparoscopic approaches. These have been in the UK, USA and Sweden. I also lead the outcomes research for the Santis clinic, the UK's largest private prostate cancer surgical clinic using a novel technique of surgery called Retzius-sparing. We have currently performed an analysis of this novel form of robotic surgery with the established form of robotic surgery, focusing on patient reported outcomes.

3. **What is the biggest lesson you have learnt regarding your experience to date with outcomes measurement and value based healthcare?**
   The biggest lesson I have learnt is always to believe the patient, not the doctor. Patient reported outcomes are a far more reliable way of assessing the intervention than physical reported outcomes and should become the norm in our outcomes assessments especially of novel interventions.

4. **What is the most important piece of advice you would offer a peer considering outcomes measurement?**
   I would say that accurate and as complete as possible patient reported data are key to the success of any outcomes measurement. It is important to make the instruments user-friendly and to ensure the data capture is both prospective and comprehensive with few missing data.

5. **What do you think are the biggest obstacles to value based healthcare?**
   Assessments must be objective and standardised, and adjusted for case-mix complexity, in order for value based healthcare not to disincentivise providers in managing the most complex of patients.

6. **Where do you see the biggest opportunity for value based healthcare to flourish?**
   I think it can flourish in the NHS where there is huge variation of care geographically- the postcode lottery. By rewarding performance, standards should improve, and patients should benefit.

7. **What advice would you offer on how to approach outcomes measurement and where to get started?**
   I would say to start with a clinical area you are an expert in, for me that is prostate cancer. Understand the current instruments used for patient reported measures. Devise a system of electronic capture of the key ones in your hospital/provider. Work collaboratively with a biostatistician to analyse the outcomes data. Refine your intervention according to the results.

Prasanna's publications can be seen here.