Advancing endoscopic stone surgery training in Bamako
GPC support for Prof. Alain Le Duc’s unwavering efforts to train surgeons in West Africa

Bamako is the capital and most populous city of Mali. It is now the seventh-largest West African urban centre and is estimated to be the fastest-growing city in Africa. As such, the need for trained surgeons is paramount.

In 2018, Professor Alain Le Duc of the University of Paris requested aid from the Global Philanthropic Committee (GPC) to help Point G Hospital in Bamako advance in endoscopic stone surgery.

More specifically, the proposal aimed to teach endoscopic management of the upper urinary tract using percutaneous and endouroscopic techniques, as well as to equip the department with the proper equipment to perform these surgeries. To assist in this endeavour, Olympus Corporation generously donated a large number of endoscopic equipment to the hospital.

The Point G Hospital is a civic hospital that overlooks Bamako. The Department of Urology is located in a completely rebuilt section of the hospital and has six beds dedicated to conventional urology of the upper urinary tract and endoscopic treatment of the lower urinary tract. This university department has an excellent reputation in West Africa and is an official training centre for the whole country.

Professor Le Duc is committed to supporting this project’s educational mission and well streamlined Train the Trainer programme, which consists of several targeted workshops. Each workshop will be kept to 5 to 10 participants to ensure active participation, enabling a rigorous training. In turn, the trained surgeons will train their colleagues according to local needs. In addition, nurses will be fully trained in collaboration with these sessions. The objective is to train at least 30 young urologists in endourology over 5 years.

Due to the country’s political unrest and the COVID-19 pandemic, the project has faced some significant challenges and setbacks. The goal is to commence the training programme in the second half of 2022, if the situation permits. We wish Prof. Le Duc and the urological department at Point G Hospital great success and growth and offer our continued support for this important endeavour. Stay tuned for project updates.

Prof. Le Duc demonstrating stone surgery in Point G Hospital in Bamako.

Global Philanthropic Fund

The Global Philanthropic Committee (GPC) consists of multi-national urology organizations including the American Urological Association (AUA), European Urology Association (EAU), International Continence Society (ICS) and the Société Internationale d’Urologie (SIU), with the goal of supporting proposals for worthy projects to improve urologic care throughout the world. The GPC allows organisations to pool their resources to fund larger scale philanthropic projects as a collaborative effort. Urology organisations can support a project through monetary funds and/or in-kind donations, including volunteer time.

The GPC’s mission is to provide philanthropic support to improve urological education in the developing world. The GPC strives to provide funding mainly for education and generally will not provide funds for purchasing expensive equipment. The GPC will selectively provide funds for educators to travel for the purpose of providing training in various regions of the world, within the parameters of an approved funding request.

MRI fusion prostate biopsy in office urology
Is this recommended procedure an illusion for most patients in Germany?

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There are several possibilities for performing MRI fusion biopsies. Regardless of which system is used, even if one “simply” performs a cognitive fusion, everything is better than a standard TRUS biopsy without any MRI information. This fact has been recognised by nearly all national and European guidelines on prostate biopsy. MRI diagnostics are now recommended before both primary and re-biopsies of the prostate in the EAU Guidelines on Prostate Cancer. The German 5-y-guideline on prostate cancer will be updated this year, and it is expected to implement European recommendations on this point.

The EAU Section of Outpatient and Office Urology (ESOU) aims to address care issues that affect and are of interest to educated urologists who treat predominantly outpatients in an own professional profile. In this light, we would like to give our European readers a quick overview of the situation in Germany.

“We have to fight for a fair reimbursement of the outpatient setting.”

Unfortunately, not all institutions accept the benefits of MRI fusion as a fact. The German Institute for Quality and Efficiency in Health Care (IGD) published a Health Technology Assessment (HTA) report this summer. In their statement, the authors of the report see no benefit in prostate fusion biopsies with regard to mortality, number of biopsy sessions needed, and patients’ quality of life compared to standard TRUS biopsies. It must be said that this process of HTA evaluation is not yet complete, but it already reveals the first big obstacle in practice if we are to bring fusion biopsy into more widespread clinical practice.

Reimbursements

One of the main limitations to the spread of this procedure is the low rate of reimbursement, at least in Germany. The current reimbursement rate of an outpatient prostate biopsy is €18.79 (€18.74) for a patient with public health insurance (GKV). Consequently, the procedure is mainly performed in large hospitals and university clinics, which are either able to compensate the negative reimbursement with other procedures or turn the case into an inpatient setting. The rate for inpatient reimbursements, depending on the Diagnosis Related Group (DRG) system, can be as high as €400 per case.

Therefore, it has to be decided whether prostate biopsies are to become an outpatient procedure in Germany. There are strong reasons for this, not least that it is a typical outpatient procedure with low morbidity. There is no need for an inpatient setting (see table). This would also allow biopsies to be kept free for more severe procedures, especially in times of a pandemic.

“MRI fusion biopsies are firmly in the patient’s interest.”

Starting here, in Germany, all urologists should work on establishing high-quality prostate biopsies by integrating MRI information into their biopsy template. Our data show a clear benefit to patients. Thus, MRI fusion biopsies are firmly in the patient’s interest. Our cohort of patients confirms that there is no need for an inpatient setting. Instead, we have to fight for a fair reimbursement of the outpatient setting. This would still save money, which could be invested more effectively elsewhere. In high cost, of course, it is a priority to spreading the MRI fusion technique more widely.

Fig. 1: Outpatient setting of MRI Fusion Prostate Biopsy

<table>
<thead>
<tr>
<th>Prostate Biopsy Setting</th>
<th>Costs</th>
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</thead>
<tbody>
<tr>
<td>Outpatient setting</td>
<td>Lower costs, higher availability, lower patient acceptance, lower infection rates</td>
</tr>
<tr>
<td>Inpatient setting</td>
<td>Continuous observation, immediate treatment of complications, higher costs, utilisation of hospital beds</td>
</tr>
</tbody>
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Table 1: The pros and cons of the outpatient and inpatient setting in prostate biopsy