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Q1 With 28 years of experience as a urologist, what initially sparked your interest to pursue a career in this field and motivated you to continue researching?

Since the beginning of my academic career, I have wanted to become a urologist. I do not really know why, but I felt very attracted to this specialty. This is most likely because the urologists at the time seemed happier and had more complete personalities and that attracted me to the field. From the very beginning, I was attracted to academics; I really enjoyed research, looking for something new, evaluating new things, and offering my service into the clinical field of research. I have been in the European urology family for many years, always trying my best to contribute my scientific and academic input.

Q2 You currently have more than 270 international publications for your research in laparoscopy and endourology. What do you believe to be the current gaps in literature, and what topics merit greater attention?

Research has the beauty of investigating the unknown, and in endourology and laparoscopy there are a lot of unknowns. We use a lot of instruments, technologies, tools, and new tricks, and every time one of these is applied, we need to prove that it is safe and efficient for the patient. So, this goes through a whole structured programme, starting from basic research to clinical research and then being applied to the patient. This escalation of research creates enthusiasm among the people that are doing it and drives competition among the researchers (who is going to do what faster and better) and that makes it very nice. For example, many of the new technologies are imposed in clinical practice without being extensively researched.

This includes lasers. We have been using various lasers in different settings and because it has been very appealing to the doctors; research into them only came after the establishment of the devices. Robotic surgery, for example, when it appeared in the literature everyone embraced it and then they started publishing papers and proving its efficacy and safety. So, my response to this question would be that technology needs to be well evaluated before it is applied to the patient, and proven to be efficient and safe. Of course, it must also continue to be evaluated while in use because the more you use it, the better you become at it. When it is used by an experienced surgeon, then it produces better results and this is very important. We all know the saying that 'a fool with a tool is always a fool.' There is no point in someone having a Ferrari or a Porsche if they are not a good driver; they will never reach their destination. Therefore, collaboration between humans and machines is integral.

Q3 As a clinical expert in robotic urologic surgery, what can you tell us about this minimally invasive leading-edge technology, and what impact do you believe robotics will play in future surgeries?

Robotics is a field where undoubtedly surgery will go towards. I mean, real robotics is really going to come out very soon because what we are doing right now is not in a strict sense robotics; it is robotic assisted. Real robotics will really boom in the next couple of years; artificial intelligence is going to come and in telecommunications, 5G is going to be predominant in the next couple of years. We will see an explosion of all these new robotic platforms and new super artificial intelligence technologies that we considered science fiction, but they will not be science fiction anymore. When we were younger, every 20 years technology would boom; nowadays,

it takes a couple of years as within 4–5 years everything changes.

Q4 Your personal education and professional experience have involved you travelling to numerous destinations such as Italy, USA, and Germany. Where do you believe you gained the most experience and do you believe travelling was integral for you to make it to where you are today?

Well, I cannot give you a response as to where I gained the most experience because you gain experience wherever you go. Experience is gained when you are a beginner because you need to learn new things and you also gain experience when you are an expert because you see other people doing different things in different ways. This is the beauty of travelling: seeing other people operate and collaborating with international colleagues. That is why I believe that someone who travels and is not closed-minded will become a more mature doctor and surgeon. Research involves the craziness of the researcher and in different countries you have different set-ups. In the USA, for example, we had a tremendous set-up and were able to find the money for our research very easily. The infrastructure was in place; however, in other countries, like Greece and Italy, we are performing the same research, but it is a lot more difficult. It is very cumbersome to find the necessary infrastructure to back you up. But as I stated earlier, it is the craziness of the researchers that push research ahead and not the location itself.

Q5 You have advocated education and sharing of expertise in the various live surgeries you have performed at congress. In your expert opinion, what are the benefits of attending/watching these surgeries and what would you recommend to all upcoming urologists to boost their experience?

As I stated, after travelling and operating in different areas of the world, you realise that there are so many people that want to learn from you. I would suggest that everyone gains access to people operating around the world, different ways of operating, and to standardise the approaches that they want to do. Now, they have the possibility to go to different sources like YouTube and EAU

[European Association of Urology] UROsource and watch different surgeons operate, pick up one surgery technique, stick to it, standardise, and proceed. My suggestion to the younger urologists is to expose themselves to all the available information, go online and watch videos, and talk to colleagues. It is important to communicate the complications of surgery because remember, if you don't operate you don't have complications but if you operate you will have complications and then you need to know how to deal with them. So, talk to your colleagues about not how good you are but discuss with them the complications that you have with your surgery. That is what is going to teach you how to go ahead.

I also organise my own masterclass here in Patras, Greece. Here we provide a lot of courses every month where people come from around the world for training. We organise a masterclass with the European School of Urology (ESU) on kidney stones. Patras is a heavily loaded training centre where everyone is welcome to come and learn. We have a specific and standardised way of teaching surgery and we have a lot of people coming to us to learn; I am very happy about this.

Q6 You have recently been appointed as the Chairman of the European School of Urology (ESU). Could you please explain what this position entails and how the ESU contributes to the success of the EAU?

Well I must say that I have already been in a position within the school. I was the chairman of the EAU Section of Uro-Technology (ESUT) for many years and I have been a board member of the school at the same time. Therefore, this is not something new for me. I have been in close collaboration with the current chairman of the school and, under his guidance, we have managed to achieve standardisation of urology education for all levels of urologists and it has really been a pleasure working with the entire board of the school. Now it is a bigger pleasure for me to take the lead after the EAU meeting this year and implement minor refinements. We are not planning on doing anything extremely novel but wish to adapt on the virtual concept of training. This is something we're already doing now, because a lot of this is still going to remain after the COVID-19 crisis, and our goal is to collaborate with the companies, the attendees, and our trainees to standardise our

training. Everyone needs to have a standardised approach to training; that is the goal of the school. Guidelines and training are two big pillars of the EAU. The guidelines are famous around the world and everyone has access to them. Our guidelines office is doing a great job on this and I think we are doing very good work standardising and spreading our teaching.

The ESU is not a one-man show as many other positions would be; here we have a big thing. We have a medical board of doctors that cover all the thematics of urology and we go over every course and every request from various companies from different countries. Then we also have a lot of administrative support, a team on virtual training, hands-on training, there is a person for everything. It is a big group of people that sit down and design the training concept. For example, we have an activity known as EUREP [European Urology Residents Education Programme], a yearly event that happens in Prague, Czech Republic. A big group of residents from Europe and other parts of the world come together and for five or six intensive days we teach them the entire urology syllabus so they can complete their final exams after this. It is something that the residents love. In fact, this year we could not do it because of the COVID-19 pandemic, and they were quite disappointed. But this is a concept

that is now spreading around the world. We are doing something similar in the Philippines and are working on something in Latin America. As I said, we standardise something and then we spread it around the world. We have ambassadors that go around the world spreading the way of our teaching.

What are you hoping to achieve within your newly appointed role as the Chairman of ESU?

As I said previously, this is not a position that I suddenly took on a completely new scientific background, as I was on the board for 8 years. At the moment, the new refinements that I am planning to do involve moving towards virtual concepts of training and globalised virtual training because this is a need now. It was a thought in the beginning but now it has become a need. We need to see what kind of activities are going to be done virtually (live surgeries, physical talks, webinars, 'meet the experts,' different platforms for undergraduate and graduate students, masterclasses) and we need to find a balance between virtual activities and physical activities. We are still expanding as our ESU ambassadors try and approach every place in this world and pass on our way of teaching and the knowledge that we have to the people there.

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