

ESO Prostate Cancer Observatory: Innovation and care

High quality sessions on selected oncologic diseases



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Held during the Annual EAU Congress last year, Stockholm welcomed the first edition of the ESO Prostate Cancer Observatory, gathering in one meeting top level experts who examined and carefully discussed the various perspectives on urological malignancies.



Hein Van Poppel

Joining the faculty were Anders Bjartell (Researcher's perspective), Alberto Bossi (Radiation oncologist), Malcolm Mason (Medical oncologist's perspective), Nicolas Mottet (Urologists' perspective) and Hans Randsdorp of Europa Uomo (Patient's perspective). Coordinated by the author (ESO Prostate Cancer Programme Coordinator), the meeting was chaired by Hein Van Poppel, EAU Adjunct Secretary General - Education, and moderated by Alberto Costa, ESO Scientific Director and CEO.



Alberto Costa

Trends in research

Regarding basic and translational research, the forecast for 2014 presented by Anders Bjartell



Anders Bjartell

(urologist at Skåne University Hospital in Malmö), was the development of new genetic markers. To name a few in the diagnostic setting: new panels of single nucleotide polymorphism (SNP) combinations, BRCA2 mutation for better prostate cancer risk stratification, circulating tumour cells also carrying characteristic genetic variants like truncated forms of the androgen receptor (AR), single-cell analysis, detecting tumour cell-related DNA, exosomes and miRNA.

In the therapy setting, the key question was the understanding of the mechanism behind early and acquired resistance to chemotherapy and resistance to new androgen signalling treatments. Results were expected from studies on the interaction with androgen signalling as co-factors or by cross-talk mechanism, the glucocorticoid receptor taking over activating of some androgen receptor regulated genes, PARP, PI3K, DNA repair mechanism and various transcriptions factors.

It would also be helpful to acquire new information on molecular imaging, metabolic tracers and specific antibodies, quantification of tumour burden by automated analysis of bone scans and whole body MRI with 3D-reconstructions, PET in combination with MRI, as well as intraoperative fluorescence imaging during robotic surgery. Last but not least, new research in bioinformatics was considered necessary to make data fully exploitable and understandable.

Urology's viewpoint



Nicolas Mottet

The Urologist's forecast was for a better definition of patients at risk through improved PSA use and its derivatives. According to Nicolas Mottet, Urologist at the University Hospital in Saint Etienne, multiparametric MRI and MRI guided biopsies were considered the first step to reduce the number of biopsies and of the cores taken during biopsy and of the induced complications.

Moreover, multiparametric MRI and MRI-guided biopsies were considered of benefit for better tumour classification and patient selection for active surveillance. Research had to focus also on the need to reduce cases of complications and infections by different biopsy approaches. As well as in

sonography, elastography and histoscanning, progress was considered essential in fusion tools between MRI and sonography to overcome the difficulty in MRI interpretation reproducibility and the inter-reader correlation.

There was also expectation for cheaper robotic tools to increase the number of robot-assisted prostatectomies. As far as research in urology is concerned, the start of a most awaited trial comparing surgery and radiotherapy in T3 prostate cancer (SPCG 15) was expected in 2014.



Malcolm Mason

The Medical oncologist's forecast, presented by Malcolm Mason, Medical oncologist at Cardiff University in Cardiff, conveyed a detailed scenario of new drugs and research goals. The dominant concern in 2014 was whether androgen deprivation therapy would remain the standard of care for first-line treatment of advanced prostate cancer following the results from the CHARTED, STAMPEDE, and GETUG trials.

Enzalutamide and Radium-223 were expected to be established in the treatment pathway. The armamentarium available to the oncologist for metastatic, castrate-refractory prostate cancer makes the sequencing and selection of the right agent, or the right combination of agents, a thorny issue and a challenge. The systemic therapy for high-risk localized disease was considered a very important focus for research, raising crucial questions regarding the optimum form of local therapy and the proper modality (single vs combined). Last but not least, the hope for 2014 was for a cultural and organizational change towards multidisciplinary teamwork.

Research trends in radiation oncology



Alberto Bossi

For Alberto Bossi, Radiation oncologist at Institut Gustave Roussy in Villejuif, four areas of research were identified for radiotherapy and brachytherapy. The first is the availability of new imaging and technologies such as multi-parametric-MRI and spectroscopy, the ability to better define the target volumes

and identify intraprostatic sub-volumes that can be targets for intra-glandular boost in a substantial number of patients.

This was considered the first step towards biological-driven dose distribution with a more efficient sparing of the organs at risk and a more accurate and effective dose-escalation. On-board imaging devices were expected to allow the spread of image-guided irradiation technique and safe dose-escalation.

The second area of research was the role of dose-escalation and the association of radiotherapy with androgen deprivation therapy in treating (very) high-risk patients. The complexity of treatment choice and modalities can be best addressed by multidisciplinary management, which should be promoted.

The third research area concerns the prediction of treatment-related toxicities. Bottom-line was the assumption that pure dosimetric data do not fully explain why 1 to 4 % of the irradiated patients develop late severe toxicities. It was suggested that other factors such as lifestyle habits and genetic profiles should be considered.

The therapeutic salvage options for radiotherapy and brachytherapy failures were underlined as the fourth area of research. Contrary to patients failing radical prostatectomy and showing a rising PSA, for whom a standard approach of salvage external beam radiotherapy is nowadays accepted, patients failing after radiotherapy and brachytherapy are managed with a plethora of several therapeutic options. The highlight from radiation oncology was the importance of identifying patients for whom an aggressive, local salvage approach is needed and the standardization of treatment options following well-designed trials.

Patient's perspective

The Patient's hope for 2014, as conveyed by former Europa Uomo chairman Hans Randsdorp, was for accurate, updated and unbiased information to patients, education on all aspects of prostate diseases



Hans Randsdorp

in general (and prostate cancer in particular), and patient-related events on early diagnosis.

A patient advocacy group, Europa Uomo's message is for doctors to consider patients as partners in the decision-making process and to have Prostate Cancer Units which will manage the disease in every stage and can offer the top quality treatments and technologies. The group

also looks forward to more randomised trials and clinical research.

Moreover, patients should be offered support for them to recover from or stabilise their disease. It was stressed that a Holistic Needs Assessment could be helpful to address physical or practical concerns, a referral to local or national support groups or Allied Healthcare Professionals, access to advice related to lifestyle, physical activity, diet and nutrition, counselling or psychological support and spiritual needs.

Madrid programme

At the EAU 30th Anniversary Congress in Madrid, the 2nd ESO Prostate Cancer Observatory will be held with experts and patient advocates expected to meet on March 20 at 9:45 am at Room Barcelona to hear the forecasts in the next 12 months.

Riccardo Valdagni, ESO Prostate Cancer Programme Coordinator, and Hein Van Poppel, EAU Adjunct Secretary General - Education, will be chairing an outstanding faculty. For the Researcher's perspectives, Frank Claessens, Professor of Molecular Endocrinology Laboratory of the Department of Cellular and Molecular Medicine at the University of Leuven will present his views. The Urologist's perspective will come from Karim Touijer, Associate Professor of Urology at Weill Medical College of Cornell University and Attending Surgeon in the Department of Surgery at Memorial Sloan-Kettering Cancer Center, New York. The Medical oncologist's perspective will be discussed by Maria De Santis, faculty member and lecturer in Oncology and Internal Medicine and chair of the

Genitourinary Cancer Service at the Center of Oncology and Haematology, Kaiser Franz Josef-Spital, Vienna. The Radiation oncologist's perspective will be given by Gert de Meerleer, physician for IMRT and IMAT for pelvic tumours (urologic and gynaecologic tumours), Radiotherapy Service at the University of Ghent. Geert Villeirs, Professor in Genitourinary Radiology at Ghent University Hospital is invited to present the Imaging specialist's perspective. The Patient's perspective will be presented by Ken Mastris, Europa Uomo Chairman. Alberto Costa, ESO Scientific Director and CEO, and Louis Denis, Strategic Consultant for Europa Uomo, will moderate.

All participants registered for the EAU Annual Congress can participate. Don't miss it!

EAU15 | MADRID
20-24 March 2015

Sharing knowledge - Raising the level of urological care

ESO OBSERVATORY



INNOVATION AND CARE IN THE NEXT 12 MONTHS

2ND ESO PROSTATE CANCER OBSERVATORY

20 March 2015 - Madrid, Spain

Chairs:

H. Van Poppel, BE
R. Valdagni, IT

Moderators:

A. Costa, IT
L. Denis, BE

PANELISTS

F. Claessens
Leuven, BE

K. Touijer
New York, US

M. De Santis
Vienna, AT

G. De Meerleer
Ghent, BE

G. Villeirs
Ghent, BE

K. Mastris
Clayhall Ilford Essex, UK

Under the auspices of



9:45 - 11:15 - Room: Barcelona