11th ESOU shows heterogeneity of onco-urology

Latest developments in diagnosis and treatment of prostate, urothelial, and renal cancer

By Monique Van Hout

From 17-19 January the 11th Meeting of the EAU Section of Oncological Urology (ESOU) took place in Prague, Czech Republic. Some 850 delegates heard from world-leading experts about the biggest challenges and most promising developments within the field of onco-urology.

“The main value of the ESOU meeting is that it deals with all urological malignancies and the complex character of oncolgy,” said Prof. Marko Babjuk (CZ), president of the Czech Urological Society and local organiser of the meeting.

“The need for collaboration with medical oncologists, pathologists, and radio-oncologists is stressed during this meeting and there is much emphasis on interaction between the speakers and the audience,” he continued.

ESOU has traditionally been an interactive meeting. The chairman of ESOU, Prof. Maurizio Braun (IT), explained that audience participation is important at ESOU meetings and more space was created for questions and comments in this year’s programme. Braun said, “We noticed that people enjoy being able to discuss their questions with the speakers.”

The three-day programme consisted of sessions and debates on the most pressing issues and latest innovations within the field of onco-urology. Among these were improved diagnostic tools to direct the treatment pathway and better patient selection for various treatment modalities.

Screening, diagnosis, and pathology

The meeting opened with a controversial topic: prostate cancer screening in men over the age of 65. Prof. Axel Heidenreich (DE) said it was an intentionally provocative topic in order to urge the audience to take a critical approach. More than a critical look at screening, the presentation also touched upon the important issue of elderly oncological patients.

Heidenreich referred to the EAU Guidelines recommendation which states that, rather than looking at chronological age, life expectancy based on a comorbidity calculator should determine whether or not a patient will be offered an early detection programme.

Accurate diagnosis and pathology should further direct the treatment pathway and this calls for improvements in diagnostic tools. One important development in terms of diagnosis of prostate cancer is MRI-oriented biopsies to replace blind biopsies.

In renal cancer, CT scans are proving to be accurate in predicting histology. However, more trials are needed to validate the use of these imaging modalities for diagnosis and staging.

The recent developments in bladder cancer diagnosis with photodynamic diagnosis (PDD) raised the question: Can better diagnostics prevent recurrence?

In a lively debate, Prof. Tim O’Brien (UK), opposing Prof. Fred Wijes (NL), argued against this and presented data which show that there is no difference in recurrence rates between using blue light or white light.

O’Brien discussed that more disease detection does not result in less bladder cancer recurrence. Instead, seeding could be a reason for recurrence. To prevent this, traditional TURB methods need to be improved. One possible development is to further investigate the possibilities of en bloc resection of small tumours.

Pathology is also crucial in onco-urology, but remains complicated. There are currently three Gleason score systems in use, as Profs. Rodolfo Montroni (IT) and Ferran Abella (ES) explained in their presentations. It is important to continuously improve these systems, as grading affects the treatment pathway and can even be a prognostic marker.

Selecting the best treatment

As more and more treatments are being developed for urological cancers, the importance of finding those patients who will benefit most from certain treatment modalities increases. Age and risk stratification are important factors, but patient preference should also be taken into account. One of the sessions looked at active treatment vs. active surveillance for young men with low-risk prostate cancer.

Dr. Bernardo Roccio (IT) presented data on robot-assisted radical prostatectomy for this patient group and argued that it is the best option for reducing the risk of underestimation or upstaging of the disease. However, financial costs and functional outcomes of the procedure remain issues to be considered.

Mr. Mark Emberton (UK) argued in favour of focal therapy for the low-risk PCA patient group based on data which show that genitourinary function is preserved and, with that, the quality of life of these young men. Prof. Laurence Klotz (CA) raised the issue of overtreatment and argued that active surveillance is the best option for this particular patient group.

Prof. Zoran Culig (AT) discussed the importance of tissue markers. In prostate cancer, the TMPRSS5-ERG fusion and the PTEN tumour suppressor can be of importance for the development of personalised care pathways.

Another session looked at the pros and cons of radiotherapy vs. surgery in prostate cancer. Dr. Alberto Bosini (IT) stressed that on studies which recommendations against radiotherapy are based and outdated and do not take the latest techniques and doses into account.

Prof. Peter Wicklund (SE) presented data from the Swedish registry which show that there is a higher chance of patients dying from prostate cancer after radiotherapy than after surgery.

Elderly patients

One of the prominent themes of the meeting, which sparked many comments and questions from the audience, was how to treat elderly patients. This demonstrated that the ageing population will be a challenging aspect in the coming years.

Brausi: “Currently, more than 70% of bladder cancer patients are over 70 years old. A multidisciplinary approach is important in this patient group and the team of physicians should include a geriatric specialist, cardiologist, and pulmonologist. Evaluating these patients before and after surgery will enable us to get better insight into mortality and complication rates of treatment.”

Prof. Marc Colombel (FR) presented data on BCG bladder instillation in patients over 80 years old. He discussed that there is a gap between indication and prescription in this age group and argued that age should not be a factor of choice because data show that there is no limited efficacy or higher toxicity in elderly patients.

Instead, a geriatric should be included in the multidisciplinary team treating these patients and questionnaires about life expectancy and comorbidity scores are needed to help determine whether or not a patient is fit for surgery.

Many speakers argued that age alone is not a contraindication but Profs. Francesco Montorsi (IT) and Peter Albers (DE) explained that frailty is. Frailty is a complicated phenomenon and its causes are not well known, but it can have a negative impact on the patient. Montorsi: “The best way to treat the frailty syndrome is prevention.”

Next to physical fitness, Albers stressed the importance of testing patients for cognitive impairment. Cognition is a very important consideration as it might endanger a successful outcome of surgery, especially in cases where patients are expected to perform post-operative self-management, of for instance, a catheter.

In selected elderly patients, active surveillance of small renal masses is recommended in order to prevent overtreatment, argued Dr. Alessandro Volpe (IT). It is important to make sure that there is minimal risk of metastases and disease progression.

Moving forward

When asked about the future of onco-urology, Profs. Babjuk and Brausi discussed what they believe to be the most important developments.

For Babjuk, a better understanding of treatment modalities in order to improve oncological outcomes and decrease mortality is one of the most important aspects of the field. “New treatments will be developed but we should also better understand the current treatment options and how they relate to each other,” he said.

“We should try to understand all consequences of what we are doing when treating patients, including the psychological aspect. Moreover, we need more data on how to combine various treatment methods. For instance, in NNMBC there are many treatment modalities but their efficacy is usually evaluated separately and there is not enough insight into the best sequence of treatment,” said Babjuk.

Brausi stressed the role of tissue biomarkers to predict prognosis and the pathological characteristics of the tumour. He foresees new developments in diagnostic tools as well as treatment modalities.

The 12th meeting of ESOU dealt with all of these issues and more. “We are very satisfied with this edition of the meeting; we had many participants and get a lot of positive feedback. This motivates us to create an even better programme next year,” concluded Brausi.

11th ESOU delegate statistics

Total number of participants: 847

Countries with most participants:

Spain 114
Germany 85
United Kingdom 59
Italy 57
Poland 56

Participants per continent:

Europe 195
Asia 41
Africa 14
South America 4
North America 3