



ESO
Prostate Cancer Programme

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Background

ESO felt the need to organize specific educational activities in prostate cancer after 2008 Inside Track Conference: "Predictive Modeling in Prostate Cancer" Venice, 17-19 April 2008

More than 240 participants from 23 countries were in Venice to follow the talks by opinion leaders in the fields of prostate prediction (Gene profile, Biomarkers, Histopathology, Systems Pathology, Indolent cancer, Surgery, Radiation, Medical Oncology, etc)

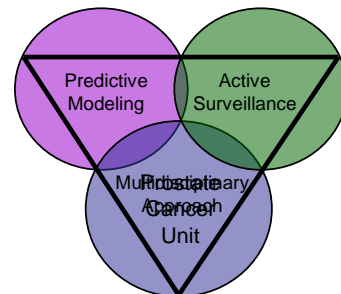


ESO Prostate Cancer Programme

- ESO Prostate Cancer Programme activated in Jan. 2009 aiming at:
 1. contributing culturally to the fight against cancer
 2. organizing specific educational events
 3. supporting the advocacy group "Europa Uomo"
 4. addressing the issue of the multidisciplinary management of prostate cancer
- The following areas of interest were identified:
 1. Predictive Modelling
 2. Active Surveillance
 3. Multidisciplinary approach to the disease
 4. Planning of e-Activities to address the areas of interest and the topic of prostate cancer in general

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The Core Topics Triangle



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1. Predictive Models

2nd Interdisciplinary Conference

"Prostate Cancer:

Predictive Models for Decision Making"

a conference jointly sponsored by ESO and Memorial Sloan Kettering Cancer Center, NYC

Timing: 7-9 April 2011

Location: MSKCC, New York

Chair: Peter T. Scardino, US
Co-Chair: Riccardo Valdagni, IT
Honorary Chair: Louis Denis, BE
Scientific Coordinator: Karim Touijer, US



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2. Active Surveillance

Inside Track Conference

"Active Surveillance in Prostate Cancer"

Timing: 12-13 January 2012

Location: Rotterdam

Chairs: Chris H. Bangma, NL
Lawrence Klotz, CAN

Co-Chairs: Louis J. Denis, BE
Chris Parker, UK

Scientific Coordinators:
Monique J. Roobol, NL
Ewart W. Steyerberg, NL

ESO Prostate Cancer Programme Coordinator:
Riccardo Valdagni, IT



ESO Prostate Cancer Programme e-Activities: e-GrandRounds and e-Oncoreviews

Educational online CME events held on a weekly base

An Expert delivers a lecture (25-30 min)
A Discussant stimulates debate posing questions to the Expert.(15-20 min)

Participants can attend the live session or access the recorded session for up to 6 months after the event

Participants connecting on line can submit questions (before and during the webcast) by sending an e-mail

✓ e-GrandRounds are focused on **hot-topics** and held on Thursdays

✓ e-Oncoreviews want to offer a balance and comprehensive **overview** on a specific topic and held on Tuesdays

ESO Prostate Cancer Programme: e-Activities 2009 e-Grand Round

Feb. 12, 2009	Expert: M. Kattan, Cleveland Clinic, Cleveland, US Discussant: R. Valdagni, Istituto Nazionale Tumori, Milan, IT
	Nomograms in prostate cancer: Who, why, and when
Apr. 30, 2009	Expert: A. Tewari, Weill Cornell Medical College, New York, US Discussant: B. Rocco, Istituto Europeo Oncologia, Milan, IT
	Robotic surgery for prostate cancer
Sept. 3, 2009	Expert: C. Bangma, Erasmus Medical Center, Rotterdam, NL Discussant: D. Helbling, Onkozentrum Zurich, Zurich, CH
	Indolent prostate cancer and active surveillance
Dec. 10, 2009	Expert: M. Zelefsky, Memorial Sloan Kettering Cancer Center, New York, US Discussant: A. Bossi, Institute G. Roussy, Paris, FR
	Brachytherapy for prostate cancer

ESO Prostate Cancer Programme: e-Activities 2010 e-Grand Round

Feb. 18, 2010	Expert: K. Touijer, Memorial Sloan Kettering Cancer Center, New York, US Discussant: X. Cathelineau, Institut Mutualiste Montsouris, Paris, FR
	Minimally invasive surgery for the treatment of prostate cancer: Myth and reality
Oct. 21, 2010	Expert: N. Zaffaroni, Istituto Nazionale Tumori, Milan, IT Discussant: A. Paradiso, Scientific Institute for Research and Treatment of Cancer, Giovanni Paolo II, Bari, IT
	Biomolecular markers of outcome prediction in prostate cancer
Nov. 25, 2010	Expert: C. Cozzarini, Istituto San Raffaele, Milan, IT Discussant: L. Da Pozzo, Ospedali Riuniti, Bergamo, IT
	Prostate cancer: Volumes, doses and role of hormonal therapy in post-operative radiotherapy
Dec. 3, 2010	Expert: M. Roach III, UCSF, San Francisco, US Discussant: R. Valdagni, Istituto Nazionale Tumori, IT
	Radiation and hormonal therapy in prostate cancer

ESO Prostate Cancer Programme: e-Activities 2011 e-Grand Round

Feb. 18, 2011	Expert: K. Touijer, Memorial Sloan Kettering Cancer Center, New York, US Discussant: C. Parker, Institute of Cancer Research, Royal Marsden Hospital, Sutton, UK
	Predictive models in prostate cancer
May 12, 2011	Expert: I. Tannock, Princess Margaret Hospital, Toronto, CA Discussant: D. Berthold, University Hospital of Canton Vaud, Lausanne, CH
	New developments in the systemic treatment of advanced prostate cancer
June 23, 2011	Expert: J.P. Droz, Centre Leon-Berard, Lyon, FR Discussant: D. Berthold, University Hospital of Canton Vaud, Lausanne, CH
	Neuroendocrine tumors of the bladder and prostate. A death sentence?
July 21, 2011	Expert: J. Ward, MD Anderson Cancer Center, Houston, US Discussant: To be defined
	Focal therapy in prostate cancer

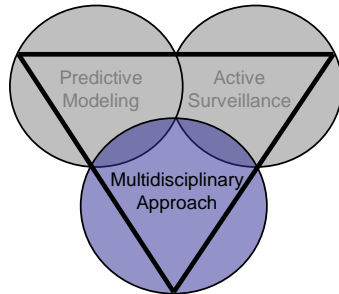
ESO Prostate Cancer Programme: e-Activities 2011 e-Grand Round

Aug. 25, 2011	Expert: P. Albers, H. Heine Universitätsklinik, Dusseldorf, GE Discussant: To be defined
	Prostate cancer units
Oct. 10, 2011	Expert: N. Van As, Royal Marsden Hospital, London, UK Discussant: D. Berthold, University Hospital of Canton Vaud, Lausanne, CH
	Treating prostate cancer with radiotherapy
Nov. 24, 2011	Expert: J.P. Droz Discussant: D. Berthold, University Hospital of Canton Vaud, Lausanne, CH
	New insights in bone and androgen deprivation therapies in prostate cancer

ESO Prostate Cancer Programme: e-Activities 2011 e-Oncoreviews

Feb. 1, 2011	Expert: D. Berthold, University Hospital of Canton Vaud, Lausanne, CH Discussant: S. Suiot, Centre Rene Gauducheau, Nantes, FR
	Locally advanced prostate cancer: Treating local and distant disease
Sept/ Oct 2011	Expert: L. Klotz, Sunnybrook Hospital, Toronto, CA Discussant: To be advised
	Active Surveillance in prostate cancer

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ESO Prostate Cancer Programme 3. Multidisciplinary Approach to Prostate Cancer

Background (2)

- ✓ **Multiple physicians involved**
Urologists, radiation oncologists, medical oncologists play a fundamental role in the management of prostate cancer patients but they "differ" with respect to education, *forma mentis*, mono-specialistic culture, relational approach to the patient



ESO Prostate Cancer Programme 3. Multidisciplinary Approach to Prostate Cancer

Background (4)

- ✓ **The change in Doctor-Patient relationship**
No more paternalistic, rather deliberative
- ✓ **Treatment Decision and the change in the Physician's attitude**
The physician should not prescribe, rather recommend the possible, optimal therapeutic/observational strategies to the patient
- ✓ **Treatment Decision: the change in Patient's attitude**
The patient is asked to take the choice upon himself, thus becoming active part in the treatment decision. The patient can be disoriented in the Decision Making Process and psychological support might be required

ESO Prostate Cancer Programme 3. Multidisciplinary Approach to Prostate Cancer

Background (1)

- ✓ **Multiple therapeutic options**
Different but equally effective therapies are available for the same "state" of disease (RP; EBRT; BCT)
- ✓ **Different side effects**
Multiple treatments but quantitative and qualitative different impacts on physical, emotional and sexual domains
- ✓ **The fourth option: Active Surveillance**
The observational strategy, available for patients with low (intermediate) risk disease
- ✓ **Quality of treatments and caseload**
Higher provider volumes (surgeons and radiation oncologists) are associated with better outcomes

ESO Prostate Cancer Programme 3. Multidisciplinary Approach to Prostate Cancer

Background (3)

- ✓ **The single physician**
For the single physician it's obviously hard to explain analogies and differences among the three therapies exhaustively, objectively and multi-specialistically
- ✓ **Multiple mono-specialistic cultures**
Mono-specialistic interests, uncertainties or true ambiguities embedded in the complexity of the disease can lead to different opinions on treatment management
- ✓ **Different Opinions**
Different medical opinions might end up disorienting patients

Ten good reasons to support the multidisciplinary and multiprofessional approach to prostate cancer and the concept of Prostate Cancer Unit

1. Prostate cancer is a very complex disease
2. Life threatening prostate cancers require therapy: three equally effective curative treatments are available
3. The volume of patients treated (caseload) with each therapy strongly influences the quality of outcomes (cure rates and tox)
4. Radical therapies should be suggested considering overtreatment: Active Surveillance should be proposed as a possible alternative to treatment in potentially indolent (clinically insignificant) cancer, thus avoiding overtreatment and therapy-induced side effects
5. When indicated, all available therapeutic/observational strategies should be proposed to the patient

Ten good reasons to support the multidisciplinary and multiprofessional approach to prostate cancer and the concept of Prostate Cancer Unit

6. The three therapies show very different side effects: patient's quality of life concurs in addressing the decision
7. If quality of life relies on patients and Active Surveillance has its dignity, the decision making process is essentially patient-related
8. To take an informed and responsible choice, patients need adequate, unambiguous, well balanced information from all specialists
9. Optimal and well balanced information requires a shift from a mono-disciplinary to a synergic, interdisciplinary approach
10. High quality interdisciplinary, multiprofessional patient-centered Specialist Prostate Cancer Unit appears to be the best answer to manage patients and the complexity of their disease

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On these premises,

- ESO identified two crucial questions:
Are Prostate Cancer Units the future for the management of prostate cancer patients?
Is there any similarity with what happened with breast cancer in the Nineties that led to the creation of Breast Units?
- To start the discussion ESO identified a Working Committee constituted by:
European representatives of the different specialties involved in prostate cancer care (Urology, Radiation Oncology and Medical Oncology) and with a well defined position regarding multidisciplinary
- ESO organized the first brain storming meeting of the Working Committee in Azzate (Milan), Feb. 19-20, 2010

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Brain storming meeting – Azzate (Milan), Feb. 19-20, 2010

- ✓ Chris Bangma, Urologist, NL
- ✓ Alberto Costa, ESO Director, IT/CH
- ✓ Louis Denis, ESO Scientific Committee Member and Europa Uomo, BE
- ✓ Lawrence Drudge- Coates, Prostate cancer nurse specialist, UK
- ✓ Tiziana Magnani, Project Manager, IT
- ✓ Clare Moynihan, Medical Sociologist, UK
- ✓ Kathy Redmond, Editor, Cancer World, CH
- ✓ Anna Wagstaff, Assistant Editor, Cancer World, UK
- ✓ Riccardo Valdagni, ESO Prostate Cancer Program Coordinator, IT
- ✓ Rita De Martini, ESO Prostate Cancer Program Secretary, IT

Justified absents: Chris Parker, Radiation Oncologist, UK
Cora Sternberg, medical Oncologist, IT

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Meeting aims

- ✓ To explore the concept of Prostate Cancer Units and their establishment in Europe
- ✓ To review the experience of implementing an accreditation programme for Breast Cancer Units in Europe
- ✓ To define what criteria would be acceptable for Prostate Cancer Units in Europe
- ✓ To explore the challenges faced in establishing Prostate Cancer Units in Europe and define solutions
- ✓ To write a discussion paper setting the minimal requirements for Prostate Cancer Units in Europe and start the debate

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After the Azzate meeting

- ✓ Writing and publishing of the article

"The requirements of a specialist Prostate Cancer Unit: a discussion paper from the European School of Oncology"



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Prostate Cancer Unit: Characteristics 1.

- ✓ A place where men with prostate cancer can be cared for by specialists in prostate disease working together within a multidisciplinary team
- ✓ A place which offers the most suitable organisational structure for caring for prostate cancer patients at all stages, from diagnosis to advanced disease, including prevention and treatment of the main complications.
- ✓ A clinical unit (medical, nursing, etc.) able to provide care for patients with prostate cancer at all its stages (diagnosis/advanced), capable of developing research (e.g. enrolling at least 10% of all patients into clinical trials), teaching, transfer of knowledge, training and information for patients, able to manage its own budget

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Prostate Cancer Unit: Characteristics 2.

- ✓ *In the position to serve at least a population of 300,000 people (in large /medium size hospitals)*
- ✓ *Capable of attracting more than 100 newly diagnosed cases of prostate cancer (at all ages and stages) coming under its care annually*
- ✓ *Willing to accept that all treatment and observational strategy must be carried out under the direction of the Unit's Multidisciplinary team and its chair*

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Prostate Cancer Unit: general implication

- ✓ *Reorganising European prostate cancer services in line with the concept of a prostate cancer unit, following the recent examples of countries such as Germany, the UK and France*
- ✓ *Reorganising prostate cancer care around a network of prostate cancer units with the potential aim to significantly improve standards in Europe*

Hopefully Europa Uomo will endorse this process and contribute to the idea and its dissemination



Thank you for your attention

ESO is funding this exercise with its core funds to avoid any bias and commercial influence