THEIR CANCER GARDEN

# EDITORIAL

F **E F O C : MEMBER OF EUROPE UOMO , USTOO AND MALE CARE**

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We must return again and again to the advantages for the quality of life of patients with prostate cancer, localized and low risk, in being objectively informed of the advantages of non-treatment, that is, of active surveillance as a first option, before prostatectomy or radical radiotherapy.

Active surveillance (VA) is being imposed in most countries. Probably its pioneers were the Swedish urologists. Today, perhaps it is the United States that gathers the greatest acceptance towards it. Be that as it may, we congratulate each other and with the greatest respect, we congratulate all the health professionals who have contributed to such incredible progress.

Do not be as a doctor explained a few days ago, on a TV in Barcelona, that the non-treatment came to be a ruse of the AdministrationToday we offer several articles about success

and the growing demand from the VA. But alarm

observe how its indication varies greatly

according to the environment in which the patient operates.

For example, in the canton of Zurich, the difference

of acceptance of the VA, comparing the

patients treated at the Zurich hospital or abroad

thereof, by other means in that canton,

it's alarming.

We also draw attention to the effectiveness of physical exercise at home with virtual control and the convenience of reducing as much as possible the image controls that may cause irradiation to patients. with stage I testicular cancer .

On July 4, Dr. Tania Estapé participated in

"The day of the patient", within the Congress of the

UAE (European Urology Association).

to save money. There is everything in the vineyard of the **a**

Sir , it is rightly said.

# SOME REFLECTIONS ON THE CHOICE OF TREATMENT IN PROSTATE CANCER AND SEXUAL DIVERSITY.

1. Active surveillance (VA) appears as a great option

in cases of prostate cancer (PC), localized of low aggressiveness. It is essential that these patients receive psychological, specialized and continuous support.

1. Be that as it may, patients must have all the reliable information necessary for them to choose freely, according to their roles, preferences and lifestyles, the treatment they consider most appropriate. For those affected by CP, who qualify to be candidates for the VA, this is an option to consider in depth.
2. Sexual activity is a very important aspect in the identity of all men, so sexual impotence can lead many of them to a serious personal crisis. Thus many feel in sexual inferiority, see their self-confidence diminished, abstain from sex and come to feel isolated socially and in their sexual relationship.
3. As for erection, many patients believe that the use of injections into the penis and various devices to facilitate sexual intercourse make the act unnatural and decreases the spontaneity of sex. You have to make a pact and seek a balance between healing and maintaining sexual function as much as possible. The VA, when indicated , may be the answer.
4. The impact of treatments, comparing heterosexuals (HT) and gay or bisexual (GB), has been poorly assessed. But clear differences are detected. A firmer erection is required for anal penetration than for vaginal penetration, so it is possible that effective treatments for erectile dysfunction are effective in HS and not in BG.
5. Some studies have suggested that only a quarter of GB after classic PC treatment had an erection firm enough for anal sex. And in others, that only 40% of GB that had the penetrative role before treatment, could be maintained as penetrative. In another study, only 8% of BG treated remained penetrative, compared to 42% who were from before treatment.
6. Role change. For many GB, changing sexual role after treatment is not always a solution to overcome side effects on sex. Because the sexual role can mean an important part of the identification and identity of each one. Some studies point to the difficulty in changing the penetrative role for the receptive one, especially if the couple was receptive.
7. Many HS and GB adapt to the new situation and initiate activities without vaginal or anal penetration as the case may be. It highlights here the need for great communication and sincerity between both members of the couple, while learning other non-sexual techniques in the strict sense of relating. Thus they discover other sensitive areas of the body.
8. We insist on the problem of anal pain after radiotherapy and the absence of the prostate after prostatectomy. Its stimulation during penetration produces a lot of pleasure, which then decreases significantly.
9. Effects of treatments on sexual behavior. We must conduct an in-depth examination to identify the effects of treatments on sexual behavior and functioning, so that the sexological understanding of the experience of THE CP in men of all sexual conditions.

#  INCREASES ACCEPTANCE OF ACTIVE SURVEILLANCE IN LOW-RISK LOCALIZED PROSTATE CANCER

Dr. Matt Cooperberg and collaborators from the University of California, San Francisco (UCSF), presented at the annual meeting of the American Urology Association, New Orleans, Louisiana, USA, from May 13 to 16, 2022, within the CaPSURE (Cancer of Prostate Strategic Urologic) program Research Endeavor), with data from 240 UROLOGICAL GROUPS USA, a study on the acceptance of active surveillance as a non-therapeutic option in low-risk prostate cancer.

For various reasons, from the diagnosis of localized and low-risk CP (CPLBR), it is not always necessary to opt for a classic immediate treatment, such as prostatectomy or radiotherapy. It is possible to defer, postpone treatment and even never do it, if the CP does not grow and does not cause symptoms. Deferred treatment has two modalities, "wait and see" (in people of generally advanced age and/or with associated diseases and/or with limited life expectancy) and "active surveillance" (in patients otherwise healthy and with good life expectancy, who do not want to be treated for the side effects of prostatectomy and/or radical radiation therapy, and that they will only be treated if their cancer begins to grow and develop.) Returning to the study of Cooperberg et al., about ten years ago most men diagnosed with CPLBR, received immediate treatment with surgery or radiotherapy, both with great healing potential but with serious side effects, which usually profoundly altered the quality of life of patients.

But recent studies indicate that those affected are increasingly opting for active surveillance. Data from Cooperberg et al. from 240 urological groups show that 60% of North American patients with RCRCP prefer non-treatment. Since 2014, when the study began, this percentage has more than doubled, going from 26.5% to 59.6% in 2021.

For Matt Cooperberg, these results show that the use of active surveillance is going in the right direction, but that progress still needs to be made. Indeed, in countries with a long tradition of active surveillance, such as Sweden, the percentage of acceptance of active surveillance has been established in 80% of cases. But Cooperberg explains that, in his hospital, 95% of cases have been reached that opt for active surveillance.

A few days ago we were embarrassed to listen to a television program dedicated to health issues. They interviewed a radiotherapist from a private center in Barcelona who came to tell us that the Administration promoted non-treatment and that he recommended brachytherapy (internal radiotherapy) and that, according to him, it produced 0% side effects.

Comparing certain people to real scientists like Matt Cooperberg is embarrassing.

According to Dr. Howard Parnes, Chief of the Prostate and Urologic Cancer Research Group at NCI's Division of Cancer Prevention, who was not involved in Cooperberg's study, "If a patient meets The criteria for being diagnosed with a CPLBR, active surveillance should be a central part of the conversation with your urologist."

#  ACTIVE SURVEILLANCE IN ZURICH

Drs. C. Poyet and collaborators of the University Hospital of Zurich publish (European Urology, February 2022) an analysis on the use of active surveillance in low-risk localized prostate cancer (CPLBR), as patients are treated in that hospital (where all patients are evaluated in an interdisciplinary Committee) or outside it.

 Poyet and colleagues point out that active surveillance (VA) has been introduced precisely to avoid overtreatment in patients with RSCLC. There is already an extensive literature showing that VA is safe, which is recommended as the first therapeutic option for these patients.

But, they point out, despite these recommendations, the use of va varies greatly from one hospital to another.

To investigate this question, they collected data from the tumor registry of the canton of Zurich, between 2009 and 2018. They registered 3393 men with CPLBR, 3131 from the canton (Switzerland consists of 26 cantons or former states) from Zurich and 262 from the University Hospital, from the same city.

 In the canton, 502 patients received VA (16%) while in the hospital 146 patients (55.7%) were indicated. Over the years, the percentage of VA in the canton increased very little, going from 12% in 2009 to 16.2% in 2018, while in the hospital it went from 35.4% in 2009 to 88.2% in 2018.

In conclusion, they comment that the VA, in the canton of Zurich, has a low percentage and has not increased in the successive years studied, contrary to the recommendations in favor of the VA. By contrast, about 90% of CPLBR patients seen at the Zurich hospital followed VA.

The authors believe that continuing education in the urological community is needed in this regard and advise patients with CPLBR to request a second opinion to access hospitals with tumor committees . Multidisciplinary.

# IDENTIFYING SAFE MEANS TO DETECT RECURRENCE AFTER SURGERY FOR TESTICULAR CANCER

J.K . Joffe et al. publish the results of the TRISST trial, in April 2022, in the Journal of Clinical Oncology, Mar 17, 2022 (Identifying Safer Ways to Look for Recurrence after Testicular Cancer Surgery originally published by the National Cancer Institute"). TRISSTsignifies"TrialofImagingand

Surveillance in Seminoma Testis.

Seminoma originates in the cells of the testicle called germ cells, which produce sperm. It is a tumor with a very good prognosis. In its stage I, healing is close to 100% of cases. For the evolutionary control of patients, CT scans are usually performed. But it is worrying that, usually in the case of young patients, that, if they receive many CT scans, an excess of irradiation will occur in them.

The TRISST study from the National Cancer Institute investigated whether CT could be replaced by magnetic resonance imaging (MRI), which prevents irradiation, or a SURVEILLANCE PROTOCOL with CT but less frequently than usual. The key point, apart from decreasing irradiation, was to see if the new strategies are also useful in detecting recurrence if it occurs.

(Continued on page. 5)

(comes from page 4)

A study led by Cafferty et al. suggest (Journal of Clinical, March 2022) Oncology, that MRI has an efficacy comparable to CT, By using the former, the risk is suppressed of irradiation without, and this is the most important thing, decreasing its effectiveness in the detection of recurrences of the disease.

On the other hand, they also showed that the frequency of CT scans and RNMs can be decreased.

 The trial they called TRISST included 669 men treated by surgery for early-stage seminoma .

To objectify the periodicity of CT scans or RNMs, four strategies were followed :

\*Seven TACs spread over 5 years.

\*Seven RNMs in three years.

\*Three TACs in three years

\*Three RNMs in three years.

 With a median follow-up of 6 years, the results in patients followed by MRIs or lower frequency of CT scans were no worse than those observed with seven CT scans in 5 years, r it also induces undesirable exposure to irradiation and with a very low number of recurrences.

However, the authors caution about the fact that the patients included in TRISST were at low risk, so these data cannot be applied, without more, to patients with testicular cancer at higher risk.

They also draw attention to the fact that MRI is more expensive than CT and that there are more experts skilled at interpreting a CT scan than an MRI.

#  PHYSICAL EXERCISE IN CANCER SURVIVORS

 The Prostate Cancer Foundation recalls and recommends (July 2022), the benefits of physical exercise in cancer survivors. It has been demonstrated, they say, that this activity improves the quality of life and physical functioning of patients. But, according to their data, only between 10 and 30% of survivors perform adequate physical exercises.

In prostate cancer, aerobic exercises after diagnosis, following this Foundation, reduce the risk of tumor recurrence or death, up to 60% of patients.

 It is true that the sedentary lifestyle has increased with the Coronavirus pandemic but it has made it possible for Dr. Christina Dieli-Conwright, and collaborators from the Dana Farber Institute to review physical exercise programs. in patients' homes. To do this, they studied 12 exercise systems carried out in patients' homes and adapted by the restrictions imposed by the pandemic.

The different exercises were:

\*Self-directed, without external supervision, or,

\* Self-directed, but with external virtual information (through online videos, expert messages and periodic calls for information control).

In this review, the authors did not intend to study the two methods at home comparatively. But the study allowed them to get preliminary information about home physical exercises and identify areas to investigate.

(Continued on page 6)

(comes from page 5)

For example, much greater adherence to exercises was observed when they were helped virtually. Even in patients with breast or prostate cancer, greater adherence was observed, in these cases followed virtually, than in similar cases followed personally before the pandemic.

The researchers conclude that virtually supervised physical exercise is possible, safe, and can improve survivors ' problems such as fatigue and anxiety. More research is needed to see if they can also improve physical functionalism and survival.

They consider that a very important parameter is the safety of the participants. For example, the need for virtually controlled patients, if they use exercise devices, to learn their use well to maximize effectiveness and minimize the risk of injury.

 Cancer patients may have a variety of symptoms and other health conditions that may affect their ability to perform certain exercises.

Home exercise eliminates some problems (displacement, contamination by potential germs), but they present other problems (lack of space in case and technological access).



**PARTICIPATION IN THE EUROPEAN**  **CONGRESS OF UROLOGY**

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 On 1-4 July, the congress of the European Association of Urology took place in Amsterdam. This congress is medical, and brought together various professionals of Urology to share their work and research. As usual, a day was dedicated to patients. In this congress a space is given for patients to present posters and communications on various topics. In this sense, sessions were scheduled on kidney, bladder, prostate cancer, as well as one dedicated to fatigue, urinary incontinence and life after cancer. The session on prostate cancer was organized by Europa Uomo, the European federation of prostate cancer patient associations of which FEFOC is a representative and is part of the Board of Directors (with the psycho-oncologist Tania Estapé as a member of it). The panel was moderated by Dr. Eamonn Rogers, Irish urologist. It discussed quality of life in patients with prostate cancer, early detection and the active surveillance option as a proposal for patients with low-risk prostate cancer.

(Continued on page. 7)

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In this sense, Dr. Tania Estapé offered a communication entitled "Is this the true revolution? An understanding among low-risk prostate patients and their doctors that the best treatment may be no "treatment" at all! How this approach is becoming the leading treatment in these low-risk patients."

In this 10-minute talk, Dr. Estapé summarized the psychological problems of active surveillance. This option is for patients with low-risk prostate cancer and consists of periodic follow-up with tests and follow-up visits. The advantage is that the consequences of prostatectomy and/or radiotherapy are avoided. Thus, the patient does not suffer from erection problems and urinary incontinence, problems that interfere with the quality of life. However, there are other disadvantages, especially psychological ones. The patient may feel confused by the feeling of not doing anything and leaving the tumor inside their body. We have all learned that when there is a tumor it is best to eradicate it as soon as possible from the body to prevent it from spreading. Thus, active surveillance can induce high levels of anxiety and uncertainty. It is assumed that the patient is in better condition to enjoy life, but it is not always possible because of the doubt about whether they have chosen correctly. Sometimes hypervigilant behaviors develop, that is, being permanently alert to changes and bodily discomfort with the fear that it is an indication that the tumor is Progressing. The patient's family has a role in all this as well. Many times it pressures the affected person to opt for active treatments.

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Again weighs the scheme that in the face of cancer we must actively fight and do "something" against it. There are several alternatives to try not to be a victim of anxiety and fear and learn to live with active surveillance, such as trying to take control of the situation by looking for truthful information (always limited in time so as not to enter a loop of increasing anxiety.) It is necessary to try to lead a life as normal as possible and, if necessary, seek a support group or psychological treatment. Groups are not always suitable if the other participants have received active treatments, as this will make the man with active surveillance doubt more than if he has done the right thing.

 Treatments are becoming less aggressive

and it is necessary to bet on it to avoid too aversive consequences on the quality of life. This can lead to psychological challenges to learn to live with the uncertainty that is generated.

To purchase the book click [**here**](https://www.amazon.es/C%C3%81NCER-PR%C3%93STATA-HETEROS-GAYS-BISEXUALES-ebook/dp/B08QRZ3XNJ/ref%3Dsr_1_1?__mk_es_ES=%C3%85M%C3%85%C5%BD%C3%95%C3%91&crid=1XUVW0UQ1NR7N&keywords=cancer%2Bde%2Bprostata.%2Bjordi%2Bestape&qid=1646068723&sprefix=cancer%2Bde%2Bprostata.%2Bjordi%2Bestape%2Caps%2C109&sr=8-1)

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 **Prostate Cancer Video**  Collection





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