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Optimizing treatment and management strategies in prostate cancer took up the first plenary session of the 6th European Multidisciplinary Meeting on Urological Cancers (EMUC) in Lisbon, Portugal, with experts discussing prospects in imaging, radiotherapy and benefits of medical treatment.

"This year's meeting has gathered 1,394 participants from 65 countries, and after seven years of holding this congress we have always focused on the central aim to foster education and knowledge in urological cancer and improve diagnosis and treatment through a multi-disciplinary approach," said EAU Sec. General Per-Anders Abrahamsson (SE) in the opening of the 6th European Multidisciplinary Meeting on Urological Cancers (EMUC).

Per-Anders Abrahamsson, MD, PhD is Chairman and Professor at Skåne University Hospital - Department of Urology (Malmö, Sweden ) and is Secretary General of the European Association of Urology (EAU).

Dr. Abrahamsson is also currently Professor and Chairman of the Department of Urology Skåne University Hospital, Lund University, and an Adjunct Professor in Urology at the University of Rochester Medical Center, New York.

Details from the conference can be seen at: <http://emuc2014.uroweb.org>



*Per-Anders Abrahamsson, MD, PhD*

## EDITORIAL



### Surviving Cancer, But Not the System: Necessities of Cancer Survivorship in a Patient-Centric Model

Currently there are 14.5 million survivors of cancer that were alive in the United States as of January 1, 2014, with the number expected to rise to 19 million by the year 2024<sup>1</sup>. Worldwide, as of 2011, it is estimated that there are over 28 million people who have survived cancer within 5 years of diagnosis<sup>2</sup>. It is estimated, based on 2012 data, that there will be approximately 14.1 million new cancer cases each year worldwide with increasing incidences of diagnosis and concomitant increases in the number of survivors<sup>3</sup>.

While all of this suggests good news, we need to delve further into the full spectrum of the concept of survivorship. Firstly, what is a “survivor”? The American Cancer Society defines a survivor as, “...any person who has been diagnosed with cancer, from the time of diagnosis through the balance of life”.<sup>1</sup> Their report goes on to further characterize the stages of cancer survivors:

- Diagnosis to initial treatment
- Transition from treatment to extended survival
- Long-term survival.

Secondly, we need to understand that the fight against cancer is not a solitary battle, but one that includes family members, caregivers, friends and co-workers, all of who can effectively be called “survivors” because of the tangential reach of the disease.<sup>2</sup> Understanding survivorship must encompass the effect of a cancer diagnosis on the lives of these other groups.

More critically, as it relates solely to the clinical management of cancer, the American Society of Clinical Oncology has noted<sup>4</sup> that there are emerging forces that could significantly impact patient access to care in the future:

- Demand for oncology services will grow by 42% by the year 2025
- In this same time period the supply of oncologists will grow by only 28%, leaving a shortage of more than 1,487 professionals
- The median size of physician practices has increased from 9 to 15 from 2012 to 2013, indicating an increasing consolidation and mergers of practices
- Financial pressure has been cited as the greatest threat to providing high-quality patient care.

While all of these issues and factors have impact on patients and their care, the conversation obviates many of the other components of living after, or with, cancer. There are many subtleties relating to quality of life dependent on the disease type, age at diagnosis, treatment-related side effects and the potential for secondary cancers<sup>2</sup>. Many of these issues go beyond the clinical discipline and/or comfort level of the physician to deal with, e.g. sexual satisfaction post-genitourinary cancer treatment, psychological stresses in returning to the workplace, etc. It is the recurrent theme of treating the disease, but not the patient. Patient-centricity goes far beyond treatment modalities and must include desired quality of life expectations and the capability to return a “whole and entire” person back into the society in which they were in prior to the cancer diagnosis.

There will be an increasing need for primary care physicians to take over from the oncologist to provide psychological as well as clinical support for their patients. There will be a need to engage in dialogue with the patient and family to be able to provide referral to specialty services, e.g. sexual dysfunction, self-image reinforcement, guilt management, etc. There will be a need for government and insurers to better address the financial pressures related to both potential recurrent or secondary disease as well as the increasing cost of care itself. As we set guidelines for the management of various cancers, it is equally obvious that the need for guidelines relating to the management of survivorship should become a priority.

Survivorship mandates more, and comprehensive, partnerships among healthcare professionals, research groups, public health agencies, financial providers, and community organizations with necessary patient input to insure that patient-centricity remains constant and consistent from “the time of diagnosis through the balance of life.”

#### References:

1. <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-042801.pdf>
2. <http://blogs.plos.org/speakingofmedicine/2011/03/04/addressing-the-needs-of-cancer-survivors-an-emerging-global-challenge/>
3. <http://www.cancerresearchuk.org/cancer-info/cancerstats/keyfacts/Allcancerscombined/>
4. <http://jop.ascopubs.org/content/early/2014/03/10/JOP.2014.001386.full.pdf>





## Updates on Radiation Oncology

While much has been made of the fact that new techniques in surgical intervention have resulted in the minimization of treatment side effects, we should remember that radiation therapy was utilized as a treatment for prostate cancer well before the introduction of surgery. Equally important is the fact that many effective advances have also been made in the use of radiation therapy.

Dr. Vincent Khoo spoke in depth on the evolution of radiotherapy in the concept of personalized medicine, wherein better targeting of the tumor and customization of radiation delivery can be achieved for optimization of survival and improved quality of life based on reduced treatment side-effects.

Central to the execution of this approach is being able to identify the specific type of prostate cancer, its genetic characteristics and the likelihood of positive response to the treatment.

The PowerPoint and audio presentation by Dr. Khoo can be seen at: <http://emuc2014.uroweb.org/resource-center/webcast/0a56fc25>

NOTES: Dr. Vincent Khoo is a Consultant in Clinical Oncology at The Royal Marsden, Honorary Consultant at St George's Hospitals and Honorary Senior Lecturer at The Institute of Cancer Research, University of London. He was previously Head of Department of Clinical Oncology at the Royal Marsden. He qualified in medicine in 1985 and has trained and worked in clinical oncology in the UK, USA and Australia.



*Dr. Vincent Khoo*

He is Adjunct Professor, Department of Medical Imaging and Radiation Sciences, Monash University and Honorary Associate Professor, Department of Medicine, University of Melbourne and Austin Health. He leads collaborative research groups with these Australian centers.

Dr Khoo specializes in urological cancers with interests in combination systemic Clinical Trials.

An interview with Dr. Khoo on oligometastatic prostate cancer can be seen at: <http://www.oncologytube.com/v/1031547/dr.-vincent-khoo-on-oligometastatic-prostate-cancer>

Additional information on radiotherapeutic techniques can be reviewed at: <http://www.theprostatenet.org/radiation.htm>

## Multidisciplinary Approach To Tackle Future Uro-Oncological Challenges

With recent advances in cancer research, experts are saying that the need for a multidisciplinary approach is increasingly becoming a crucial and indispensable tool to effectively tackle future prospects and challenges in uro-oncology.

"The ability to study and treat urologic malignancies is a multidisciplinary approach in both the existing clinical and research settings, which enables us to better understand the evolving biology," said Prof. Christopher Evans, professor and chairman of the Department of Urology at the University of California, Davis, School of Medicine.

In his presentation at the 6th European Multidisciplinary Meeting on Urological Cancers (EMUC) in Lisbon, Portugal, on November 13, Dr. Evans noted that various disciplines such as urology, medical oncology, radiation oncology and radiology are making progress in the diagnostics and treatment of prostate, urothelial, testes and renal cancers, and these advances can only be effectively used if specialists from these fields actively share their knowledge.

According to Evans, urologists have to deal, just like their colleagues from other disciplines, with the increasing complexity of modern diagnostics and treatment modalities. In recent years, treatment of

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## Understanding The Natural History Of Progressing Pca: Is Treatment Always Needed?

One of the latent fears among all men who have been treated for prostate cancer is the fear of it returning. Dr. Martin Gleave spoke in depth on the subject of recurrent prostate cancer, which can be viewed at: <http://emuc2014.uroweb.org/resource-center/webcast/937d03b8>



Dr. Martin Gleave

Critical points noted in his lecture were that approximately 25% of men who undergo radical prostatectomy surgery to treat their cancer will experience bio-chemical relapse (BCR), or the return, of their prostate cancer.

The natural history of the disease varies widely with approximately 1/3 of patients alive at 15 years after BCR, 1/3 dead from prostate cancer, and 1/3 dead from other causes. But, how do we determine those factors that can guide us in determining the prediction of biology? Things such as PSA levels prior to surgery, Gleason Scores, intervals to PSA failure, and predictive nomograms among others have all been put forth as contributing factors.

However, the single most important element, based on the research of Dr. Gleave, is the understanding of PSA Doubling Time (PSADT) in predicting Prostate Cancer Specific Mortality (PCSM). The relevant scientific abstract supporting this can be seen at: <http://jco.ascopubs.org/content/23/28/6992.abstract>

Dr. Gleave concluded in saying that, while PSADT is a major risk determinant, it requires time to determine and is a challenge to both the doctor and patient.

NOTE: Dr. Martin Gleave is Executive Director, Vancouver Prostate Centre; Chief Executive Officer, PC-TRIADD; Distinguished Professor, Department of Urologic Sciences, University of British Columbia and BC Leadership Chair in Prostate Cancer Research.

Dr. Gleave is a clinician-scientist and urologic surgeon. His major research focus involves the study of cellular and molecular mechanisms mediating progression of prostate cancer to its lethal stage of androgen independence, and use of this information to develop integrated multimodality therapies that specifically target these mechanisms. He is the scientific founder of OncoGenex Pharmaceuticals Inc.

An interview with Dr. Gleave can be viewed at: <http://www.oncologytube.com/v/1034099/psadt-a-better-indicator-of-prostate-cancer-progression>

*Multidisciplinary Approach...*

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castration-resistant prostate cancer, for example, has seen the rapid evolution of a range of treatments, particularly in medical management options. Urologists have to keep up with the rapid pace in order to offer their patients the best possible outcomes.

"The management of castration-resistant cancer is an exploding area of new therapeutics," said Evans, adding that urologists will have to be equipped with the necessary knowledge on how to



Prof. Christopher Evans

sequence drug combinations for optimal results or find practical applications for new research outcomes.

"Understanding the biology and mechanisms of advanced urologic malignancies (will) set the foundation for treating these patients," noted Evans. Besides challenges in the clinical setting, Evans also underscored that urologists have to deal with everyday practical issues. "There are competing pressures for the urologist with regard to patient care, electronic documentation, revenue and the business aspects of medicine that occupy much time. The logistics of having a multidisciplinary group of people find the time to discuss patients has to be integrated into the clinical practice".

NOTES: Additional information on the concept of multidisciplinary practice can be seen at: <http://prostatenet.com/treatmentsandcures.htm>

## Saving the Safety Net: Opposing CDC Budget Cuts

### The Centers for Disease Control and Prevention (CDC)

The mission of the CDC is in part to play a pivotal role in ensuring that state and local public health systems are prepared to respond to all types of health threats. CDC's work in preparedness builds upon decades of science developed to promote the public's health.

That role has enabled the CDC to fund public education and disease intervention information to communities throughout the country. However, based on the FY2016 budget proposed by the Federal Administration, programs of support for Breast and Cervical Cancer and Colorectal Cancer would be drastically reduced, and funding for Prostate Cancer activities totally eliminated!

We must not let this public safety net be cut!

We need everyone to step up and tell the government that this must not happen. The following is a letter that is being sent to the leadership of the House and Senate Appropriations committee by the members of One Voice Against Cancer:

Dear Chairs Rogers and Cochran and Ranking Members Mikulski and Lowey:

*We are writing as members of One Voice Against Cancer (OVAC), a collaboration of public interest groups representing millions of Americans impacted by cancer - including researchers, physicians, pharmacists and nurses, patients, survivors, and their loved ones - to ask that you reject the proposed cuts to cancer prevention and early detection programs included in the President's FY 2016 budget. The cuts included in the President's budget would drastically reduce funding to the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Colorectal Cancer Control Program (CRCCP), and would eliminate entirely prostate cancer activities at the Centers of Disease Control and Prevention (CDC).*

*These programs play an indispensable role in the prevention, detection, and treatment of cancer. In other words, they save lives. Approximately 50 percent of cancer deaths can be prevented through education and early screening, both of which are supported by these CDC programs. Effective screenings are available for cancers of the*



*colon and rectum, breast, cervix, and lung. Moreover, screening for colorectal and cervical cancers can identify precancerous abnormalities, resulting in their removal and averting cancer altogether.*

*Yet, many Americans do not have access to these lifesaving tests. For uninsured adults, less than*

*17 percent of women over the age of 40 had a mammogram in the past year and less than 19 percent of men and women over the age of 50 had a recent colorectal cancer screening. The CDC's cancer prevention and control programs help to amend these problems by providing vital resources to every state for cancer monitoring, cancer screening programs, and cancer awareness initiatives.*

*More specifically, the NBCCEDP provides lifesaving breast and cervical cancer screenings to millions of women. In fact, since its inception, the NBCCEDP has provided over 11.6 million screening exams to more than 4.6 million women, detecting more than 64,718 breast cancers, 3,500 cervical cancers and 167,000 premalignant cervical lesions. Likewise, largely due to programs like the CRCCP, colorectal cancer incidence rates have dropped 30 percent in the U.S. among adults 50 and older.*

*However, despite these great advances, breast cancer remains the second leading cause of cancer death among women, colorectal cancer remains the second leading cause of cancer deaths when men and women are combined, and prostate cancer accounts for 33 percent of all cancer cases in men. Adequate funding for the CDC cancer programs in FY 2016 will allow half a million women to be screened for breast and cervical cancer, and ensure tens of thousands of men and women get access to colorectal cancer screening.*

*Finally, prostate cancer strikes 1 in 6 men and accounts for 33 percent of all cancer cases. More than 220,000 men will be newly diagnosed with prostate cancer this year alone, and more than*

*27,500 will die from it. CDC-supported cancer programs improve the health of all Americans by leveraging strong partnerships with state and local agencies, many of which will be forced to terminate their prostate cancer control programs if federal funding is lost. Continued funding for*



*this program will enhance prostate cancer data in cancer registries, especially information about the stage of disease at the time of diagnosis, quality of care, and the race and ethnicity of men with prostate cancer. CDC funding for prostate cancer has also supported critical research on the patient-provider dialogue, as well as the development and dissemination of materials to ensure men and their healthcare providers make the most informed decisions possible in their specific circumstances. The need for these resources is stronger than ever as men weigh screening decisions and an increasing number of treatment options.*

*Clearly, now is not the time to cut or reduce funding to programs like the NBCCEDP, the CRCCP, and the CDC's prostate cancer work. For FY 2016, OVAC urges Congress to reject the proposed cuts in the President's budget and to support the following funding recommendation:*

*\$513 million for the CDC cancer programs, including \$275 million to the National Breast and Cervical Cancer Early Detection Program and \$70 million to the Colorectal Cancer Control Program and \$35 million for prostate cancer control.*

*The members of OVAC are confident that our country's leaders understand the importance and high priority of these lifesaving programs in the fight against cancer. Thank you for your consideration of this request; we stand ready to support your efforts.*  
*Sincerely,*

We urge you to contact these Members of Congress, or your local representatives, As Soon As Possible:

**The Honorable Hal Rogers, Chairman**

Committee on Appropriations  
United States House of Representatives  
Washington, DC 20515

**The Honorable Thad Cochran, Chairman**

Committee on Appropriations  
United States Senate  
Washington, DC 20510

**The Honorable Nita Lowey, Ranking Member**

Committee on Appropriations  
United States House of Representatives  
Washington, DC 20515

**The Honorable Barbara Mikulski, Vice Chairwoman**

Committee on Appropriations  
United States Senate  
Washington, DC 20510

***We need you to help make a difference!***



The Prostate Net® is a non-profit patient education and advocacy organization founded 17 years ago by Virgil Simons, a 19-year survivor of prostate cancer and a patient advocate. The Prostate Net has become an international organization that uses a matrix of informational techniques to address disease risk awareness and early disease interdiction.

## The core objective of The Prostate Net's mission is to:

1. Educate consumers most at-risk from a diagnosis of prostate cancer
2. Inform the community on other diseases and conditions of negative impact
3. Motivate consumers to make informed choices as to healthcare and lifestyle management
4. Provide on-going health care interaction between patient and professional communities
5. Create an interactive network to maximize actionable healthcare messages

The strength of The Prostate Net's mission is aided by organizations with which we are associated: American Society of Clinical Oncology, Department of Defense Prostate Cancer Research Program, American Association for Cancer Research and European Association of Urology among others.

## Our active initiatives include, but are not limited to:

### Education:

- Patient and professional Website - [www.theprostatenet.org](http://www.theprostatenet.org)
- Spanish language site - <http://theprostatenet.org/espanol/>
- Educational Symposia - <http://theprostatenet.org/Symposium.html>

### Research:

- Continuing partnerships with university based community studies
- Consulting relationships to local government agencies; materials for patient education/recruitment; training of agency staff, etc.

### Community Interventions:

- Gentlemen, Check Your Engines TM, focuses on Men's & Women's health issues featuring on-site health education and testing - <http://theprostatenet.org/programs.html>

Through the 17 years of our existence we have expanded our reach throughout the U.S. and to more than 50 countries. Our overarching objective is to continue to provide service to an expanding range of consumer, healthcare, government, university and service agencies to aid in reducing health disparity through education, research and community intervention. We inform to fight.

*The "In The Know" newsletter is partially supported by an unrestricted educational grant from TEVA Pharmaceuticals, Millennium: The Takeda Oncology Company and Astellas Pharmaceuticals.*

