Will image guided therapy in prostate cancer become a standard in prostate cancer management?

Data from robot-assisted surgeries are still not very conclusive or debatable as to their efficacy, side effects and costs. What is your opinion is the biggest advantage for the patient when it comes to robot-assisted surgeries?

Robotic surgery is still an emerging technique, so it is logical that data available so far are still immature. Even when immature, data tend to show several advantages of this technique over open or laparoscopic surgery for several indications. The biggest advantage of robotic surgery for the patients is the fact that the robot allows the surgeon to perform meticulous dissection and ultraprecise manoeuvring in a minimally invasive way. This leads to less damage and the recovery of the patients is quicker.

The ERUS meeting will highlight the latest techniques and examine issues in robot-assisted urological issues. What are the benefits of this meeting for urological surgeons?

ERUS offers not only live surgery performed by top experts, but during the congress there will also be ERUS/ESU courses, state-of-the-art lectures and round tables. There will be a lot of updated information on robotics in urology in such a compact meeting. The main focus is live surgery so participants can see for themselves the advantages of this wonderful technique for many indications. ERUS also offers a platform where colleagues can meet in a very informal, convivial way.

Robot-assisted procedures are costly and are still limited to big expert centres. Do you expect these techniques and procedures to eventually spread or trickle down to more hospitals in the future? If so, what are the main reasons for the growing interest or lack thereof?

Studies have shown that macro-economically, there is cost-efficiency provided there are at least 150 procedures performed yearly pro robot. The number of robots and the type of hospitals where they are acquired varies amongst different countries. The interest for this technique is widespread but budgeting on micro-economical scale is still a problem. ERUS has now a working group led by Dr. Witt that is looking at these issues.

It has been argued that it is not the technology, but the surgeon or doctor’s expertise that makes a crucial difference whether a treatment is effective or not. If so, do you expect the push for technology to eventually decline in favour of a more human-led treatment strategy that is less technology-driven, proper training is mandatory to ensure safety. ERUS as the EAU’s working group on robotic surgery is working on specific training programmes and robotic curriculums. I am convinced that EAU can play a major role to ensure validated training for robotic surgery.

You will be leading a partial nephrectomy procedure with Firefly. Can you tell us a bit more about this procedure and its benefits for both the surgeon and the patient?

Partial nephrectomy is a great indication for robotic surgery. The latest innovation in robotics is the possibility to use fluorescence. This is a safe way to identify which part of the kidney is avascular during segmental clamping. In this technique, indigo-carmine green is activated through near-infrared light. Vascularised tissue colours green and so the area of avascular kidney can be defined and judged whether selective arterial clamping is feasible.

For more information please visit http://erus2014.uroweb.org

Prof. Alexandre Mottrie (Aalst, BE), chairman of the EAU Robotic Urology Section (ERUS), talks on the challenges in treatment strategies, the goals of ERUS and trends in minimally invasive surgery.

Point and counterpoint: Yes it will vs. No, it will not

During the 3rd EAU Section of Urological Imaging (ESUI) meeting, which will be held on the 19th of November in Lisbon in conjunction with the 2014 EMUC meeting, the topic of imaging for prostate cancer in diagnosis and treatment will be extensively addressed. In the session entitled “Is MRI the best imaging tool for prostate cancer management?” a point and counterpoint discussion will focus on focal therapy of prostate cancer. This discussion will involve two key opinion leaders in the field of prostate cancer management. Both will highlight their point of view on focal therapy.

The current controversy in this field is obvious as prostate cancer is, in the vast majority of cases, a multifocal disease. The current rationale of true focal therapy is to ablate the prostate cancer index lesion only. Such a lesion is supposed to be the largest and less differentiated lesion and the lesion responsible for disease prognosis and development of metastasis. This rationale is supported by genetic studies suggesting that metastasis originate from one single cancer focus only, the index lesion. With true focal therapy of prostate cancer, other non-index lesions are left untouched and followed by observation inside of an active surveillance approach. Hashim Udin Ahmed from London is a strong supporter of this point of view and will take the point in favor of focal therapy to become a standard in prostate cancer management. On the other hand, this point of view is challenged by studies that show that metastasis show variable genetic profiles suggesting origins from several cancer foci. Moreover, there are genetic studies showing that metastasis do not necessarily derive from the index lesion but may originate from smaller non-index lesions instead. Based on this point of view a true focal therapy approach will result in insufficient and unsatisfactory treatment. Alberto Briganti from Milan is a supporter of this point of view and will take the point against focal therapy to become a standard in prostate cancer management.

This discussion is the introduction to the prostate cancer imaging session that will highlight the most recent developments in prostate imaging for diagnosis and treatment. Moreover, during the EMUC meeting several other topics regarding imaging in the management of urological malignancies will be discussed in their clinical context.

For programme information and registration please visit http://erus2014.uroweb.org

Abstract deadline: 1 July 2014
Early registration deadline: 15 August 2014

Advanced Imaging for Diagnosis and Treatment in Urology