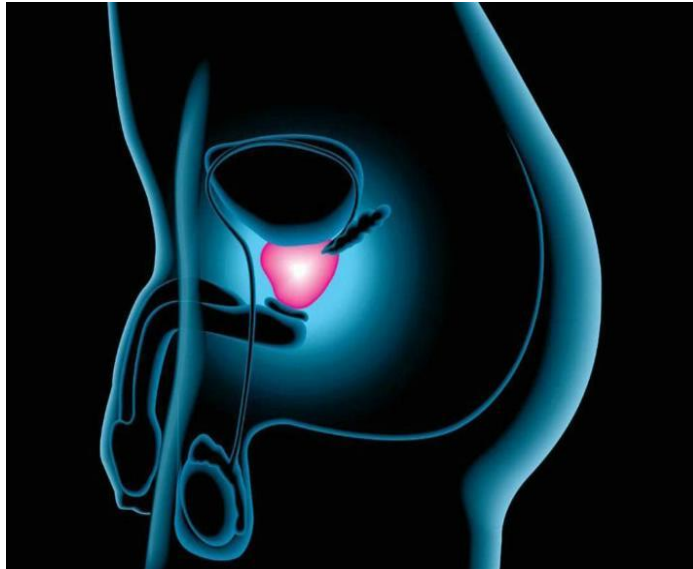




**IV JORNADAS INTERHOSPITALARIAS
DE ACTUALIZACIÓN EN UROLOGÍA**



Cáncer de Próstata

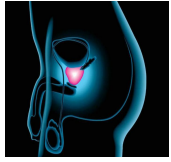
Cuestión de imagen

Moderador: JL Parra Escobar. Mérida

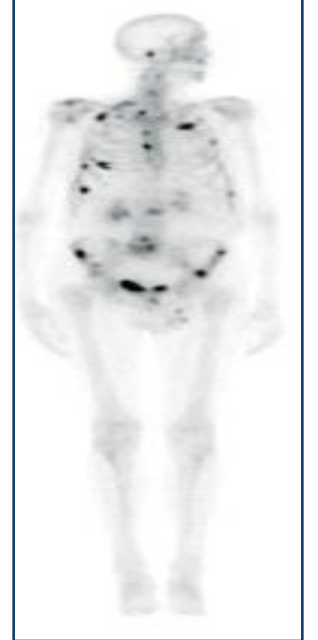
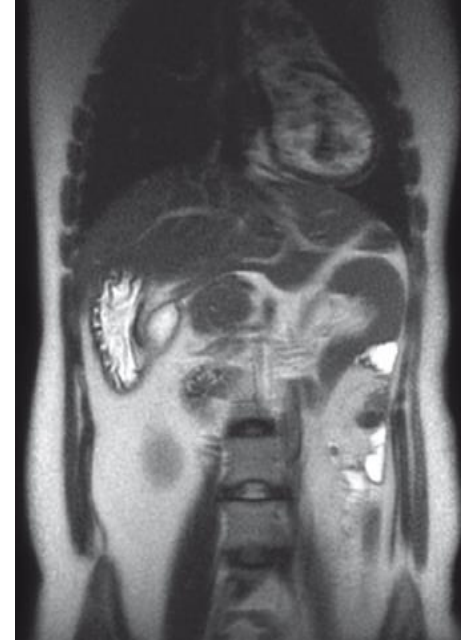
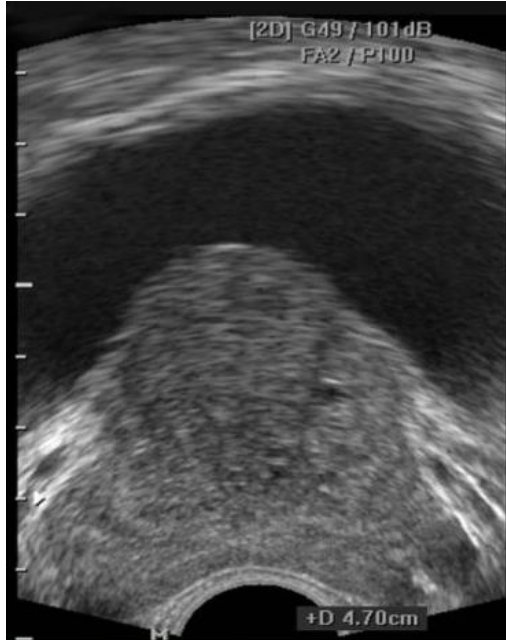
Ponentes: Rocío Mora Monago. Don Benito

Antonio Rodríguez Fernández. Granada

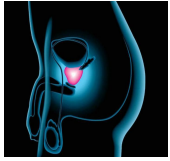
Mérida, 24-25 de Noviembre de 2017



CP. Cuestión de imagen

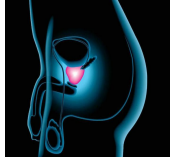


- ✓ RMN multiparamétrica
- ✓ PET-TAC



Cap. Cuestión de imagen

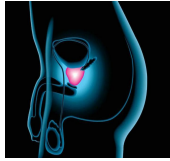
1. Imagen del Tumor Primario
2. Imagen de la Extensión Tumoral
3. Imagen de la Enfermedad Recurrente
 - Recidiva bioquímica tras tratamiento de IC
 - CPRC



Cap. Cuestión de imagen

1. Imagen del Tumor Primario

- El diagnóstico de cáncer de próstata se realiza generalmente sobre la base del tacto rectal y niveles de PSA
- El diagnóstico definitivo depende de la verificación histopatológica en el espécimen de biopsia o de RTU/adenomectomía en pacientes intervenidos por HBP
- **RMNmp:**
 - Mayor impacto diagnóstico antes de realizar 2ª biopsia **(NE=1a. GR=A)**
 - Dos estudios en marcha en pre-biopsia: MRI-FIRST y PRECISION
 - Vigilancia activa: antes de biopsia de confirmación **(NE=2b. GR=B)**



Cap. Cuestión de imagen

2. Imagen de la extensión tumoral

European Association of Urology
EAU

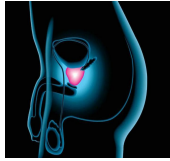
Any risk group staging	LE	GR
Do not use computed tomography and transrectal ultrasound for local staging.	2a	A

Low-risk localised PCa	LE	GR
Do not use additional imaging for staging purposes.	2a	A

Intermediate-risk PCa	LE	GR
In predominantly Gleason pattern 4 (ISUP grade 3), include at least cross-sectional abdominopelvic imaging and a bone-scan for metastatic screening.	2a	A*
In predominantly Gleason pattern 4 (ISUP grade 3), use prostate multiparametric magnetic resonance imaging (mpMRI) for local staging.	2b	A

**Upgraded following panel consensus.*

High-risk localised PCa/High-risk locally advanced PCa	LE	GR
Use prostate mpMRI for local staging.	2b	A
Perform metastatic screening including at least cross-sectional abdominopelvic imaging and a bone-scan.	2a	A

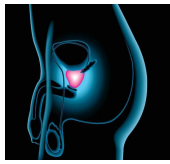


Cap. Cuestión de imagen

3. Imagen de la enfermedad recurrente


- Recidiva bioquímica tras tratamiento de IC

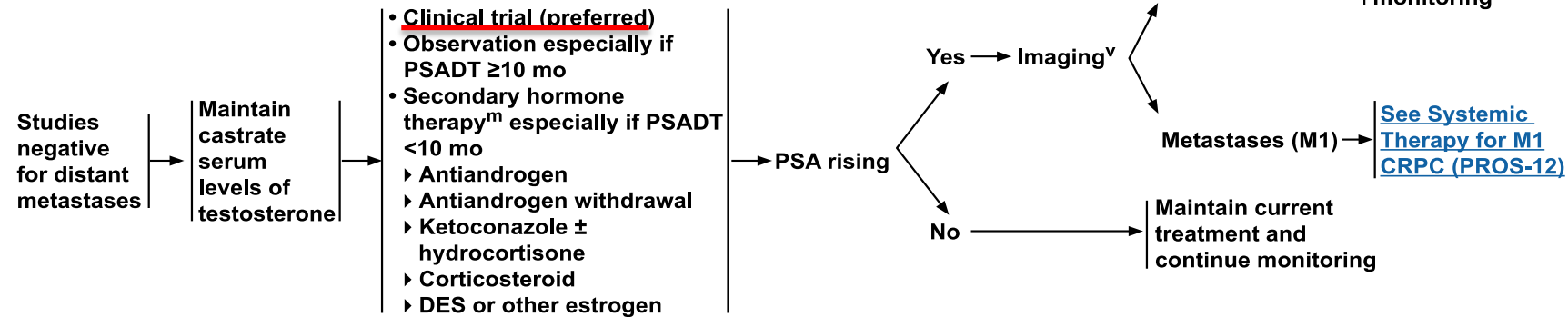
European Association of Urology	Prostate-specific antigen (PSA) recurrence after radical prostatectomy		LE	GR
	PSA < 1 ng/mL: no imaging is recommended.		3	A
	PSA \geq 1 ng/mL: positron emission tomography (PET)/computed tomography (CT) imaging is recommended using choline or prostate-specific membrane antigen (PMSA).		2b	A
	Perform bone scan and/or abdominopelvic CT only in patients with PSA > 10 ng/mL, or with adverse PSA kinetics (PSA-doubling time (DT) < 6 months, PSA velocity > 0.5 ng/mL/month).		3	A
	PSA recurrence after radiotherapy			
	Perform prostate multiparametric magnetic resonance imaging (mpMRI) only in patients who are considered candidates for local salvage therapy, use mpMRI to localise abnormal areas and guide biopsies.		3	B
	Choline PET/CT imaging is recommended to rule out lymph nodes or distant metastases in patients fit enough for curative salvage treatment.		2b	B
Perform bone scan and/or abdominopelvic CT only in patients with PSA > 10 ng/mL, or with adverse PSA kinetics (PSA-DT < 6 months, PSA velocity > 0.5 ng/mL/month).		3	A	



Cap. Cuestión de imagen

3. Imagen de la enfermedad recurrente: CPRC

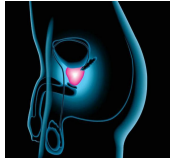
 National Comprehensive Cancer Network®
NCCN Guidelines Version 1.2017
Prostate Cancer
NCCN Evidence Blocks™
SYSTEMIC THERAPY FOR M0 CASTRATION-RECURRENT PROSTATE CANCER



Recommendation	LE	GR
Ensure that testosterone levels are confirmed to be < 50 ng/mL, before diagnosing CRPC.	4	A
Do not treat patients for <u>non-metastatic</u> CRPC outside of a clinical trial.	3	A
Counsel, manage and treat patients with mCRPC in a multidisciplinary team.	3	A
In men treated with maximal androgen blockade, stop anti-androgen therapy once PSA progression is documented. <i>Comment: Four to six weeks after discontinuation of flutamide or bicalutamide, an eventual anti-androgen withdrawal effect will be apparent.</i>	2a	A

Guidelines on
Prostate Cancer
 EAU - ESTRO - SIOG

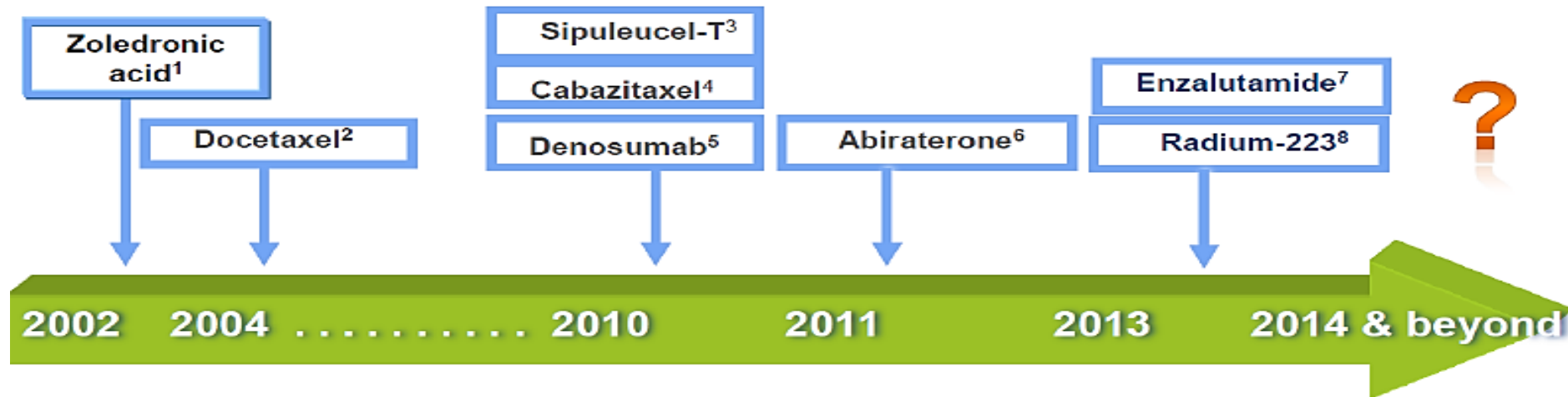
© European Association of Urology 2017



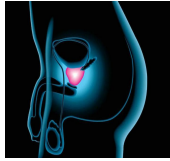
Cap. Cuestión de imagen

3. Imagen de la enfermedad recurrente: CPRC

- Actualmente evidencias de nivel 1 prueban la eficacia de nuevos tratamientos en pacientes con CPRC-M1 asintomáticos o levemente sintomáticos



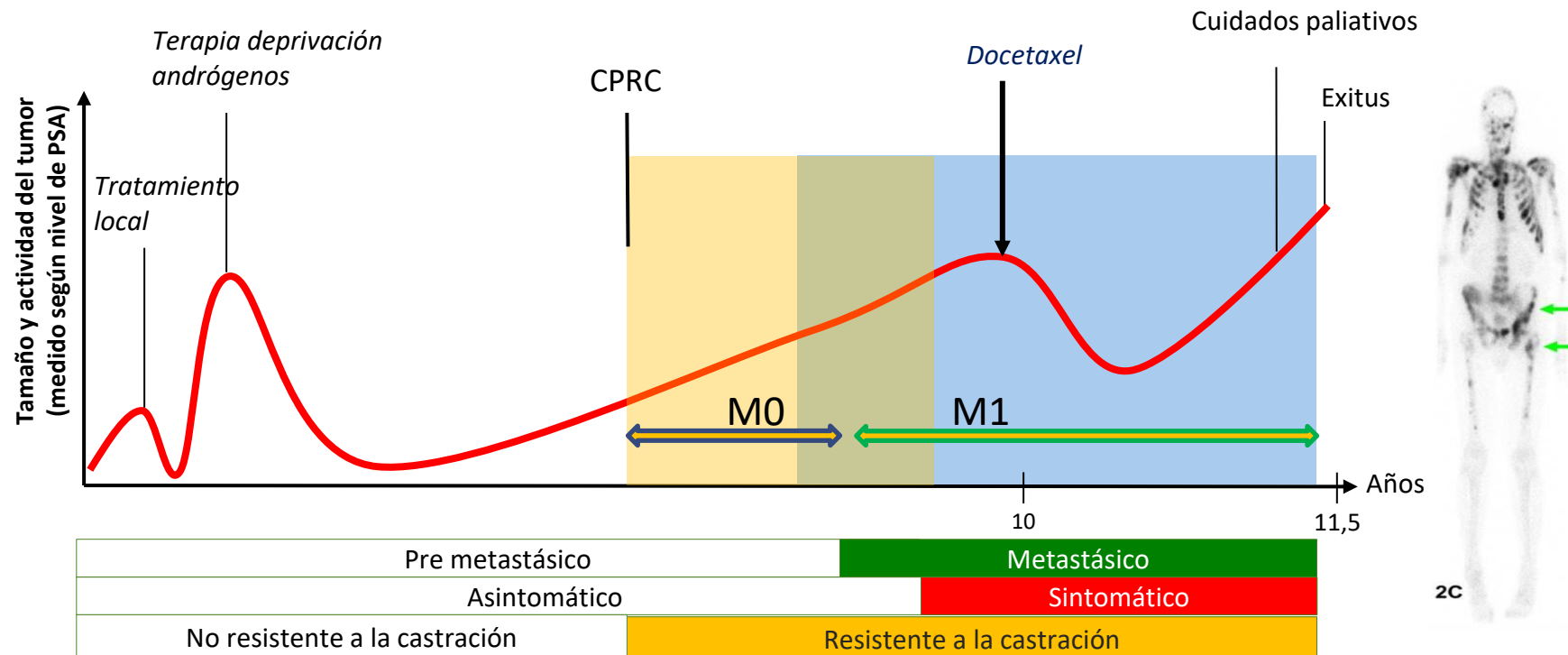
- Los nuevos fármacos demuestran mayor eficacia en pacientes asintomáticos o mínimamente sintomáticos.

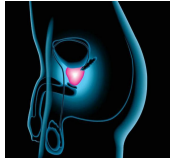


Cap. Cuestión de imagen

3. Imagen de la enfermedad recurrente: CPRC

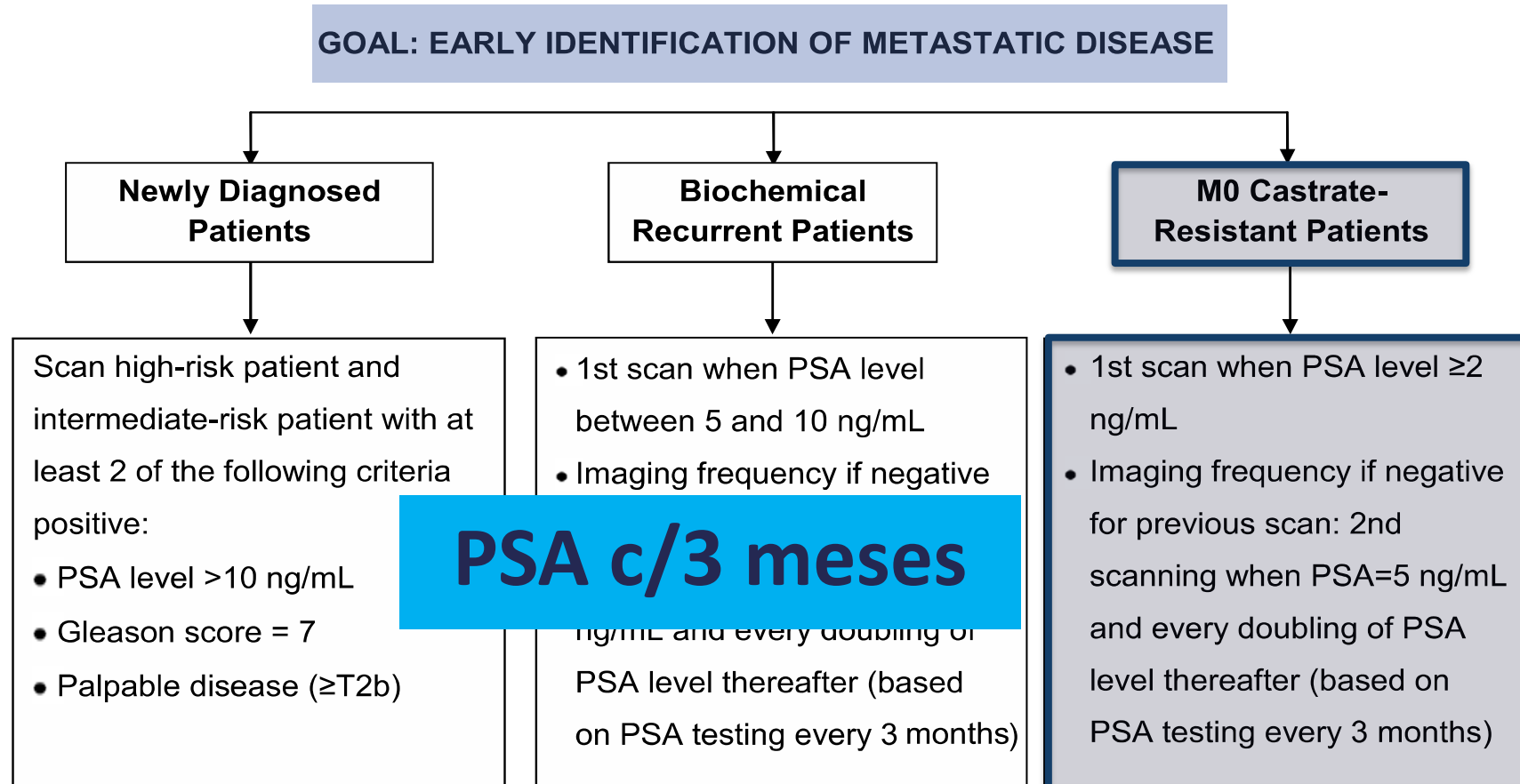
- CPRC: ¿Estamos seguros de que nuestros M0 son realmente M0?

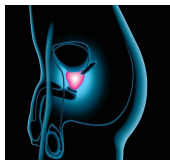




Cap. Cuestión de imagen

3. Imagen de la enfermedad recurrente: CPRC



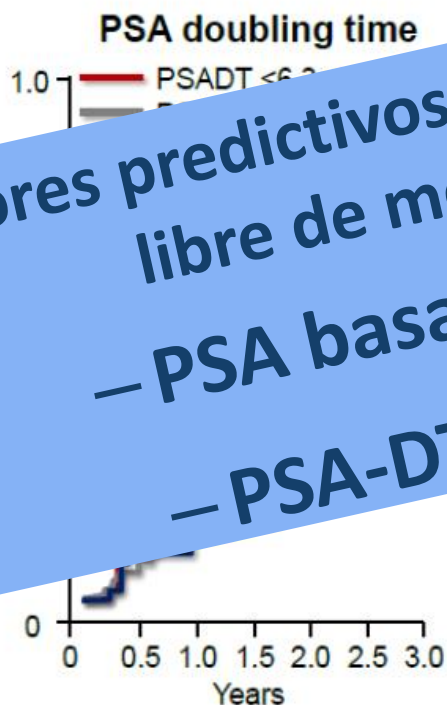
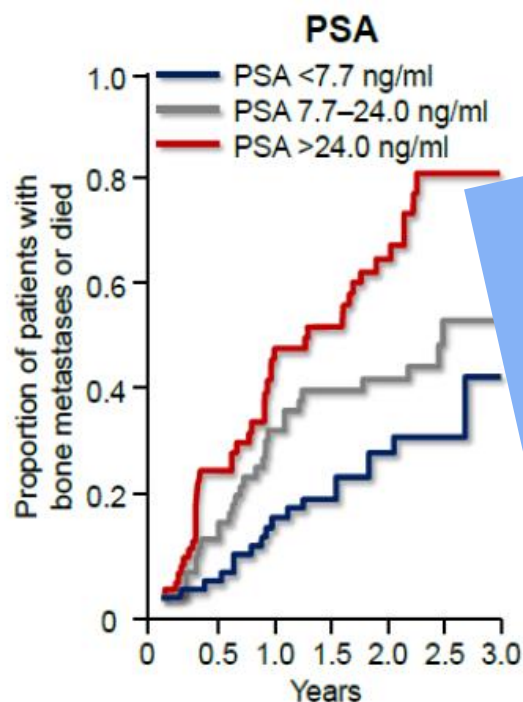


Cap. Cuestión de imagen

3. Imagen de la enfermedad recurrente: CPRC

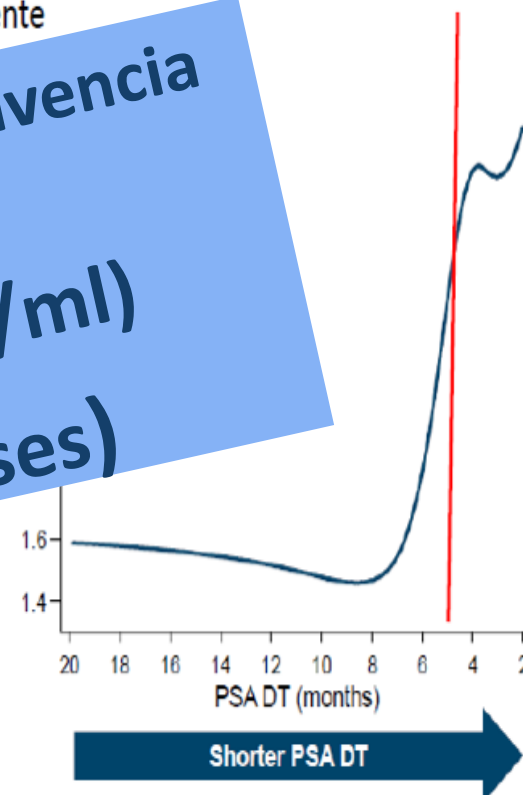
PSA basal y PSADT son factores de riesgo para el desarrollo de metástasis óseas en el CPRC

A partir de un PSA-DT < 6 meses el riesgo de presentar metástasis aumenta exponencialmente



Factores predictivos de supervivencia libre de metástasis:

- PSA basal (≥ 10 ng/ml)
- PSA-DT (≤ 6 meses)

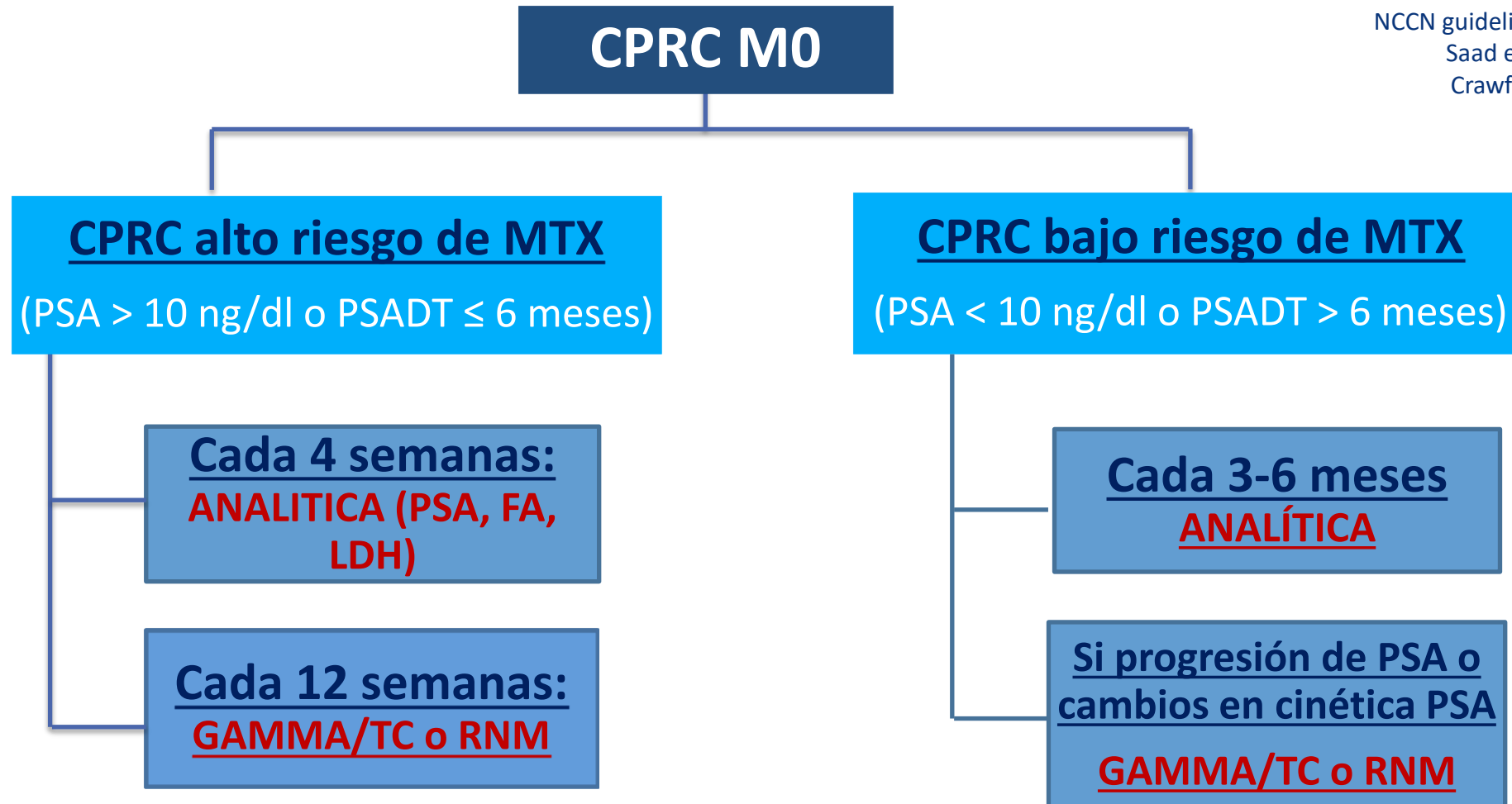


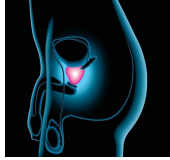


Cap. Cuestión de imagen

3. Imagen de la enfermedad recurrente: CPRC

NCCN guidelines prostate cancer 2017
Saad et al. CUA guidelines 2016
Crawford (St Gallen consensus)
RADAR group





Cap. Cuestión de imagen

3. Imagen de la enfermedad recurrente: CPRC

ENTHUSE study

Detection of Previously Unidentified Metastatic Disease as a Leading Cause of Screening Failure in a Phase III Trial of Zibotentan Versus Placebo in Patients with Nonmetastatic, Castration Resistant Prostate Cancer

Evan Y. Yu¹, Kurt Miller², Joel Nelson, Martin Gleave, Karim Fizazi³, Judd W. Moul⁴, Faith E. Nathan⁵, and Celestia S. Higano^{1,2*}

Fallos de screening 32 %

IMAAGEN study

Unsuspected Metastases Found During Screening for a Trial of Patients With Non-Metastatic Castration Resistant Prostate Cancer

E. David Crawford,¹ Philip W. Kantoff,² Neal Shore,³ Willie Underwood,⁴ Jannell R. DePalantino,⁵ Vijay Reddy,⁶ Suneel Mundie,⁷ Zane Yang,⁸ Tracy McCowan,⁹ Jim Wang,¹⁰ Charles J. Ryan¹¹
University of Colorado Cancer Center, Aurora, CO, USA; ² Dana-Farber Cancer Institute, Harvard Medical School, Boston, MA, USA; ³ Carolina Oncologic Research Center, Myrtle Beach, SC, USA; ⁴ Roswell Park Cancer Institute, Buffalo, NY, USA; ⁵ Sanofi Scientific Affairs, LLC, Houston, TX, USA; ⁶ Sanofi Research & Development, LLC, Baiton, NJ, USA; ⁷ Helen Diller Family Comprehensive Cancer Center, University of California - San Francisco, San Francisco, CA, USA

Fallos de screening 37 %

SPARTAN study

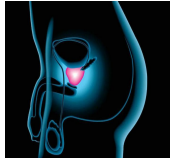
A Randomized Double-Blind, Comparative Study of ARN-509 Plus Androgen Deprivation Therapy (ADT) Vs ADT Alone in Non-metastatic Castration-Resistant Prostate Cancer – the SPARTAN Trial

Matthew R. Smith,¹ Glenn Liu,² S. Martin Shreeve,³ Shannon Matheny,⁴ Antonieta Sosa,⁵ Thian Kheoh,⁶ Margaret K. Yu,⁷ Eric J. Small⁸

¹Harvard Medical School and Massachusetts General Hospital Cancer Center, Boston, MA; ²University of Wisconsin Carbone Cancer Center, Madison, WI; ³Sanofi Research & Development, Los Angeles, CA; ⁴University of California San Francisco, San Francisco, CA

Fallos de screening 46%

Empleando TC y GGO
1/3 de los pacientes
etiquetados como CPRC M0
son realmente M1



Cap. Cuestión de imagen

3. Imagen de la enfermedad recurrente: CPRC

EURURO-7424; No. of Pages 34

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EUROPEAN UROLOGY XXX (2017) XXX-XXX

available at www.sciencedirect.com
journal homepage: www.europeanurology.com



European Association of Urology



- RMNmp de cuerpo entero
- PET-TAC

Platinum Priority – Prostate Cancer
Editorial by XXX on pp. x–y of this issue

**Management of Patients with Advanced Prostate Cancer:
The Report of the Advanced Prostate Cancer Consensus
Conference APCCC 2017**

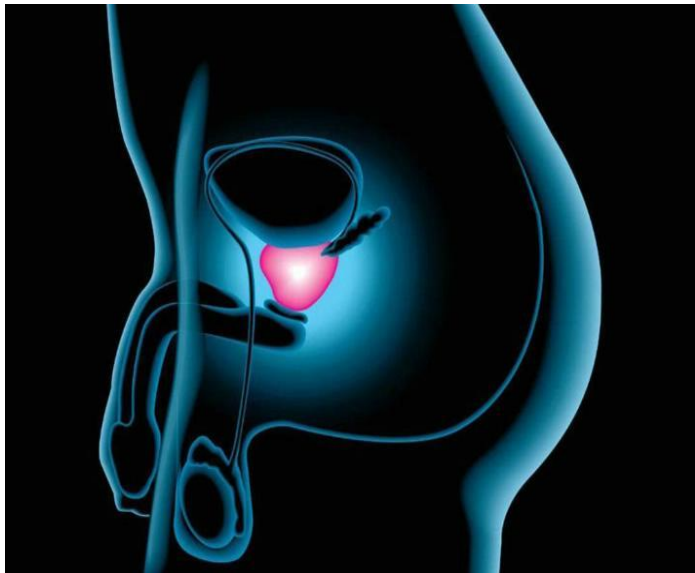
Gillessen S, et al. Management of Patients with Advanced Prostate Cancer: The Report of the Advanced Prostate Cancer Consensus Conference APCCC 2017. *Eur Urol* (2017), <http://dx.doi.org/10.1016/j.eururo.2017.06.002>

- There are sufficient data indicating that next-generation imaging technologies have better accuracy for detecting metastases than CT and bone scintigraphy. However, their current use is dependent on costs, local availability, and expertise of interpretation and the better accuracy has not been shown to correlate with improvement of clinical outcomes.



IV JORNADAS INTERHOSPITALARIAS DE
ACTUALIZACIÓN EN UROLOGÍA DE
EXTREMADURA

Mérida, 24 y 25 de Noviembre de 2017



Cáncer de Próstata

Cuestión de imagen

Moderador: JL Parra Escobar. Mérida

Ponentes: Rocío Mora Monago. Don Benito

Antonio Rodríguez Fernández. Granada