EARLY PROSTATE CANCER DETECTION:

THE WAY TO GO !

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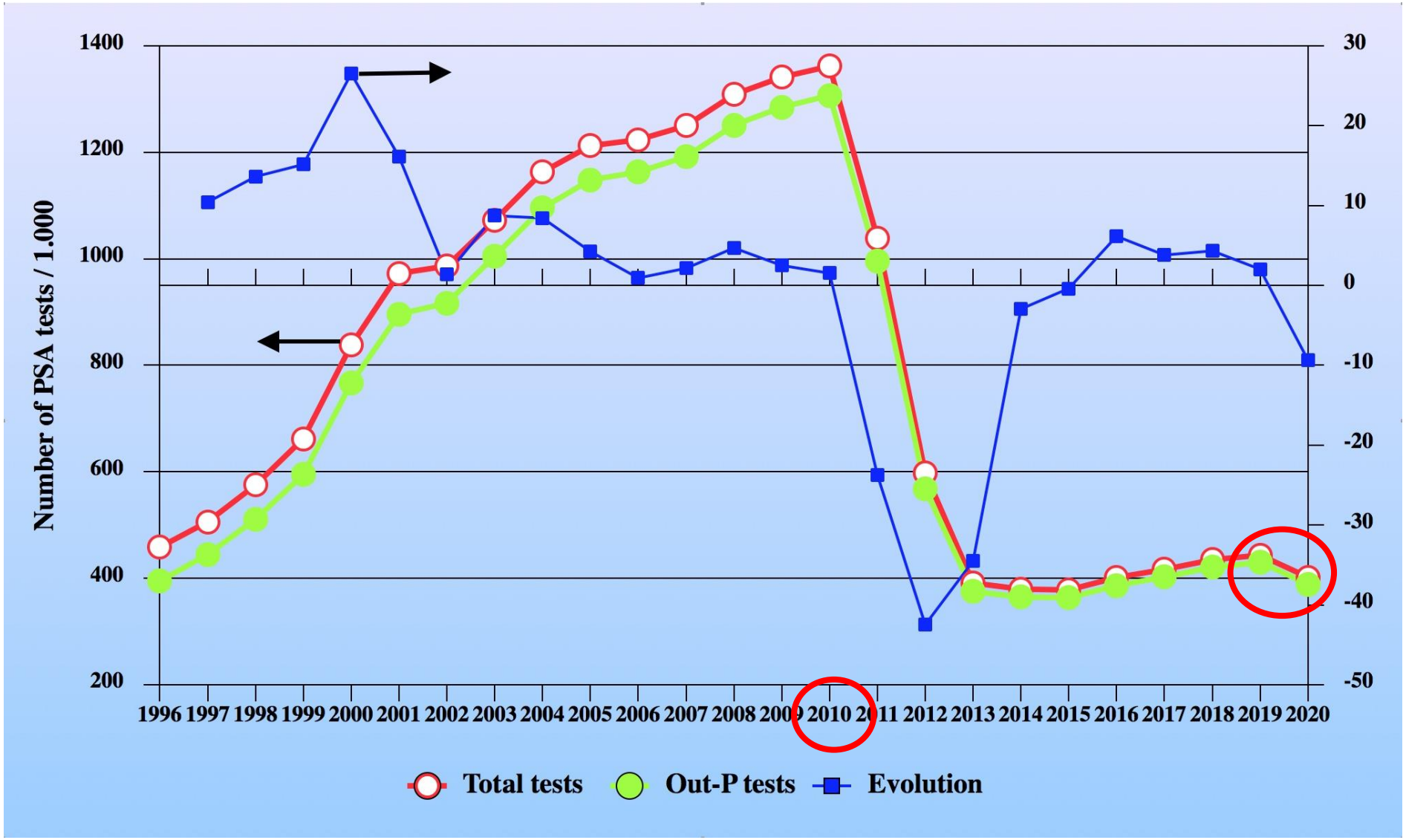
President Scientific Summits

College of Oncology (Prostate Cancer)

PSA testing:Belgian evolution over time



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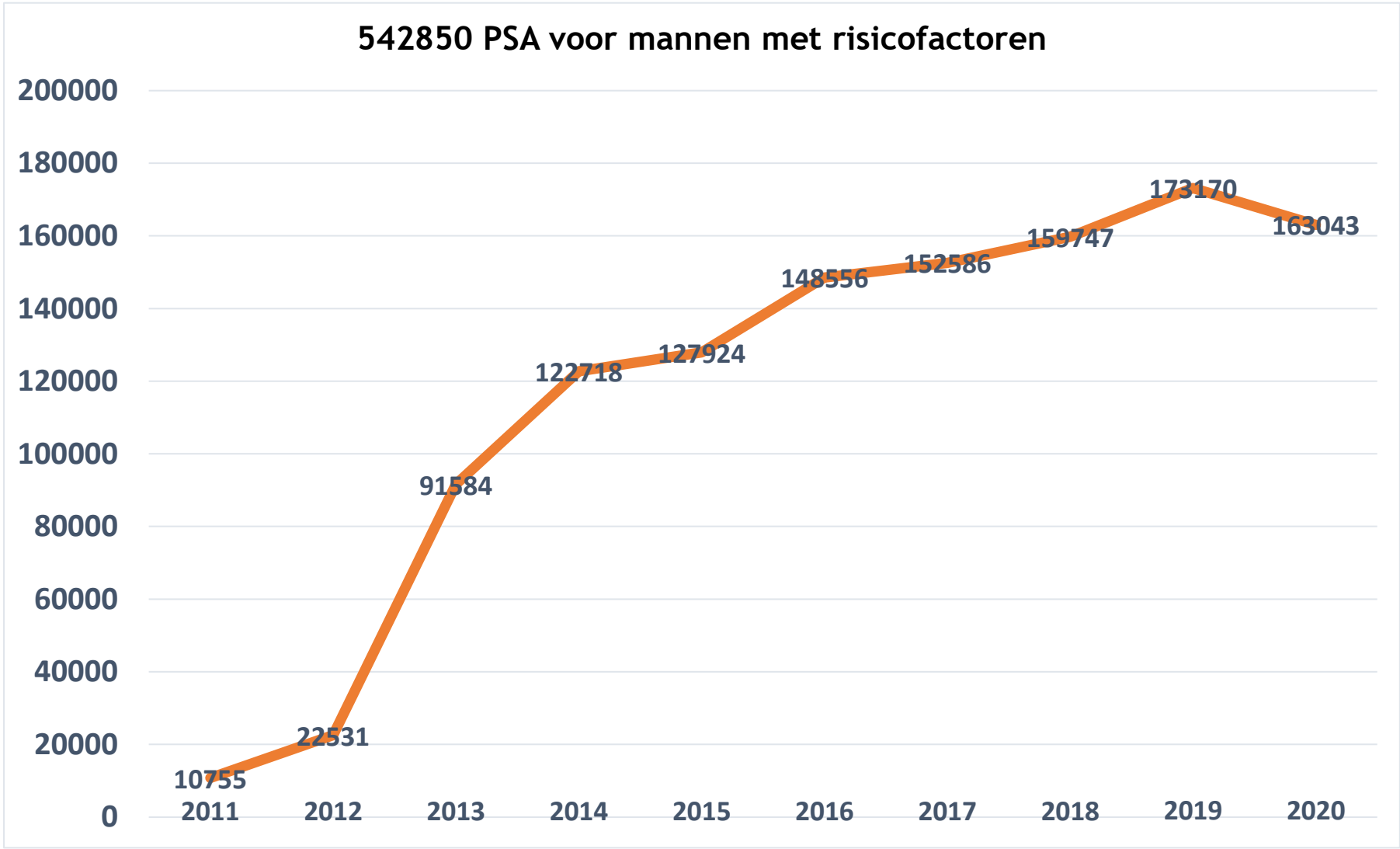

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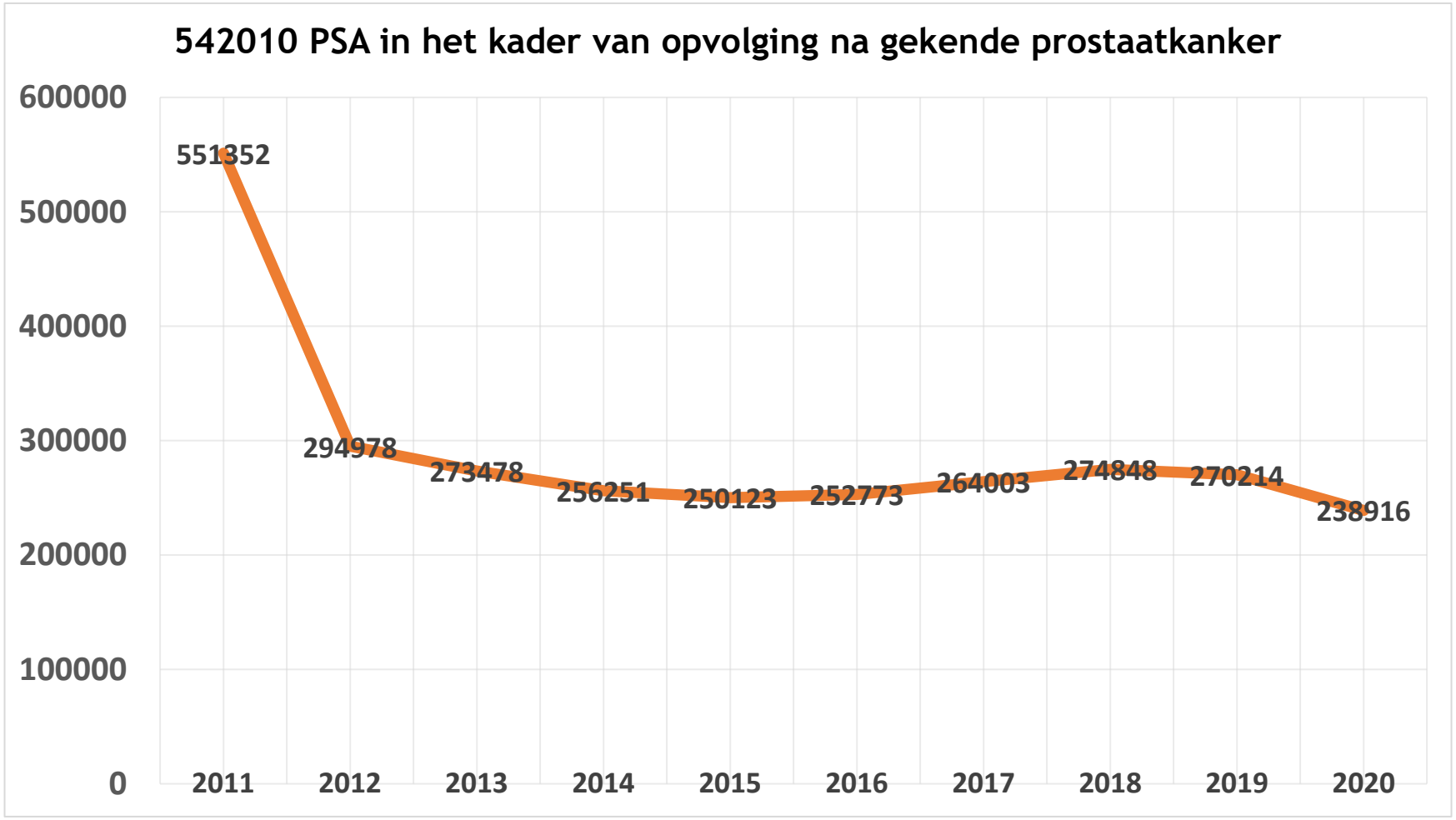
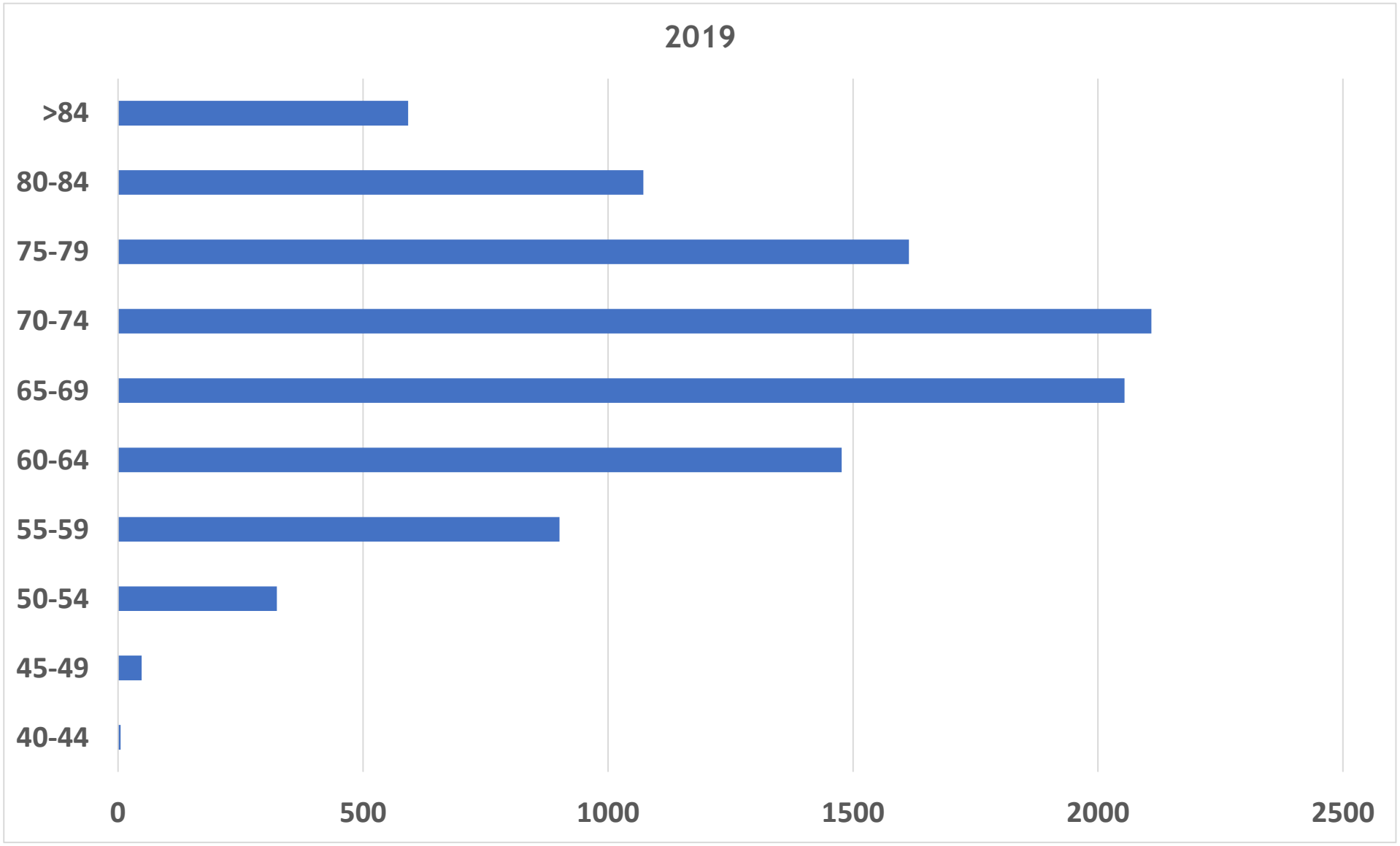
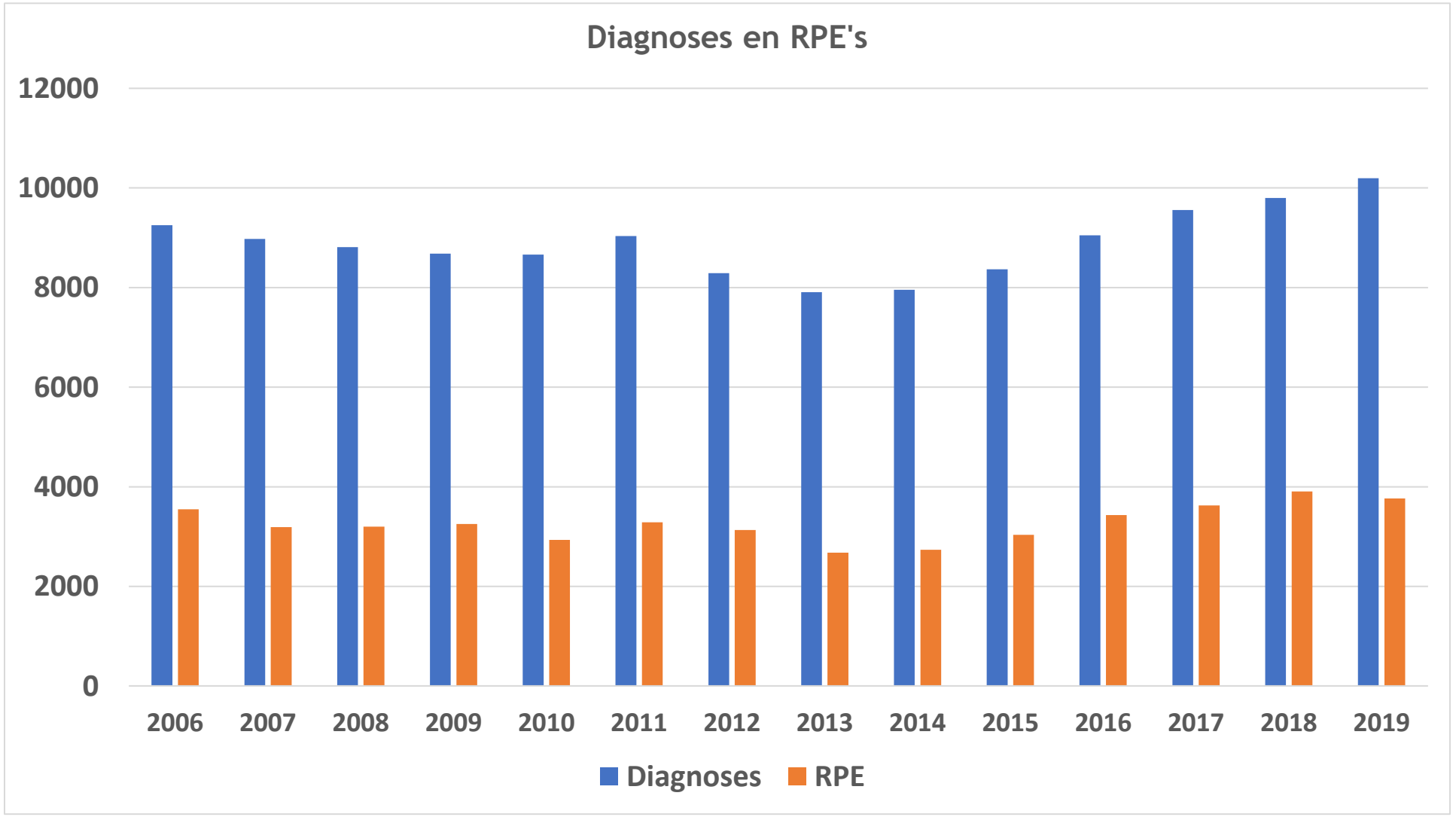


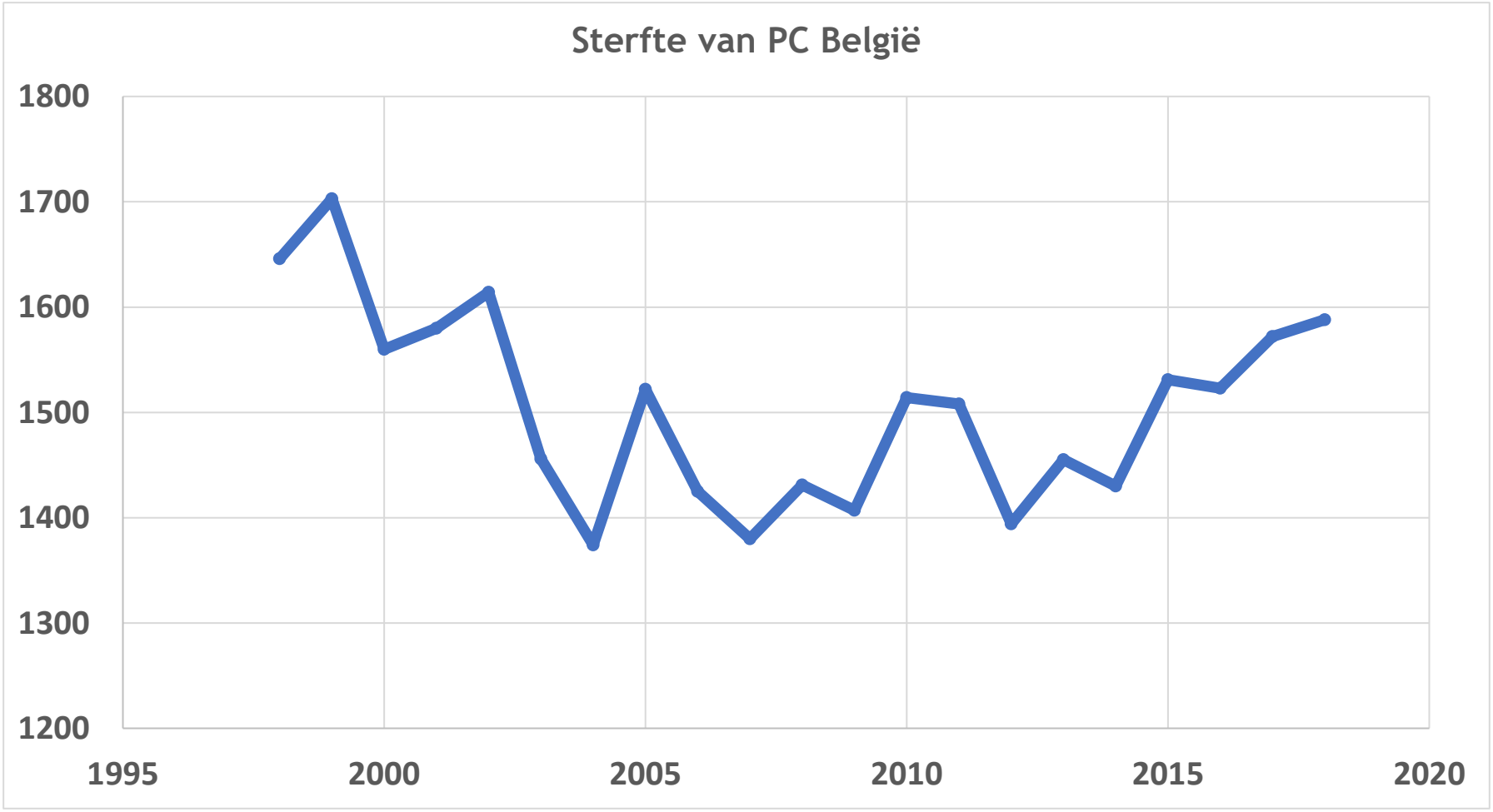
Prostate Cancer diagnosis: patient numbers ifo age.



Prostate Cancer: radical prostatectomy versus diagnosis.



Prostate Cancer: mortality in Belgium.



PROSTATE CANCER

NATIONAL EXPERT – BASED PRACTICE GUIDELINES

College of Oncology

LEADER EXPERT PANEL

*Prof. Dr. Thierry Roumeguère – Belgian Society of Urology (**SBU**)*

EXPERT PANEL

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Prof. Dr. Sylvie Rottey - Belgian Society of Medical Oncology (BSMO)

*Prof. Dr. Raymond Oyen – Belgian Society of Radiology (**BSR**)*

*Prof. Dr. Olivier De Hertogh – Belgian Society for Radiotherapy & Oncology (**BeSTRO**)*

*Prof. Dr. Gert De Meerleer – Belgian Society for Radiotherapy & Oncology (**BeSTRO - BRAVO**)*

*Prof. Dr. Sandrine Rorive – Belgian Society of **Pathology***

*Prof. Dr. Sofie Verbeke – Belgian Society of **Pathology***

Prof. Dr. Karolien Goffin – Belgian Society of Nuclear Medicine (BELNUC)

Prof. Dr. Karel De Caestecker – *Belgian Association of Urology (**BVU-BAU**)*

Prof. Dr. Julien Van Damme – *Belgian Society of Urology (**BVU-BAU**)*

Prof. Dr. Hein Van Poppel – *European Association Urology (**EAU**)*

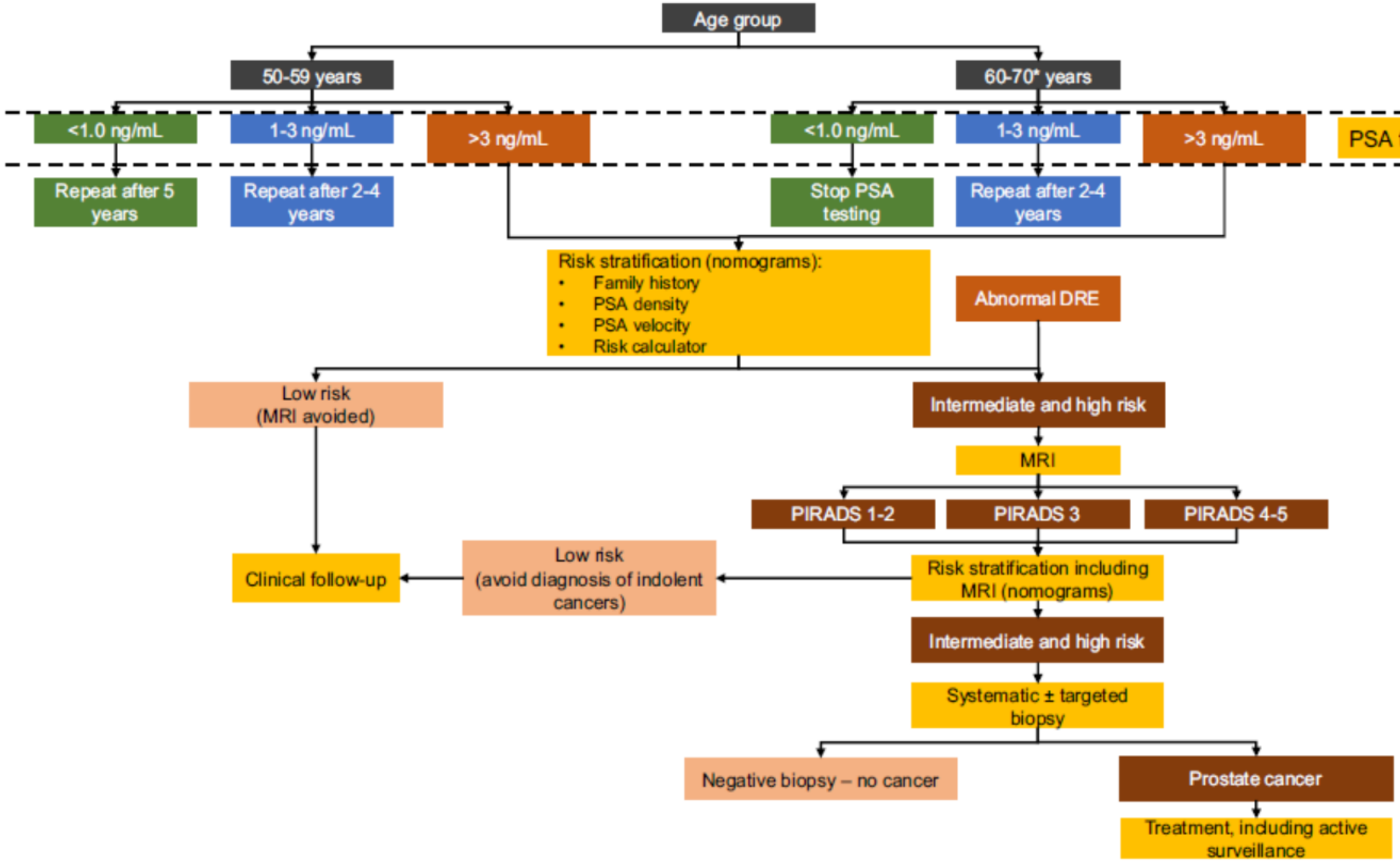
PROSTATE CANCER

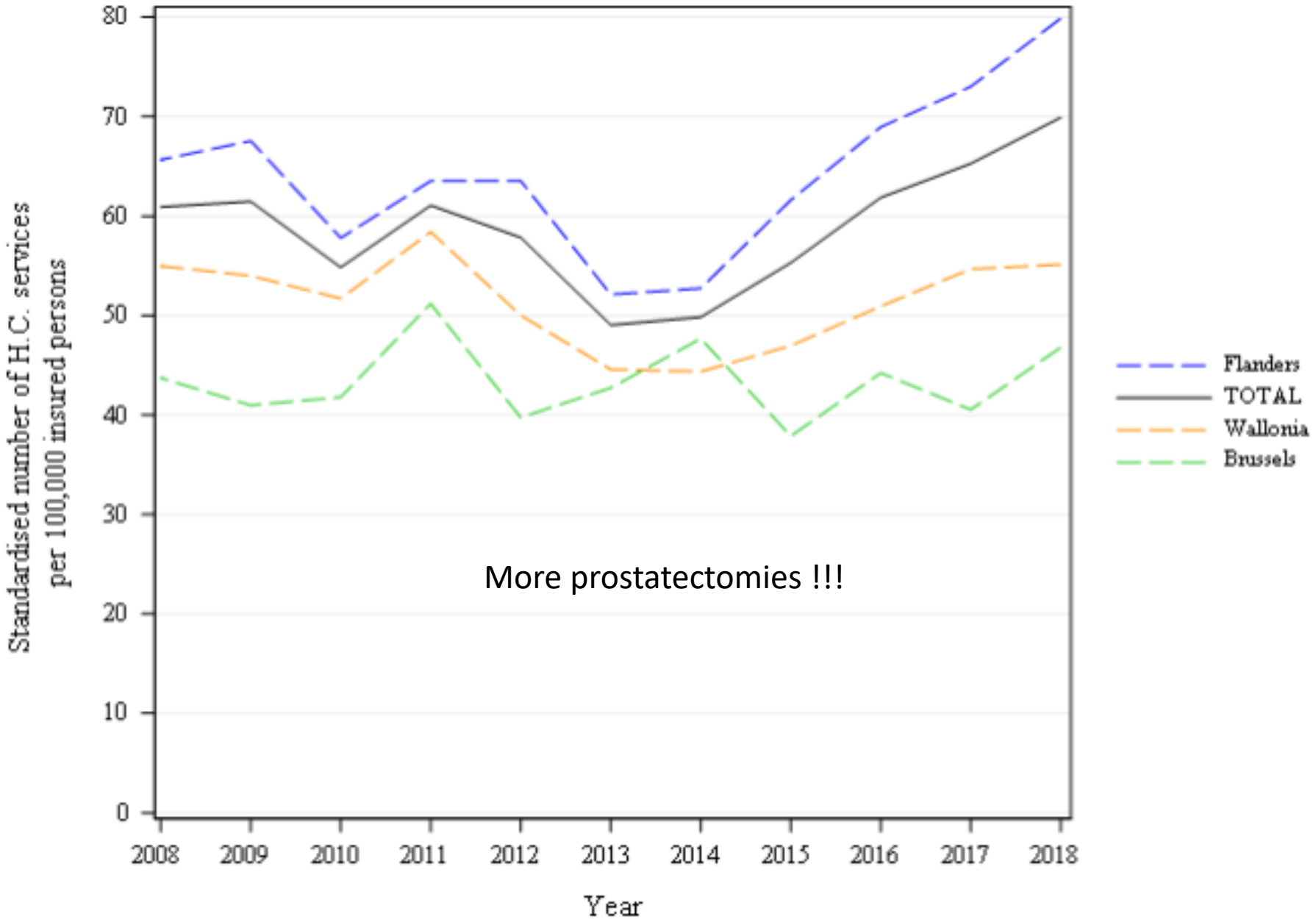
NATIONAL EXPERT – BASED PRACTICE GUIDELINES

College of Oncology

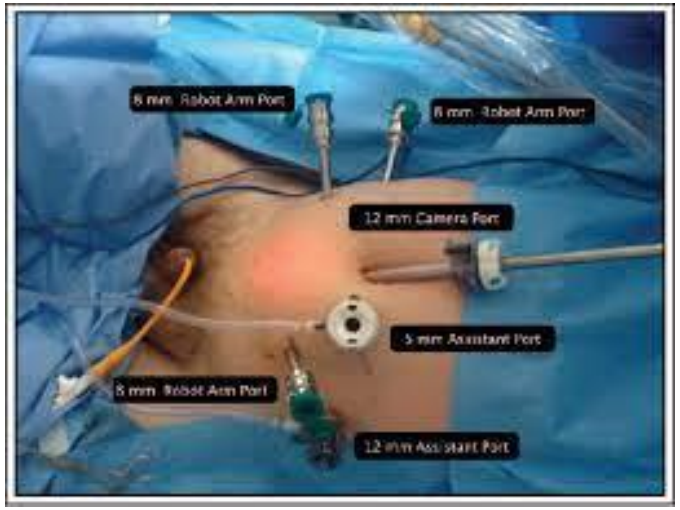
- ***Early PSA testing can be offered to (EAU strong, consensus):***
  - Men > 50 years
  - Men > 45 years with a family history of prostate cancer
  - Men with African origin > 45 years
  - BRCA2 carriers > 45 years

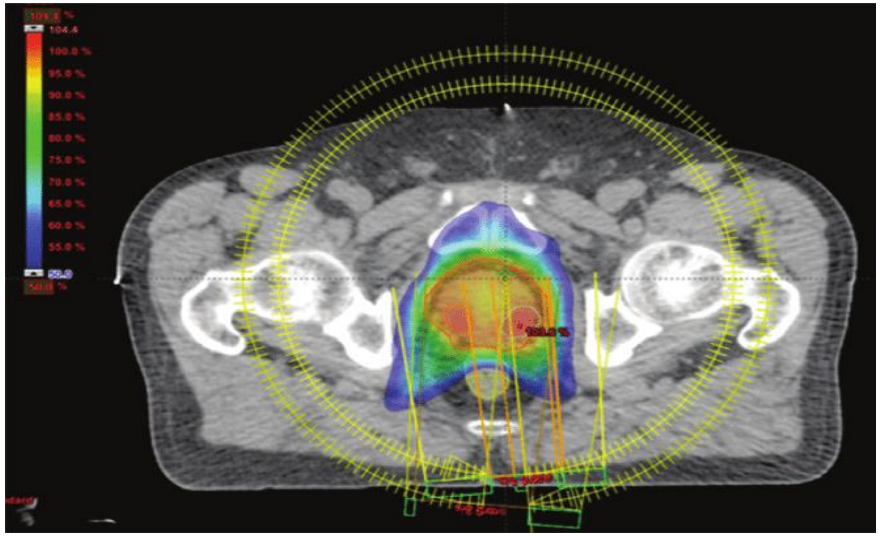
“dying from prostate cancer can be prevented”.


Age group
50-59 years
60-70* years
<1.0 ng/mL
1-3 ng/mL
>3 ng/mL
<1.0 ng/mL
1-3 ng/mL
>3 ng/mL
PSA test
Repeat after 5 years
Repeat after 2-4 years
Stop PSA testing
Repeat after 2-4 years
Risk stratification (nomograms):
• Family history
• PSA density
• PSA velocity
• Risk calculator
Abnormal DRE
Low risk (MRI avoided)
Intermediate and high risk
MRI
PIRADS 1-2
PIRADS 3
PIRADS 4-5
Clinical follow-up
Low risk (avoid diagnosis of indolent cancers)
Risk stratification including MRI (nomograms)
Intermediate and high risk
Systematic ± targeted biopsy
Negative biopsy – no cancer
Prostate cancer
Treatment, including active surveillance

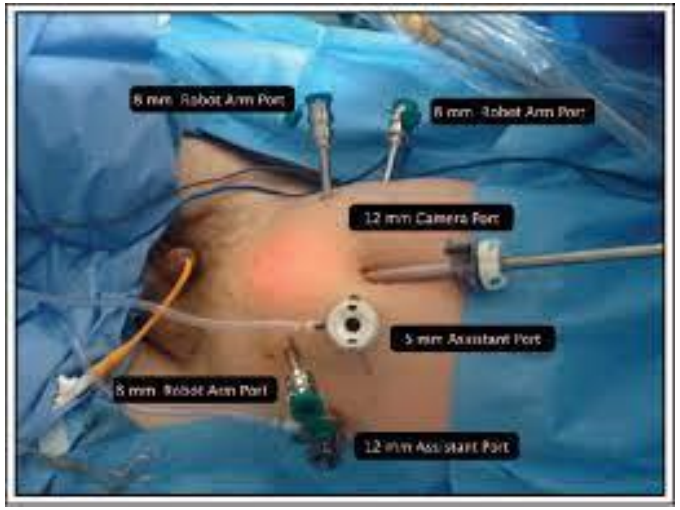

Standardised number of H.C. services
per 100,000 insured persons
80
70
60
50
40
30
20
10
0
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
Year
Flanders
TOTAL
Wallonia
Brussels
More prostatectomies !!!

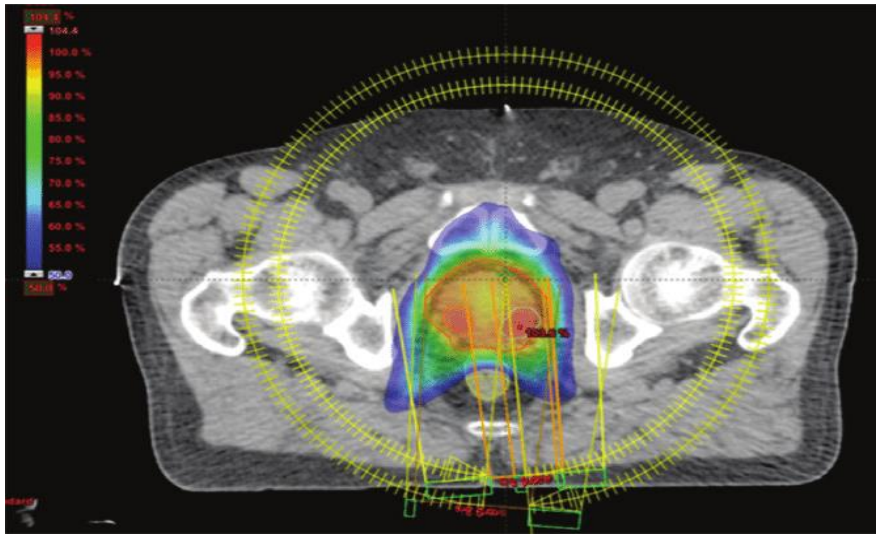
Early detection: If curative treatment <u>needed</u> …



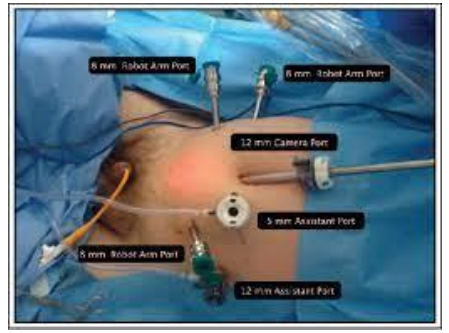


Early detection: If curative treatment <u>needed</u> …





(Too) late detection: If curative treatment <u>possible</u> …



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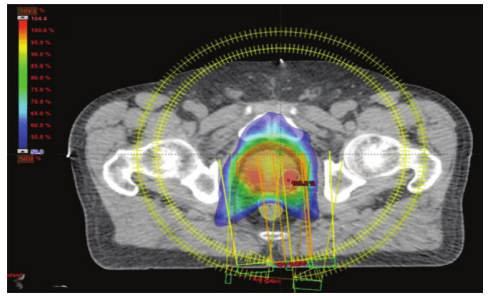

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Month 0 58 years	Month 24 60 years	Month 48 62 years	Month 50	Month 60 – 240 64 – 78 years	Month 264 80 years
PSA testing: 1.9 ng/ml	PSA testing: 2.9 ng/ml	PSA testing: 5.7 ng/ml MRI: Pi-RADS 5 APO: Group 3	RALP successful complete removal	PSA undetectable cured rarely loss of urine drip excellent QOL cholesterol too high satisfying sex life	Exitus

Months 0 – 60: 58 – 63 years	Month 72: 64 years	Month 75:	Month 84: 65 years	Month 96-114: 67 years
GP: don’t do PSA testing!	miction problems hard prostate urology: PSA 57! APO: group 5 large tumor large nodes	RALP + nodes incomplete removal tumor also in nodes	PSA 0.34 “salvage” radiotherapy 6 months castration	PSA undetectable cured urine loss weak stream moderate QOL

Months 0 – 60:
58 – 63 years

Month 72:
64 years

Month 75:

Month 84:
65 years

Month 96-114:
67 years

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incomplete removal
tumor also in nodes

PSA 0.34
"salvage" radiotherapy
6 months castration

PSA undetectable
cured
urine loss
weak stream
moderate QOL

Month 120:
68 years

Month 132:
69 years

Months 144 - 192:
70 - 74 years

Months 200:
74 years

Months 200 - 228:
74 – 77 years

Months 240:
78 years

Months 240 - 262 :
74 – 77 years

Month 264
80 years

PSA: 0.22

PSA: 0.55
metastasis bone
castration lifelong

PSA: undetectable

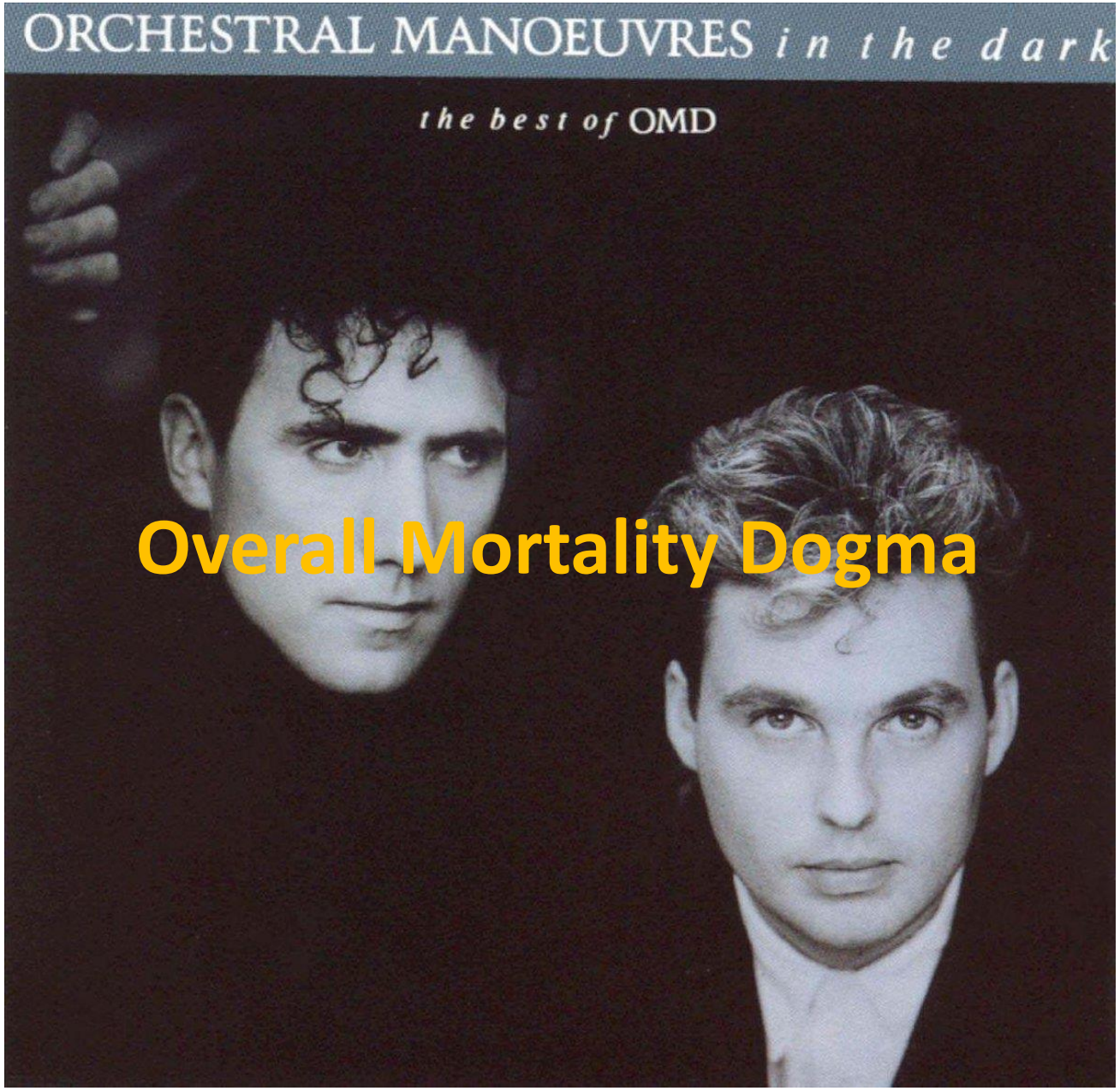
PSA: 0.59
new metastases
start second-line

PSA: stable
tired / oedema
QOL poor

PSA: rises
new metastasis
start chemotherapy
QOL poor

PSA: stable
poor QOL
bad taste
sepsis

agony / sedation
exitus

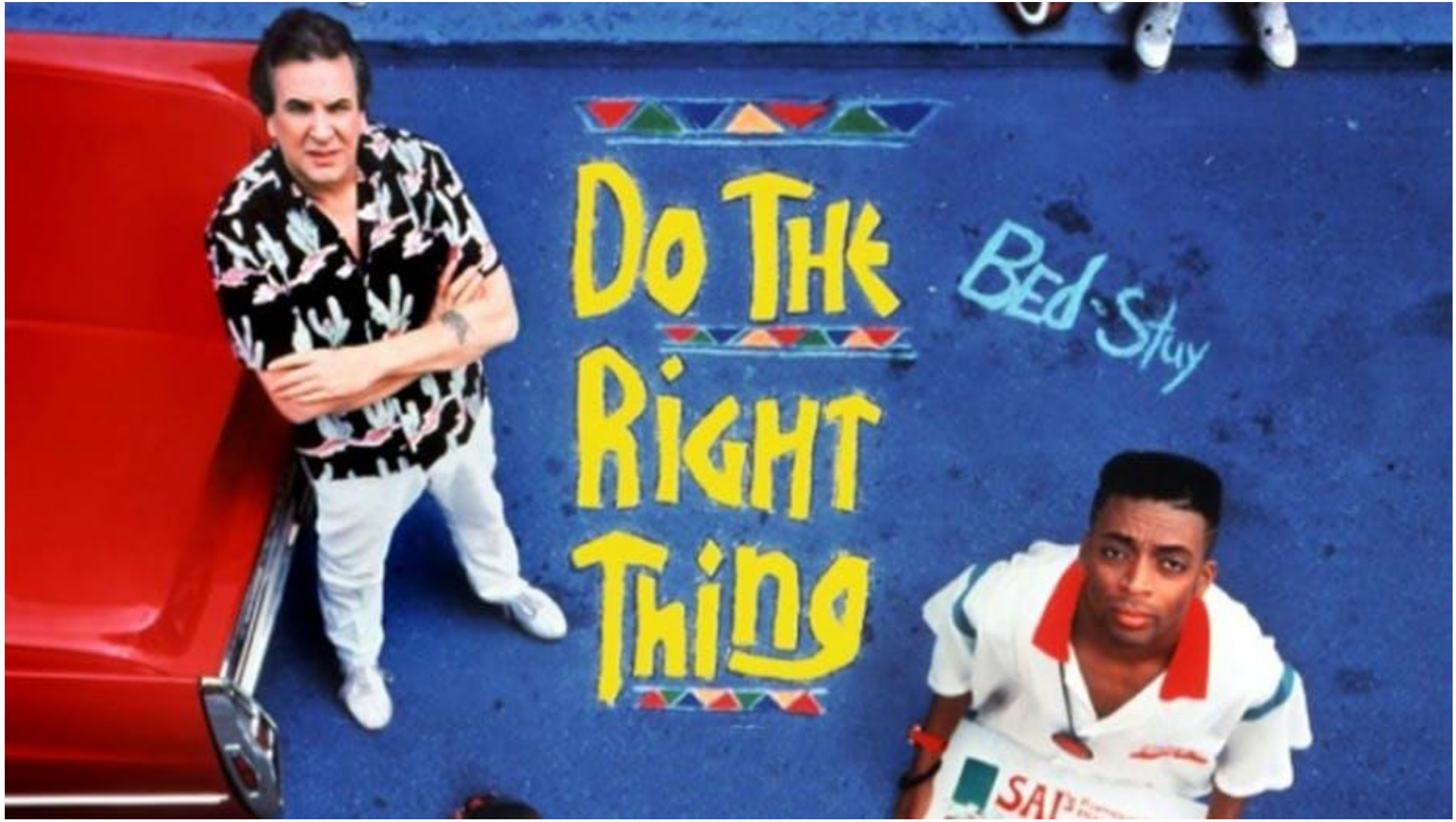

ORCHESTRAL MANOEUVRES in the dark
the best of OMD
Overall Mortality Dogma


ORCHESTRAL MANOEUVRES in the dark
the best of OMD
Overall
ogma
CONCLUSION:
Early detection does not improve survival.

Two questions:

1. Which patient will have cost most to our RIZIV /ENAMI?

2. Which patient would you prefer to be?


DO THE
RIGHT
THING
BED-STUY