EMUC18: Synergy of disciplines for optimal genitourinary cancer care

H. Van Poppel, MD, PhD

SUMMARY

Marking its decade-long dedication to the goal of pursuing multidisciplinary collaboration, the 10th European Multidisciplinary Congress on Urological Cancers (EMUC18) examined the best practices, advances and future prospects in managing genitourinary malignancies. The congress also identified current dilemmas and addressed gaps in clinical practice.

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INTRODUCTION

Around 1,400 healthcare professionals from 67 countries congregated at the 10th European Multidisciplinary Congress on Urological Cancers (EMUC18) from November 8 to 11, 2018, in Amsterdam, The Netherlands. The synergy of diverse disciplines illustrated that comprehensive genitourinary (GU) cancer care is optimised when various experts such as medical and radiation oncologists, oncologic urologists, pathologists, radiologists, nuclearists and patients work together to identify and achieve prime treatment strategies. Selected key messages of EMUC18 are collated in this article.

PROCUREMENT OF QUALITY DATA

Plenary Session 01 – *Prostate cancer management: Implementation without good evidence?* – underscored the relevance of performing more randomised and multi-centre studies to produce more robust and quality data. The advantages of using digital (virtual) slides such as image sharing for teaching, consultation and quality assurance, interactive publication, quantitative image analysis and information fusion were also expounded.

In generating good evidence in the coming decade, it was inferred that patient-centric trials are the future, as are multi-stakeholder collaborations with the industry. In addition, effective digitalisation of results will lead to bigger data for researchers.

KIDNEY CANCER

In the point-counterpoint discussion during Plenary Session 04 – *Evolving paradigms in GU cancers* – Dr. Laurence Albiges presented insights in favour of immunotherapy as first-line treatment in kidney cancer. Overall survival benefits from the combination nivolumab + ipilimumab, which is the new benchmark. Some good-risk patients can achieve complete response with the immunotherapy approach. Prof. Manuela Schmidinger stated that the debate was not about immunotherapy *per se* but on the timing of immunotherapy as it does not need to be the first-line treatment for all patients. Favourable-risk and some intermediate-risk patients may be better off with delayed immune-checkpoint inhibitors.

In Plenary Session 5 – *Kidney cancer in the frail patient* – two main theoretical concepts of frailty were identified: the frail-

Department of Urology, University Hospital KU Leuven, Belgium.

Please send all correspondence to: H. van Poppel, University Hospital KU Leuven, Department of Urology, Herestraat, 49, B3000 Leuven, tel: +32 16346687, email: hendrik.vanpoppel@uzleuven.be.

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TAKE HOME MESSAGES

The concluding Plenary Session included the following selected take-home messages:

On Radiation Oncology (Prof. Anne Kiltie):
1. The use of protons in prostate cancer is still unproven and could be detrimental to patients.
2. Salvage radical prostatectomy is underused but has significant caveats in terms of severe side effects.
3. Local radiotherapy to the primary in low-burden oligometastatic prostate cancer is a new standard of care.

On Urology Highlights (Prof. Evanguelos Xylinas):
1. ^{11}C-choline PET/CT shows that up to 60% of the cases was pelvic soft tissue recurrence only.
2. Pre-MRI radical prostatectomy (RP) and RP specimens show that radiorecurrent prostate cancer predominantly occurs at initial tumour location on the RP specimens.
3. Pembrolizumab for high-risk non-muscle invasive bladder cancer unresponsive to Bacillus Calmette-Guérin achieves a 38.8% complete response.

On Radiology (Prof. Raymond Oyen):
1. For the characterisation and staging of renal masses, the key modalities are still CT and MRI in differentiation between clear cell carcinoma and urothelial cancer.
2. For multiparametric MRI of solid renal tumours, a practical algorithm can be used to differentiate almost all subtypes of renal cell carcinoma based on MRI sequences.

On GU Pathology (Prof. Rodolfo Montironi):
1. The application of neo-adjuvant chemotherapy should beforehand identify variants and molecular subtypes of bladder cancer.
2. Gleason Score 3 + 3 does not metastasise, and the rare occurrence of extraprostatic extension in such tumours does not have prognostic significance.

On Medical Oncology (Dr. Laurence Albiges):
1. Abiraterone + prednisolone + androgen deprivation therapy should be considered for metastatic hormone-naive prostate cancer irrespective of risk and/or volume classification.
2. Enzalutamide and apalutamide demonstrate a meaningful improvement of metastasis-free survival in non-metastatic castration-resistant prostate cancer.
3. The ongoing ARAMIS trial will help substantiate the overall survival benefit with darolutamide.
4. Both EAU and ESMO guidelines recommend the combination of checkpoint inhibitor nivolumab + ipilimumab as first-line standard treatment for intermediate-risk and poor-risk patients with clear cell renal cell carcinoma.

ty phenotype and the accumulation of deficits. The frailty phenotype is based on five criteria: shrinking (weight loss), weakness (declining grip strength), self-reported fatigue, a decrease in walking speed and self-reported low activity. Geriatric 8 screening tool and cross-sectional imaging are some of the ways to establish frailty and select patients that will optimally benefit from a given kidney cancer treatment.

TRIAL UPDATES

EMUC18 delivered updates on notable trials such as the Clinical Trial to Assess the Importance of Nephrectomy (CARMENA; NCT00930033) and PeriOperative chemotherapy or sUrveillance in upper Tract urothelial cancer (POUT; CRUK/11/027; NCT01993979, NIHR portfolio).
The findings of the CARMENA trial stated that sunitinib alone was not inferior to cytoreductive nephrectomy (CN), and CN should not always be considered the standard of care any longer in metastatic renal cell carcinoma and could be omitted in selected patients when medical treatment is required.
The POUT trial showed that adjuvant platinum-based chemotherapy following nephron-ureterectomy improved disease-free and metastasis-free survival in upper tract urothelial carcinoma (UTUC). Its successor trial, POUT 2: Chemotherapy with or without immunotherapy following nephron-ureterectomy for upper tract urothelial cancer, was also announced at the congress. The rationale for POUT

2 is that the high incidence of microsatellite instability in UTUC may predispose to immunotherapy sensitivity while it has been proven feasible to combine immunotherapy with chemotherapy.

PROSTATE CANCER EVALUATION

Plenary Session 08 – *New developments in prostate cancer evaluation* – provided a forum wherein confusing and clinically important issues related to prostate pathology were addressed. Pathology experts stated that urological tumours are classified more precisely based on a combination of morphology, immunohistochemistry and molecular findings. Treatment regimens can be tailored more accurately to the specific subtype of the tumour due to new developments. Further into the session, Prof. Philippe Lambin showed that radiomics is an emerging field that can translate medical images into quantitative data to enable phenotypic profiling for diagnosis, treatment decisions and treatment evaluation. He said: "There are several potential applications that relate to prostate cancer, such as screening, image-guided biopsies and active surveillance. It's time to test these radiomic approaches much more systematically in clinical trials."

CURRENT DILEMMAS IN METASTATIC PROSTATE CANCER

In Plenary Session 12 – *Current dilemmas in the management of metastatic prostate cancer* – it was articulated that one of the strengths of plasma cell-free DNA analysis is the eligibility of all patients for blood-drawing while some patients may be ineligible to undergo a metastatic tissue biopsy, for example those with aggressive disease that have rapid deterioration. Later in the session, dr Ganesh Palapattu underlined to treat the patients, not the diseases; and noted that there is a significant benefit for risk-based treatment allocation. He stated: "We can't treat all patients the same way. The diseases don't behave in the same way."

EUROPEAN SCHOOL OF UROLOGY COURSES AND HANDS-ON TRAINING SESSIONS

The European School of Urology (ESU) offered two complementary frontline courses, which were 'Daily practice in the management of metastatic prostate cancer' and 'Immunotherapy for urological tumours' as well as the Hands-on Training (HOT) courses 'ESU/ESUI HOT course Prostate MRI reading for urologist', 'ESU/ESUT/ESUI HOT Course in MRI Fusion biopsy' and 'ESU/ESUI HOT course in Prostate PET in urologists'.

WHAT TO EXPECT AT EMUC19

Hot topics for EMUC 2019 will include results of the combination vascular endothelial growth factor receptor + tyrosine kinase inhibitor and immunotherapy in first-line renal cell carcinoma setting across all subgroups; and close collaboration between urologists and medical oncologists with regard to immunotherapy use in non-muscle invasive bladder cancer.