

Αποδίδουν καλύτερα οι  
πολυτροπικές θεραπείες  
στην Ουρολογική  
ογκολογία;



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Ioannina, Greece.

# Disclosures

- none

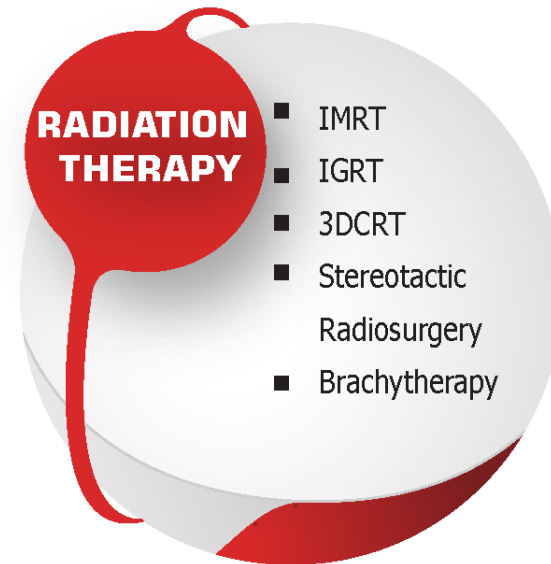
# old concept ...



**PALLIATIVE CARE**

- Pain Management
- Care of terminally ill patient
- Psychological and spiritual support
- End of life care

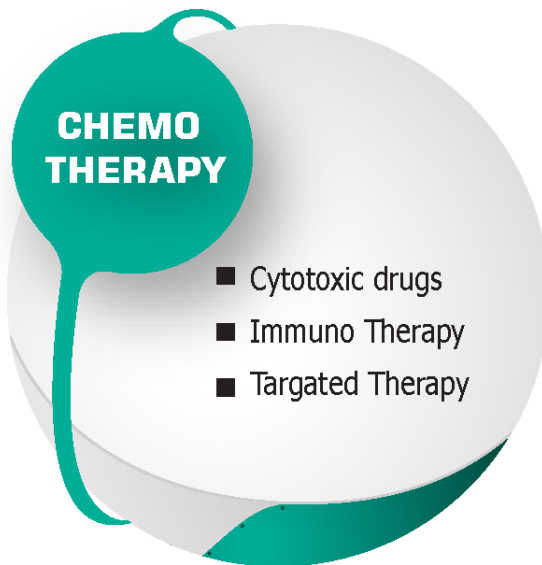
A purple circular graphic with a white center containing the text and a list of four items. The graphic has a 3D effect with a shadow.



**RADIATION THERAPY**

- IMRT
- IGRT
- 3DCRT
- Stereotactic Radiosurgery
- Brachytherapy

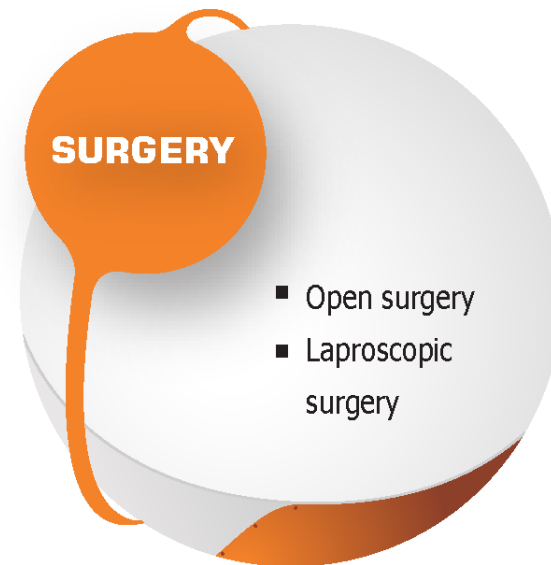
A red circular graphic with a white center containing the text and a list of five items. The graphic has a 3D effect with a shadow.



**CHEMO THERAPY**

- Cytotoxic drugs
- Immuno Therapy
- Targeted Therapy

A teal circular graphic with a white center containing the text and a list of three items. The graphic has a 3D effect with a shadow.



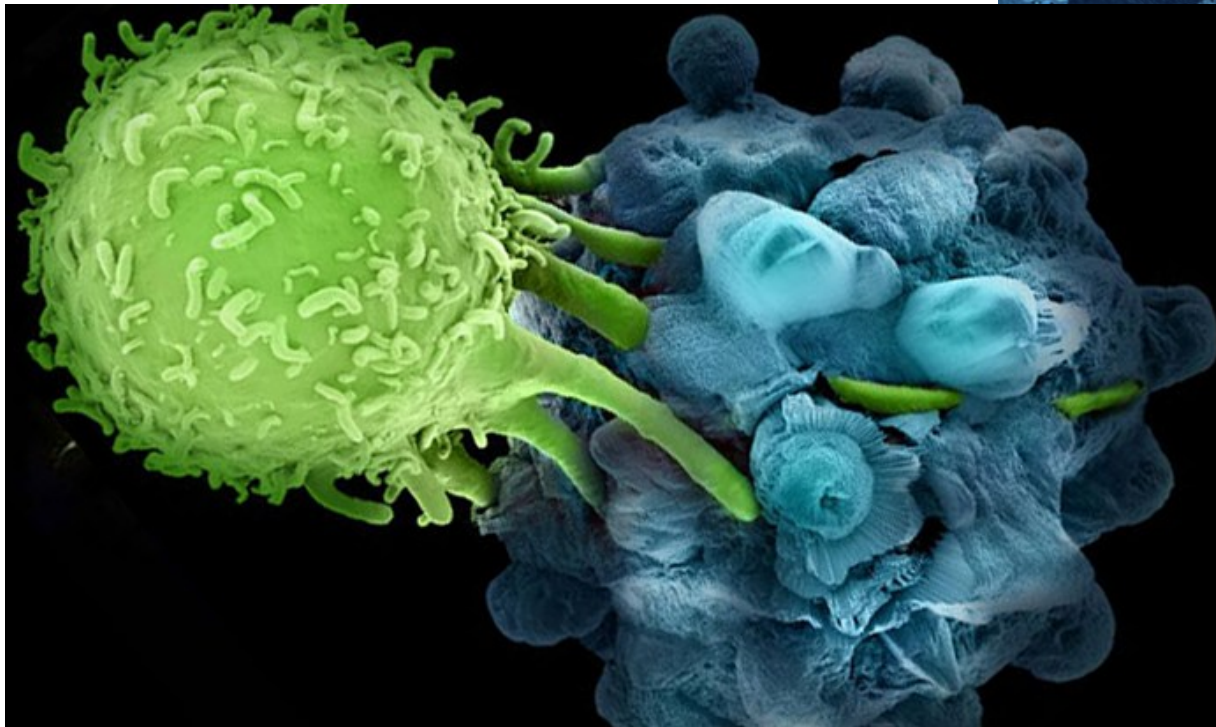
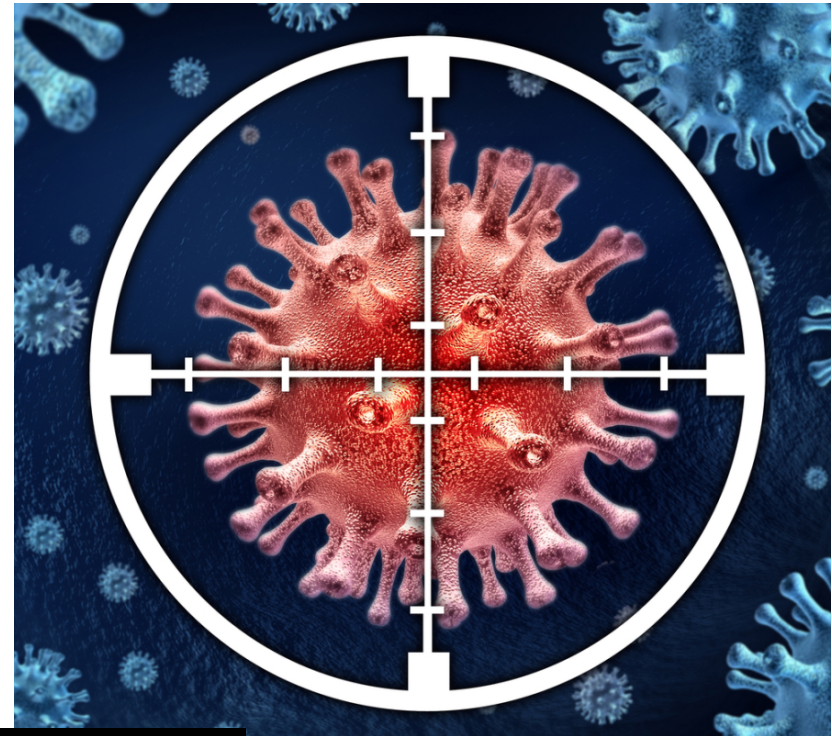
**SURGERY**

- Open surgery
- Laproscopic surgery

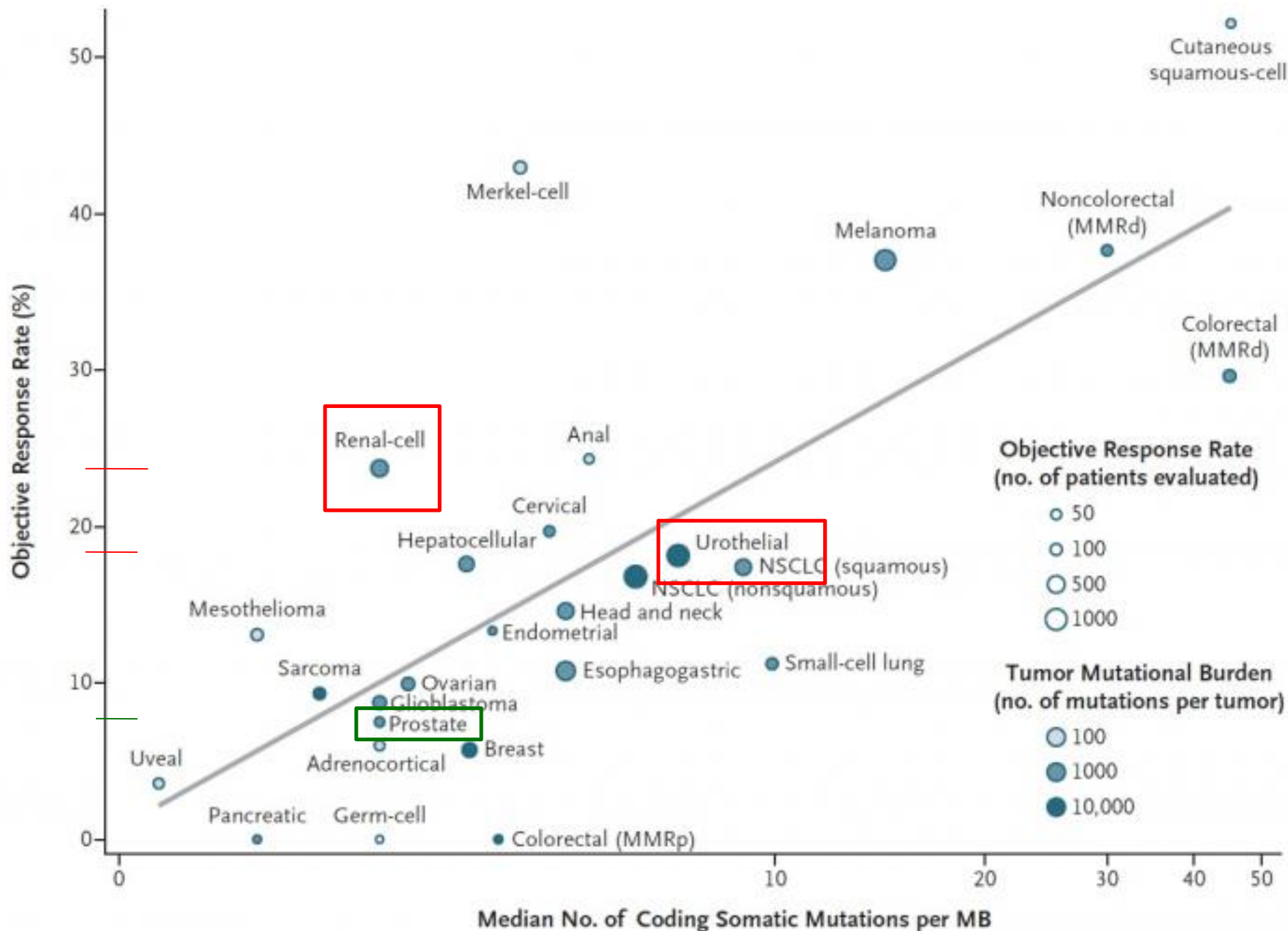
An orange circular graphic with a white center containing the text and a list of two items. The graphic has a 3D effect with a shadow.

# New treatment options...

Targeted treatments



immunotherapy





# how to integrate....?

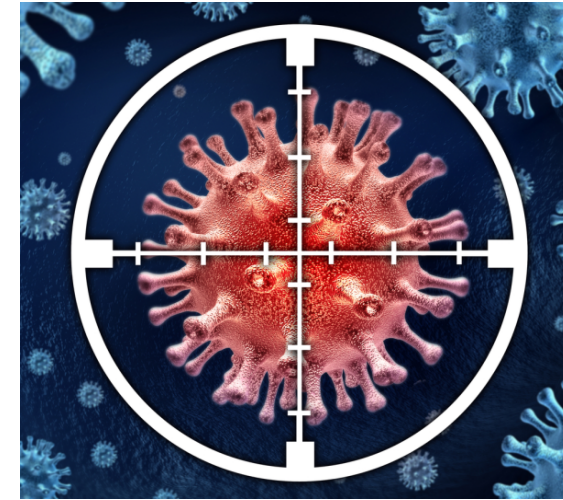
Aim: best benefit for patients

## PALLIATIVE CARE

- Pain Management
- Care of terminally ill patient
- Psychological and spiritual support
- End of life care

## RADIATION THERAPY

- IMRT
- IGRT
- 3DCRT
- Stereotactic Radiosurgery
- Brachytherapy

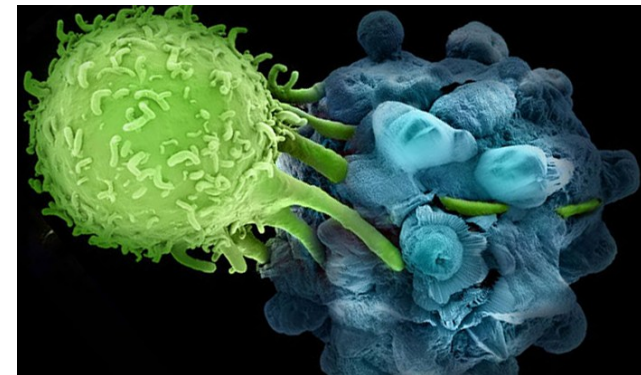


## CHEMO THERAPY

- Cytotoxic drugs
- Immuno Therapy
- Targeted Therapy

## SURGERY

- Open surgery
- Laproscopic surgery



# Team work....

## .... Who is best?

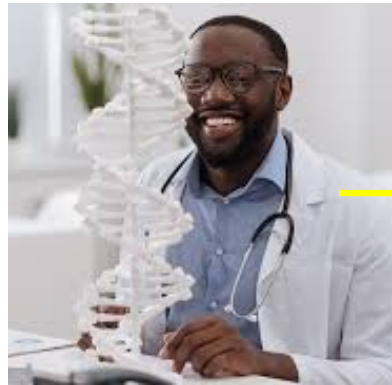


**Wrong direction**



# Cooperation...is the best direction

Tumor boards

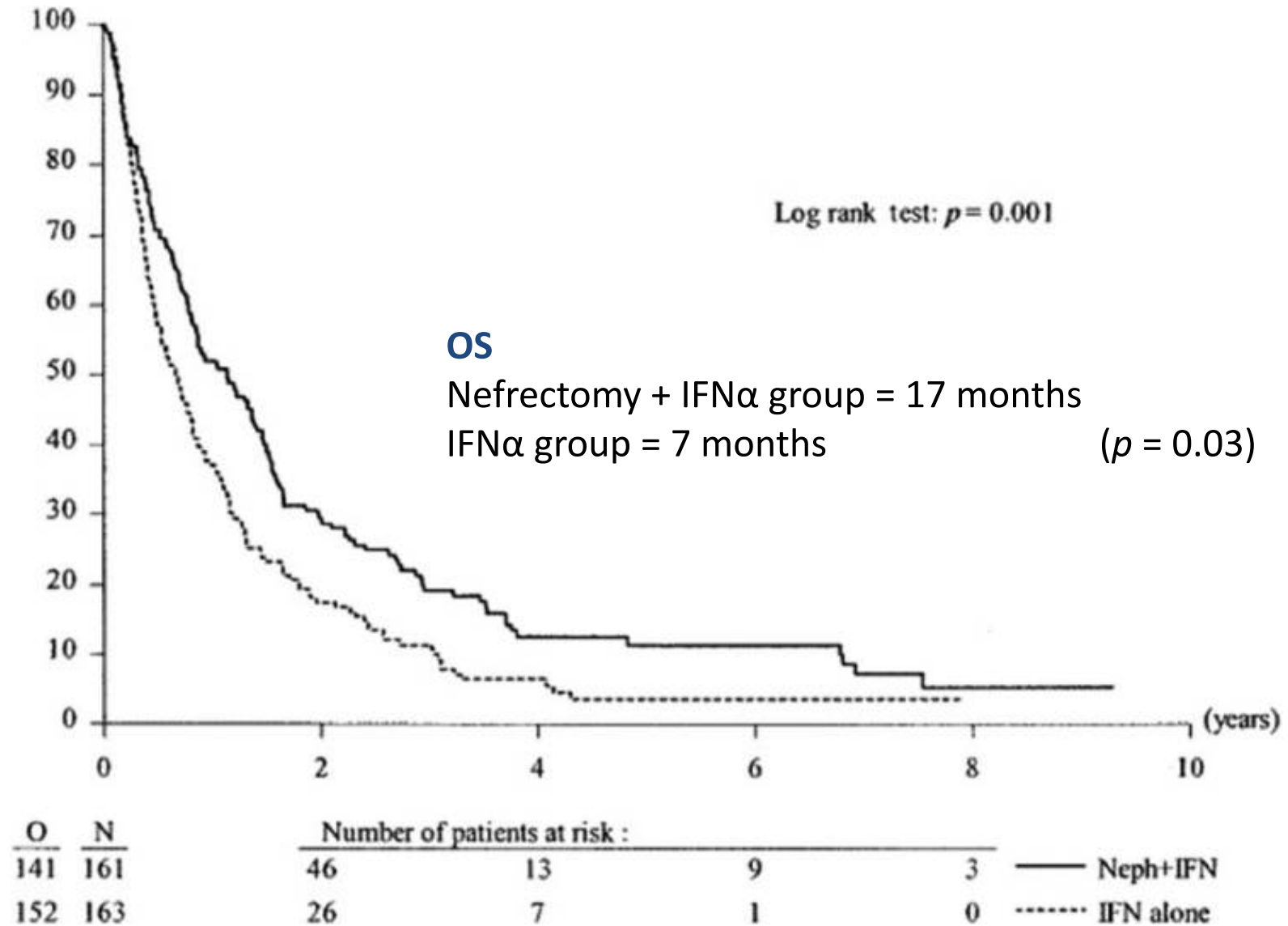


All working for patients





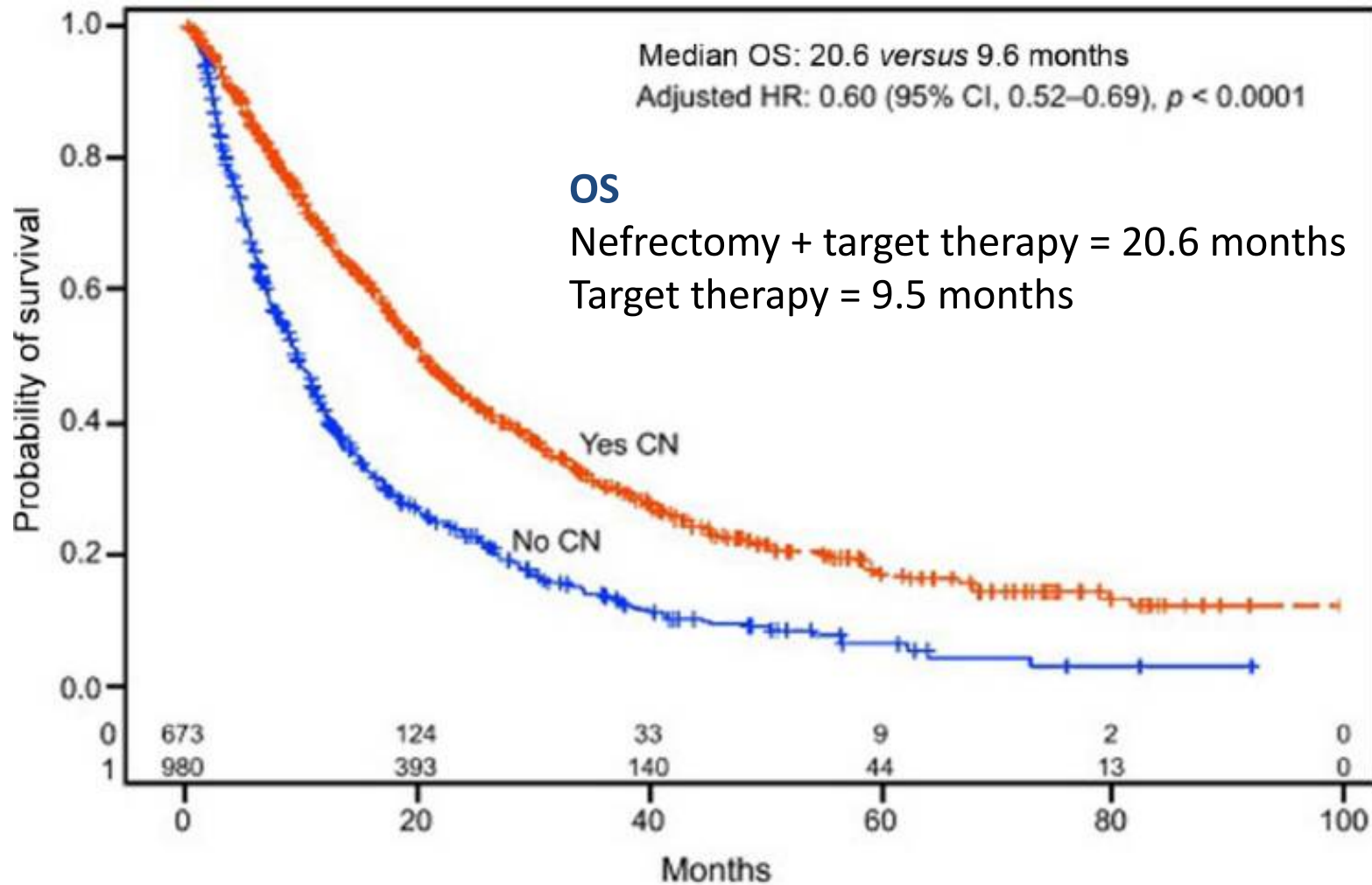
# Metastatic RCC (past)



Combined analyzes EORTC and SWOG RCTs

Flanigan RC, J Urol. 2004

# Metastatic RCC (up to last week)



Retrospective study

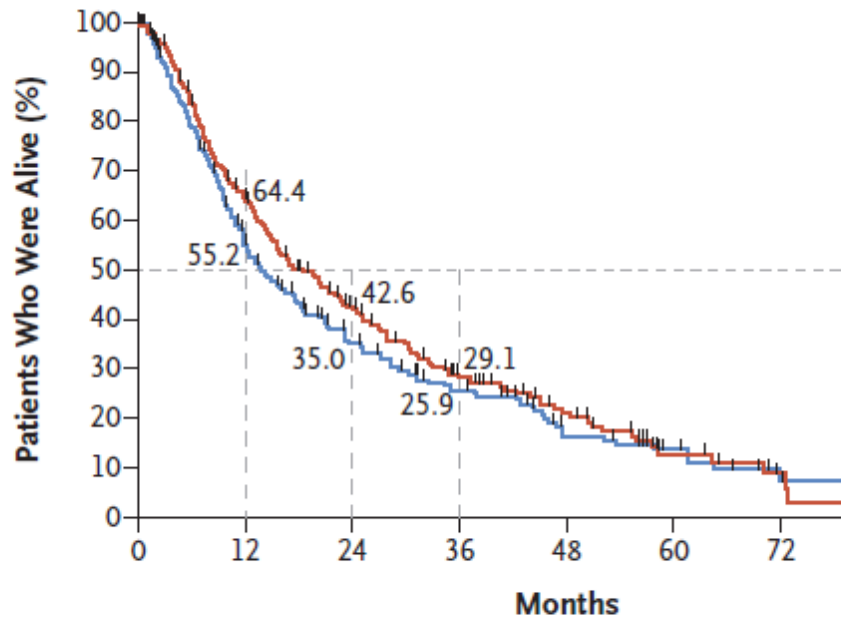
Heng DY *Eur Urol.* 2014 Oct; 66(4):704-10.

From this week

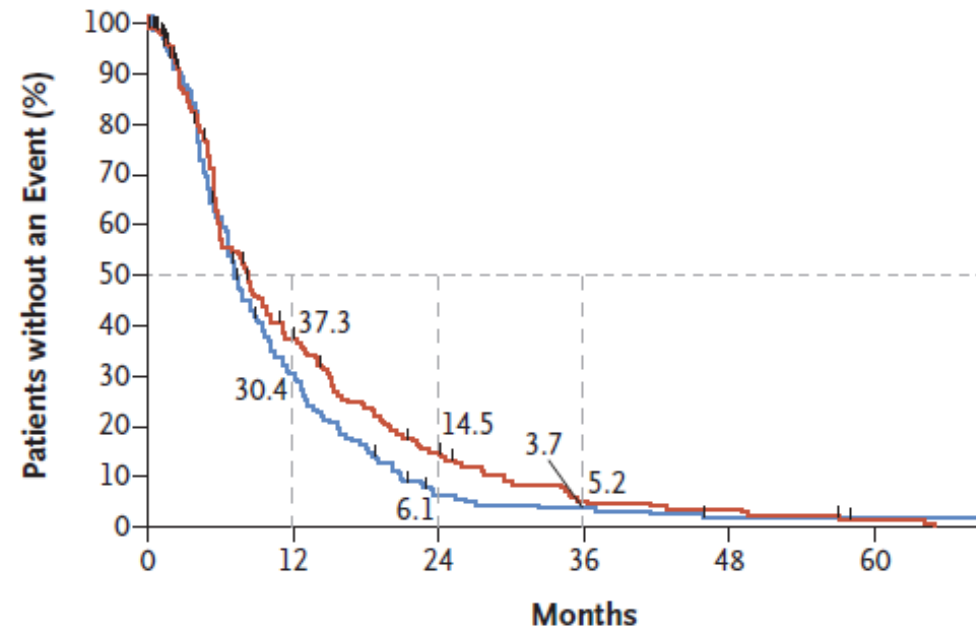
ORIGINAL ARTICLE

## Sunitinib Alone or after Nephrectomy in Metastatic Renal-Cell Carcinoma

**A Overall Survival**



**B Progression-free Survival**



No. at Risk		0	12	24	36	48	60	72
Nephrectomy-sunitinib	226	110	61	40	19	11	4	
Sunitinib alone	224	128	76	44	26	8	3	

No. at Risk		0	12	24	36	48	60
Nephrectomy-sunitinib	226	59	10	6	2	1	
Sunitinib alone	224	74	28	9	6	2	

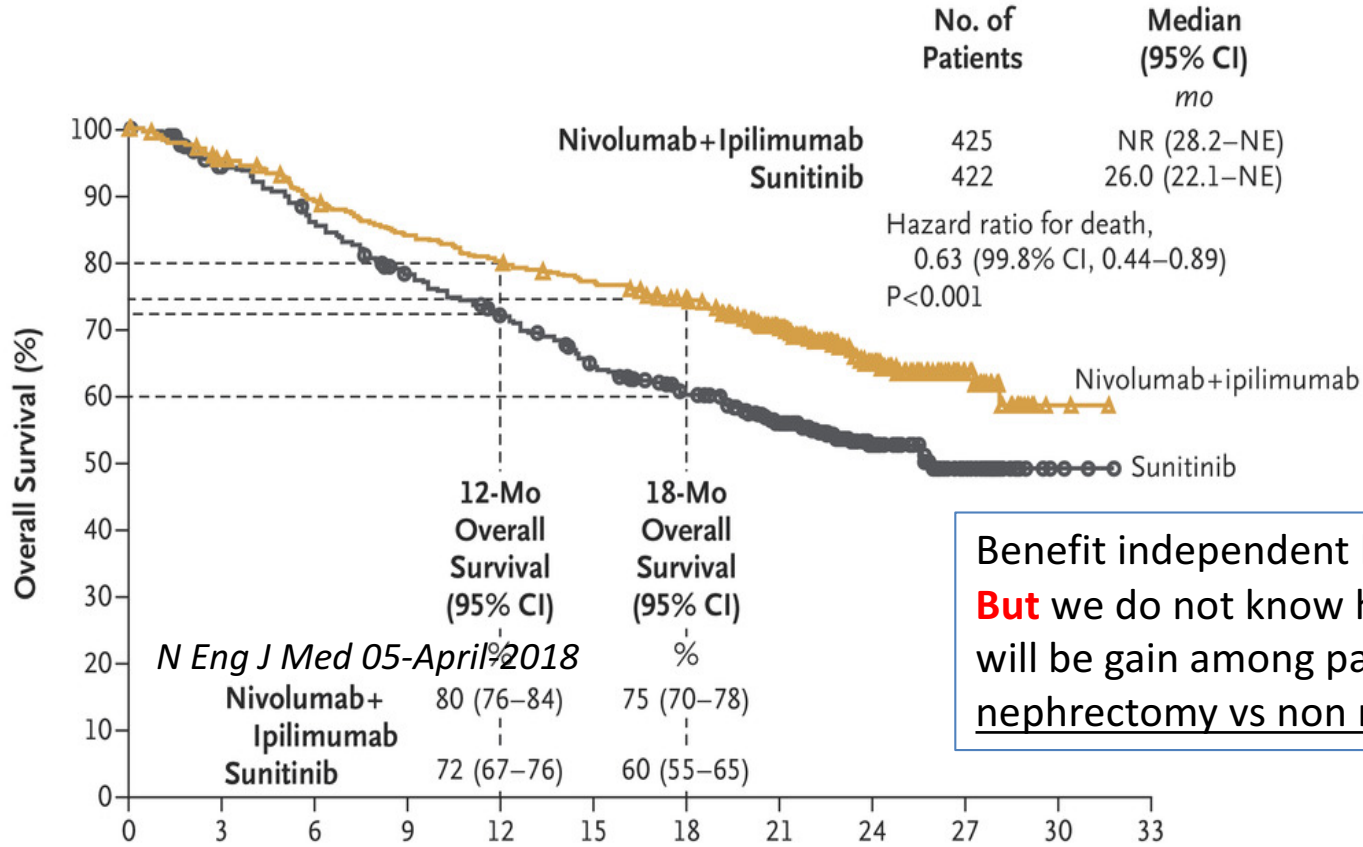
— Nephrectomy-sunitinib — Sunitinib alone



# Metastatic RCC (next future)

median overall survival was not reached with nivolumab plus ipilimumab

## A Overall Survival



Benefit independent by nephrectomy.  
**But** we do not know how much benefit will be gain among patients with nephrectomy vs non nephrectomy.

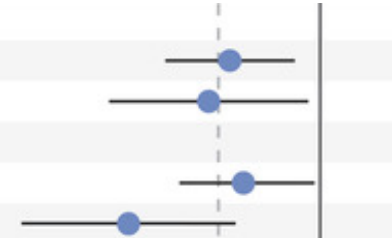


### Previous nephrectomy

Yes	103/341	127/319
No	37/84	61/103

### Baseline PD-L1 expression

<1%	93/284	114/278
≥1%	28/100	57/114

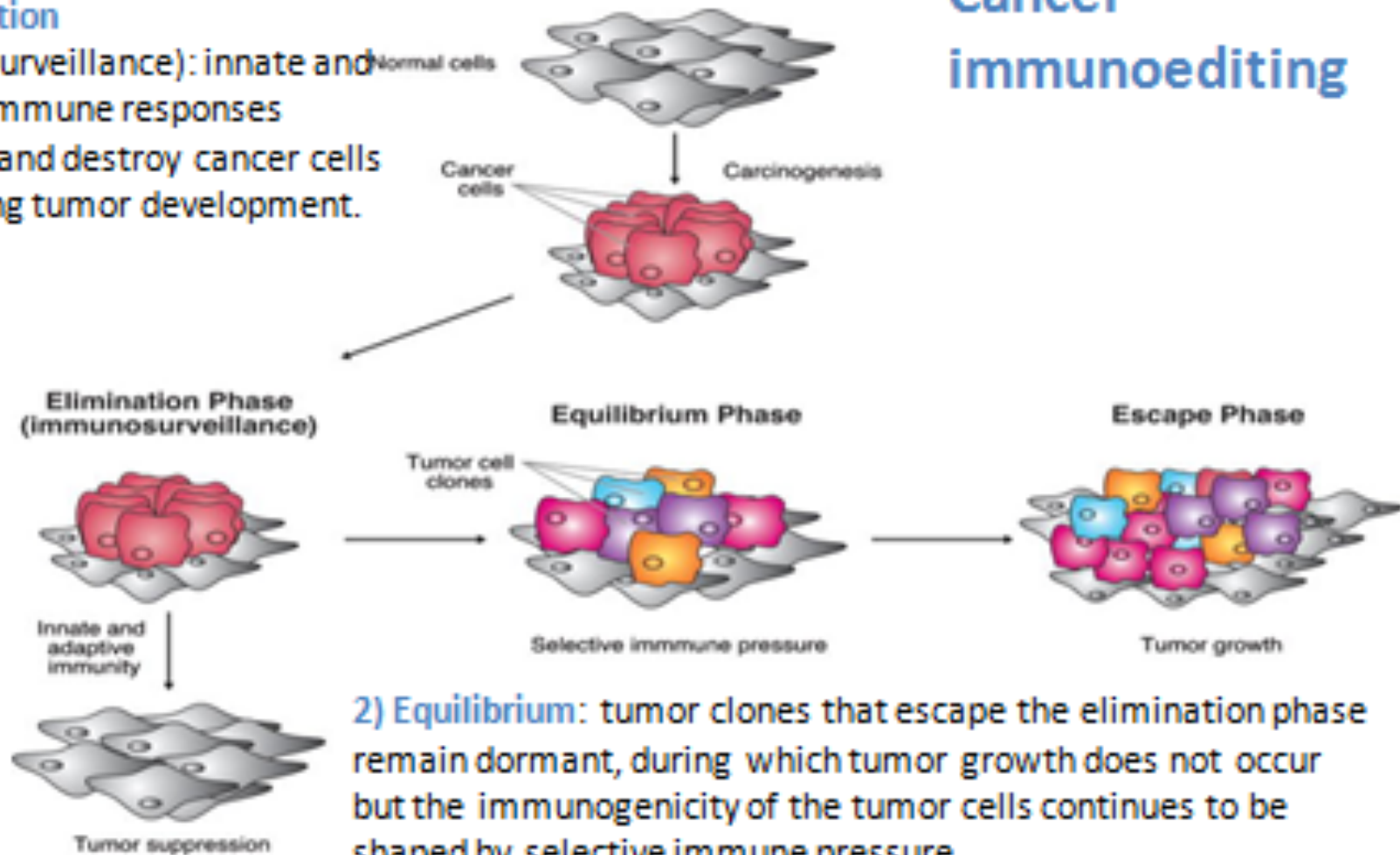


### 3 distinct phases:

#### 1) Elimination

(immunosurveillance): innate and adaptive immune responses recognize and destroy cancer cells suppressing tumor development.

## Cancer immunoediting

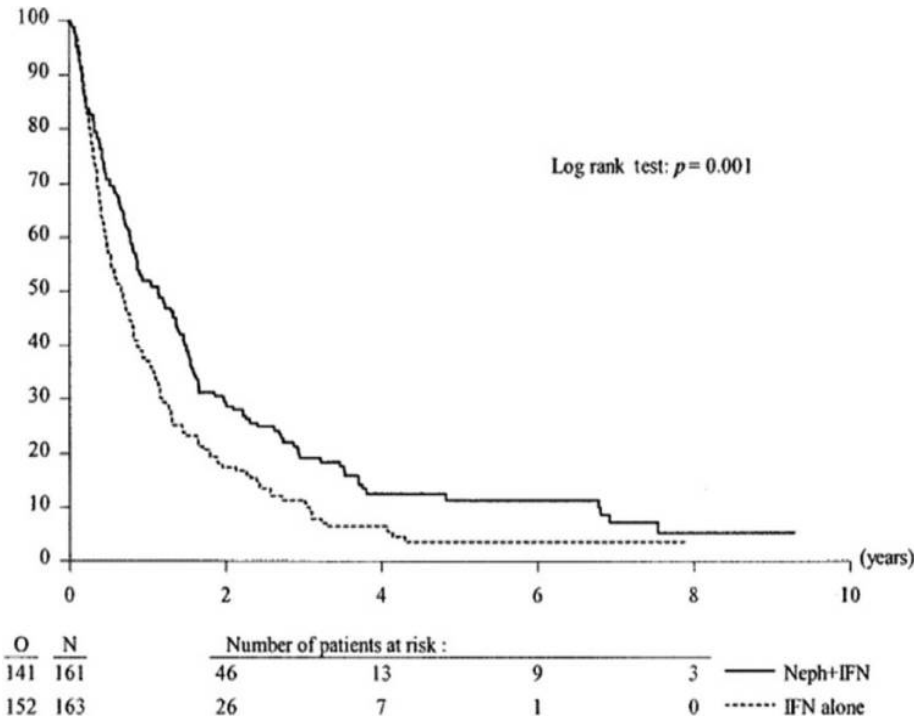


2) **Equilibrium:** tumor clones that escape the elimination phase remain dormant, during which tumor growth does not occur but the immunogenicity of the tumor cells continues to be shaped by selective immune pressure.

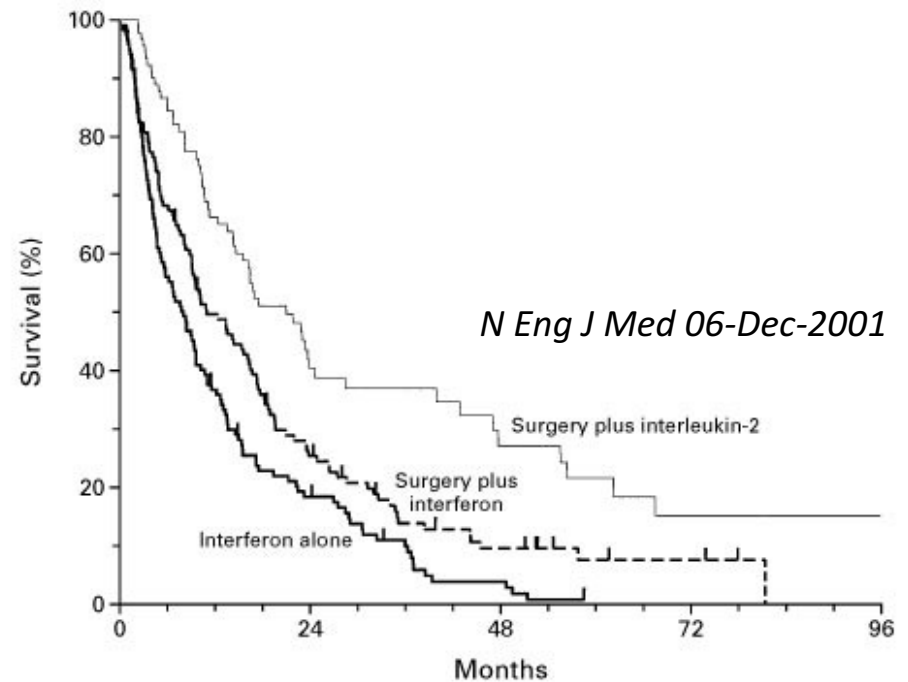
3) **Escape:** tumor cell clones that are resistant to the immune system proliferate unchecked. Adapted with permission from:

# Metastatic RCC (next future)

median overall survival was not reached with nivolumab plus ipilimumab



Nephrectomy + IFN $\alpha$  group = 17 months  
 IFN $\alpha$  group = 7 months ( $p = 0.03$ )



nephrectomy  
 IL-2 2-year survival=25%, [Cancer J Sci Am. 2000](#)  
 IL-2 & TILs =55%,

**TILs → checkpoint inhibitors**



# Testicular cancer – germ cell non seminoma stage I

- Orchiectomy imperative
- Orchiectomy only ~45% relapse
- Orchiectomy + 1 BEP ~ 2-5% of relapse

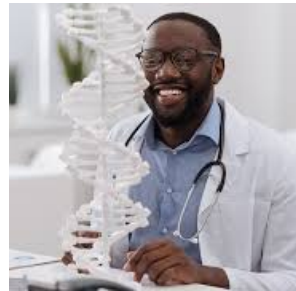


Surgeon needed

Clinician needed



- Sperm Banking
- Psychologist
- Endocrinologist



**We are not treating malignancies  
But patients with malignant disease**

- GP cooperation in long term follow-up



## metastatic testicular cancer – germ cell

- Orchiectomy imperative
- Orchiectomy only → Death
- Orchiectomy + Chemo **74-80% 5y-OS**

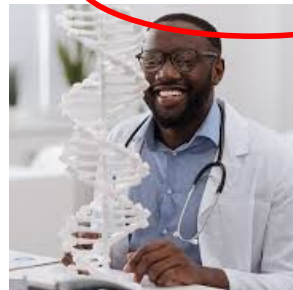


Surgeon needed

Clinician needed



- Sperm Banking



- Psychologist

- Endocrinologist



- GP cooperation in long term follow-up

Stage		5-year relative survival
localized	Confined to testicl.	99%
regional	spread to lymph nodes	96%
distant	spread to organs or lymph nodes far from the testicle (e.g. lungs).	74%



ORIGINAL ARTICLE

## Neoadjuvant Chemotherapy plus Cystectomy Compared with Cystectomy Alone for Locally Advanced Bladder Cancer

H. Barton Grossman, M.D., Ronald B. Natale, M.D., Catherine M. Tangen, Dr.P.H., V.O. Speights, D.O., Nicholas J. Vogelzang, M.D., Donald L. Trump, M.D., Ralph W. deVere White, M.D., Michael F. Sarosdy, M.D., David P. Wood, Jr., M.D., Derek Raghavan, M.D., Ph.D., and E. David Crawford, M.D.

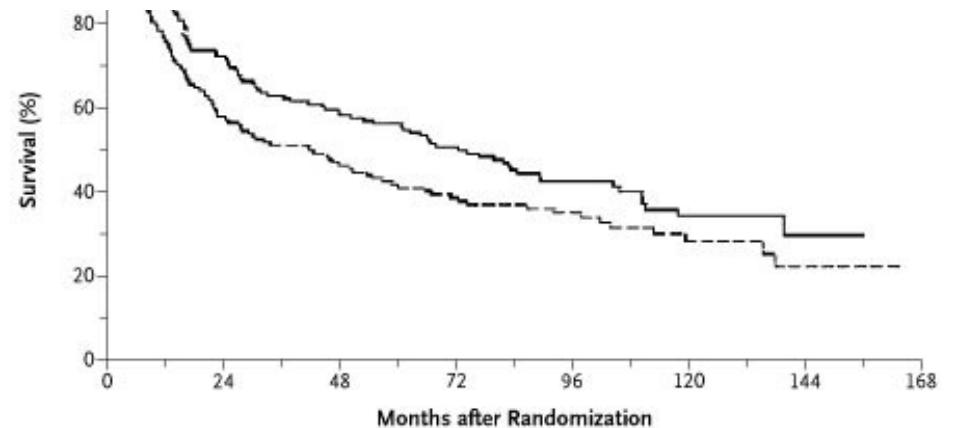
N Engl J Med 2003; 349:859-866 | August 28, 2003 | DOI: 10.1056/NEJMoa022148



- Cited **999** times since 2003
- Result: median survival with surgery alone was **46** months, **77** months with combination therapy



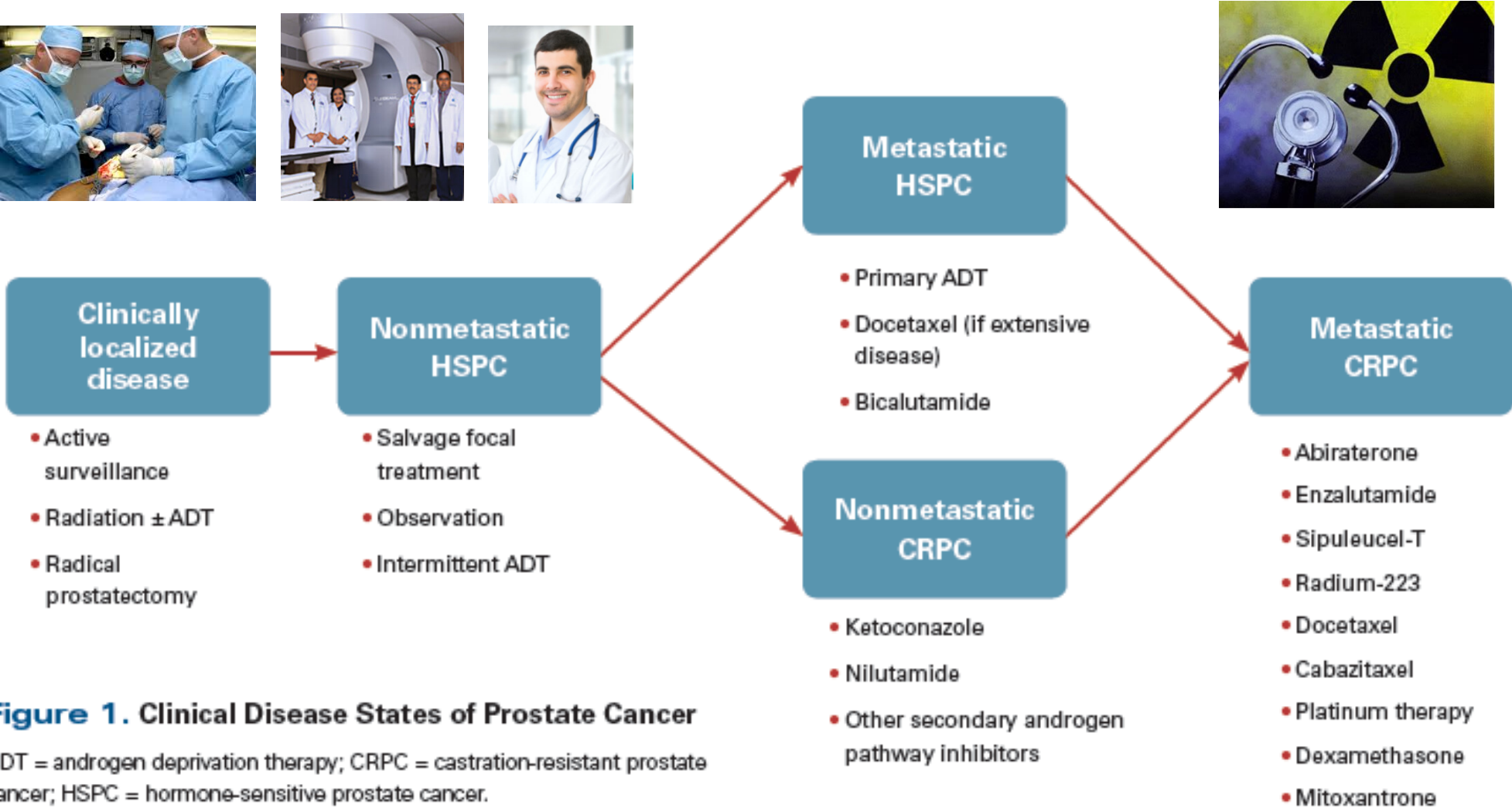
— M-VAC and cystectomy (90 deaths; median survival, 77 mo)  
 - - - Cystectomy alone (100 deaths; median survival, 46 mo)



No. at Risk

M-VAC and cystectomy	153	112	92	75	46	23	6
Cystectomy alone	154	88	67	50	37	18	7

# Prostate cancer



**Figure 1. Clinical Disease States of Prostate Cancer**

ADT = androgen deprivation therapy; CRPC = castration-resistant prostate cancer; HSPC = hormone-sensitive prostate cancer.

Data from: Chen et al. J Clin Oncol. 2016.[2]

tumor-boards

Multimodality treatment is not a novelty for  
urologists

Poly-trauma

Pediatric urology



# complex bladder exstrophy and epispadias

- protrusion of the urinary bladder through a defect in the abdominal wall
- bony pelvis defects
- pelvic floor defects
- Genitalia defects

Require:

Many surgical intervention

Many surgical correction

Radiological evaluations....

Psychological support

Social support (patient/families)

Pediatric urologists

Pediatric surgeons

Gynecologists

Vascular surgeons

Orthopedics

Psychologists

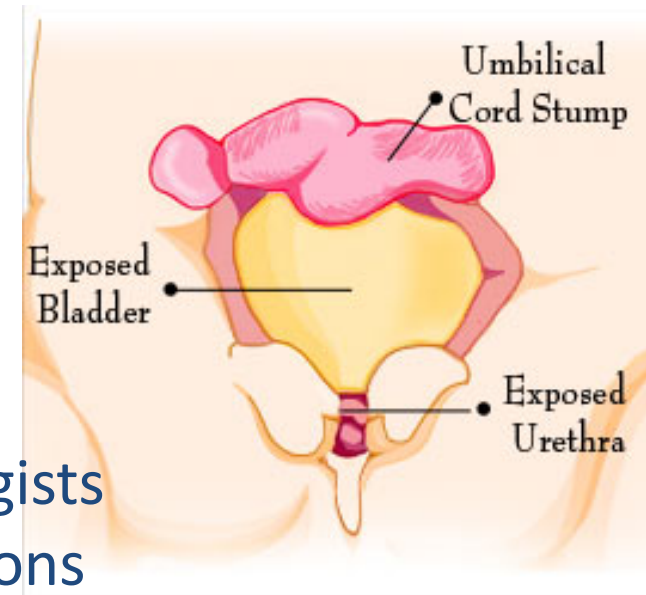
Social assistants

Expert radiologists

Plastic surgeons

Anesthesiologists

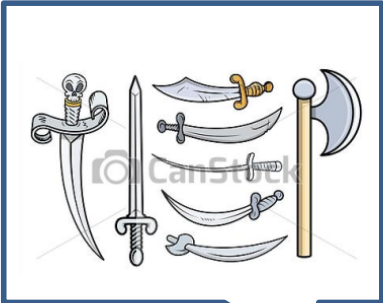
Nephrologists



Working together is better for our patients' outcome



# Thank You



**Nice cooperation  
with interactive tumor-boards**