



REVIEW ARTICLE

Developments in urologic oncology “OncoForum”: The best of 2017[☆]



F. Gómez-Veiga^{a,*}, A. Alcaraz-Asensio^b, J. Burgos-Revilla^c, J. Cózar-Olmo^d

^a Servicio de Urología, Hospital Universitario de Salamanca, Grupo de Investigación Traslacional de Urología GITUR, Instituto de Investigación Biomédica de Salamanca IBSAL, Salamanca, Spain

^b Servicio de Urología, Hospital Clínic Universitari, Barcelona, Spain

^c Servicio de Urología, Hospital Universitario Ramón y Cajal, Madrid, Spain

^d Servicio de Urología, Complejo Hospitalario Universitario de Granada, Granada, Spain

Received 1 June 2018; accepted 1 June 2018

Available online 9 August 2018

KEYWORDS

Prostate cancer;
Bladder cancer;
Kidney cancer

Abstract

Objective: To put forth new findings of urologic oncology with an impact on clinical practice presented during 2017 in the main annual meetings.

Methods: This document reviews abstracts on prostate, kidney and bladder cancer presented at the congresses of 2016 (EAU, AUA, ASCO, ESMO and ASTRO) and publications with the highest impact in this period valued with the highest scores by the OncoForum committee.

Results: Among patients at high risk of recurrent renal cell carcinoma after nephrectomy, adjuvant sunitinib compared to placebo showed a benefit in patients at higher risk of recurrence. In cisplatin-ineligible advanced urothelial cancer, pembrolizumab elicits clinically meaningful, durable responses. Among patients with localized prostate cancer, treatment for disease progression was less frequent (absolute difference, 26.2 percentage points) and adverse events were more frequent with surgery than with observation. Among patients with locally advanced or metastatic prostate cancer, androgen-deprivation therapy plus abiraterone and prednisolone resulted in fewer deaths and fewer treatment-failure events ($P < 0.001$). Among patients with metastatic castration-resistant prostate cancer previously treated with abiraterone acetate, enzalutamide median radiographic progression-free survival was 8.1 months and enzalutamide median overall survival was not reached.

Conclusions: Among patients at high risk of recurrent renal cell carcinoma after nephrectomy, adjuvant sunitinib showed a benefit across subgroups including patients at higher risk of recurrence. Among patients with localized prostate cancer, surgery was not associated with significantly lower all-cause or prostate-cancer mortality than observation. Among patients with

[☆] Please cite this article as: Gómez-Veiga F, Alcaraz-Asensio A, Burgos-Revilla J, Cózar-Olmo J. Avances en uro-oncología «OncoForum»: lo mejor del 2017. Act Urol Esp. 2018;42:488–498.

* Corresponding author.

E-mail address: fgveiga@telefonica.net (F. Gómez-Veiga).

locally advanced or metastatic prostate cancer, androgen-deprivation therapy plus abiraterone and prednisolone was associated with significantly higher rates of overall and failure-free survival than androgen-deprivation therapy alone. In patients with metastatic castration-resistant prostate cancer previously treated with abiraterone enzalutamide remained active.

© 2018 AEU. Published by Elsevier España, S.L.U. All rights reserved.

PALABRAS CLAVE

Cáncer de próstata;
Cáncer de vejiga;
Cáncer renal

Avances en uro-oncología «OncoForum»: lo mejor del 2017

Resumen

Objetivo: Conocer las últimas evidencias sobre Urología oncológica de tumores de próstata, riñón y vejiga, analizando su impacto en la práctica clínica diaria, además de los esquemas futuros a medio y largo plazo.

Métodos: Se revisan los resúmenes sobre cáncer de próstata, renal y vejiga presentados en los congresos del año 2017 (EAU, AUA, ASCO, ESMO y ASTRO) y las publicaciones de mayor impacto en este periodo que recibieron mayor valoración por parte del comité del OncoForum.

Resultados: En pacientes con cáncer renal de alto riesgo de recurrencia tras nefrectomía, se observó beneficio de sunitinib adyuvante *versus* placebo en el subgrupo de mayor riesgo. En pacientes con cáncer urotelial avanzado inelegibles a cisplatino, pembrolizumab en primera línea dio lugar a respuestas duraderas clínicamente significativas. En pacientes con cáncer de próstata (CaP) localizado, el tratamiento por progresión de la enfermedad fue menos frecuente con prostatectomía radical (PR) que con observación (diferencia absoluta de 26,2%) y se asoció a mayor frecuencia de eventos adversos (EA). En pacientes con CaP M0, la adición de abiraterona más prednisona (ABI + P) a deprivación androgénica (TDA) supuso menos muertes y menos eventos por fallo de tratamiento ($p < 0,001$). En pacientes con cáncer de próstata resistente a castración metastásico (CPRCm) tratados previamente con abiraterona, la mediana de supervivencia libre de progresión radiográfica (SLPr) con enzalutamida fue de 8,1 meses y la de supervivencia global (SG) no se alcanzó.

Conclusiones: En pacientes con cáncer renal de alto riesgo de recurrencia tras nefrectomía, sunitinib adyuvante otorgó beneficio en todos los subgrupos, incluidos aquellos de mayor riesgo. En pacientes con CaP localizado, la PR no se asoció significativamente con mortalidad por todas las causas o mortalidad cáncer específica en comparación con observación. En pacientes con CaP M0, TDA combinado con ABI + P se asoció significativamente con mayores tasas de SG y SLP que TDA solo. En pacientes con CPRCm tratados previamente con abiraterona en tratamiento con enzalutamida permaneció activo.

© 2018 AEU. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

The OncoUrology Forum (OncoForum) has been, in recent years, a tool for professionals to keep up to date in Onco-Urology, a fact that has been made difficult by the daily care burden and the high number of congresses held. This meeting reviews highlights from the major Urology and Oncology congresses and publications with the greatest impact in the calendar year of the meeting.

The format accompanies the speaker with the figure of a discussant who dynamises the session, enriching the scientific program and the interaction between speakers and attendees.

Objective

To report the most significant advances in prostate, renal and bladder cancer at the major annual meetings of Urology and Oncology.¹⁻³ The present review is for the year 2017.

Evidence acquisition

The abstracts on prostate (PCa), renal and bladder cancer presented at the congresses of the European Association of Urology (EAU), American Society of Radiation Oncology (ASTRO), American Urological Association (AUA), European Society for Medical Oncology (ESMO) and American Society of Clinical Oncology (ASCO) and the publications with the greatest impact of 2017 and with the best evaluation by the committee are collected.

Synthesis of the evidence

Kidney cancer

In a subgroup analysis of the S-TRAC study, patients with kidney cancer at high risk of recurrence after nephrectomy were randomized to either sunitinib ($n = 309$) or placebo ($n = 306$); 97 (31%) patients with sunitinib and 122 (40%)

Download English Version:

<https://daneshyari.com/en/article/11016979>

Download Persian Version:

<https://daneshyari.com/article/11016979>

[Daneshyari.com](https://daneshyari.com)