



SPECIAL ARTICLE

Developments in urologic oncology 'OncoForum': The best of 2014[☆]



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Abstract

Objective: To review the latest evidence on the oncologic urology of prostate, renal and bladder tumors, analyzing their impact on daily clinical practice and the future medium to long-term regimens.

Methods: We review the abstracts on prostate, renal and bladder cancer presented at the 2014 congresses (European Association of Urology, American Urological Association, American Society of Clinical Oncology and American Society for Radiation Oncology) that received the best evaluations by the OncoForum committee.

Results: The committee considered the following messages important: cytoreductive nephrectomy followed by treatment with a tyrosine-kinase inhibitor can significantly increase the overall survival of patients with metastatic renal cancer; for advanced bladder cancer, early adjuvant chemotherapy after cystectomy is preferable because it significantly increases progression-free survival; and several studies have shown that multiparametric magnetic resonance imaging and fusion imaging improve the diagnosis of prostate cancer and provide greater possibilities for placing patients in the appropriate risk group in order to offer them the best treatment possible. The results of the PREVAIL study have demonstrated the efficacy of enzalutamide on the overall survival of men with castration-resistant prostate cancer and metastases, with no prior chemotherapy. The study also demonstrated the drug's favorable safety profile.

Conclusions: Progress is continuing in renal and bladder cancer, improving the approach and clinical results with current therapeutic options. There is constant progress in castration-resistant prostate cancer; in 2014, prechemotherapy treatments were consolidated.

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PALABRAS CLAVE

Cáncer de próstata;
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Cáncer renal;
Uro-oncología;
Onco-urología

Avances en uro-oncología «OncoForum»: lo mejor de 2014**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 de vejiga presentados en los congresos del año 2014 (EAU, AUA, ASCO y ASTRO) que recibieron mayor valoración por parte del comité del OncoForum.

Resultados: El comité consideró importantes los siguientes mensajes: en pacientes con cáncer renal metastásico, la nefrectomía citorreductora seguida de tratamiento con un inhibidor de tirosina cinasa puede aumentar significativamente la supervivencia global; en cáncer de vejiga avanzado es preferible la quimioterapia adyuvante de forma precoz tras la cistectomía, porque aumenta significativamente la supervivencia libre de progresión; en cáncer de próstata, varios estudios muestran que la resonancia magnética multiparamétrica y la fusión de imágenes mejoran el diagnóstico y proporcionan mayores posibilidades de ajustar a los pacientes en el grupo de riesgo adecuado para ofrecerles el mejor tratamiento posible. Los resultados del estudio PREVAIL han demostrado la eficacia de enzalutamida sobre la supervivencia global en varones con cáncer de próstata resistente a la castración sin tratamiento previo con quimioterapia, con metástasis con un perfil de seguridad favorable.

Conclusiones: En cáncer renal y de vejiga se continúa avanzando para mejorar el abordaje y los resultados clínicos con las opciones terapéuticas actuales. En cáncer de próstata resistente a castración existe una constante evolución, y en el año 2014 se han consolidado tratamientos previos a la quimioterapia.

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Context

The OncoUrology Forum (OncoForum) has been, over the last 5 years, a tool enabling professionals to keep up to date within the onco-urology field, an extremely difficult task due to the care load day to day and the high number of conventions being held. At this meeting, the highlight of the major Urology and Oncology conferences held in the same calendar year was reviewed.

Thus, the scientific value of the OncoForum precisely lies in its capacity for synthesis over the critical analysis of the most important breakthroughs presented in the scientific meetings of greatest impact and over their implementation in clinical healthcare practice. Open debate during the presentations at each session along with the figure of a moderator provide an added value to the presentations, favored by the interactivity established between the audience and the speakers.

Objectives

To report the most outstanding advances in prostate (PCa), kidney and bladder cancer presented at the major Urology and Oncology meetings on an annual basis.¹⁻³ The current review concerns the year 2014.

Evidence acquisition

This report includes the summaries on prostate, kidney and bladder cancer presented at the congresses of the *European*

Association of Urology (EAU), the *American Society of Radiation Oncology (ASTRO)*, the *American Urological Association (AUA)* and the *American Society of Clinical Oncology (ASCO)* held in 2014 and which were highly valued by the committee.

Evidence synthesis**Kidney cancer**

An analysis of the Surveillance, Epidemiology and End Results (SEER) database presented at the AUA congress showed an increase in the incidence of renal cancer from 11.6% to 17% between the years 1990–2010. However, despite this rising incidence, mortality from kidney cancer decreased over the same period.⁴

Active surveillance has proven to be a safe practice, even in patients younger than 70 years. In an analysis of a prospective, multicenter registry including 438 patients with small renal masses (≤ 4 cm), 177 patients were included in active surveillance programs. Only 21 of them were operated on due to a renal mass growth rate of more than 0.25 cm per year or because the mass exceeded 4 cm in size, with no patient developing metastasis during a follow-up period of 4.8 years.⁵

Regarding kidney cancer surgery, an analysis of the *Canadian Kidney Cancer Information System (CKCIS)* database, which includes 1066 patients who underwent partial nephrectomy, showed that the presence of positive surgical margins is more common at stages >pT3 and Fuhrman grade 4, and that prognosis is not determined by their occurrence.

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