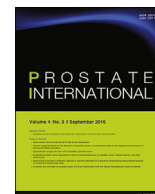




Contents lists available at ScienceDirect

Prostate International

journal homepage: <http://p-international.com>

Original Article

Asia prostate cancer study (A-CaP Study) launch symposium



Hideyuki Akaza^{1,*}, Yoshihiko Hirao², Choung-Soo Kim³, Mototsugu Oya⁴, Seiichiro Ozono⁵, Dingwei Ye⁶, Matthew Cooperberg⁷, Shiro Hinotsu⁸, Ji Youl Lee⁹, Gang Zhu¹⁰, Mikio Namiki¹¹, Shigeo Horie¹², Byung Ha Chung¹³, Chung-Hsin Chen¹⁴, Ng Chi Fai¹⁵, Lukman Hakim¹⁶, Edmund Chiong¹⁷, Jason Letran¹⁸, Rainy Umbas¹⁹, Kazuhiro Suzuki²⁰, Kazuo Nishimura²¹, Teng Aik Ong²², Bannakij Lojanapiwat²³, Tong-lin Wu²⁴, Wun-Jae Kim²⁵, Declan Murphy²⁶, Osamu Ogawa²⁷, Peter Carroll⁷, Seiji Naito²⁸, Taiji Tsukamoto²⁹

¹ Graduate School of Interdisciplinary Information Studies, The University of Tokyo, Japan² Osaka Gyoumeikan Hospital, Japan³ Asan Medical Center, South Korea⁴ Keio University School of Medicine, Japan⁵ Hamamatsu University School of Medicine, Japan⁶ Fudan University Shanghai Cancer Center, China⁷ University of California San Francisco, United States⁸ Okayama University Hospital, Japan⁹ St. Mary's Hospital, The Catholic University of Korea, South Korea¹⁰ Beijing United Family Hospital and Clinics, China¹¹ Graduate School of Medical Science, Kanazawa University, Japan¹² Juntendo University Graduate School of Medicine, Japan¹³ Yonsei University College of Medicine, South Korea¹⁴ National Taiwan University Hospital, Taiwan¹⁵ Division of Urology, The Chinese University of Hong Kong, Hong Kong¹⁶ Department of Urology, Airlangga University/Dr. Soetomo General Hospital, Surabaya, Indonesia¹⁷ National University Health System, Singapore¹⁸ Cardinal Santos Medical Center, The Philippines¹⁹ Faculty of Medicine, University of Indonesia, Indonesia²⁰ Gunma University School of Medicine, Japan²¹ Osaka Medical Center for Cancer & Cardiovascular Diseases, Japan²² Faculty of Medicine, University of Malaya, Malaysia²³ Faculty of Medicine, Chiang Mai University, Thailand²⁴ Kaohsiung Veterans General Hospital, Taiwan²⁵ Chungbuk National Medical University Hospital, South Korea²⁶ Peter MacCallum Cancer Centre, Australia²⁷ Graduate School of Medicine, Kyoto University, Japan²⁸ Harasanshin Hospital, Japan²⁹ School of Medicine, Sapporo Medical University, Japan

ARTICLE INFO

Article history:

Received 15 February 2016

Accepted 3 March 2016

Available online 10 March 2016

Keywords:

Asian Cancer

Database

ABSTRACT

The Asian Prostate Cancer (A-CaP) Study is an Asia-wide initiative that has been developed over the course of 2 years. The A-CaP Study is scheduled to begin in 2016, when each participating country or region will begin registration of newly diagnosed prostate cancer patients and conduct prognosis investigations. From the data gathered, common research themes will be identified, such as comparisons among Asian countries of background factors in newly diagnosed prostate cancer patients. This is the first Asia-wide study of prostate cancer and has developed from single country research efforts in this field, including in Japan and Korea. The inaugural Board Meeting of A-CaP was held on December 11, 2015

* Corresponding author. Strategic Investigation on Comprehensive Cancer Network, Interfaculty Initiative in Information Studies/Graduate School of Interdisciplinary Information Studies, The University of Tokyo, 4-6-1 Komaba, Meguro-ku, Tokyo 153-8904, Japan.

E-mail address: akazah@med.rcast.u-tokyo.ac.jp (H. Akaza).

Prospective Study
Prostate Cancer

at the Research Center for Advanced Science and Technology, The University of Tokyo, attended by representatives of all participating countries and regions, who signed a memorandum of understanding concerning registration for A-CaP. Following the Board Meeting an A-CaP Launch Symposium was held. The symposium was attended by representatives of countries and regions participating in A-CaP, who gave presentations. Presentations and a keynote address were also delivered by representatives of the University of California San Francisco, USA, and the Peter MacCallum Cancer Centre, Australia, who provided insight and experience on similar databases compiled in their respective countries.

Copyright © 2016 Asian Pacific Prostate Society, Published by Elsevier. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

The Asian Prostate Cancer (A-CaP) Launch Symposium took place from 13:00 to 18:00 on December 11, 2015, at the Research Center for Advanced Science and Technology, The University of Tokyo and was attended by all members who had attended the prior Board Meeting, from 10 countries and regions in Asia (China, Hong Kong, Indonesia, Japan, Korea, Malaysia, Philippines, Singapore, Taiwan, Thailand) and representatives of the University of California San Francisco (USA) and the Peter MacCallum Cancer Centre (Australia). The aim of the symposium was to mark the launch of the A-CaP Study by providing an overview of the present status of prostate cancer databases in Asia and discussing how each country or region would proceed with the A-CaP Study. Participants from the USA and Australia provided information on similar databases in their respective countries [Cancer of the Prostate Strategic Urologic Research Endeavor (CaPSURE) and the Victorian Prostate Cancer Registry (V-PCR)]. The following is a summary of the proceedings of the symposium.

2. Opening remarks

Hideyuki Akaza (Department of Strategic Investigation on Comprehensive Cancer Network, The University of Tokyo) expressed his pleasure to be able to welcome participants from 10 Asian countries, as well as from Australia and the USA. He noted a brief history of the collaboration of Japan (J-CaP), Korea (K-CaP), China (C-CaP), and CaPSURE.¹

Yoshihiko Hirao (Osaka Gyoumeikan Hospital) expressed his pleasure to be able to hold this launch symposium at the University of Tokyo. He explained that from 2 years earlier, efforts had been advanced towards the initiations of an Asian-wide collaborative study. One of the key issues was acquiring financial support and Yoshihiko Hirao expressed his appreciation to Hideyuki Akaza for working to amass funding. He expressed the hope that the meeting would be fruitful and would mark a good start for A-CaP.

Choung-Soo Kim (Urology Cancer Center, Asan Medical Center) thanked Hideyuki Akaza for his preparations for the launch of A-CaP, noting that he has been a key figure in working to highlight the differences in cancer between Asia and western countries. One of the key activities of A-CaP will be to create an Asia-wide database and encourage more and more institutions across Asia to contribute to a database. Another key issue for the future will be to give consideration to how best use the Asian database. Although there are still many challenges ahead, A-CaP is a most promising project and the Korean side is ready to contribute fully to the advancement of the A-CaP study and development of a database.

3. Seminar I: Present status of prostate cancer database study

Mototsugu Oya (Department of Urology, Keio University School of Medicine), Dingwei Ye (Department of Urology, Fudan University Shanghai Cancer Center), and Seichiro Ozono (Department of

Urology, Hamamatsu University School of Medicine) chaired Seminar 1.

3.1. Keynote speech: New findings from CaPSURE and introduction to AQUA

Matthew Cooperberg (Departments of Urology and Epidemiology & Biostatistics, School of Medicine, University of California San Francisco) noted that the collaboration between CaPSURE and J-CaP has been most rewarding and A-CaP promises to be a paradigm-changing study.

In the USA, as in other western countries, there is an ongoing drop in cancer mortality. The prostate cancer mortality rate has fallen by half since the 1990s. However, across the world, cases are still increasing, with 307,500 men dying from prostate cancer each year, the fifth most common cancer.

In terms of practice patterns in the CaPSURE register, data are abstracted from CaPSURE, a national registry of men with prostate cancer treated at up to 40 clinical practice sites, largely community-based, across the USA. CaPSURE has included people with localized disease since 1990, who have received treatment with radical prostatectomy (RP), external-beam radiation therapy (EBRT), brachytherapy, cryotherapy, watchful waiting (WW), active surveillance (AS), or primary androgen deprivation therapy (ADT). Risk stratification is implemented via a well-validated Cancer of the Prostate Risk Assessment (CAPRA) score. In terms of risk distribution over time, some of the first papers documented risk migration. Since the pre-prostate specific antigen (PSA) era, the risk has plummeted and since the 2000s risk migration has stopped and maintained at a steady rate. Surveillance is increasing in the real world and from the dawn of the PSA era the rate of AS/WW has increased significantly. The other trend is in the category of treatment of men with high-risk disease. A majority of men now receive RP.

In terms of trends for men older than 75 years there is still a tendency towards under-treatment. In terms of variation in individual practices there has been variation since 2010 across practices. There is a new registry called MUSIC, which is a statewide registry in Michigan. The insurance company in Michigan has provided millions of dollars into this registry and they pay for a data collector in every institution. Across the whole state, 49% of patients receive active surveillance. This represents a paradigm change about how low risk disease is treated in the USA.

In terms of comparative studies, the results of ProtecT are awaited and the results of other nonrandomized studies have been issued recently. Very few studies have looked at brachytherapy. Unadjusted cancer-specific mortality outcomes show that it takes a very long period to identify outcomes. It takes 15–20 years to identify differences between treatment modalities. The 15-year cancer specific mortality rates by CAPRA score for various treatments show that people with low risk disease do not have many differences. However, people with high risk disease show a significant difference in predicted 15-year cancer-specific mortality

Download English Version:

<https://daneshyari.com/en/article/4274059>

Download Persian Version:

<https://daneshyari.com/article/4274059>

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