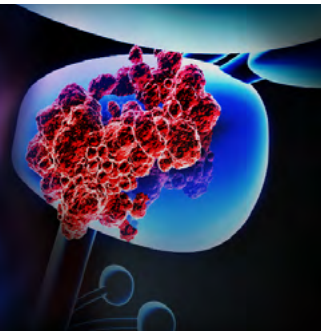
APCC 2023 Conference
Conference Review™



Making Education Easy

18-20 August, 2023

In this review:

Abbreviations used in this review:

ADT = androgen deprivation therapy; **EAU** = European Association of Urology; **ICG** = indocyanine green; **PSMA** = prostate-specific membrane antigen.

Welcome to our review of the 2023 APCC (Asia-Pacific Prostate Cancer) conference held in Cairns, Australia.

This year marked the 23rd annual APCC conference, which has now grown to become one of the largest prostate cancer meetings in the world. The programme welcomed both local and world leaders to explore the latest advances in detection and treatment, as well as the emergence of AI in robotic surgery. Here we discuss 10 presentations which were particularly interesting and relevant to local practice, including a pilot study which suggests that transperineal prostate biopsy under local anaesthetic in an outpatient setting is safe and tolerable, and a genomic analysis reveals that plasma circulating tumour DNA may provide insight into response to therapy and overall survival. In addition, a systematic review reports that robot-assisted prostatectomy with rectal cancer resection is a feasible procedure for dual pathology or invasive malignancy; collaborative approaches such as these can be life changing for patients by allowing one minimally invasive procedure.

We hope you find this conference review interesting and informative, and we look forward to reading your thoughts and feedback.

Kind Regards,

Professor Nathan Lawrentschuk
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Transperineal prostate biopsy under local anaesthetic in an outpatient setting: nursing considerations

Speaker: Mr Michael Cromer (Australian Prostate Centre, Melbourne, Australia)

Summary/comment: There is no doubt that transperineal prostate biopsy under local anaesthetic is the 'next frontier' in improving access to prostate biopsy services and reducing reliance on valuable operating theatre time and anaesthetic services. This type of data in the Australian setting is invaluable in understanding how we make such experiences comfortable for patients, but also reliable and pleasant for the clinical team performing the biopsy. Support from organisations is paramount. Importantly, almost all of the patients in this study would be prepared to have another procedure again under local anaesthetic - the real benchmark.

Predicting seminal vesicle invasion in prostate cancer patients undergoing robotic-assisted laparoscopic prostatectomy: the role of multiparametric MRI and PSMA-PET

Speaker: Dr Darshan Sitharthan (Surgical Outcomes Research Centre, Sydney, Australia)

Summary/comment: Predicting seminal vesicles invasion has proven to be tricky in many cases of prostate cancer. MRI was supposed to be the answer, as were some of the ultrasound variants - yes in some instances they do get it right. But, more subtle invasive elements, particularly when the seminal vesicular contour is left intact, can be tricky. The use of both MRI and PSMA PET-CT seems logical and does have merit - this trial helps us to at least understand where this technology may be taken. Generally, both modalities are better together as the PRIMARY trial demonstrated. Again, more sites would help us to better examine the role, but as we become more familiar with interrogating the prostate and seminal vesicles with PSMA there is no doubt that the accuracy will improve. The big question is, will it lead to better outcomes? And what does that really mean for patients? That is where the EAU stands - PSMA PET-CT is better for staging…but ignore it!

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Monitoring circulating tumor DNA (ctDNA) to determine clinical outcomes from [^{177}Lu]LuPSMA-617 in metastatic castration-resistant prostate cancer (mCRPC)

Speaker: Dr Heidi Fettke (Peter MacCallum Cancer Centre, Melbourne, Australia)

Summary/comment: Circulating tumour DNA has been much talked about in research medicine but little used in clinical medicine, with the translation not always appearing to make it across. Indeed, some groups in Australia have used circulating tumour DNA levels unconventionally and with little evidence to diagnose prostate cancer in men and measure effectiveness of alternative interventions - sometimes with devastating consequences. In this study we see a clinical example that may actually translate into practice - this involves the use of lutetium-based PSMA radionuclide therapies and measuring circulating tumour DNA as a measure of response to therapy. Importantly, undetectable circulating tumour DNA levels appear to correlate with improved survival. So, we may now have a useful test for response measurement, and hopefully prognostication.

Minimal change to patient-reported function following focal low-dose-rate (LDR) brachytherapy for intermediate-risk prostate cancer

Speaker: Mr Timothy Harkin (Monash University, Melbourne, Australia)

Summary/comment: Focal therapy has become an option that is more studied in recent times. Focal brachytherapy forms one element of the different modalities. The systems are also in place to map out the regions of interest and create individualised plans for targeting the index lesion in select men. The challenge will be who and when to salvage, and could "undertreatment" at the penumbra be a catalyst for higher-grade disease? Such questions will hopefully be answered as registries and trials move forward - but at least we can rest on the fact that the disruption to patients' quality of life is minimal - the very point of minimally invasive approaches. Finally, urologists need to maintain collaboration with radiation oncologists to push the boundaries of care.

Simultaneous robot-assisted prostatectomy with rectal resection – a systematic review

Speaker: Mr Harry Collin (Royal Brisbane & Women's Hospital, Brisbane, Australia)

Summary/comment: Combined robotic procedures with colorectal (and other) surgeons have become more commonplace in the past 5 years as robotic pelvic exenteration has been more commonly performed. More specific procedures such as combined rectal cancer with radical prostatectomy are less common, but are becoming again more realistic as we harness the robotic potential in the confined space of the pelvis. Rather than operating in different silos, working together expands our knowledge of surgical anatomy and can be life-changing for patients where one minimally invasive procedure can replace an extremely large one - or even one that used to be done in stages. We can also expand pelvic lymphadenectomy and use tools such as ICG dye to identify and preserve ureters and their blood supply. The future does look up for such collaborative work.

Developing a Prostate Cancer Treatment Outcomes Report Card for consumers

Speaker: Dr Tenaw Tiruye (University of South Australia, Adelaide, Australia)

Summary/comment: The Report Cards for Prostate Cancer decision aids are interesting - they certainly do add value. As a resource, they are comprehensive. The infographics are informative and educational. It is also fascinating to see "baseline" levels of erectile dysfunction in the different treatment groups (surgery versus radiation). Having gone to the source documents, the one concern is that although active surveillance is mentioned, it really should have its own page. Yes, active surveillance is acknowledged and the prostate cancer outcomes report card of course can be modified over time, but many men may feel it is not an equivalent "treatment". We need as much as possible to "normalise" the active surveillance approach - especially with the tools we now have available with MRI and increasingly, PSMA PET-CT. This allows us to advocate more heavily for screening. This appears to be South Australia-specific, and one wonders if it could be done nationally or even state by state? That would be extremely useful.

First in-class *TRPV6* inhibitors for the treatment of prostate cancer

Speaker: Dr Mei Chun Yeh (Australian Prostate Cancer Research Centre, Brisbane, Australia)

Summary/comment: New targets for prostate cancer treatment are required and inevitable. This is sometimes forgotten as new drug classes become more commonplace with alternatives such as we have seen in recent years. This new target *TRPV6* appears over-expressed in prostate cancer and open to exploitation. The *TRPV6* gene encodes a member of a family of multipass membrane proteins that effectively functions as calcium channels. A blocking agent of this, QED-203, appears to perform well in animal models. Indeed, it appears as efficacious as enzalutamide - at least in such models. Of course, there is a long way to go but we need such studies to progress the field further. Basic science always has to start and often lead the way.

A historical perspective of the original publications on the pioneering techniques in prostate surgery

Speaker: Assoc Prof Niall Corcoran (The Royal Melbourne Hospital, Melbourne, Australia)

Summary/comment: Before the new surgical techniques came along for radical prostatectomy, there were pioneers who were brave and bold who developed ways to deal with prostates surgically that we should understand - because to understand the future we must respect the past. From endoscopic to open to laparoscopic to robotic-assisted laparoscopic, there has been an evolution - not just because of the tools available but because of our understanding of the surgical anatomy. The challenge now is to keep some of the open and laparoscopic skills alive, because not everyone will be able to have a robotic approach. The other looming challenge is to evolve surgery further with more precision and even fewer side effects. More prospective trials and quality of life data will be the answer.

The perception of and access to nutrition services for men with prostate cancer treated with androgen deprivation therapy

Speaker: Dr Brenton Baguley (Deakin University, Melbourne, Australia)

Summary/comment: We now recognise that androgen deprivation therapy (ADT) creates a secondary disease that can be difficult to address in some men. Although our understanding on the cardiovascular system and the skeletal system are understood as well as brain function, the effects on nutrition beyond putting on weight have been less well understood and documented. This paper highlights such deficits and reminds us that without intervention, side effects will be inevitable and although not preventable, can be minimised - hence the popularity of "Men's endocrine clinics" in the first place to help balance ADT side effects. Nutrition is another aspect that needs to be added into the mix.

Development and outcomes of Australia's only tele-based prostate cancer specific counselling service

Speaker: Mr Bernie Riley (Prostate Cancer Foundation of Australia, Sydney, Australia)

Summary/comment: Psychological services that are prostate cancer-specific are not always accessible to men - particularly in regional or remote areas. A specific demand online "Telehealth" service on the back of the tide of what arose during COVID-19 is a welcome initiative. Impressively, this service had wide reach and excellent impact across multiple domains. This paper demonstrates that such services are possible and needed, and we hope they can be replicated elsewhere in our region. This type of paper reminds us to offer such types of services to all men diagnosed with prostate cancer.

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Independent commentary by Professor Nathan Lawrentschuk

Nathan has appointments at the University of Melbourne, Department of Surgery as a full Professor and is Director of Urology at the Royal Melbourne Hospital. He is the founding Director of the EJ Whitten Prostate Cancer Research Centre at Epworth Hospital, Melbourne. Nathan is also a consultant uro-oncologist at the Department of Surgical Oncology at Peter MacCallum Cancer Centre. Nathan has written over 500 peer-reviewed full journal article publications and 15 book chapters and reviews for over 30 scientific journals.

Nathan is the BJUI USANZ supplement Editor and is on the editorial board of Nature Reviews Urology. He is also previous Vice-Chairman of WUOF (World Urologic Oncology Foundation) and remains active in many international meetings.