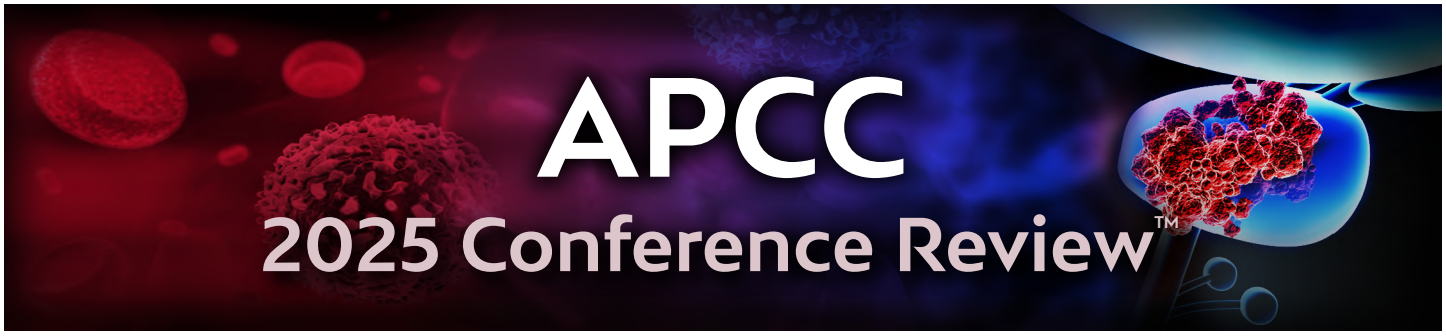


Making Education Easy

21-23 August 2025, Sydney, Australia

## In this review:



### Abbreviations used in this review:

**ADT** = androgen deprivation therapy; **ARPI** = androgen receptor pathway inhibitor; **BMI** = body mass index; **HRQoL** = health-related quality of life; **IRR** = incidence rate ratio; **mCRPC** = metastatic castration-resistant prostate cancer; **MRI** = magnetic resonance imaging; **ORR** = objective response rate; **OS** = overall survival; **PET** = positron emission tomography; **PFS** = progression-free survival; **PSA** = prostate-specific antigen; **PSMA** = prostate-specific membrane antigen; **RALP** = robotic-assisted laparoscopic prostatectomy; **RARP** = robot-assisted radical prostatectomy; **rPFS** = radiographic progression-free survival; **TURP** = transurethral resection of the prostate.



# Welcome to the 25th Asia-Pacific Prostate Cancer Conference (APCC), held this year in Sydney. The meeting was set off in style with the inspiring Patrick C Walsh Lecture, delivered by Professor David Penson, which set the tone for two outstanding days of learning and debate. Over the course of the program, international speakers, seamlessly complemented by our local experts, covered almost every aspect of prostate cancer. The quality of presentations was exceptional, balancing rigorous data with forward-looking insights that gave us all a glimpse into the future of prostate cancer care. Robust but respectful debates between opposing viewpoints added great value, equipping the audience with nuanced perspectives to guide patient discussions.

The Day 2 Multidisciplinary Plenary was particularly memorable for its focus on survivorship. Professor Penson highlighted the critical role of patient-reported outcomes in trials and registries, while Professor Reiter explored the evolving role of imaging in focal therapy. A/Professor Matthew, who heroically joined us virtually after being stranded in Canada by airline strikes, provided valuable insights into the impact of ADT on quality of life. Professor van der Poel outlined the latest and emerging data on neoadjuvant therapy, and Professor J Smith captivated the audience with a thought-provoking reflection on medical literature and its intersection with society.

Throughout the meeting, Professor Arvin George enriched discussions with his expertise on focal therapy and MRI quality, offering expert commentary across multiple sessions. Professor Tobias Maurer shared exciting advances in PET imaging and salvage treatment strategies, while Professor Youness Ahallal provided a fascinating look at the future of robotic platforms and telesurgery. Professor Andrew Loblaw presented elegantly on the high-quality data in standard of care scenarios and the emerging role of radiation across disease settings. Dr Ryan Nelson gave a glimpse of the future with his demonstration of the Intuitive SP robot, and Professor Jim Porter delivered outstanding surgical video demonstrations on radical prostatectomy and insights from his broad experience with multiple robotic platforms.

Dr Matthew Roberts attended the conference and has selected 10 presentations from the meeting for comment that he believes will be of particular interest to local clinicians. Himself and colleagues are sincerely grateful to all of the international faculty for the time, effort, and expertise they shared. Their contributions not only elevated the quality of the meeting, but also inspired fresh thinking, strengthened collaborations, and underscored the global commitment to advancing prostate cancer care.

We hope you enjoy these selections and look forward to your comments and feedback.

Kind Regards,

**Dr Janette Tenne**
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## ProstACT Global: A phase 3 study of Lutetium (Lu177) rosopatamab tetraxetan plus standard of care vs standard of care alone in patients with metastatic castration-resistant prostate cancer

**Authors:** Wong V et al.

**Summary:** This multinational, prospective, randomised, open-label phase III study examining the use of $^{177}$Lu-rosopatamab tetraxetan is enrolling patients with PSMA-positive mCRPC who had previously received a first ARPI for a minimum of 12 weeks prior, but experienced disease progression. Part 1 is a dosimetry and safety lead-in with three groups (each n = 10) receiving two single intravenous injections of $^{177}$Lu-rosopatamab 76 millicurie, 14 days apart with standard of care therapies (abiraterone, enzalutamide, or docetaxel) to assess biodistribution and safety of $^{177}$Lu-rosopatamab plus standard of care combinations, while part 2 will enrol 490 patients for treatment randomised 2:1 to standard of care with or without two injections of $^{177}$Lu-rosopatamab 14 days apart. The primary endpoint is rPFS with OS as a key secondary endpoint. Other endpoints include 5-year OS, tumour ORR, time to symptomatic skeletal event, and HRQoL.

**Comment:** The evolution of PSMA-targeted therapies continues to reshape the mCRPC landscape, and this phase III trial of $^{177}$Lu-rosopatamab, a radio-antibody drug conjugate, with established systemic therapies is elegant and patient-centred. Importantly, the trial design is pragmatic, integrating real-world standards of care such as ARPIs and docetaxel, while asking the key question of whether layering this agent improves rPFS and OS. What is notable is the limited exposure, just two doses, suggesting a potential for durable impact without excessive cumulative toxicity. While not specifically outlined, we hope that extensive patient-reported outcome measures are being collected as these have been shown to be particularly important for treatments in this advanced stage of prostate cancer. Although results are awaited, the study reflects the confidence the field now has in PSMA as a validated therapeutic target. The challenge will be in demonstrating added benefit beyond already effective ARPI-based sequences and comparison with other radioligand studies, but if positive, this could mark another milestone in radioligand therapy.

## A randomised controlled trial investigating the feasibility of electroacupuncture in the treatment of erectile dysfunction post robotic assisted laparoscopic prostatectomy

**Authors:** Wong E et al.

**Summary:** This multi-surgeon, randomised controlled trial examined the feasibility of electroacupuncture (10 sessions over 8 weeks; n = 24) versus standard care (n = 21) to support erectile function recovery after RALP. Analysis of covariance of the baseline adjusted Expanded Prostate Cancer Index Composite questionnaire sexual domain, found no difference between electroacupuncture and standard care at 4 or 8 weeks. However, paired t-tests suggested within-group improvement in electroacupuncture recipients at 4 weeks ($p = 0.01$) and 8 weeks ($p = 0.002$), unlike SC recipients. Erection Hardness Score also improved in electroacupuncture recipients from baseline to 8 weeks ($p = 0.05$), but not in standard care recipients.

**Comment:** Erectile dysfunction after radical prostatectomy remains highly problematic and an unmet need for patients and surgeons alike, with only modest advances in rehabilitation strategies over the past two decades. This randomised trial testing electroacupuncture is both intriguing and timely. While feasibility was the primary aim, and successfully demonstrated, the signals of within-group benefit in sexual function domains are encouraging, particularly given the lack of progress with pharmacologic or device-based approaches alone. The absence of significant differences between groups underscores the challenges of small sample size and placebo effect in this space, yet the fact that patients in the electroacupuncture arm experienced measurable improvement warrants further exploration. As with any novel rehabilitation strategy, replication in larger, well-powered studies is essential, but this trial reopens the conversation on how integrative therapies might play a role in improving quality of life after prostate cancer surgery.

## Robotic-assisted radical prostatectomy in patients aged 80 years and over: A single centre experience

**Authors:** Shi W et al.

**Summary:** This retrospective review of cases from three highly experienced robotic urological surgeons used a prospectively maintained surgical database including 30 patients with a mean age at surgery of 82.6 years who underwent RARP (10 with Gleason pattern 3+4=7 disease, 5 with Gleason pattern 4+3=7 disease, 5 with Gleason pattern 4+4=8 disease, 10 with Gleason pattern 4+5=9 disease). High-risk disease (D'Amico classification) was present in 67% of patients, and 53% had a T-stage of ≥T3. Mean operative time was 132 minutes, average estimated blood loss was 187 mL. Over 90 postoperative days, one Clavien–Dindo grade II and one grade III complications occurred. Thirteen patients had a Gleason score of 9, two had a Gleason score of 8, and 13 had a Gleason score of 7 on final pathology. Six patients had a positive surgical margin and 22 had a T-stage ≥T3. Median follow-up was 30.5 months; at the last follow-up, seven patients used one pad/day, six used more than two pads daily, and the mean PSA was 0.55 ng/mL. Tumour recurrence occurred in seven patients.

**Comment:** The question of surgical candidacy in octogenarians remains contentious, with concerns around frailty, recovery, and life expectancy often leading clinicians toward non-surgical pathways. However, this series provides reassuring data that RARP can be delivered safely in carefully selected men aged ≥80 and above. Operative times, blood loss, and complication rates appear consistent with younger cohorts, and continence and positive margin outcomes, while not perfect, are probably better than expected given the unexpectedly high-risk disease profile in two-thirds of patients. While selection bias is inevitable and numbers remain small, this study reminds us that chronological age alone should not preclude surgery. Instead, nuanced assessment of physiological reserve, cancer biology, and patient preference should guide decision-making, with robotic surgery offering a viable option even at the extremes of age.

## Artificial intelligence impact on decision-making regarding short-term ADT with prostate radiotherapy: ASTuTE clinical trial interim results

**Authors:** Ng M et al.

**Summary:** This prospective registry and multicentre trial assessed the effect of the ArteraAI-Prostate-Test (an AI-based biomarker) on treatment decisions among 200 men with intermediate-risk prostate cancer undergoing curative radiotherapy. The median 10-year risk for distant metastases was 2.6% among 150 patients with unfavourable intermediate risk (UIR; n = 150) and 1.7% among 50 patients with favourable intermediate risk (FIR) ($p < 0.001$) disease. Potential benefit of short-term ADT (ST-ADT) was seen in 30 (15%) patients, with similar rates in FIR (14%) and UIR (15%) patients. Seventy-four patients had a "YES" decision for ST-ADT before the biomarker test, and 52 of these were changed to "NO" after testing (70.3% change; $p < 0.001$). Among 126 patients who initially declined ST-ADT, only three changed their minds (2.4% change; $p < 0.001$). Overall, 85.5% of final decisions were aligned with the predictive biomarker, with a greater change among the UIR group (35%) versus the FIR group (4%; $p < 0.001$).

**Comment:** The integration of artificial intelligence into treatment decision-making is no longer theoretical, it is happening now. This prospective, real-world evaluation of the ArteraAI-Prostate-Test shows just how disruptive such tools can be in refining the use of ST-ADT for intermediate-risk prostate cancer. Strikingly, more than 70% of men initially recommended for ST-ADT were ultimately spared therapy following biomarker guidance, highlighting both the overuse risk of ADT and the potential for AI-driven personalisation to reduce toxicity without compromising efficacy. The alignment of final treatment decisions with the biomarker in more than 85% of cases suggests strong alignment of the platform with expert clinician assessment. While the data is still interim and longer-term oncological outcomes are awaited, this study exemplifies a paradigm shift: AI biomarkers are moving beyond validation into practice, with the promise of sparing men unnecessary side effects and healthcare systems unnecessary costs. Fittingly, this important work was recognised with the **A. J. Costello Award for Best Clinical Urology Abstract.**

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**Independent commentary by Associate Professor Matthew Roberts**

Matthew is a surgeon-scientist, working clinically as a urologist and robotic surgeon at RBWH & STARS with academic appointment as Associate Professor at the University of Queensland and Clinician Research Fellow at Metro North Health (Qld). He completed his PhD in 2017 investigating biomarkers for prostate cancer and now researches on novel imaging and biomarkers, clinical trials and innovation in urology. He has authored over 170 peer-reviewed manuscripts in international journals and presented research at more than 20 international urology and clinical cancer meetings. He is a member of the EAU Prostate Cancer Guidelines Committee, Co-Editor for the BJUI USANZ Supplement and was Co-Convenor of the ANZUP 2024 ASM.

## High-dose vitamin D supplementation and prostate cancer progression: A phase II randomised trial in localised prostate cancer cases with intermediate risk of progression (ProsD)

**Authors:** Nair-Shalliker V et al.

**Summary:** The ProsD double-blinded randomised phase-II trial examined the use of oral vitamin-D supplementation for the prevention of prostate cancer progression in 123 patients (mean age 66.5 years) on active surveillance. Baseline 25(OH)D levels were 72.0 and 66.4 nmol/L, and 91.9 and 60.4 nmol/L at 24 months in cholecalciferol (50,000 IU; Vitamin D) and placebo recipients, respectively. There was no difference in active therapy-free survival or PFS. Some cytokinesis-block micronucleus cytome markers for lymphocytic genome damage declined with the vitamin-D intervention.

**Comment:** Vitamin D has long been speculated to influence prostate cancer biology, with epidemiological associations and laboratory data hinting at potential protective effects. The ProsD phase II randomised trial is therefore a welcome attempt to rigorously test this hypothesis in the context of active surveillance. Despite achieving robust increases in serum vitamin D levels, supplementation failed to demonstrate any meaningful impact on active therapy-free survival or PFS, reaffirming that enthusiasm for simple interventions must always be tested in controlled settings. The observed reduction in genomic damage markers is biologically interesting, similarly for the influence of BMI on subgroup analysis, though their clinical relevance remains uncertain. For men on active surveillance, reassurance is needed that lifestyle and dietary modifications alone are unlikely to substitute for careful monitoring. This well-conducted study, though likely underpowered, suggests that vitamin D is safe, but it is not a strategy to delay disease progression in prostate cancer.

## The first Australian Urology nurse practitioner role including a prostate biopsy service: Feasibility and sustainability

**Authors:** Heath D & Mertens E

**Summary:** This report provides details of the development of a Nurse Practitioner (NP) Urology Role and Prostate Biopsy service developed in an Australian rural health setting including role feasibility and sustainability. A business case was submitted with support from the head of unit for the role, including conducting diagnostic endoscopy and prostate biopsy procedures. When the first NP transitioned to retirement, another urology NP was hired who commenced training to expand their scope. The first NP conducted 80 biopsies supervised by two urologists before all parties agreed that competency was reached. Since implementation, 571 patients have undergone prostate biopsy and insertion of fudicial seeds performed independently by the urology NP. The new NP has completed 28 prostate biopsies and is independent with cystoscopy and runs urology oncology phone clinics.

**Comment:** The expansion of NP roles in urology has been widely discussed, but this first Australian experience of NP-led prostate biopsy demonstrates both feasibility and sustainability in practice. Inspired by international models, the establishment of an NP-led prostate biopsy service in a rural setting has now delivered more than 570 procedures safely and independently, following structured training and supervision. Importantly, succession planning is already in place, ensuring continuity of service beyond individual practitioners. The significance of this initiative extends beyond technical competency; it directly addresses the challenges of workforce shortages in Australia and helps close the gap in access to timely prostate cancer diagnostics for regional patients. With thoughtful leadership, executive support, and training frameworks, NP-led services can play a pivotal role in delivering timely regional cancer care, and likely in metropolitan centres too, while relieving pressure on overstretched urology teams.

## Cystoscopic application of a haemostatic agent – RADA16 self-assembling peptide (Purastat®) for refractory haematuria from radiation cystitis: A novel surgical technique

**Authors:** Kam J et al.

**Summary:** This report describes initial experiences using cystoscopic application of a self-assembling peptide that forms a protein matrix for haemostasis, RADA16 (Purastat®), for radiation cystitis in 17 male patients (median age 75 years; 47% primary and 53% adjuvant/salvage treatment; median time from radiotherapy 7 years) with refractory haematuria who had failed standard management including hospital admission, bladder irrigation and/or endoscopic management with diathermy or laser. Prior to RADA16 treatment, five (33%) patients required blood transfusions, and one patient had 16 units transfused; seven (47%) patients had previous surgical intervention for haematuria. Fluid was evacuated from the bladder which was insufflated with $CO_2$ at a pressure of 8-15 $mmH_2O$ to visualise the radiation affected regions, followed by application of RADA16 via a ureteric catheter. After treatment, 14 patients had a reduction in haematuria at 6 weeks, with seven patients experiencing complete resolution of their haematuria. Clavien-Dindo 90-day complications were grade I retention (n = 1), grade II blood transfusion (n = 3), and grade II surgical intervention under general anaesthetic (n = 4); one patient required cystodiathermy for bleeding from the prostatic fossa from a concurrent TURP. Two patients required repeat RADA16 application, and one patient underwent salvage cystectomy.

**Comment:** Complications of prostate cancer treatment are under-appreciated by clinicians and patients. In particular, radiation cystitis remains one of the most challenging late complications of prostate cancer therapy, often leaving patients and clinicians with limited options once standard interventions fail. This initial experience with RADA16 (Purastat®), a self-assembling peptide with reported use in radiation proctitis (and used as a haemostatic agent intraoperatively), suggests a valuable new tool may be emerging. In a highly refractory cohort, more than 90% of men had a meaningful reduction in haematuria and nearly half achieved complete resolution, a remarkable outcome given the burden of transfusions and repeated hospitalisations prior to referral. The procedure is technically feasible within routine cystoscopic practice, although complication rates and the need for re-intervention highlight that this is not a cure-all. Still, for patients otherwise facing salvage cystectomy or ongoing morbidity, this represents an important step forward. Longer-term durability and comparative data are essential, but these early results are promising and justify further prospective evaluation.

## More than dispensing: The expanding role of clinical pharmacists in prostate cancer care

**Authors:** Cassandra CWT et al.

**Summary:** This report described a protocolised, pharmacist-led clinic established as an extension of the multidisciplinary cancer care team examining the value-added services provided. Overall, 57 patients made 215 visits to the clinic. The pharmacist optimised 40.3% of drug therapies and provided lifestyle modifications due to adverse events in 12.3% of patients. Four drug therapies were optimised due to new symptoms and suboptimal cancer control; while 33 (57.9%) drug interactions and non-adherence issues were identified and addressed.

**Comment:** As treatment for advanced prostate cancer grows more complex, the role of clinical pharmacists is becoming increasingly indispensable. This Singapore-based pharmacist-led clinic demonstrates how a protocolised approach can extend far beyond drug dispensing to deliver holistic, multidisciplinary care. Across 215 visits with 57 patients, pharmacists optimised over 40% of drug therapies and addressed nearly 60% of drug interactions or adherence issues, critical interventions that directly enhance treatment safety and efficacy. Importantly, the service also encompassed lifestyle modification, cardiovascular and bone health monitoring, financial counselling, vaccination reinforcement, and referral pathways, reflecting the breadth of pharmacist expertise in patient-centred care. With ageing populations and expanding medication lists, polypharmacy and toxicity management will only become more challenging, underscoring the scalability and relevance of this model. This work was fittingly recognised with the **Helen Crowe Award for Best Nursing and Allied Health Abstract**, highlighting the growing impact of pharmacists as key partners in prostate cancer care.

## Australian, multi-centre assessment of focal laser ablation with ProFocal® in localised prostate cancer

**Authors:** Y Bushati et al.

**Summary:** This Australian multicentre prospective study assessed real-world oncological outcomes in 87 patients (97 MRI-biopsy concordant lesions; median age 67 years, PSA 6.0 ng/mL, prostate volume 42 cc; MRI lesion volume 0.90 cc) undergoing focal laser ablation (FLA) with the ProFocal® device. All cases were day stay only procedures and median treatment duration was 57.4 minutes requiring a median of eight ablations at four locations. PSA showed a median reduction of 1.05 ng/mL at 3 months. Follow-up biopsies identified residual cancer (ISUP ≥2) in 17 patients; four patients also had ISUP ≥2 in outfield biopsies (overall treatment failure 15%).

**Comment:** Focal therapies are increasingly recognised as a middle ground between active surveillance and radical treatment, aiming to balance oncological control with preservation of quality of life. This multicentre Australian experience with the ProFocal® laser ablation device provides important real-world validation beyond the initial ProFocal® pivotal trial. In carefully selected patients with intermediate-risk, MRI-visible disease, treatment was consistently delivered as a day-only procedure, with median duration under one hour, highlighting both efficiency and patient convenience. Importantly, successful infield ablation was achieved in 85% of cases, with a modest PSA reduction supporting treatment effect. While residual cancer was still detected in 15% of patients, these outcomes are comparable to other focal modalities and underscore the importance of rigorous post-treatment biopsy protocols. The data reaffirm that focal laser ablation is a feasible and effective addition to the therapeutic armamentarium, though long-term durability and quality-of-life outcomes will be crucial to determine its ultimate role in routine prostate cancer care.

## Disparities in post-radiotherapy anorectal and urinary adverse effects

**Authors:** T Tiruye et al.

**Summary:** This South Australian retrospective (2001-21) study assessed socioeconomic and geographic disparity in post-radiotherapy procedures among 8344 men with prostate cancer receiving external beam radiotherapy. Overall, 15% of men underwent ≥1 post-radiotherapy procedure within 2 years. Rates of anorectal, urinary and overall procedures were 18, 66 and 81 per 1000-person years. Compared to the lowest socioeconomic quintile, the highest socioeconomic quintile had lower rates of overall (IRR 0.70; 95% CI 0.61-0.81), anorectal (IRR 0.32; 95% CI 0.20-0.52) and urinary (IRR 0.69; 95%CI 0.56-0.86) procedures. Non-metropolitan areas also had higher rates of anorectal procedures (IRR 1.36; 95% CI 1.05-1.77), further compounded by low socioeconomic advantage. Lower rates of post-radiotherapy procedures were associated with more recent radiotherapy.

**Comment:** As prostate cancer survival improves, attention is rightly shifting to the equity of survivorship outcomes. This large South Australian population-based study highlights the real-world burden of radiotherapy-related toxicity, with 15% of men requiring ≥1 anorectal or urinary procedure within 2 years of treatment. This equates to around 12% experiencing urinary procedures and 3% anorectal procedures, figures that feel uncomfortably high and point to the need for more systematic monitoring and quality control in radiotherapy delivery. Importantly, men in the lowest socioeconomic quintile experienced slightly higher rates of both urinary and anorectal procedures, while outcomes did not differ between metropolitan and non-metropolitan residents, suggesting that disadvantage rather than geography per se is the key driver. Likely mechanisms include higher baseline comorbidities, reduced access to early supportive care, and barriers to timely intervention when symptoms arise. Encouragingly, procedure rates have declined in more recent years, reflecting advances in radiotherapy techniques. Nonetheless, these findings emphasise that technological progress must be paired with equity-focused survivorship care and proactive follow-up for disadvantaged groups.

**APCC were delighted to announce the following winners of the Poster Awards:**

**Helen Crowe Abstract Award**
Dr Cassandra Chang, Singapore General Hospital. More Than Dispensing:The Expanding Role of Clinical Pharmacists in Prostate Cancer Care

**AJ Costello Abstract Award**
Professor Michael Ng, GenesisCare
Artificial intelligence impact on decision making regarding short term ADT prostate radiotherapy: ASTuTE trial interim results