

PRO STATE of the art

EUROPEAN
CONFERENCE



23rd, 24th January 2018

Trento, Italy Teatro Sociale

SCIENTIFIC COMMITTEE

Orazio Caffo - Trento, Italy

Giovanni Pappagallo - Milano, Italy



A CASE OF LOCALIZED, HIGH-RISK PROSTATE CANCER

Dr. Umberto Basso

U.O.C. Medical Oncology 1

Dept. Of Clinical and Experimental Medicine

Istituto Oncologico Veneto IOV IRCCS

Padova - Italy



Regione del Veneto

CLINICAL CASE: DIAGNOSIS & STAGING

BG, 71 years, Professor of Ingeneering, PS=0

Mild hypertension

Thyroidectomy for goiter

Benign prostatic hyperplasia (PSA around 3.5)

March 2017

PSA 4.59 (F/T 25.7%)

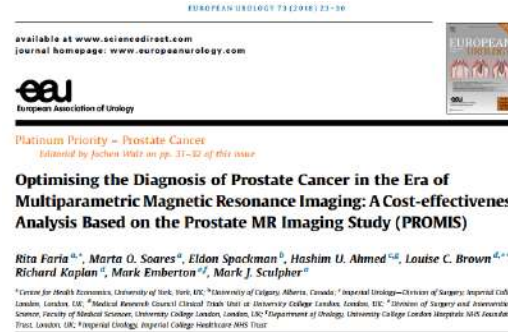
DRE: enlarged prostate, new hardness in the left lobe

What's next?

EVIDENCE FROM LITERATURE: MR of prostate

Is MR indicated before prostate biopsy?

Should MR-guided biopsy become the new standard?



Oncology

Interpreting Prostate Multiparametric Magnetic Resonance Imaging: Urologists' Guide Including Prostate Imaging Reporting and Data System

Daniel Christidis, Shannon McGrath, Barry Leaney, Richard O'Sullivan, and Nathan Lawrentschuk

OBJECTIVE

To review and explain the development of multiparametric MRI and its use in prostate cancer diagnosis while educating on the implication of certain radiological findings.

METHODS

The physics of magnetic resonance imaging is reviewed before the explanation of different phase technologies in "multiparametric" scanning. Sample images of the prostate are used to display phenomena described.

RESULTS

Modalities of multiparametric magnetic resonance imaging (mpMRI) of the prostate were reviewed and the interpretation of certain findings were displayed on sample images to educate clinicians about their presence and significance.

CONCLUSION

Diagnosis, biopsy targeting, surveillance, operative planning and staging has led to endorsement of mpMRI and it is imperative that treating urologists have an understanding of mpMRI to appreciate the power and limitations of its findings. UROLOGY 111: 136–139, 2018. © 2017 Elsevier Inc.

Radiology

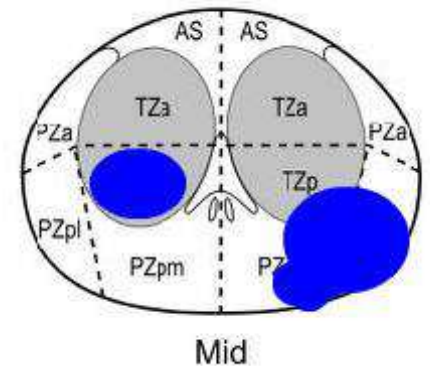
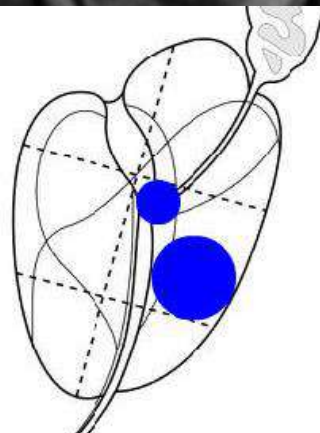
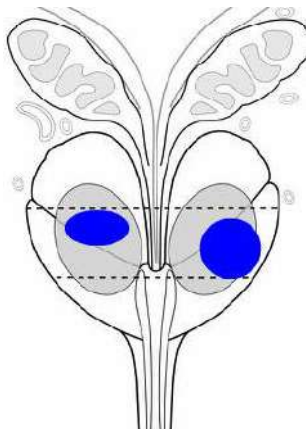
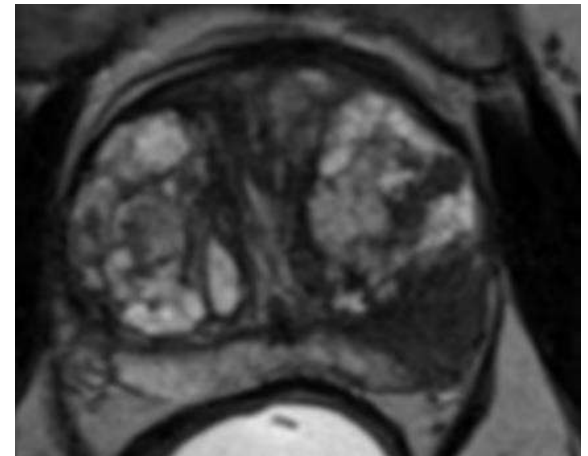
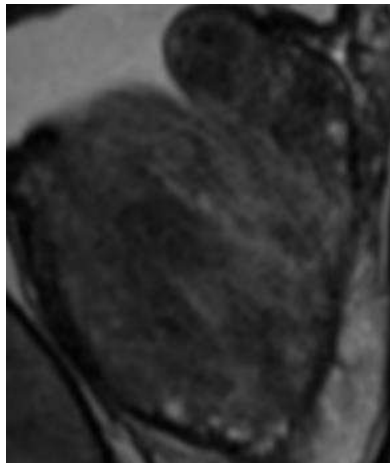
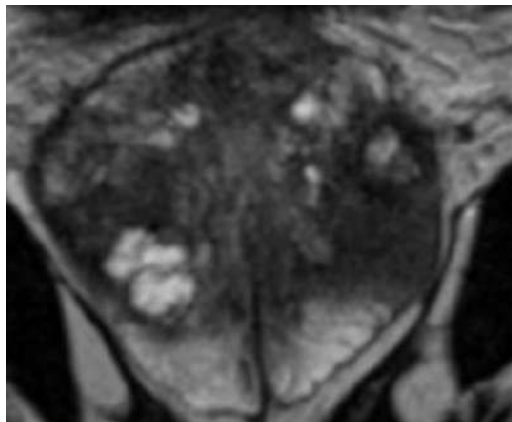
Sadhna Verma, MD
Peter L. Choyke, MD
Steven C. Eberhardt, MD
Aytekin Oto, MD
Care M. Tempany, MD
Baris Turkbey, MD
Andrew B. Rosenkrantz, MD

The Current State of MR Imaging–targeted Biopsy Techniques for Detection of Prostate Cancer¹

Systematic transrectal ultrasonography (US)–guided biopsy is the standard approach for histopathologic diagnosis of prostate cancer. However, this technique has multiple limitations because of its inability to accurately visualize and target prostate lesions. Multiparametric magnetic resonance (MR) imaging of the prostate is more reliably able to localize significant prostate cancer. Targeted prostate biopsy by using MR imaging may thus help to reduce false-negative results and improve risk assessment. Several commercial devices are now available for targeted prostate biopsy, including in-gantry MR imaging–targeted biopsy and real-time transrectal US-MR imaging fusion biopsy systems. This article reviews the current status of MR imaging–targeted biopsy platforms, including technical considerations, as well as advantages and challenges of each technique.

CLINICAL CASE: MR of the Prostate

April 2017: Multiparametric MR: left lateral-posterior nodule 24 mm with capsule involvement (P-RADS 5) + median nodule 19 mm (PI-RADS 3). No suspicious lymph-nodes in pelvis, no bone lesions in pelvic bones.



CLINICAL CASE: Prostate biopsy

1st June 2017: ultrasound-guided 12 core biopsies.

Three cores show adenocarcinoma Gleason 4+3

- paramedian left lobe
- paramedian right lobe
- transitional zone

D'Amico Risk Classification for Prostate Cancer ☆

Assesses 5 year risk of treatment failure based on clinical factors.

Pearls/Pitfalls ▾

PSA level	<10 ng/mL	+1
	10-20 ng/mL	+2
	>20 ng/mL	+3

Gleason Score	≤6 +1	7 +2	≥8 +3
-------------------------------	-------	-------------	-------

Clinical stage	T1-T2a +1	T2b +2	≥T2c +3
----------------	-----------	--------	----------------

High

Risk of recurrence:

>50% failure at 5 years post treatment.

What further staging?

EVIDENCE FROM LITERATURE: staging

Are CT scan + bone scintigraphy indicated?



High-risk localised PCa/High-risk locally advanced PCa	LE	GR
Use prostate mpMRI for local staging.	2b	A
Perform metastatic screening including at least cross-sectional abdominopelvic imaging and a bone-scan.	2a	A

Should PET/TAC become the new standard for staging?

Choline or PSMA?

EUROPEAN UROLOGY 70 (2016) 161–175

available at www.sciencedirect.com
journal homepage: www.europeanurology.com



Collaborative Review – Prostate Cancer

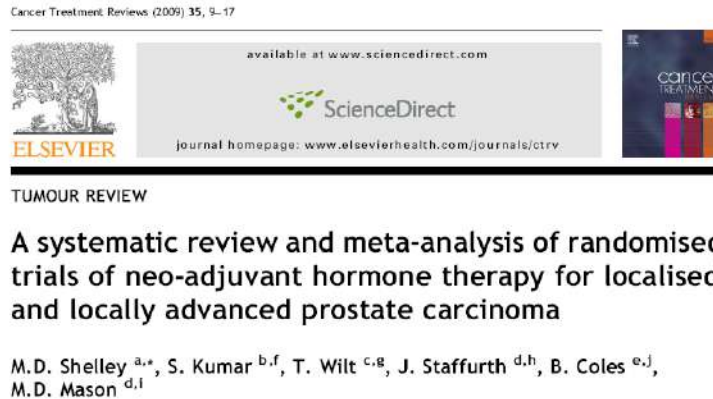
New Clinical Indications for $^{18}\text{F}/^{11}\text{C}$ -choline, New Tracers for Positron Emission Tomography and a Promising Hybrid Device for Prostate Cancer Staging: A Systematic Review of the Literature

Laura Evangelista^{a,*}, Alberto Briganti^b, Stefano Fanti^c, Stephen Joniau^d, Sven Reske^e, Riccardo Schiavina^f, Christian Stief^g, George N. Thalmann^h, Maria Picchioⁱ

^a Radiotherapy and Nuclear Medicine Unit, Veneto Institute of Oncology IOV-IRCCS, Padua, Italy; ^b Department of Urology, Vita-Salute University San Raffaele, Milan, Italy; ^c Service of Nuclear Medicine, Policlinico S. Orsola-Malpighi, University of Bologna, Bologna, Italy; ^d Department of Urology, University Hospital, Leuven, Belgium; ^e Klinik für Nuklearmedizin, Universität Ulm, Ulm, Germany; ^f Department of Urology, University of Bologna, S. Orsola-Malpighi Hospital, Italy; ^g Department of Urology, Ludwig-Maximilians-Universität Munich, Germany; ^h Department of Urology, University of Bern, Inselspital, Bern, Switzerland; ⁱ Nuclear Medicine Department, IRCCS San Raffaele Scientific Institute, Milan, Italy

EVIDENCE FROM LITERATURE: neoadjuvant therapy

Neo-adjuvant Endocrine therapy



Waiting for data with abiraterone and enzalutamide

Neo-adjuvant Docetaxel

Review Article

Neoadjuvant Chemotherapy prior to Radical Prostatectomy for Patients with High-Risk Prostate Cancer: A Systematic Review

Stavros Sfoungaristos, Vasileios Kourmpetis, Eleftherios Fokaefs, and Petros Perimenis

Department of Urology, Patras University Hospital, 26500 Patras, Greece

Correspondence should be addressed to Stavros Sfoungaristos; sfoungaristosst@gmail.com

Received 23 December 2012; Accepted 22 January 2013

Androgen deprivation therapy plus docetaxel and estramustine versus androgen deprivation therapy alone for high-risk localised prostate cancer (GETUG 12): a phase 3 randomised controlled trial

GETUG-12

Karim Fizazi, Laura Faivre, François Lesaunier, Remy Delva, Gwenaëlle Gravis, Frédéric Rolland, Frank Priou, Jean-Marc Ferrero, Nadine Houede, Loïc Mourey, Christine Theodore, Ivan Krakowski, Jean-François Berdah, Marjorie Baciuchka, Brigitte Laguerre, Aude Fléchon, Alain Ravaud, Isabelle Cojean-Zelek, Stéphane Oudard, Jean-Luc Labourey, Paule Chinet-Charrot, Eric Legouffe, Jean-Léon Lagrange, Claude Linossier, Gaël Deplanque, Philippe Beuzebec, Jean-Louis Davin, Anne-Laure Martin, Muriel Habibian, Agnès Laplanche, Stéphane Culine

**413 paz
High Risk**

Gleason score of 8 or greater, stage T3 or T4 disease, serum PSA concentration of 20 ng/mL or more, or pathological node-positive disease.

Staging

Lymphadenectomy

→ **random**

**ADT for 3 years + 4 cycles
DOCETAXEL /Estramustine**

ADT for 3 years

Local treatments within three months from systemic therapy

6% prostatectomy (only if N0)

87% radiotherapy (for N0 or N+)

Lancet Oncol 2015; 16: 787-94
Androgen deprivation therapy plus docetaxel and estramustine versus androgen deprivation therapy alone for high-risk localised prostate cancer (GETUG 12): a phase 3 randomised controlled trial

GETUG-12

Karim Fizazi, Laura Faivre, François Lesaunier, Reza Mirza, Loïc Mourey, Christine Theodore, Ivan Krakowski, Isabelle Cojean-Zelek, Stéphane Oudard, Jean-Louis Buvat, Gaël Deplanque, Philippe Beuzeboc, Jean-Louis Derozier

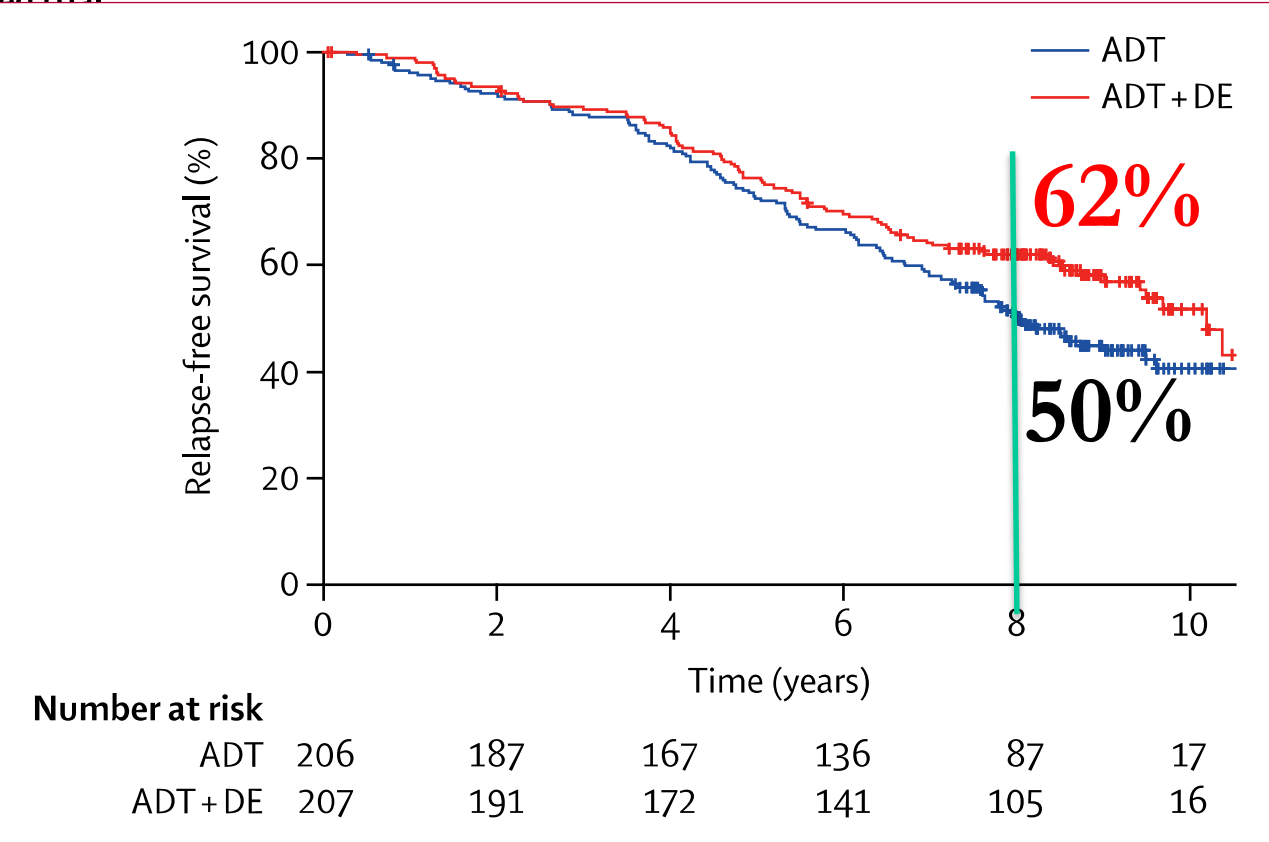


Figure 2: Relapse-free survival
 ADT=androgen deprivation therapy. DE=docetaxel and estramustine.

but...Cancer-specific mortality not improved (8 vs 11%)

EVIDENCE FROM LITERATURE: Robotic surgery

Robotic surgery also in high risk patients?

EUROPEAN UROLOGY 65 (2014) 918–927

available at www.sciencedirect.com
journal homepage: www.europeanurology.com



Platinum Priority – Review – Prostate Cancer
Editorial by Francesco Montorsi on pp. 928–930 of this issue

The Role of Robot-assisted Radical Prostatectomy and Pelvic Lymph Node Dissection in the Management of High-risk Prostate Cancer: A Systematic Review

Bertram Yuh^{a,*}, Walter Artibani^b, Axel Heidenreich^c, Simon Kimm^d, Mani Menon^e, Giacomo Novara^f, Ashutosh Tewari^g, Karim Touijer^d, Timothy Wilson^a, Kevin C. Zorn^h, Scott E. Eggenerⁱ

EUROPEAN UROLOGY 71 (2017) 249–256

available at www.sciencedirect.com
journal homepage: www.europeanurology.com



Surgery in Motion

Robot-assisted Radical Prostatectomy and Extended Pelvic Lymph Node Dissection in Patients with Locally-advanced Prostate Cancer

Giorgio Gandaglia^{a,b,c,*}, Elisa De Lorenzis^d, Giacomo Novara^e, Nicola Fossati^{a,b,c}, Ruben De Groot^e, Zach Dovey^c, Nazareno Suardi^{a,b}, Francesco Montorsi^{a,b}, Alberto Briganti^{a,b}, Bernardo Rocco^d, Alexandre Mottrie^c

Conclusions: RARP represents a well-standardized, safe, and oncological effective option in patients with locally advanced PCa. Pathologic stage, Gleason score, and positive margins should be considered to select patients for multimodal approaches.

SCANDINAVIAN
JOURNAL OF
UROLOGY

<http://informahealthcare.com/sju>
ISSN: 2168-1805 (print), 2168-1813 (electronic)

Scand J Urol, 2015; Early Online: 1–7
DOI: 10.3109/21681805.2015.1042038

informa
healthcare

ORIGINAL ARTICLE

A comparative study of erectile function and use of erectile aids in high-risk prostate cancer patients after robot-assisted laparoscopic prostatectomy

Marie Østby-Deglum¹, Bjørn Brennhovd², Karol Axcrona^{2,3}, Sophie D. Fosså^{4,5} and Alv A. Dahl^{4,5}

¹Student, Faculty of Medicine, University of Southern Denmark, Odense, Denmark, ²Department of Urology, Oslo University Hospital, Radiumhospitalet, Oslo, Norway, ³Department of Urology, St. Olav's University Hospital, Trondheim, Norway, ⁴National Advisory Unit for Late Effects after Cancer Therapy, Oslo University Hospital, Radiumhospitalet, Oslo, Norway, and ⁵Faculty of Medicine, University of Oslo, Oslo, Norway

Conclusions. Nearly half of the sample used erectile aids, which significantly increased the proportion with sufficient erection in all risk groups after RALP. With and without the use of erectile aids, the proportions of patients with sufficient erection were 30% or less, with non-significant differences between groups.

EVIDENCE FROM LITERATURE: Radiotherapy

Clinical Genitourinary Cancer, Vol. 15, No. 3, 376-83 © 2017
High-Risk Prostate Cancer and Radiotherapy: The Past and the Future. A Benchmark for a New Mixed Beam Radiotherapy Approach

Giulia Marvaso,¹ Barbara A. Jerezek-Fossa,^{1,6} Giulia Riva,⁶ Camilla Bassi,²
Cristiana Fodor,¹ Delia Ciardo,¹ Raffaella Cambria,³ Floriana Pansini,³
Dario Zerini,¹ Paolo De Marco,³ Federica Cattani,³ Ottavio De Cobelli,^{4,6}
Roberto Orecchia^{5,6}

Research | Open Access

Outcomes of hypofractionated stereotactic body radiotherapy boost for intermediate and high-risk prostate cancer

Mekhail Anwar ✉, Vivian Weinberg, Zachary Seymour, I. Joe Hsu, Mack Roach III and Alex R. Gottschalk

Radiation Oncology 2016 | 11:8

<https://doi.org/10.1186/s13014-016-0585-y> | © Anwar et al. 2016

Received: 12 October 2015 | Accepted: 7 January 2016 | Published: 21 January 2016

Survival Outcomes of Dose-Escalated External Beam Radiotherapy versus Combined Brachytherapy for Intermediate and High Risk Prostate Cancer Using the National Cancer Data Base

Arya Amini, Bernard Jones, Matthew W. Jackson, Norman Yeh, Timothy V. Waxweiler, Paul Maroni, Brian D. Kavanagh and David Raben*

From the Department of Radiation Oncology and Division of Urology, Department of Surgery (PM),
University of Colorado School of Medicine, Aurora, Colorado

0022-5347/16/1955-1453/0
THE JOURNAL OF UROLOGY®

© 2016 by AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH, INC.

<http://dx.doi.org/10.1016/j.juro.2015.11.005>
Vol. 195, 1453-1458, May 2016
Printed in U.S.A.

Cancer Science

Japanese Cancer Association **JCA**

Open Access

Cancer-specific mortality of high-risk prostate cancer after carbon-ion radiotherapy plus long-term androgen deprivation therapy

Goro Kasuya,¹ Hitoshi Ishikawa,² Hiroshi Tsuji,¹ Yasuo Haruyama,³ Gen Kobashi,³ Daniel K. Ebner,^{1,4}
Koichiro Akakura,⁵ Hiroyoshi Suzuki,⁶ Tomohiko Ichikawa,⁷ Jun Shimazaki,⁷ Hirokazu Makishima,¹
Takuma Nomiya,⁸ Tadashi Kamada,¹ and Hirohiko Tsujii¹ the Working Group for Genitourinary Tumors

EVIDENCE FROM LITERATURE: Multidisciplinary Team discussion



The 6-year attendance of a multidisciplinary prostate cancer clinic in Italy: incidence of management changes

Tiziana Magnani*, Riccardo Valdagni[†], Roberto Salvioni[‡], Sergio Villa[†], Lara Bellardita[§], Simona Donegani[§], Nicola Nicolai[‡], Giuseppe Procopio[¶], Nice Bedini[†], Tiziana Rancati* and Nadia Zaffaroni^{††}

*Prostate Cancer Programme, Scientific Director's Office, [†]Division of Radiation Oncology 1, [‡]Division of Urology,

[§]Prostate Cancer Program, Psychology Service, [¶]Division of Medical Oncology 2, ^{††}Division of Molecular Pharmacology, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy

Accepted for publication 9 November 2011

Enhancing Prostate Cancer Care Through the Multidisciplinary Clinic Approach: A 15-Year Experience

By Leonard G. Gomella, MD, Jianqing Lin, MD, Jean Hoffman-Censits, MD, Patricia Dugan, RN, Fran Guiles, RHIA, CTR, Costas D. Lallas, MD, Jaspreet Singh, DO, Peter McCue, MD, Timothy Showalter, MD, Richard K. Valicenti, MD, Adam Dicker, MD, and Edouard J. Trabulsi, MD

Kimmel Cancer Center, Thomas Jefferson University, Philadelphia, PA



CRITICAL REVIEWS IN
*Oncology
Hematology*
Incorporating Geriatric Oncology

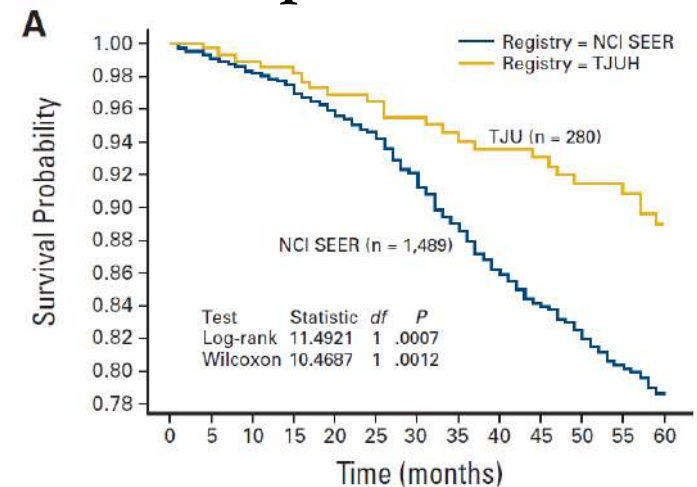
www.elsevier.com/locate/critrevonc

Critical Reviews in Oncology/Hematology 95 (2015) 133–143

Prostate Cancer Unit Initiative in Europe: A position paper by the European School of Oncology

Riccardo Valdagni^{a,b,c,*}, Hendrik Van Poppel^d, Michael Aitchison^e, Peter Albers^f, Dominik Berthold^g, Alberto Bossi^h, Maurizio Brausiⁱ, Louis Denis^{j,k}, Lawrence Drudge-Coates^l, Maria De Santis^{m,n}, Günther Feick^{l,o}, Chris Harrison^p, Karin Haustermans^q, Donal Hollywood^{r,1}, Morton Hoyer^s, Henk Hummel^t, Malcolm Mason^u, Vincenzo Mirone^v, Stefan C. Müller^w, Chris Parker^x, Mahasti Saghatchian^y, Cora N. Sternberg^z, Bertrand Tombal^{aa}, Erik van Muilekom^{bb}, Maggie Watson^{cc}, Simone Wesselmann^{dd}, Thomas Wiegel^{ee}, Tiziana Magnani^b, Alberto Costa^a

Patients with T3 prostate cancer



CLINICAL CASE: Prostatectomy

No MDS discussion, no additional radiological staging.
27 July 2017: open prostatectomy with extended external iliac and obturator lymph node dissection

Adenocarcinoma 4+5=9, grade group 5, pT3b pN1

Left seminal vesicle invasion

Left margin positive

Lymphatic and perineural invasion present

Two positive (left and right) out of 12 total lymphnodes



Your Results [Edit Information](#)

Click the +/- to read more about your results

+	PROBABILITY OF REMAINING RECURRENCE-FREE AFTER SURGERY	2 YR 14 %	5 YR 6 %
		7 YR 5 %	10 YR 3 %
+	15-YEAR PROSTATE CANCER-SPECIFIC SURVIVAL		15 YR 65 %

EVIDENCE FROM LITERATURE:


New Prognostic Tools

Genomic Test	Oncotype Dx™ (GPS)	Prolaris™ (CCP)	Decipher™
Company:	Genomic Health	Myriad Genetics	Genome Dx Biosciences
mRNA signature:	12 genes + 5 reference	31 genes + 15 housekeeping	22 genes
Assay:	Quantitative –RT PCR	qPCR	Microarray
Class of genes:	Stromal response, androgen signaling, proliferation, cellular organization	Cell cycle progression	Proliferation, migration, adhesion, androgen signaling, immune system
Score range:	0 to 100	-3 to 7	0 to 1
Initially developed to predict:	Risk of adverse pathology on RP	Risk of progression post-RP and in untreated cohorts	Risk of recurrence and mets post-RP with high specificity
NCCN guidelines:	Post-biopsy for low- and very low-risk w. 10-20 year life exp.	Post-biopsy for low- and very low-risk w. 10 year life exp.	Patients treated w. RP and adverse pathology

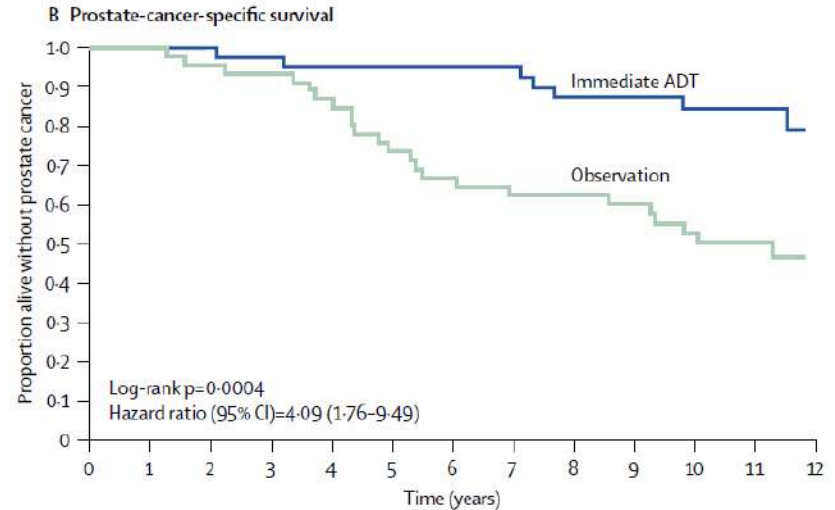
EVIDENCE FROM LITERATURE: Androgen Ablation

Post-operative ADT in pN+ patients

Lancet Oncol 2006; 7: 472-79

 Immediate versus deferred androgen deprivation treatment in patients with node-positive prostate cancer after radical prostatectomy and pelvic lymphadenectomy

Edward M Messing, Judith Manola, Jorge Yao, Maureen Kiernan, David Crawford, George Wilding, P Anthony di Sant'Agnes, Donald Trump, on behalf of the Eastern Cooperative Oncology Group study EST 3886



 European Association of Urology

Do not perform a limited LND.	2a	A
Upon detection of nodal involvement during RP:		
• offer adjuvant androgen deprivation therapy (ADT);	1b	A
• discuss adjuvant ADT with additional radiotherapy (see Section 6.2.6.3);	2b	A
• offer observation (expectant management) to a patient after eLND with < 2 nodes with microscopic involvement, and a PSA < 0.1 ng/mL and absence of extranodal extension.	2b	B

Post-operative radiation therapy in pN+ patients

VOLUME 32 · NUMBER 35 · DECEMBER 10 2014

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Impact of Adjuvant Radiotherapy on Survival of Patients With Node-Positive Prostate Cancer

Firas Abdollah, R. Jeffrey Karnes, Nazareno Suardi, Cesare Cozzarini, Giorgio Gandaglia, Nicola Fossati, Damiano Vizziello, Maxine Sun, Pierre I. Karakiewicz, Mani Menon, Francesco Montorsi, and Alberto Briganti

We evaluated 1,107 patients with pN1 prostate cancer treated with radical prostatectomy and anatomically extended pelvic lymph node dissection between 1988 and 2010 at two tertiary care centers. All patients received adjuvant hormonal therapy with or without aRT. Regression tree

Conclusion

The beneficial impact of aRT on survival in patients with pN1 prostate cancer is highly influenced by tumor characteristics. Men with low-volume nodal disease (\leq two PLNs) in the presence of intermediate- to high-grade, non-specimen-confined disease and those with intermediate-volume nodal disease (three to four PLNs) represent the ideal candidates for aRT after surgery.

Original Article

The Role of Adjuvant Radiotherapy in Pathologically Lymph Node Positive Prostate Cancer

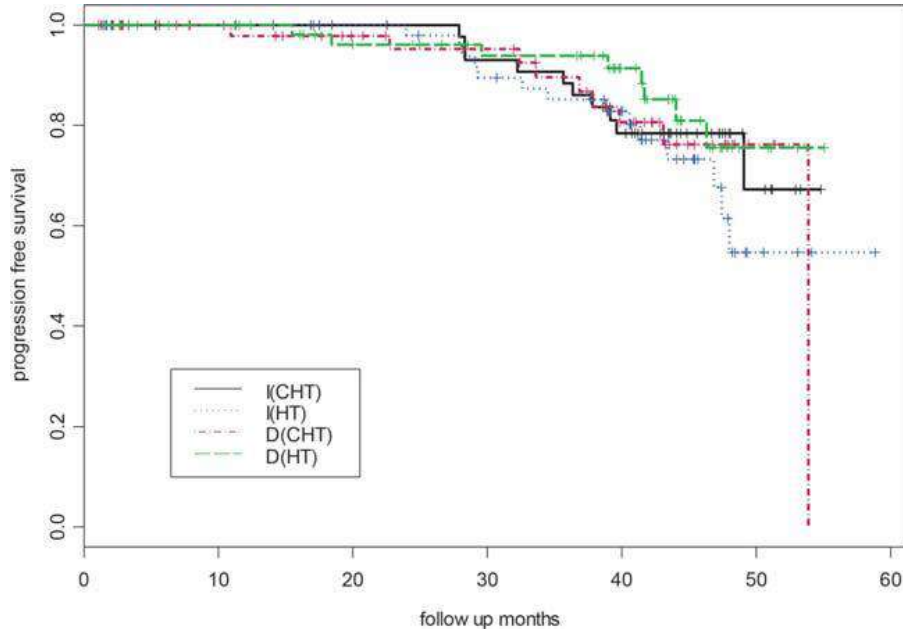
Naresh Jegadeesh, MD¹; Yuan Liu, PhD^{2,3,4}; Chao Zhang, PhD^{2,3,4}; Jim Zhong, MD^{1,2}; Richard J. Cassidy, MD^{1,2}; Theresa Gillespie, PhD^{2,5}; Omer Kucuk, MD^{2,6}; Peter Rossi, MD^{1,2}; Viraj A. Master, MD, PhD^{2,6}; Mehrdad Alemozzaffar, MD^{2,7}; and Ashesh B. Jani, MD^{1,2}

Retrospective analysis in National Cancer Database on > 2,500 pN1M0 patients

CONCLUSIONS: RT plus ADT was associated with improved OS after RP in patients with LNI. These results may help guide therapy in the absence of randomized evidence. *Cancer* 2016;000:000-000. © 2016 American Cancer Society.

EVIDENCE FROM LITERATURE: Docetaxel?

Phase III adjuvant TAX 3501 study



Schweizer Cancer 2013



Early interruption for poor accrual

23% febrile neutropenia

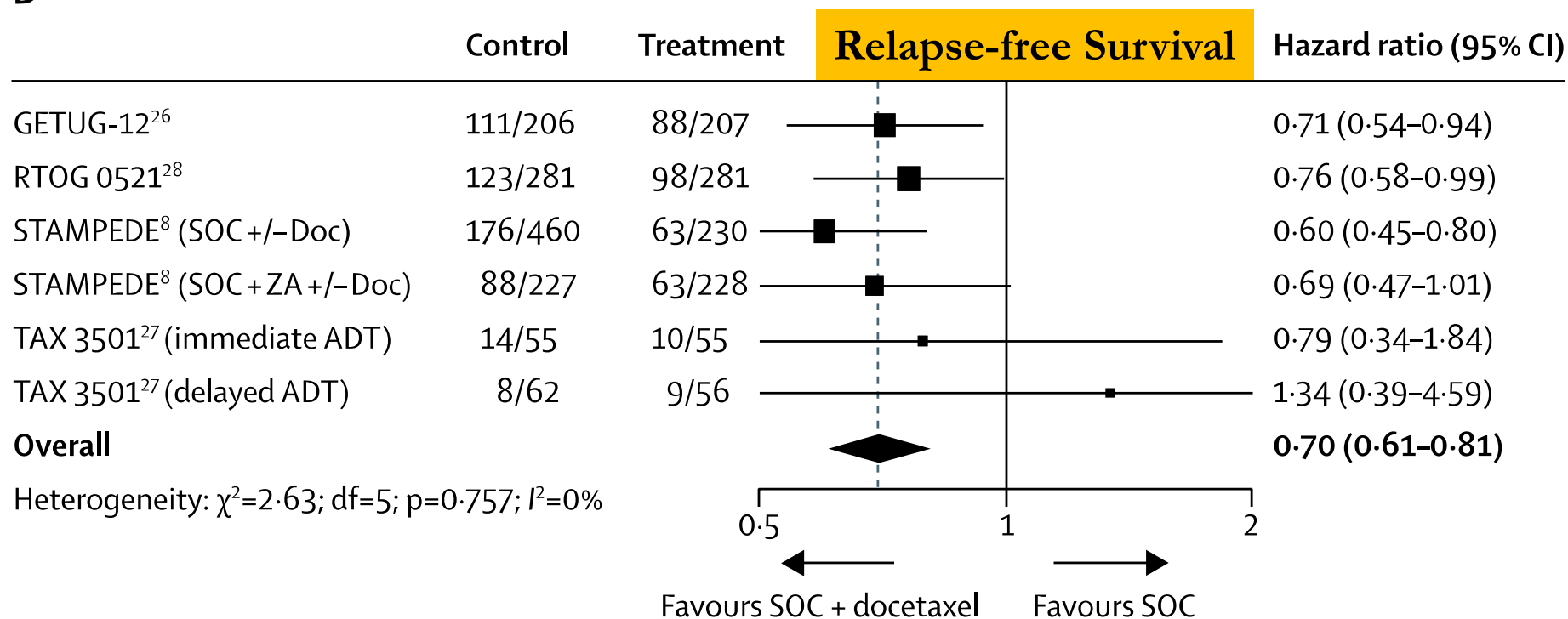
Addition of docetaxel or bisphosphonates to standard of care in men with localised or metastatic, hormone-sensitive prostate cancer: a systematic review and meta-analyses of aggregate data *Lancet Oncol 2016; 17: 243–56*

META-ANALYSIS

Claire L Vale*, Sarah Burdett*, Larysa H M Rydzewska, Laurence Albiges, Noel W Clarke, David Fisher, Karim Fizazi, Gwenaelle Gravis, Nicholas D James, Malcolm D Mason, Mahesh K B Parmar, Christopher J Sweeney, Matthew R Sydes, Bertrand Tombal, Jayne F Tierney, for the STOpCaP Steering Group

High-risk, non metastatic patients

D



HR=0.7 (95% CI 0.61–0.81, p<0.0001)
absolute increase +8% at 4 years

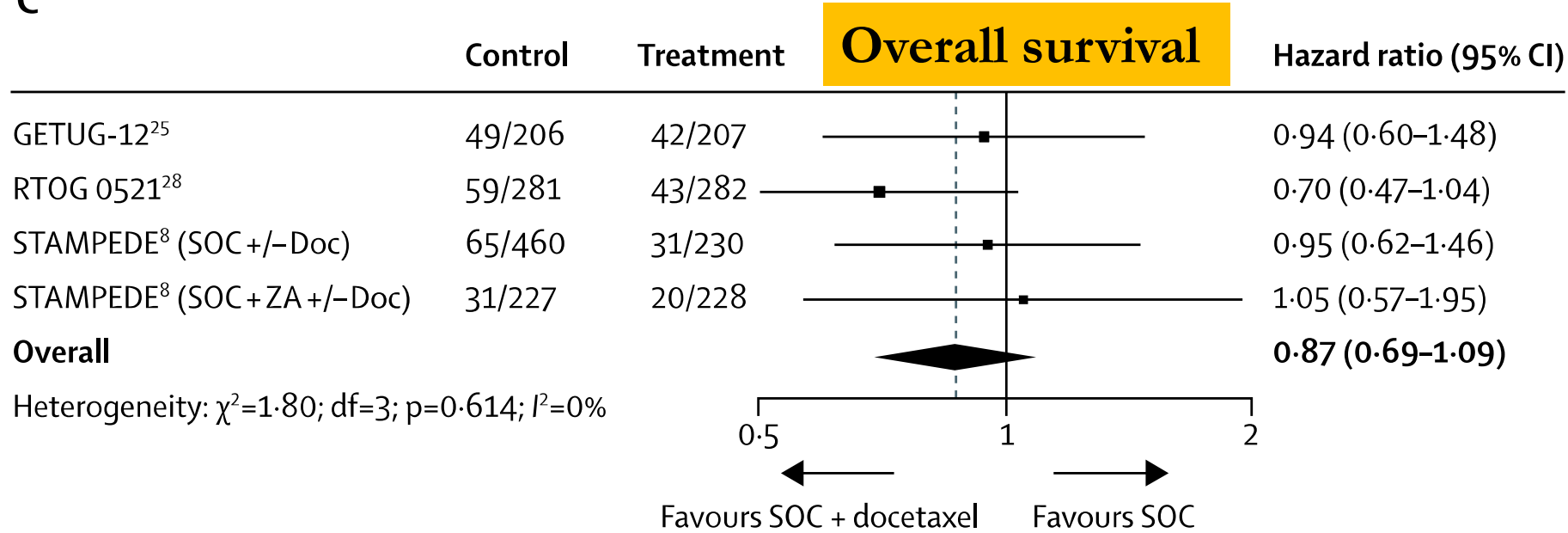
Addition of docetaxel or bisphosphonates to standard of care in men with localised or metastatic, hormone-sensitive prostate cancer: a systematic review and meta-analyses of aggregate data *Lancet Oncol* 2016; 17: 243–56

META-ANALYSIS

Claire L Vale*, Sarah Burdett*, Larysa H M Rydzewska, Laurence Albiges, Noel W Clarke, David Fisher, Karim Fizazi, Gwenaelle Gravis, Nicholas D James, Malcolm D Mason, Mahesh K B Parmar, Christopher J Sweeney, Matthew R Sydes, Bertrand Tombal, Jayne F Tierney, for the STOpCaP Steering Group

High-risk, non metastatic patients

C



HR=0.87 95% CI 0.69–1.09; p=0.218)

Absolute increase +2% at 4 years

CLINICAL CASE: referral to IOV

September: first MDS consultation @IOV for adjuvant treatments.

Mild incontinence, impotence (not interested in rehabilitation), no bone pain, fully active.

Multidimensional Geriatric Assessment: fit

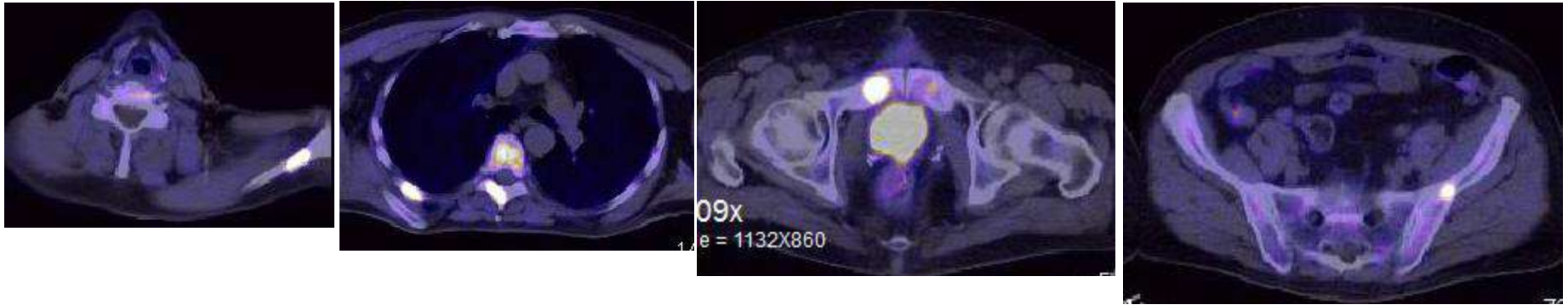
Pelvic radiotherapy + LH-RH analogue programmed, preceded by psychiatric consultation + new PSA

PSA @ 7 weeks from surgery: 4.8 ng/dL



CLINICAL CASE: Re-staging

Staging PET/CT with choline: multiple bone metastases (left scapula, vertebrae, ribs, pubis, ileus)



The patient has now high-risk Castration-sensitive metastatic disease (Chartered definition) and starts Androgen Deprivation + Docetaxel x 6 cycles.

Prato della Valle in Padova in a (very rare!!) snowy day

