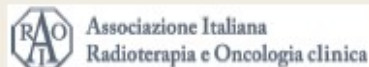


Con il Patrocinio di



2° Convegno Nazionale

IL TEAM INTERDISCIPLINARE NEL CARCINOMA DELLA PROSTATA

NEGRAR DI VALPOLICELLA 6-7 DICEMBRE 2019

Sala Perez - IRCCS Ospedale Sacro Cuore Don Calabria



Coordinatori: STEFANIA GORI - FILIPPO ALONGI - STEFANO CAVALLERI

Seconda Sessione **STADIAZIONE**

Moderatori *Giovanni Carbognin, Maurizio Nicodemo*

15,20 Linee Guida: cosa indicano? *Elisa Zanardi*

15,35 RMN. Quale ruolo? *Emanuele Demozzi*

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16,05 Dalla routine alle situazioni particolari: come comportarci? *Confronto tra esperti:*

Urologo *Fabrizio Dal Moro*

Oncologo *Teodoro Sava*

Radioterapista *Niccolò Giaj Levra*

16,50 Discussione

Teodoro Sava

Oncologia

Cittadella Camposampiero

Piove di Sacco

REGIONE DEL VENETO

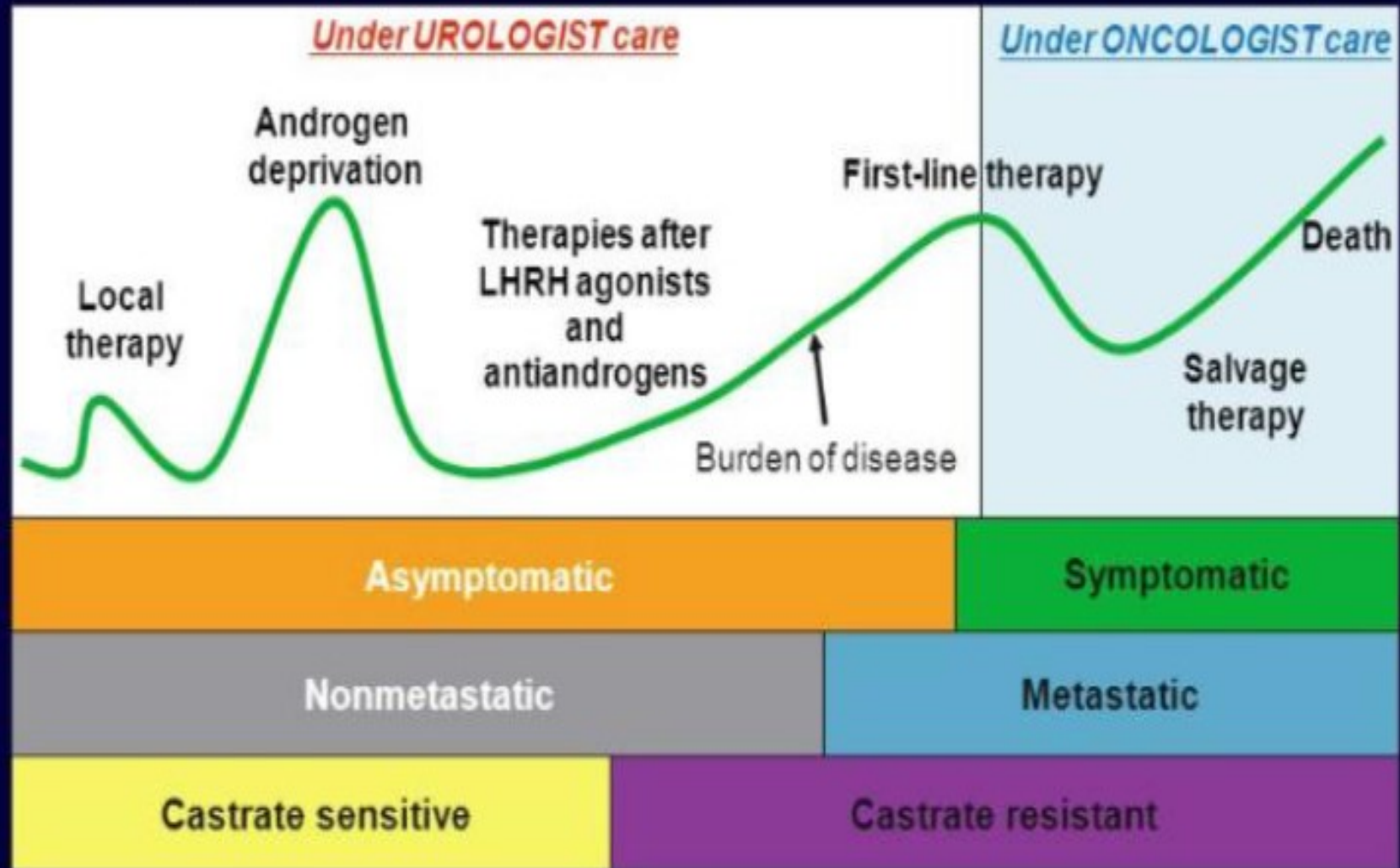


ULSS6
EUGANEA

Natural History of Prostate Cancer

Higano 2010

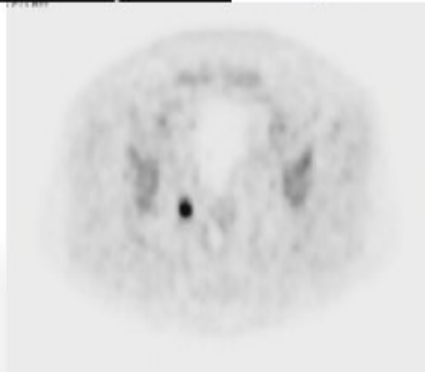
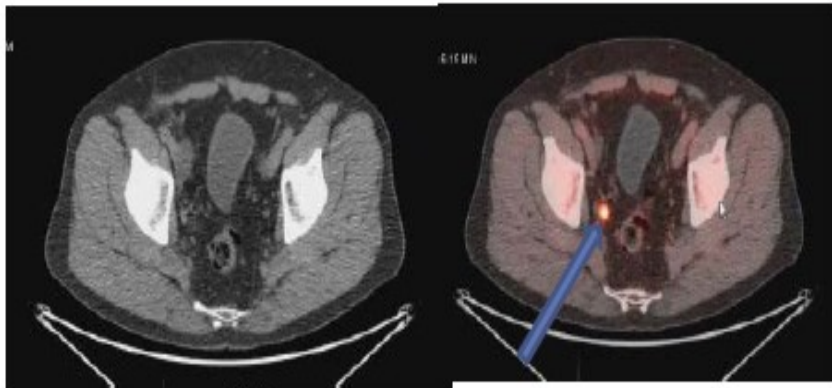
- Typical patient presentation as they move through different stages



Fluciclovine PET

Case: Post radical prostatectomy and lymphadenectomy
Now rising PSA to 0.41 ng/ml

Fluciclovine PET imaging: Uptake in 5mm pelvic node



Courtesy of Dr. David Schuster

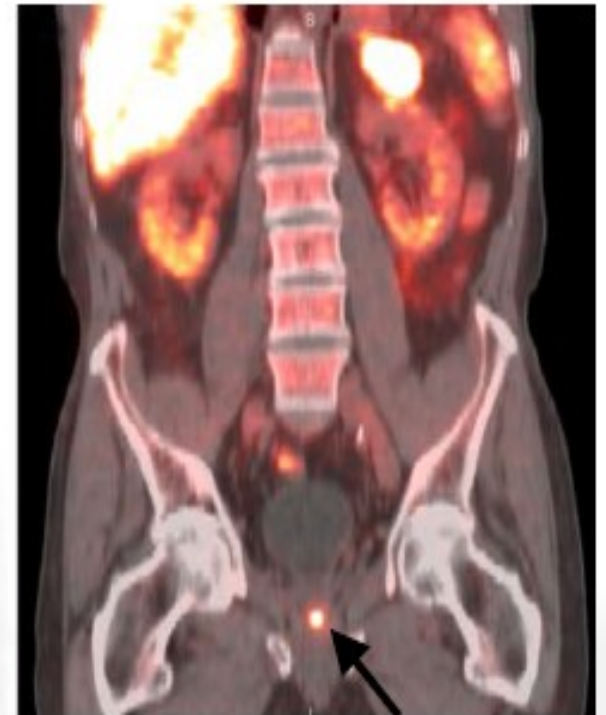
PSA 0.9 ng/ml post-Prostatectomy

Biopsy positive at anastomotic area

Underwent salvage radiotherapy of prostate bed

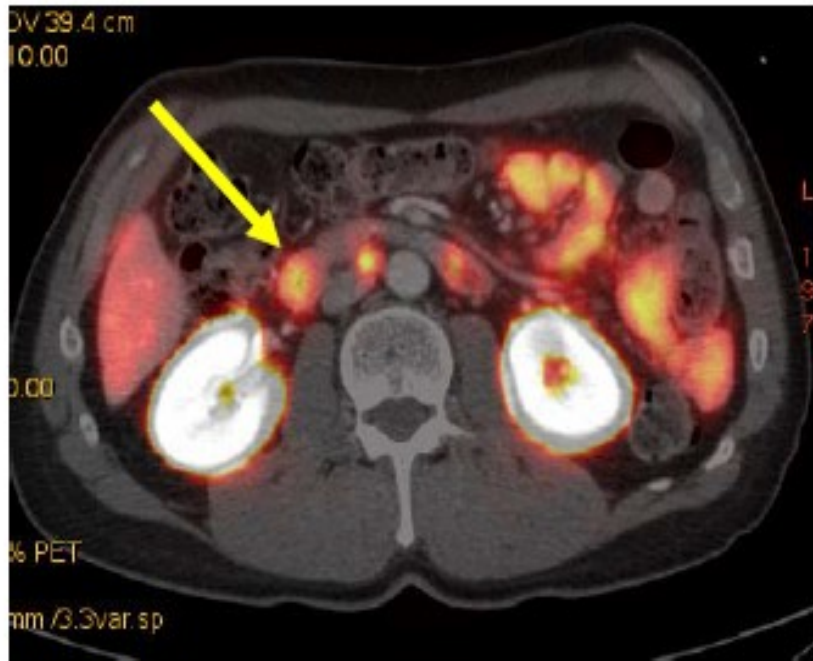
Persistent PSA <0.05 ng/ml

Fluciclovine PET-CT



PSMA PET

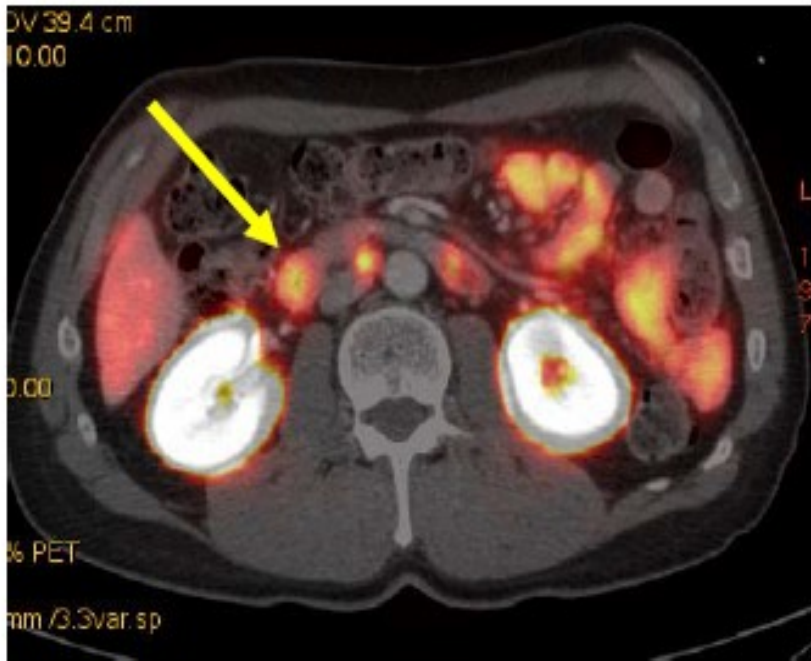
Case: post RALP, salvage IMRT PSA 5.3 ng/ml



- PSMA PET/CT: solitary aortocaval node found prompting radiation therapy

PSMA PET

Case: post RALP, salvage IMRT PSA 5.3 ng/ml



- PSMA PET/CT: solitary aortocaval node found prompting radiation therapy

**BIOCHEMICAL
RELAPSE**

METASTASES

ADT

nmCSPC

nmCRPC

mCRPC

R
mCSPC

mCRPC

Enzalutamide

Apalutamide

Darolutamide

Abiraterone

Docetaxel

Enzalutamide

Enzalutamide

Cabazitaxel

Abiraterone

Ra 223*

* from 3rd line

**Loc
Roc
Rx
Mx**

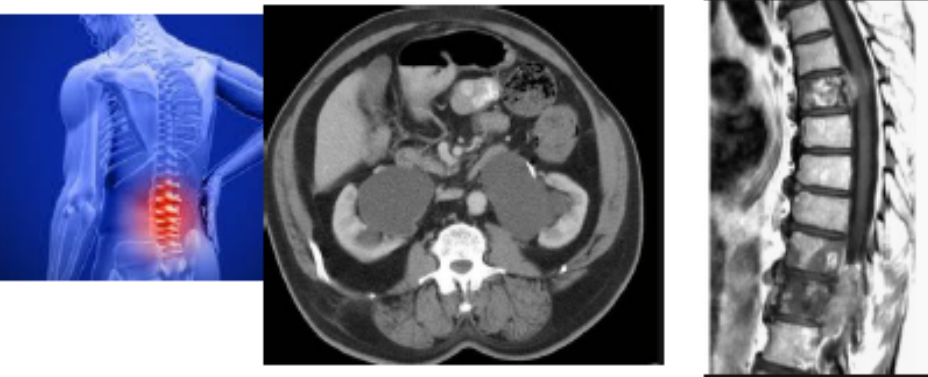


X gentile concessione Dr. Caffo

ETEROGENEITA' DEI PAZIENTI CON mCSPC

OLIGOMETASTATICO vs PLURIMETASTATICO
Fino a 3 (fino a 5?)

SINTOMATICO vs ASINTOMATICO



AGGRESSIVE-TYPE vs CONVENTIONAL

Massa pelvica voluminosa

Neuroendocrino

Basso PSA, etc..



Study population

High Risk vs High Volume

In the LATITUDE study, high risk is defined as:

At least 2 of the 3 following high-risk prognostic factors:

- Gleason score of ≥ 8
- Presence of 3 or more lesions on **bone scan**
- Presence of measurable visceral (excluding lymph node disease) metastasis on **CT** or **MRI** (RECIST 1.1)

In CHAARTED, high volume was defined as:

- Visceral metastases (extranodal)
AND/OR
- Bone Metastases
At least 4 or more bone lesions
One of which must be outside of the vertebral column or pelvis

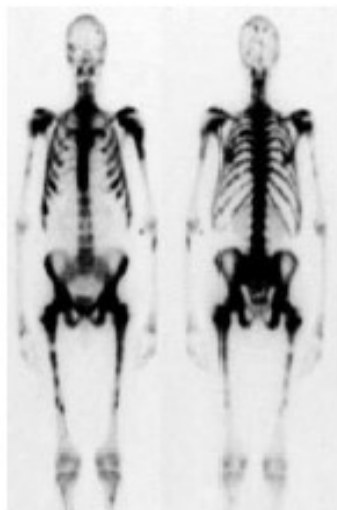
The definitions of high volume disease and high risk have
similar criteria
but are not exactly the same

mCSPC: quale IMAGING?

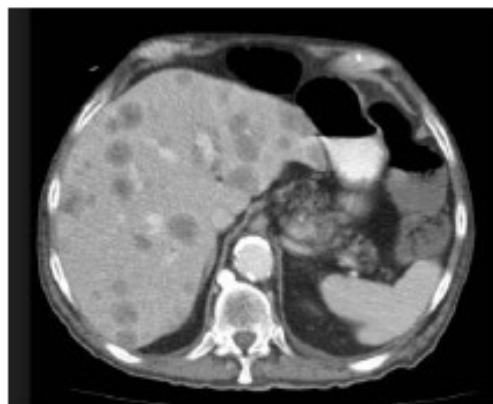
CONVENZIONALE

vs

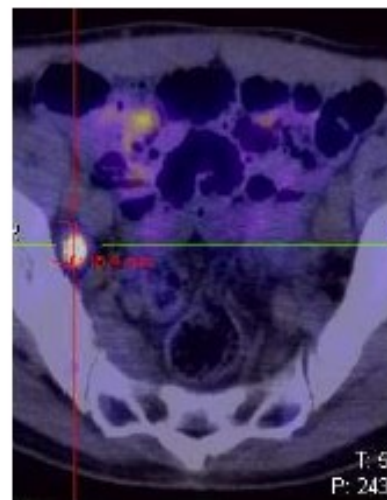
Medico- Nucleare



Scinti ossea

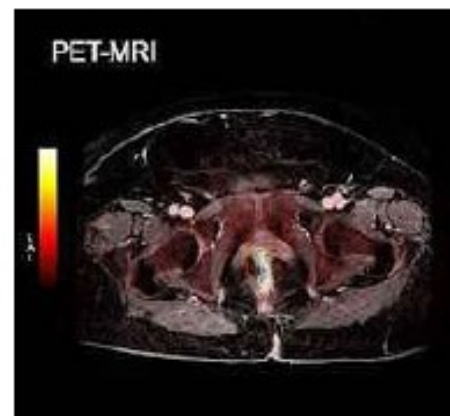


TAC



PET/TAC

colina, PSMA, Fluciclovina

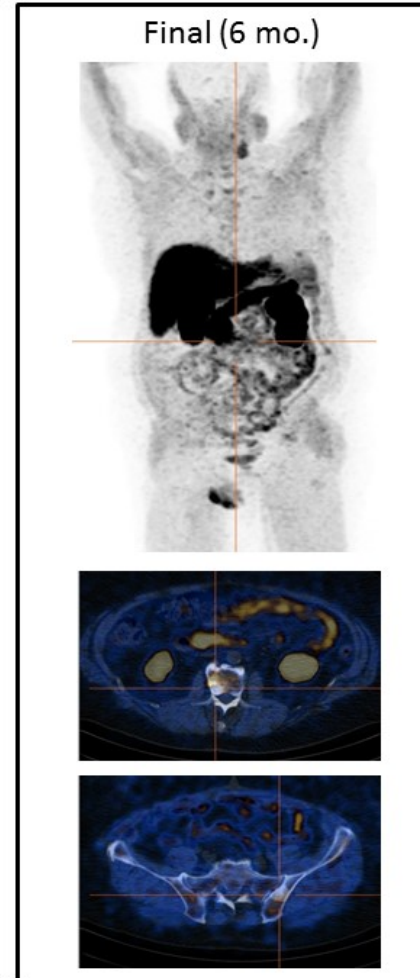
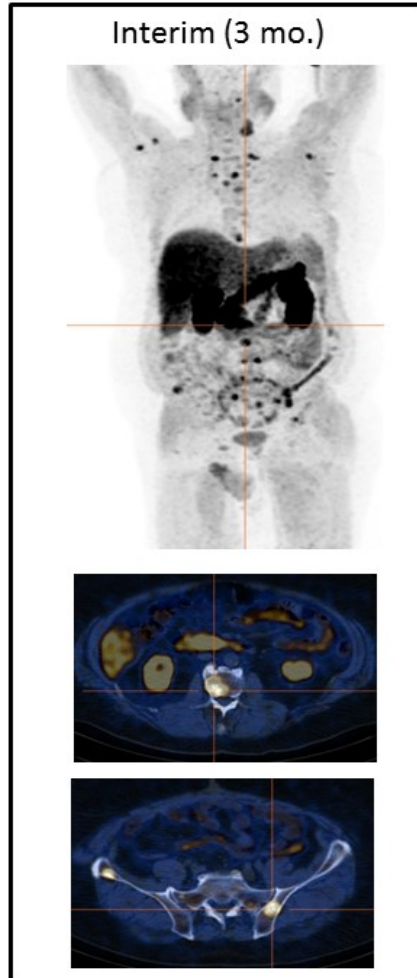
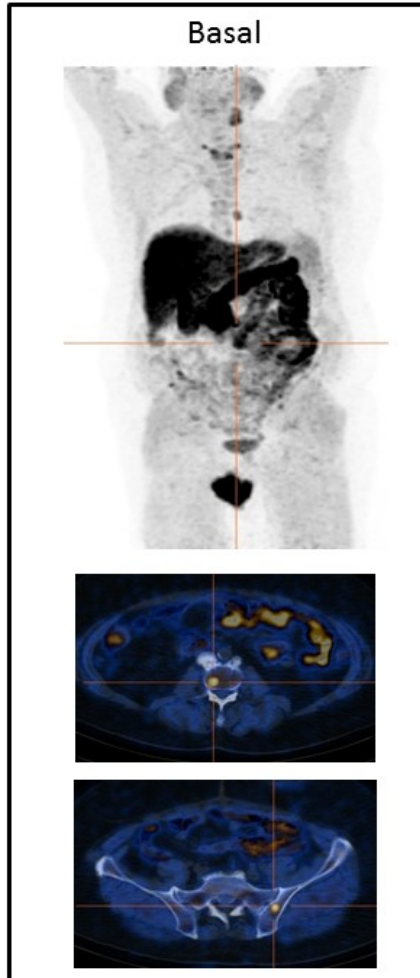
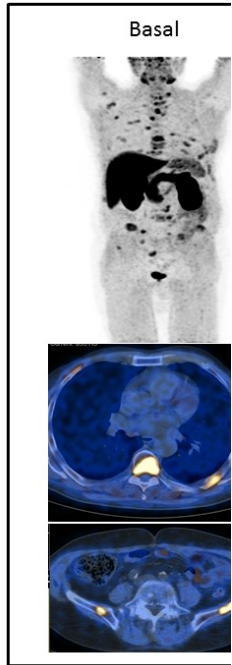


PET/RMN

Evaluation of response to 223Ra with 18F-Choline PET/CT

Complete metabolic response

Parti



sease



From Dr. Eugenio Borsatti, CRO Aviano, Italy



Con il Patrocinio di
AIO
Associazione Italiana Oncologia Medica
IL TEAM INTERDISCIPLINARE
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MEGAR DI VALPUICELLA 6-7 DICEMBRE 2019
con il Patrocinio dell'Associazione Italiana Oncologia Medica
Coordinatori: STEFANO SODI - FILIPPO ALONZI - STEFANO CATALDI

LA STADIAZIONE: soluzione



DISCUSSIONE MULTIDISCIPLINARE

Con il Patrocinio di



Associazione Italiana
Radioterapia e Oncologia clinica



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- PROTOCOLLI
SPERIMENTALI!
- IN BASE A SITUAZIONE
CLINICA E
CARATTERISTICHE DEL
PAZIENTE
- DISCUSSIONE
MULTIDISCIPLINARE