

# Il Ruolo dei Giovani Urologi nella Ricerca Uro-Oncologica

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# Data Collection and Analysis

- 446 PCa patients who received RARP ± pelvic lymph node dissection (PLND)
- Physicians prospectively collected perioperative data with a patient interview at 30- and 90-day according to the EAU Guidelines Panel recommendations
- Data on complications classified according to the Clavien-Dindo system, LoS and readmission were collected

Criteria	Implementation
Define the method of accruing data	Prospective data collection based on a patient interview conducted by telephone
Define who collected the data	Data were collected by medical doctors who were not involved in the treatment
Indicate the duration of follow-up	30 days
Include outpatient information	Outpatient information were collected
Include mortality data and causes of death	Mortality data were collected
Include definitions of complications	Surgical complications were defined as any deviation from the ideal postoperative course that is not inherent in the procedure and does not comprise a failure to cure
Define procedure-specific complications	Procedure-specific complications were defined and collected
Report intraoperative and postoperative complications separately	Intraoperative and postoperative complications were considered separately
Use a severity grading system for postoperative complications	The Clavien-Dindo system was used
Postoperative complications should be presented in a table either by grade or by complication type	Postoperative complications were graded according to the Clavien-Dindo system and presented in a table
Include risk factors	The Charlson comorbidity index was prospectively collected for all patients
Include readmissions and cause	Data on readmissions were specifically collected
Include re-operations, types and causes	Data on reoperations were collected
Include the percentage of patients lost to follow-up	17 (3.4%) patients had incomplete information on 30-day complications and were excluded from the current analysis

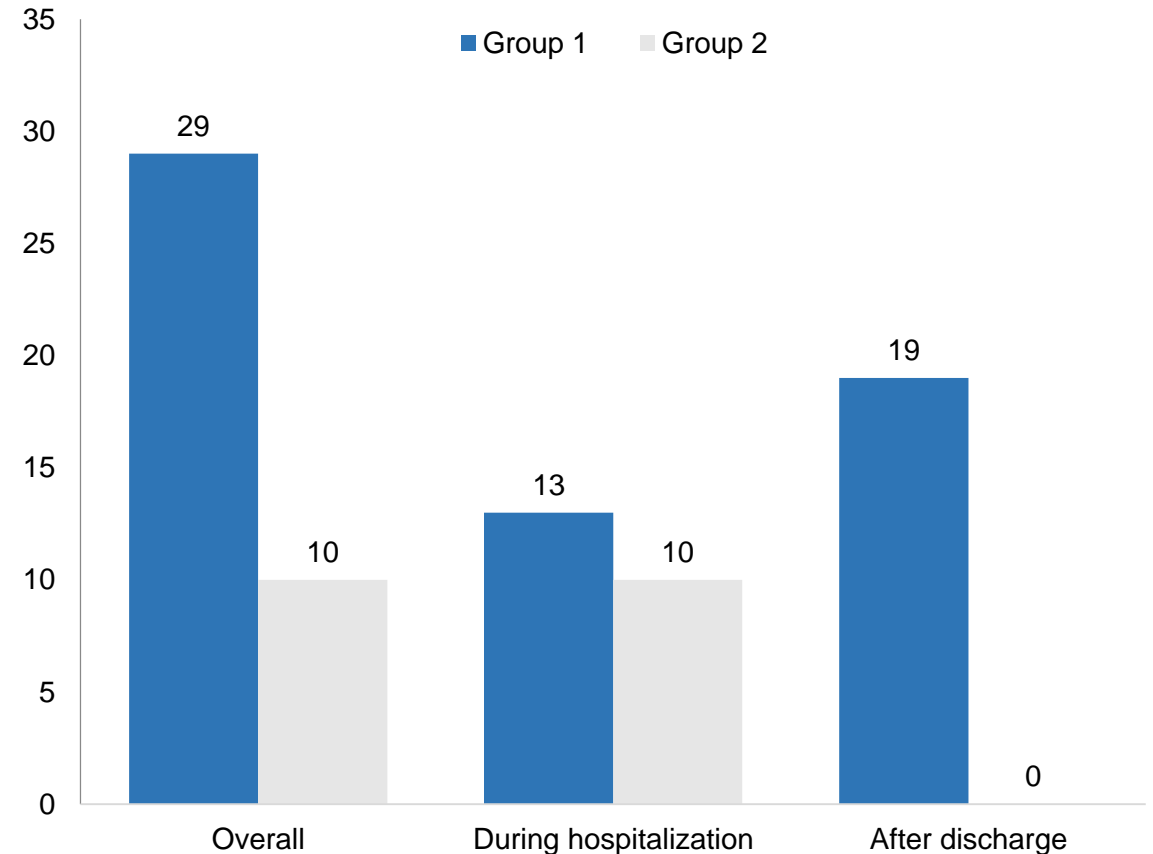
# Prospective Implementation of a Standardized System to Collect Postoperative Outcomes

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Patients undergoing RARP between 2015 and 2017

**Group 1:** 167 consecutive patients who underwent RARP after the implementation of the prospective collection system (Sept 2016-Sept 2017)

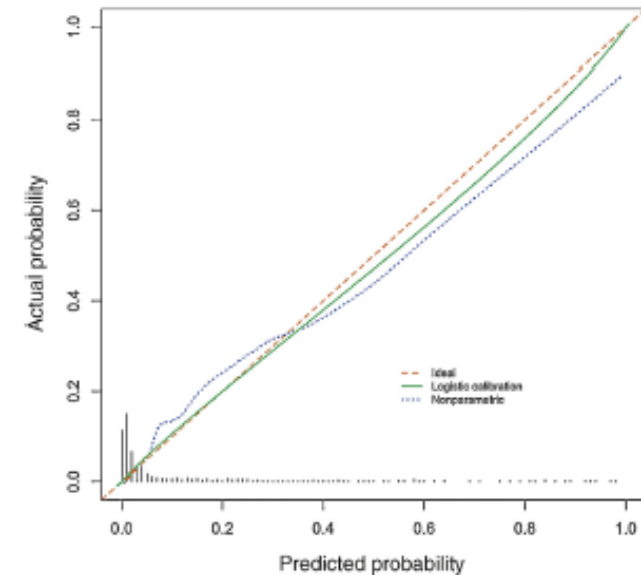
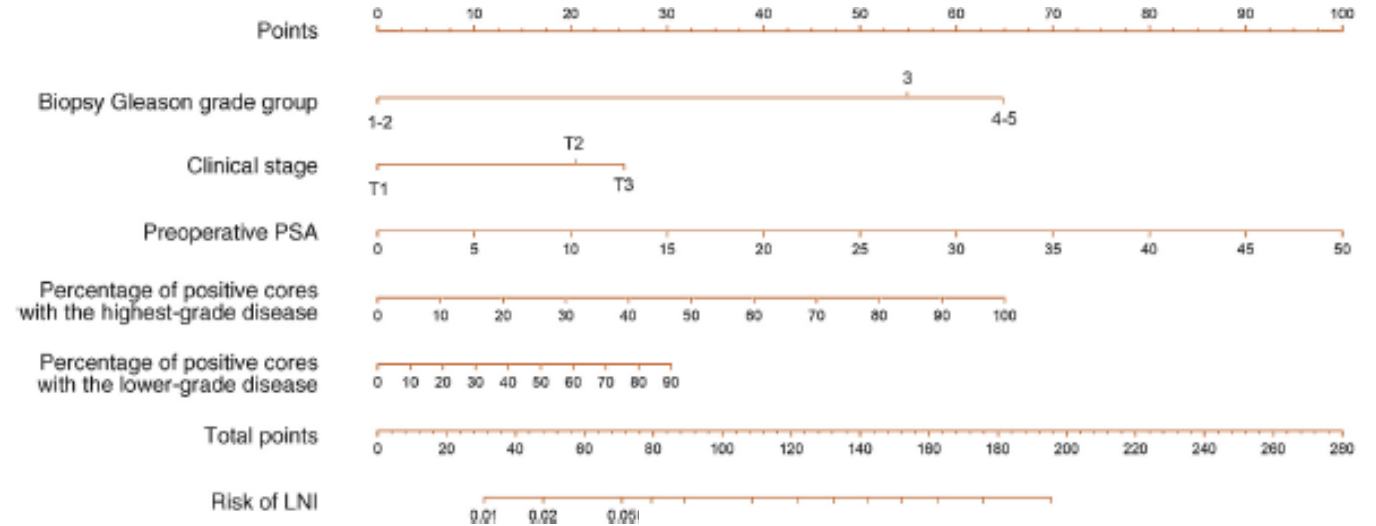
**Group 2:** 316 patients treated when a system based on patient chart review done by dedicated data managers was used (Jan 2015-Aug 2016)



# Ask Yourself Clinically Relevant Questions (and Try to Answer Them)

How can we reduce the number of unnecessary PLNDs? Update of the Briganti nomogram

- 2017 update of the Briganti nomogram
- 681 patients undergoing an anatomically defined ePLND with detailed biopsy information



# Ask Yourself Clinically Relevant Questions (and Try to Answer Them)

## 6.1.2.1.1 Pelvic lymph node dissection

A recent SR demonstrated that performing pelvic lymph node dissection (PLND) during RP failed to improve oncological outcomes, including survival [4]. However, it is generally accepted that extended pelvic LN dissection (eLND) provides important information for staging and prognosis which cannot be matched by any other currently available procedure [4]. The individual risk of finding positive LNs can be estimated using preoperative tools. Only a few of these tools are based on eLND templates. A risk of nodal metastases over 5% (Briganti nomogram [349, 350] or Roach formula [351] which has been shown to be almost as good as the nomogram) is an indication to perform nodal sampling by an extended nodal dissection [352-354].

## EAU - ESTRO - ESUR - SIOG Guidelines on Prostate Cancer

Recommendations	Strength rating
Inform patients that no active treatment modality has shown superiority over any other active management options in terms of survival.	Strong
Inform patients that all active treatments have side-effects.	Strong
<b>Surgical treatment</b>	
Inform patients that no surgical approach (open, laparoscopic- or robotic radical prostatectomy) has clearly shown superiority in terms of functional or oncological results.	Strong
Perform an extended lymph node dissection (LND), when a LND is deemed necessary.	Strong
Do not perform nerve sparing surgery when there is a risk of extracapsular extension (based on cT stage, Gleason score, nomogram, multiparametric magnetic resonance imaging).	Strong
Do not offer neoadjuvant androgen deprivation therapy before surgery.	Strong

# Share Your Data: International Collaborations

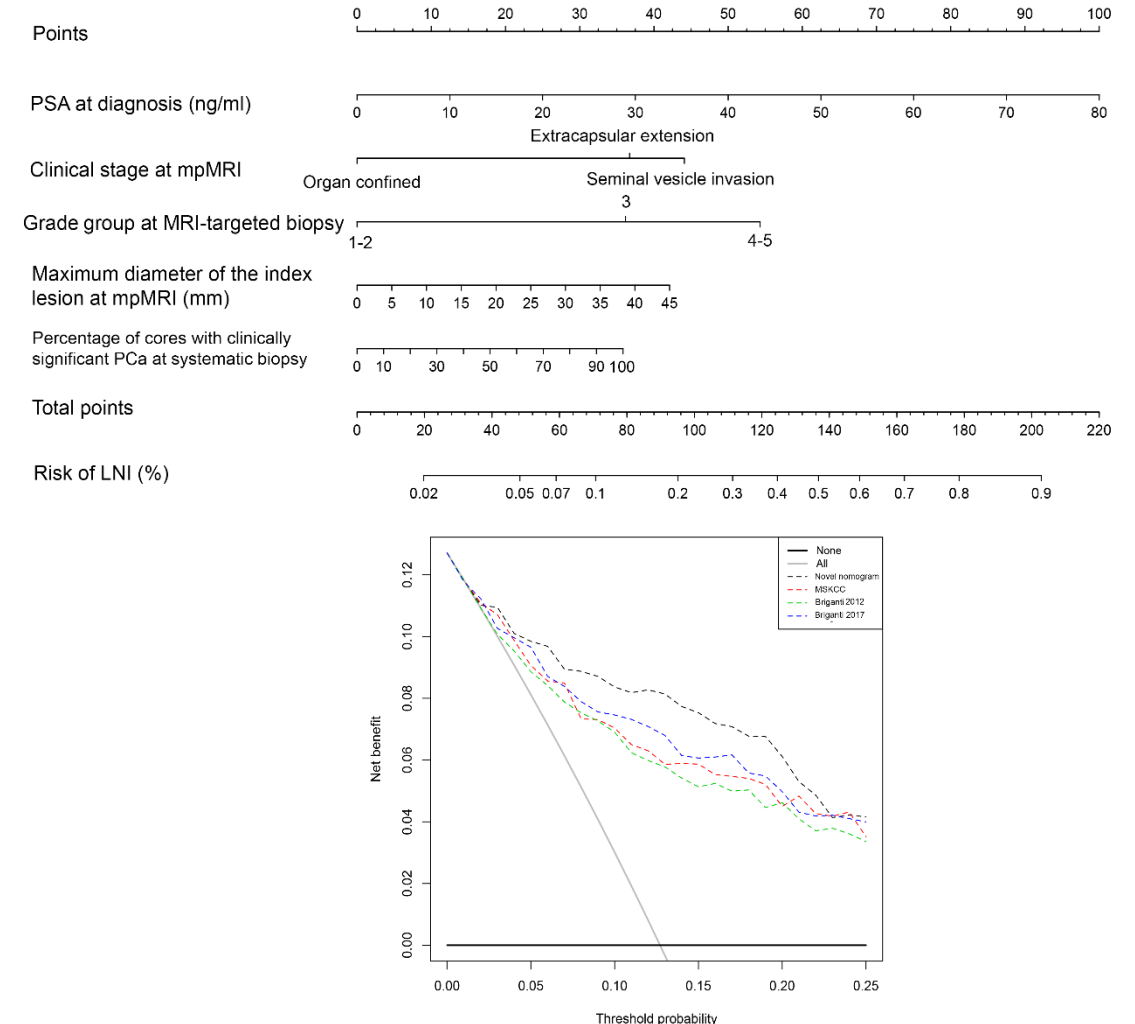
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- 5 Centers involved
- 659 patients who received mpMRI-targeted biopsy with concomitant systematic biopsy
- All patients underwent radical prostatectomy
- Details on biopsy type, number of positive cores and number of cores taken available



# Keep Asking Yourself Clinically Relevant Questions (and Try to Answer Them)

- A novel model including MRI-targeted biopsy information was developed
- This tool exhibited a **higher discrimination, better calibration characteristics and higher net-benefit** compared to available models developed on standard biopsies
- Using the 7% cut-off, **244 (57%) ePLNDs would be spared and a lower number of LNIs would be missed** compared to available nomograms



# Learn From the Others: International Opportunities



## Il Bando AUA 2018



American  
Urological  
Association

Bando per N° 2 **Research Fellowship** della durata di 1 anno presso Università Americane riservato agli specializzandi delle Scuole di Specializzazione in Urologia.

Le domande dovranno pervenire alla Segreteria SIU via e-mail (indirizzo [formazione@siu.it](mailto:formazione@siu.it)) entro il **10 Maggio 2018** corredate di:

- Curriculum Vitae dello Specializzando;
- Progetto di Ricerca;
- Lettera di presentazione/avallo/responsabilità del Direttore della Scuola.
- Proposta della Struttura nella quale svolgere la Fellowship e nome del referente

Al termine dell'invio delle domande il Comitato Esecutivo SIU selezionerà i due vincitori per l' A.A. 2018-2019.

La Fellowship avrà inizio il **1 Novembre 2018** e terminerà il **31 Ottobre 2019**.

## Progetto COLOMBO



### BANDO DI SELEZIONE PER SEI "COLOMBO PROJECT" FELLOWSHIP, DELLA DURATA DI TRE MESI PRESSO UNO DEI DUE CENTRI DI RIFERIMENTO EUROPEO

Il programma di Fellowship denominato "Colombo Project" nasce dalla partnership tra SIU, Società Italiana di Urologia, e l'azienda tedesca KARL STORZ.

Il Progetto si propone di garantire un elevato livello di formazione nelle più moderne tecniche endourologiche per sei urologi soci SIU, offrendo un'esperienza orientata principalmente all'approfondimento mirato di conoscenze cliniche e/o tecniche operatorie nonché di progetti scientifici e di ricerca.

La fellowship avrà durata di 3 mesi, sarà sovvenzionata con 3.000 euro (1.000 euro/mese) e sarà organizzata presso i seguenti centri:

- University Medical Center in Halle – Germany
- Fundacio Puigvert in Barcelona – Spain



# Learn From the Others: International Opportunities

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**The European Urological Scholarship Programme (EUSP) offers 5 different programmes:**

1. Scholarship (1 year)
2. Clinical Visit (3 months)
3. Fellowship
4. Short Visit (3 weeks)
5. ViPP: Visiting Professor Programme



# Learn From Top Experts: Visiting Professor Program

- San Raffaele Visiting Professor Program in Urology

- Worldwide opinion leaders invited every 3 months

- Active involvement of residents and junior staff



UNIVERSITA' VITA-SALUTE SAN RAFFAELE  
 SCUOLA DI SPECIALIZZAZIONE IN UROLOGIA  
 Visiting Professor Program in Urology, San Raffaele Hospital

**Prof. Alan W. Partin**

Urologist-in-Chief  
 Chairman, Department of Urology  
 Professor, Department of Oncology, Pathology  
 Johns Hopkins Medical Institutions

13<sup>th</sup> April 2018



## Visiting Professors in Urology

Antonio!Alcaraz!	!	!	Markus!Graefen!	!	!	Paer!Stattin!
Walter!Artibani!	!	!	Christian!Gozzi!	!	!	William!D.!Steers!
Trinity!J.!Bivalacqua!	!	!	Bertand!Guillonneau!	!	!	Arnulf!Stenzl!
Renaud!Bollens!	!	!	Pierre!Karakiewicz!	!	!	Urs!E.!Studer!
Xavier!Cathelineau!	!	!	Ashok!K.!Hemal!	!	!	Olivier!Traxer!
Christopher!R.!Chapple!	!	!	Gerard!D.!Henry!	!	!	Andrew!Vickers!
Dirk!De!Ridder!	!	!	Eric!Klein!	!	!	Patrick!C.!Walsh!
Christopher!P.!Evans!	!	!	Mani!Menon!	!	!	Xu!Zhang!
Inderbir!S.!Gill!	!	!	Manoj!Monga!	!	!	Alexander!R.!Zlotta!
Peter!Gilling!	!	!	Rodolfo!Montironi!	!	!	Ian!M!Thompson!
Vito!Pansadoro!	!	!	Ashutosh!Tewari!!	!	!	



# Learn From the Others: Annual Congresses

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AUA-2019  
MAY 3-6 **chicago**



# Key Elements for a Successful Research Project

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1. Find a mentor!!
2. Get specific training in clinical or translational research
3. Get ideas from your clinical practice and medical literature
  1. Select the best ideas after a collegial discussion
  2. Develop the appropriate data source to test your ideas
  1. Be proficient in writing the best scientific articles



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