

# LASER TRAINING DAYS



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19 - 20 GIUGNO 2019  
**MILANO**

ISTITUTO EUROPEO DI ONCOLOGIA (IEO)  
Via G. Ripamonti 435, Milano

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# LASER TRAINING DAYS

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*LECTURE: TEAM MULTIDISCIPLINARE*

*Dr. Catellani M.*

*Milano 19-20 Giugno*

available at [www.sciencedirect.com](http://www.sciencedirect.com)journal homepage: [www.ejconline.com](http://www.ejconline.com)

## Current Perspective

# The multidisciplinary meeting: An indispensable aid to communication between different specialities

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### ABSTRACT

Multidisciplinary team meetings (MDT's) form part of the daily work in most hospitals caring for cancer patients as a form of institutionalised communication. The degree of organisation and the type of communication in these MDTs has a direct impact on the quality of patient care provided. One resulting decision from a multidisciplinary discussion is more accurate and effective than the sum of all individual opinions. Other benefits include consistency in the standard of patient management offered, a teaching element for junior doctors and improvement in communication between different specialities. An MDT needs mature leadership to produce a democratic climate allowing for open and constructive discussion. Controversies, which are inevitable within a team who are striving to reach decisions concerning complex situations, therefore require a variety of approaches for dealing with them when they occur. As MDT's are a key component in a professional's routine, it is worthwhile spending time considering the organisations, targets, documentation and collaboration within the MDT.



Systematic or Meta-analysis Studies

The impact of multidisciplinary team meetings on patient assessment, management and outcomes in oncology settings: A systematic review of the literature



Brindha Pillay<sup>a,\*</sup>, Addie C. Wootten<sup>a,b,c</sup>, Helen Crowe<sup>a,b</sup>, Niall Corcoran<sup>a,b</sup>, Ben Tran<sup>d</sup>, Patrick Bowden<sup>e</sup>, Jane Crowe<sup>a</sup>, Anthony J. Costello<sup>a,b,c</sup>

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**27 articles met inclusion criteria.**

**There was limited evidence for improved survival outcomes of patients discussed at MDT meetings.**

**Between 4% and 45% of patients discussed at MDT meetings experienced changes in diagnostic reports following the meeting.**

**Patients discussed at MDT meetings were more likely to receive more accurate and complete pre-operative staging, and neoadjuvant / adjuvant treatment**

# WHEN?

Bassa incidenza, complessità trattamento,  
inesperienza



Vi sono ancora pazienti che ricevono un trattamento subottimale o inadeguato o eccessivo (20-35%)

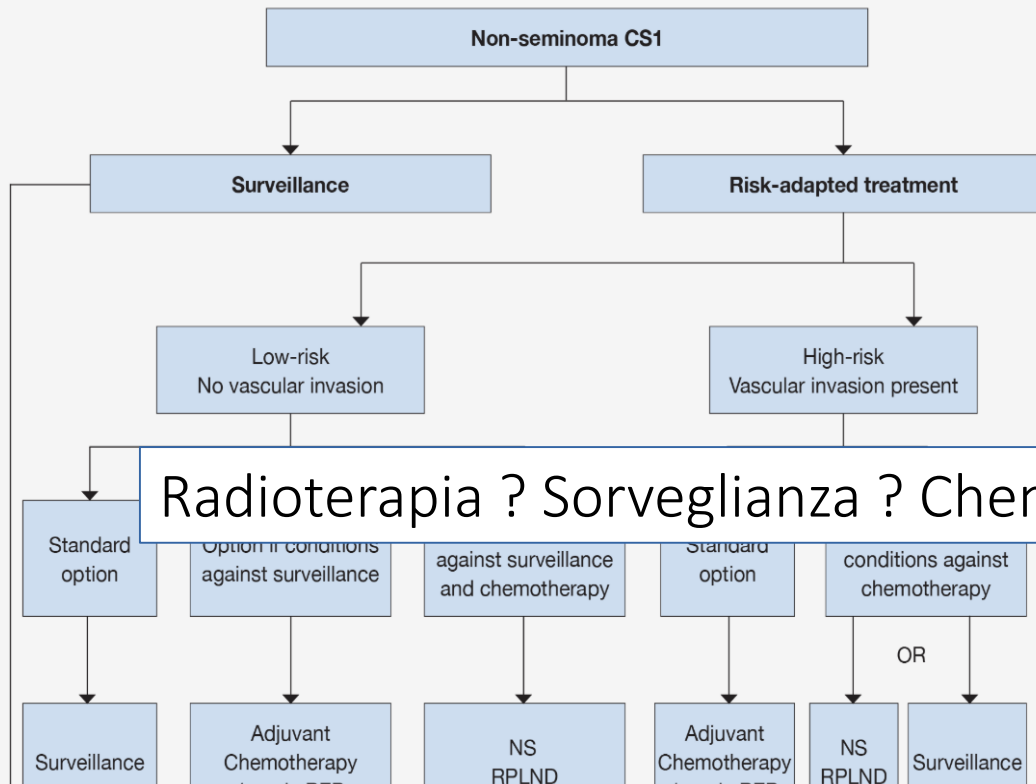
# Neoplasia del Testicolo

Recommendations	Strength rating
Fully inform the patient about all available management options, including surveillance or adjuvant chemotherapy after orchiectomy, as well as treatment-specific recurrence rates and acute and long-term side effects.	Strong
Offer surveillance as a management option if facilities are available and the patient is compliant.	Strong
Offer one course at area under curve (AUC) 7, if carboplatin chemotherapy is considered.	Strong
Do not perform adjuvant treatment in patients at very low risk (no risk factors).	Strong
Do not perform radiotherapy as adjuvant treatment.	Strong

## Seminoma

Linee guida chiare,  
trattamento  
codificato, evidenze  
forti

# Non Seminomi



Trattamento in funzione dei fattori di rischio

Radioterapia ? Sorveglianza ? Chemioterapia? Chirurgia?

discuss

*all treatment options with individual patients, to allow them to make an informed decision as to their further*

Nessuna scelta è sbagliata.

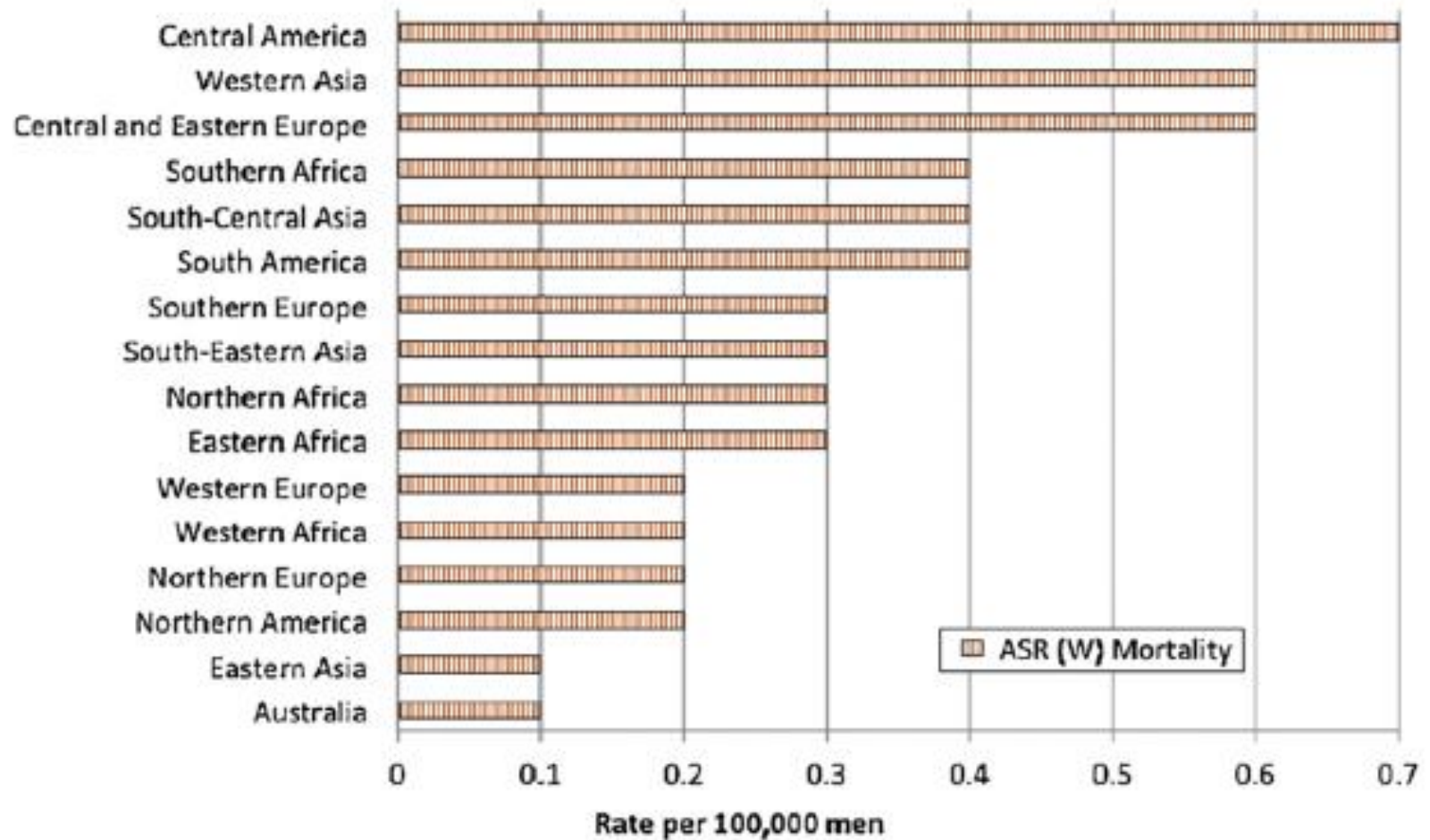
Ognuna di queste scelte può essere “sbagliata” in quella persona

Relapse

Treatment according to the IGCCCG classification (3-4 cycles BEP [or VIP] followed by resection in case of residual tumour)

**CHI???**

## Tumori del testicolo come misura di performance di un sistema sanitario



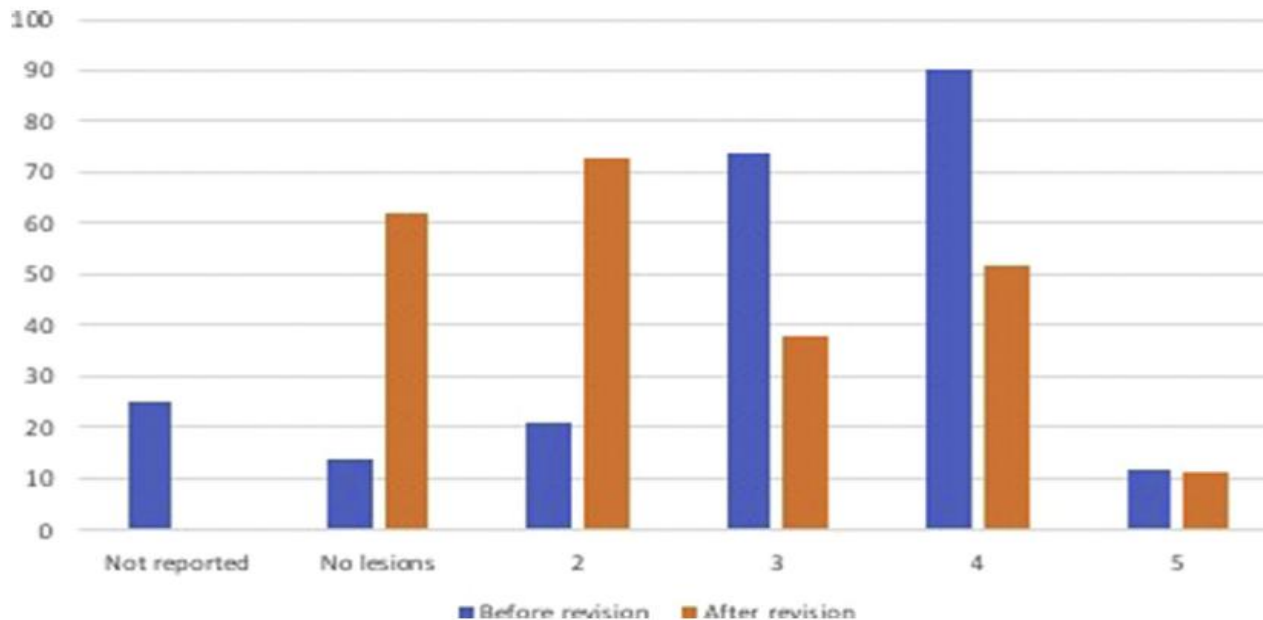


# Original Study

## Multiparametric Magnetic Resonance Imaging Second Opinion May Reduce the Number of Unnecessary Prostate Biopsies: Time to Improve Radiologists' Training Program?


Stefano Luzzago,<sup>1,2,3</sup> Giuseppe Petralia,<sup>4,2</sup> Gennaro Musi,<sup>1</sup> Michele Catellani,<sup>1,2</sup>  
Sarah Alessi,<sup>4</sup> Ettore Di Trapani,<sup>1</sup> Francesco A. Mistretta,<sup>1,2</sup> Alessandro Serino,<sup>1,2</sup>  
Andrea Conti,<sup>1,2</sup> Paola Pricolo,<sup>4</sup> Sebastiano Nazzani,<sup>2,5</sup> Vincenzo Mirone,<sup>6</sup>  
Deliu-Victor Matei,<sup>1</sup> Emanuele Montanari,<sup>2,3</sup> Ottavio de Cobelli<sup>1,2,7</sup>

**Figure 1** IL PI-RADS Score Results Before and After mpMRI Second Opinion (N = 236). Globally, Rereading mpMRI Did Not Change IL PI-RADS Score in 91 Cases (38.5%), Although in 20 (8.5%) and 125 (53%), IL PI-RADS Were Upgraded or Downgraded, Respectively





## A systematic review of contemporary management of oligometastatic prostate cancer: fighting a challenge or tilting at windmills?

Amine Slaoui<sup>1,2,3</sup>  · S. Albisinni<sup>4</sup> · F. Aoun<sup>2,5</sup> · G. Assenmacher<sup>2</sup> · W. Al Hajj Obeid<sup>4</sup> · R. Diamand<sup>4</sup> · S. Regragui<sup>1</sup> · A. Touzani<sup>1</sup> · A. Bakar<sup>4</sup> · A. Mesfioui<sup>3</sup> · T. Karmouni<sup>1</sup> · A. Ameer<sup>6</sup> · K. Elkhader<sup>1</sup> · A. Koutani<sup>1</sup> · A. Ibnattya<sup>1</sup> · T. Roumeguere<sup>4</sup> · A. Peltier<sup>2</sup>

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# Treating the primary in metastatic prostate cancer: where do we stand?

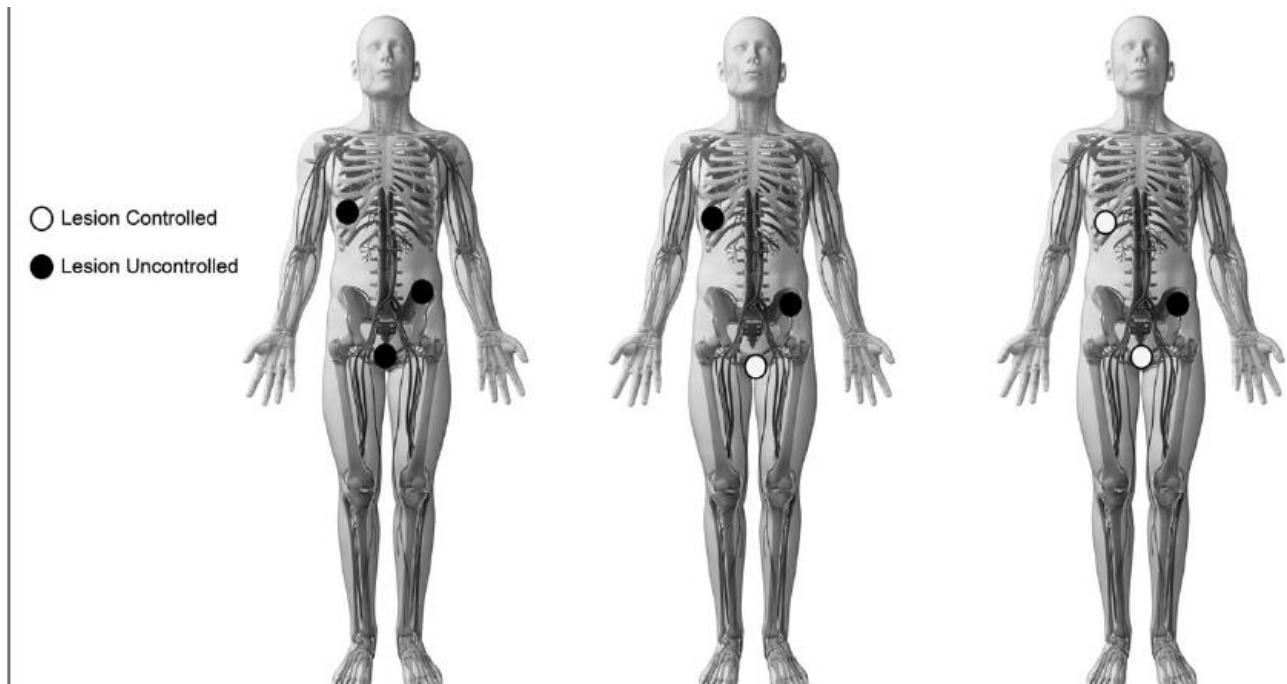
### CONCLUSION:

*Oligometastatic PCa is today a poorly understood disease. The implementation of new imaging techniques as whole-body MRI and PSMA PET/CT has increased exponentially the number of oligometastatic patients detected. Data of available trials suggest a benefit from cytoreductive prostatectomy to reduce local complication, though its impact on survival remains unknown. Radiotherapy may be beneficial for patients with low-burden metastatic PCa, while MDT may delay the need for androgen deprivation therapy*



# Radiotherapy as metastasis-directed therapy for oligometastatic prostate cancer

*Elise De Bleser<sup>a</sup>, Phuoc T. Tran<sup>b</sup>, and Piet Ost<sup>a</sup>*



## Summary

Based on data from retrospective studies, progression-free survival following MDT for oligometastatic PCa is promising with few adverse events. Comparative prospective studies are under way and will shed light on the future of MDT.

# .... Bladder cancer evolving

TJ

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DOI: 10.5301/tj.5000235

ORIGINAL ARTICLE

## Urinary bladder preservation for muscle-invasive bladder cancer: a survey among radiation oncologists of Lombardy, Italy

Barbara Alicja Jereczek-Fossa<sup>1,2</sup>, Renzo Colombo<sup>3</sup>, Tiziana Magnani<sup>4</sup>, Cristiana Fodor<sup>1</sup>, Marianna Alessandra Gerardi<sup>1,2</sup>, Paolo Antognoni<sup>5</sup>, Lucia Barsacchi<sup>6</sup>, Nice Bedini<sup>4</sup>, Stefano Bracelli<sup>7</sup>, Alberto Buffoli<sup>8</sup>, Emanuela Cagna<sup>6</sup>, Gianpiero Catalano<sup>9</sup>, Stefania Gottardo<sup>2,5</sup>, Corrado Italia<sup>10</sup>, Giovanni Battista Ivaldi<sup>11</sup>, Stefano Masciullo<sup>10</sup>, Anna Merlotti<sup>7</sup>, Enrico Sarti<sup>12</sup>, Marta Scorsetti<sup>13</sup>, Flavia Serafini<sup>6</sup>, Mariasole Toninelli<sup>8</sup>, Elisabetta Vitali<sup>12</sup>, Riccardo Valdagni<sup>4</sup>, Elisa Villa<sup>13</sup>, Dario Zerini<sup>1</sup>, Ottavio De Cobelli<sup>1,2</sup>, Roberto Orecchia<sup>1,2,14</sup>; on behalf of the Lombardy Oncological Network (Rete Oncologica Lombarda, ROL) and the Lombardy Section of the Italian Society of Oncological Radiotherapy (Associazione Italiana di Radioterapia Oncologica-Lombardia, AIRO-L)

*Conclusions: Our survey showed that bladder preservation is rarely used in Lombardy despite the availability of the latest radiotherapy technologies and the presence of an urology tumor board in half of the centers. The initiative of multicenter and multidisciplinary collaboration was undertaken to prepare the platform for bladderpreservation as a treatment option in selected patients*

# Bladder preservation in non-metastatic muscle-invasive bladder cancer (MIBC): a single-institution experience

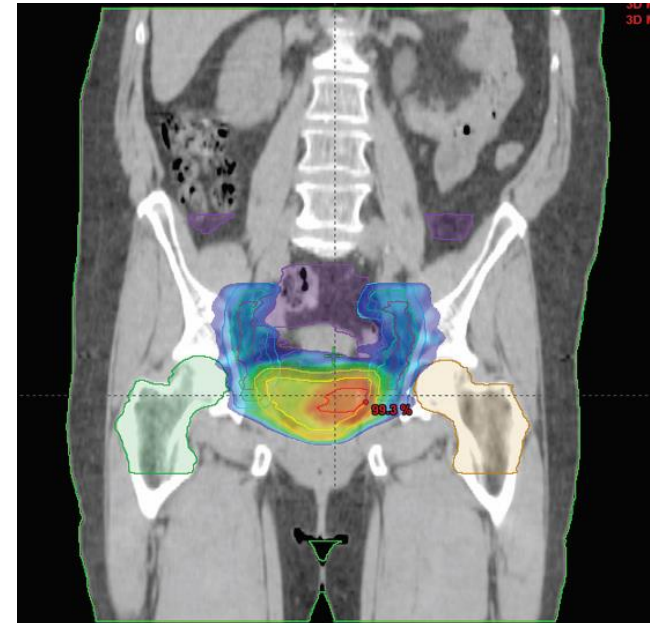
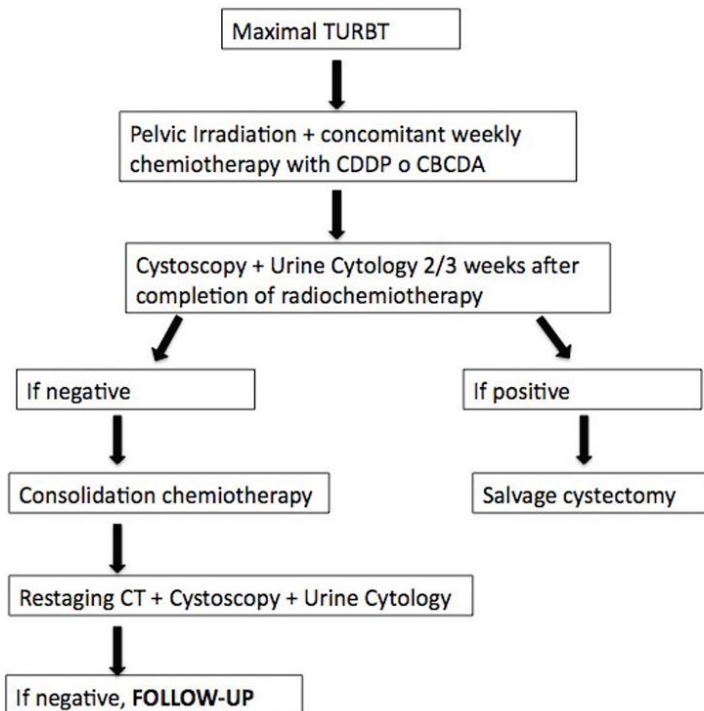
Marianna A. Gerardi<sup>1,2</sup>, Barbara A. Jereczek-Fossa<sup>1,2</sup>, Dario Zerini<sup>2</sup>, Alessia Surgo<sup>1,2</sup>, Samantha Dicuonzo<sup>1,2</sup>, Ruggero Spoto<sup>1,2</sup>, Cristiana Fodor<sup>2</sup>, Elena Verri<sup>3</sup>, Maria Cossu Rocca<sup>3</sup>, Franco Nolè<sup>3</sup>, Matteo Muto<sup>1,2</sup>, Matteo Ferro<sup>4</sup>, Gennaro Musi<sup>4</sup>, Danilo Bottero<sup>4</sup>, Deliu V. Matei<sup>4</sup>, Ottavio De Cobelli<sup>1,4</sup> and Roberto Orecchia<sup>1,2</sup>

<sup>1</sup>Department of Oncology and Haemato-oncology, University of Milan, 20122 Milan, Italy

<sup>2</sup>Division of Radiotherapy, European Institute of Oncology IRCCS, 20141 Milan, Italy

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<sup>4</sup>Division of Urologic Cancer Surgery, European Institute of Oncology IRCCS, 20141 Milan, Italy



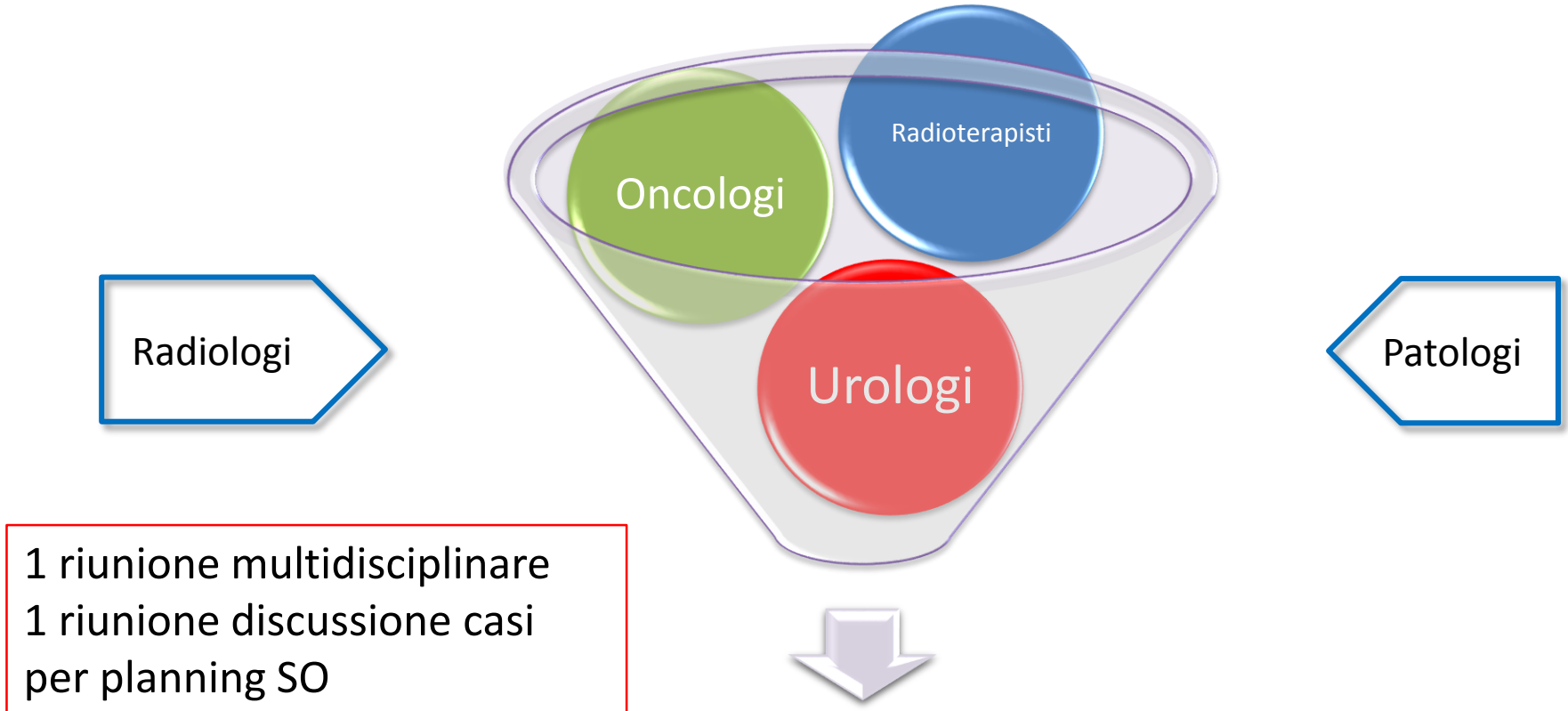
# Multidisciplinary Management of Muscle-Invasive Bladder Cancer: Current Challenges and Future Directions

*Jeanny B. Aragon-Ching, MD, FACP, Ryan P. Werntz, MD, Anthony L. Zietman, MD, and Gary D. Steinberg, MD*

## PRACTICAL APPLICATIONS

- Neoadjuvant cisplatin-based chemotherapy remains the standard systemic therapy for cisplatin-eligible patients undergoing RC and lymphadenectomy.
- Maximal TURBT followed by chemoradiation is an alternative option for patients who refuse cystectomy or otherwise choose bladder-preservation techniques.
- Increasing knowledge regarding biomarkers of response to chemotherapy, radiation, or cystectomy may pave the way for selecting patients for different modalities.
- Multidisciplinary collaboration between surgery, radiation oncology, and medical oncology brings about the best outcomes for MIBC.

# Esperienza IEO



**Divisione di Chirurgia Urologica**

# Esperienza IEO

Dal 2017 accreditamento ECM come: *“Discussione e dibattito su casi clinici in Urologia”*

- 60 ore
- 50 crediti annui
- Test di valutazione finale
  
- Aperto agli Urologi Oncologi, Radioterapisti e Radiologi dell’Istituto

**E.C.M.**  
Educazione Continua in Medicina

PROGRAMMA NAZIONALE PER LA FORMAZIONE CONTINUA DEGLI OPERATORI DELLA SANITÀ





# Take Home Message

