

Programme - Monday, 25 September

ESU Course 2: Robotics in locally advanced prostate cancer

NH Hotel: Sint Pieters

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| 13.30 - 13.50 | Patient selection and imaging
H. Van Der Poel, Amsterdam (NL) |
| 13.50 - 13.55 | Discussion |
| 13.55 - 14.15 | Comparison of outcomes prostatectomy versus external beam radiotherapy in advanced prostate cancer
F. Montorsi, Milan (IT) |
| 14.15 - 14.20 | Discussion |
| 14.20 - 14.40 | Wide local prostatectomy for T3-4 prostate cancer
M. Stöckle, Homburg (DE) |
| 14.40 - 14.45 | Discussion |
| 14.45 - 15.05 | Extended robotic lymphadenectomy
F. Montorsi, Milan (IT) |
| 15.05 - 15.10 | Discussion |
| 15.10 - 15.30 | Targeted lymphadenectomy
H. Van Der Poel, Amsterdam (NL) |
| 15.30 - 15.35 | Discussion |
| 15.35 - 15.55 | Multimodal therapy for advanced prostate cancer
M. Stöckle, Homburg (DE) |
| 15.55 - 16.00 | Discussion |
| 16.00 - 16.30 | Close |

Aims and objectives

The options for treatment of advanced prostate cancer local management consist of external beam radiotherapy and prostatectomy. Classically, external beam radiotherapy was the prime option in T3 prostate cancer but recent studies suggest similar outcome for surgery and radiotherapy. In experienced hands radical resection of advanced disease was shown possible. The guidelines recommend a nodal dissection when nomograms predict a risk of metastases over 5%. Lymphadenectomy is the most accurate means of nodal staging. However the role of lymphadenectomy in management of nodal metastases in prostate cancer has not been proven to have a survival benefit. Moreover, nodal dissection prolongs surgical time and may result in morbidity. A more extensive nodal dissection clearly improves diagnostic accuracy and therefore is the recommended approach to properly stage men with prostate cancer.

In this course we will discuss the practical approach to extensive resection of larger tumors as well as extensive nodal dissection. Which patients are most suitable for surgical management. What anatomical approaches are needed to avoid surgical positive margins. We will discuss the optimal template for nodal dissection as well as postoperative care and the need for multimodal management.