

PCA & CVD

Prostate Cancer and Cardiovascular Disease

Now Available for Viewing:

I.

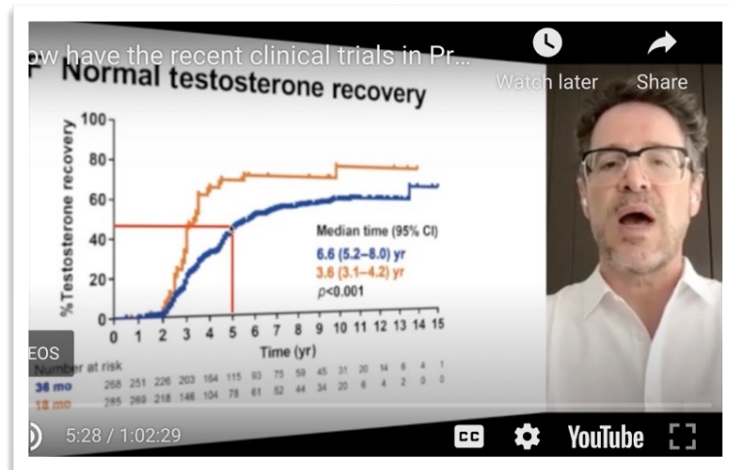
Webinar 1 (May 23, 2022): What clinical factors influence treatment decisions for localized prostate cancer?

2.

Webinar 2 (July 11, 2022): How have the recent clinical trials in prostate cancer informed my practice choices?

View these events here:

<https://members.ic-os.org/page/pc-cvd>



The educational series:

Prostate Cancer and Cardiovascular Disease: Principles of Optimal Multidisciplinary Management in Clinical Practice

In 2021, an active partnership was established between the **International Cardio-Oncology Society (IC-OS)**, the **Canadian Urological Association (CUA)**, and the **European Association of Urologists (EAU)** to produce a series of online educational events addressing the cardiovascular impact related to prostate cancer treatment.

Building on this foundation, this partnership extended to include an educational program in 2022 that addresses practical clinical decision making, with CV disease in mind, utilizing a multidisciplinary approach in the treatment of prostate cancer worldwide.

Two of this year's four events are now available for viewing and for CME credits.

Prostate Cancer &
Cardiovascular Disease



Upcoming Webinar 3:
Collaborative Practice
in Prostate Cancer:
How is this actually
done?

September 12, 2022
12:00-1:00 PM EDT –
6:00-7:00 PM CEST

AND

Upcoming Webinar 4:
Ongoing Clinical
Research in Prostate
Cancer: What can we
anticipate?

November 14, 2022
12:00-1:00 PM EST –
6:00-7:00 PM CET

Register for these
events here:

[https://members.ic-](https://members.ic-os.org/page/pc-cvd)
[os.org/page/pc-cvd](https://members.ic-os.org/page/pc-cvd)

Summary-Webinar 1:

What clinical factors influence treatment decisions for localized prostate cancer?

Moderators: **Dr. Tia Higano**, Adjunct Professor, Department of Urologic Sciences, University of British Columbia, **Canada**, and **Dr. Derya Tilki**, Professor of Urology Martini-Klinik Prostate Cancer Center and Department of Urology, University Hospital Hamburg-Eppendorf, Hamburg, **Germany**

The webinar series began with: **How do I advise my patient of the best choice individually?** **Dr. Neil Fleshner**, Chair and Professor, Division of Urology, University of Toronto, **Canada**, presented an excellent overview of the basics of prostate cancer, including the anatomic considerations, the epidemiology, concepts of early detection, and the principle of biopsy grading, as well as advancements in the treatment of localized disease. Next, **Role of androgen deprivation therapy (ADT) as adjuvant therapy in radiation treatment (RTX) with curative intention:** **Dr. Paul Nguyen**, Professor, Radiation Oncology, Harvard Medical School, **USA**, summarized the major studies regarding ADT and RTX. He highlighted that in low risk patients, ADT may not be needed, but with high risk patients, it is a must in conjunction with RTX. Also, the length of ADT required may not be as long as was previously prescribed. Additionally, he noted that ADT may raise the risk of CV events, but perhaps only in those with established CVD at the outset. Lastly, **Which screening tests and initial treatments are needed to prevent CVD progression?** **Dr. Chris Plummer**, Consultant Cardiologist, Newcastle's Freeman Hospital, **UK**, provided an excellent overview of how significant the CV risks (especially hyperlipidemia, hypertension and diabetes) may be in those patients with prostate cancer, and which prostate cancer treatments may exacerbate CV disease. Importantly, most men are not on appropriate CV disease prevention therapy, and the use of statins are clearly associated with better outcomes. It is uncertain at present if aspirin may have a salutary effect on CV disease in these patients.

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Summary-Webinar 2:

How have the recent clinical trials in prostate cancer informed my practice choices?

Overall Course Chairs: Renato Lopes, MD (Duke, USA); Daniel Lenihan, MD (IC-OS, USA), and Darryl Leong, MD (McMaster, Canada)

Moderators: Juan Gomez Rivas, MD, Department of Urology, Hospital Clínico San Carlos, Madrid, **Spain**;
Kathleen Zhang, MD, Assistant Professor, the Department of Internal Medicine, UT Southwestern Medical Center, Dallas, TX, **USA**.

The 2nd webinar in this series started with **Pivotal trials that have changed my practice: Ricardo Rendon, MD**, Professor, Department of Urology, Dalhousie University, **Canada**, who highlighted what is the standard for ADT in 2022 based on a number of important clinical trials.

Intermediate risk prostate cancer would be best treated with RTX and 18 months of ADT (DART). Post-operatively, the SPPORT trial indicated the short RTX and ADT is beneficial. A meta-analysis suggests that delaying RTX to do neoadjuvant ADT was not helpful. The EMPIRE-1 trial introduced the concept that novel imaging tools were beneficial for decision making. The STAMPEDE trial demonstrated the benefit of abiraterone for castrate-resistant disease. Next, **The role of different hormonal-based therapies in Prostate Cancer: Alicia Morgans, MD** Genitourinary Medical Oncologist and the Medical Director of the Survivorship Program at Dana-Farber Cancer Institute, **USA**, did a beautiful summary of all the medical options for prostate cancer in contemporary practice. This included: who should get ADT, for how long, and when is intensification of hormonal therapy with androgen receptor blockers the standard of practice currently. Lastly, Summarizing the CV toxicities for prostate cancer therapies (including the PRONOUNCE trial): **Renato Lopes, MD**, Professor of Medicine. Member in the Duke Clinical Research Institute, **USA**, closed out this session with an outstanding overview what exactly is Class I evidence to date . . . (cont'd)

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Summary-Webinar 2 (cont'd):

How have the recent clinical trials in prostate cancer informed my practice choices?

... which is limited to about 10% of guideline recommendations) and how these CV events are defined in standard oncology trials. He went on to explain the careful adjudication of CV events as part of the PRONOUNCE study and then described how this outstanding multidisciplinary trial has set the standard for cooperation in future research.

