

Screening and active surveillance – where are we now?

ESU Course 07

Saturday, 25 March
14:30 - 17:30

Location: Room 10, Capital suite (level 3)

Chair: A.R. Zlotta, Toronto (CA)

Aims and objectives of this session

- Prostate cancer presents a global public. While the ERSPC has showed a reduction in prostate cancer mortality, the potential for negative effects from over-diagnosis and treatment cannot be ignored. This is why the evidence for and against prostate cancer screening remains controversial.
- Today's challenges include the age when to start screening, screening intervals and the optimal use of "intelligent screening" which would incorporate many factors other than PSA such as Family history, Ethnicity and Genetic factors.
- Active surveillance is now widely accepted as a management strategy for low risk prostate cancer with definitive treatment used if there is evidence that the patient is at increased risk for disease progression. Multiple studies consistently found a low rate of progression to metastatic disease or death from prostate cancer with active surveillance; in addition, the majority of patients did not require definitive therapy.
- Clinical and pathological factors influencing the risk of disease progression in patients with low risk prostate cancer under active surveillance, surveillance strategy, role of repeat biopsy, inclusion criteria, use of MRI will be discussed.

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Screening

J. Hugosson, Göteborg (SE)

14:30 - 17:30

Active surveillance

A.R. Zlotta, Toronto (CA)