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Technique, technology and precision medicine

Dr. Bujons Tur shares major recent developments in paediatric urology

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EMUC23 Reports

15th edition of multidisciplinary urological cancers congress drew over 1100 participants this November

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Laparoscopic applications for robots

First in a new series on the current state of robotic-assisted surgery in urology

Continence Health Manifesto calls for action

1st EU Continence Health Summit in Brussels urges policymakers to act



On 8 November in Brussels, Belgium, the EAU led 22 scientific, professional, patient and non-profit organisations in launching a [manifesto](#) for policy reform on Continence Health in Europe. The Manifesto was presented at the 1st Continence Health Summit with the aim of raising awareness among both EU and national policymakers about the serious and growing continence health issues and to instil the need for action.

The Summit served as an opportunity not only to rouse support for the Manifesto, which lays out ten key goals for the development of continence health policy, but also for experts to present the findings of a new [report](#) on the health, socio-economic and

environmental costs of continence health problems in Europe. The report provides extensive details about the overwhelming monetary costs of incontinence, but also costs related to loss of productivity, socialisation and mental health repercussions. The research revealed that up to half of all Europeans experience some form of incontinence during their lifetime. This creates a huge strain on both those affected, and society as a whole. The economic burden of urinary incontinence and cost of continence care was estimated to reach €69.1 billion by the end of 2023. If no action is taken to support continence health, the economic burden is estimated to rise by 25% in 2030 to €86.7 billion.

"The research revealed that up to half of all Europeans experience some form of incontinence during their lifetime."

These expenses were largely related to medical products and care, but a key cost was discovered in the research: productivity losses. Productivity losses equate to 35% of the total cost of incontinence, not only for the patients but also for

informal carers surrounding them. While formal (paid) carers are a key resource for incontinence patients, many rely on family members and loved ones to shoulder some portion of care, meaning not only absences and productivity loss for the patient, but also those around them. Continence problems extend across a diverse number of health domains and comorbidities, including cancer, mental health, women during pregnancy and after child birth, and an ageing population.

EAU Secretary General, Prof. Arnulf Stenzl (DE) opened the Summit by welcoming all those present and congratulated the EAU Policy Office for this important step in improving continence health. Prof. Philip Van Kerrebroeck (BE), Vice-Chair of the Policy Office, continued by addressing the objectives and the need for action. He introduced MEP Sirpa Pietikäinen (FI) who made an impassioned speech that no one should feel ashamed talking about incontinence. She stressed to join forces and put resources together to share best practices and stimulate innovation for more sustainable solutions.

The environmental costs of incontinence are exceedingly high, as is reported in the socio-economic report. Dr. Tiina Vaittinen (FI), primary investigator of an international study on the use



MEP Sirpa Pietikäinen stressed the importance of sustainable solutions

of pads, called for policymakers to prioritise the creation of and focus on recycling facilities, as the carbon footprint of incontinence waste recycling is -6 million, while incinerating is +22 million. She noted the importance of identifying where environmental waste lies in the supply chain and implored policymakers to look at continence health problems holistically, as something to be considered in not only the health sector but using a (continence) 'health in all policies' lens.

Both Profs. John Heesakkers (NL) and Francisco Cruz (PT) and Dr. Fred Milani (NL) touched on issues related to the holistic, multidisciplinary approach



From left: Chrissy Bishop, Arnulf Stenzl, Francisco Cruz (holding the report), Philip Van Kerrebroeck, Pedro Blasco and Eva Wallace after the successful event

A paradigm shift

Focal therapy for prostate cancer



Prof. Dmitry Enikeev
Dept of Urology
Rabin Medical Center
Petah Tikva (IL)

Prostate cancer (PCa) remains a significant healthcare issue ranking first among newly diagnosed malignancies and causing 11% of cancer-related deaths in men [1]. Conventional approaches with curative intent comprise of radical prostatectomy (RP) and external beam radiotherapy (EBRT).

Modern technological solutions such as robotic surgery, intensity-modulated and image-guided radiotherapy improve functional outcomes and recovery speed. However, their side effects (predominantly erectile dysfunction and urinary incontinence), and complications, may still significantly decrease a patient's quality of life (QoL).

Currently, the number of patients diagnosed early with PCa is on the rise, and up to 70% of newly diagnosed cases are localised [2], so the issue of overtreatment warrants special attention [3]. Low-risk PCa amounts to 30% of all cases [4], and active surveillance (AS) is an established first-line approach that has no impact on QoL. For high-risk PCa—with a rate of about 23%—the treatment strategy is more or less unambiguous and entails RP or EBRT. In contrast, for intermediate-risk PCa, the rate of

which is up to 48%, represents a kind of “grey area,” where different approaches are being discussed.

A possible option which can reduce treatment toxicity may be focal therapy (FT). It has been around for more than 15 years. While in general, the outcomes are good for FT, it is still only recognised as an experimental approach, but according to the 2023 EAU guidelines, FT can also now be offered within well-designed prospective cohort studies.

There are several FT modalities available, and most of them imply ablation. The main FT methods are cryoablation (CA), brachytherapy (BT), and high-intensity focused ultrasound (HIFU). Recently, new modalities have emerged; among them are irreversible electroporation (IRE), laser ablation and photodynamic therapy (VTP). FT is often criticised for its oncological outcomes. However, it is crucial to differentiate between in-field and out-field relapse, as well as clinically significant and insignificant relapse. While in-field relapse (cancer detected during follow-up in the ablation area) means that FT did not achieve complete destruction of the tumour cells, out-field relapse bears no relation to FT efficacy. It may stem from previously missed small lesions or de novo PCa. Unfortunately, not all investigators report these relapse types separately.

What does the research say?

Baydoun et al. conducted a systematic review [5] of all FT modalities. They reported very low complication rates: of all the 2,288 patients, urinary incontinence was only observed in 11 cases (0.48%), and potency was preserved in about 70% of the patients. When using questionnaires, all the studies except one reported insignificant changes in sexual function. The majority of the studies that were included,

assessed the oncological outcomes of BT, HIFU and CA. The biochemical progression-free survival for BT reached 91.5% at 5 years and 78.1% at 8 years; for CA it ranged from 84.2% at 6 months to 92.9% at 70 months; for HIFU relapse-free survival it was 89% with 12 months follow-up.

Another recent meta-analysis by Guo et al. [6] reported the following pooled outcomes: positive biopsy rates after CA, HIFU, IRE, and VTP were 20%, 24.3%, 24.2%, and 36.2%, respectively. As for other outcomes, the biochemical relapse-free survival was 75.7% for CA and 74.4% for HIFU; CSS was 96.1%, 98.2%, and 97.9% for CA, HIFU, and IRE, respectively; OS was 92.8% for CA and 85.2% for HIFU.

“FT is an actively studied field and currently clinicaltrials.gov contains 845 records on “prostate cancer” and “focal therapy.”

FT is an actively studied field and currently clinicaltrials.gov contains 845 records on “prostate cancer” and “focal therapy” queries with 189 studies among them recruiting.

A basis of successful FT is precise lesion targeting. Current advances in mpMRI [7] make it an essential investigation both preoperatively and during follow-up. Another important aspect is adequate sampling during biopsy. These tests allow for proper patient selection. We believe that an ideal candidate for FT should have a solitary lesion with ISUP grade 2-3 and Pi-RADS 3 or higher. After FT, patients should be monitored properly. A consensus regarding follow-up suggests PSA testing every 3 months and systematic biopsy with additional targeted biopsies between 6 months and 12 months

after treatment. MRI—preferably mp-MRI—should be performed prior to biopsy [8].

FT is a reasonable option for some low-risk patients. A considerable proportion of patients (up to 30%) have anxiety and may discontinue AS due to their inclination towards treatment, without cancer progression and indications for radical treatment [9]. At the same time, toxicity renders radical treatment unacceptable for them. In such circumstances FT is a compromise which enables improved cancer control with lower treatment toxicity.

Concerning patients with unfavourable intermediate-risk PCa, high relapse rates after FT should be kept in mind. An important advantage of FT is that relapse may be addressed with any type of salvage treatment, both repeat (salvage) FT and salvage radical treatment (RP or EBRT). Thus, FT might be considered among reasonable first-line options for intermediate-risk patients. Moreover, FT may be a solution for salvage treatment of radiorecurrent PCa allowing for good biochemical control and tolerability [10]. Naturally, shared decision-making is essential when opting for such a strategy. Some researchers argue that FT may be justified in comorbid and elderly patients with high-risk PCa [11], but this is highly disputable and requires further evaluation.

Summary

FT shows superior functional and acceptable oncological outcomes. Both physicians and patients should change their perspectives from cancer eradication to cancer control and keep in mind that while a relapse is possible, it can be treated successfully with repeat FT or other salvage options.

The complete reference list of this article is available from the EUT Editorial Office. Please send an e-mail to: EUT@uroweb.org with reference to the article “A paradigm shift” by Prof. D. Enikeev, Oct/Dec issue 2023.