ORGANISATION OF EUROPEAN CANCER INSTITUTES
EUROPEAN ECONOMIC INTEREST GROUPING

Scientific Conference
"Organizing Personalized Medicine in Oncology"

Session "Translating Research into Personalized Cancer Care"

PROSTATE CANCER UNITS

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Prostate Cancer: the complexity of the disease

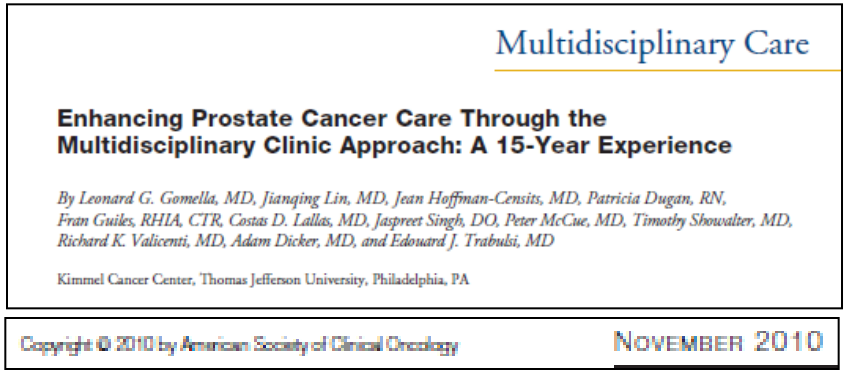
Background (1)

- ✓ Multiple therapeutic options
  Different but equally effective therapies are available for the same “state” of disease (RP; EBRT; BCT)
- ✓ Different side effects
  Multiple treatments but quantitative and qualitative different impacts on physical, emotional and sexual domains
- ✓ The fourth option: Active Surveillance
  The observational strategy available for patients with low (intermediate) risk disease aimed to avoid overtreatment
- ✓ Quality of treatments and caseload
  Higher provider volumes (surgeons and radiation oncologists) are associated with better outcomes and less adjuvant/ salvage treatments

Prostate Cancer: the complexity of the disease

Background (2)

- ✓ **Multiple physicians involved**
  Urologists, radiation oncologists, medical oncologists play a fundamental role in the management of prostate cancer patients but they “differ” with respect to education, *forma mentis*, mono-specialistic culture, relational approach to the patient



Multidisciplinary Care

Enhancing Prostate Cancer Care Through the Multidisciplinary Clinic Approach: A 15-Year Experience

By Leonard G. Gomella, MD, Jianqing Lin, MD, Jean Hoffman-Censits, MD, Patricia Dugan, RN, Fran Guiles, RHIA, CTR, Costas D. Lallas, MD, Jaspreet Singh, DO, Peter McCue, MD, Timothy Showalter, MD, Richard K. Valicenti, MD, Adam Dicker, MD, and Edouard J. Trabulsi, MD

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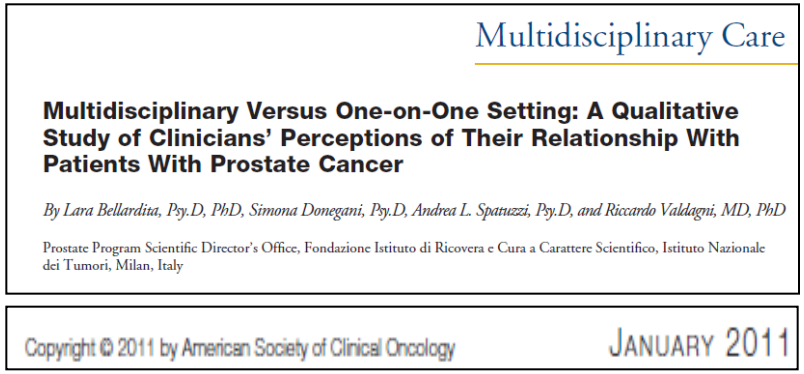

Multidisciplinary Care

Multidisciplinary Versus One-on-One Setting: A Qualitative Study of Clinicians' Perceptions of Their Relationship With Patients With Prostate Cancer

By Lara Bellardita, Psy.D, PhD, Simona Donegani, Psy.D, Andrea L. Spatuzzi, Psy.D, and Riccardo Valdagni, MD, PhD

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Prostate Cancer: the complexity of the disease

Background (3)

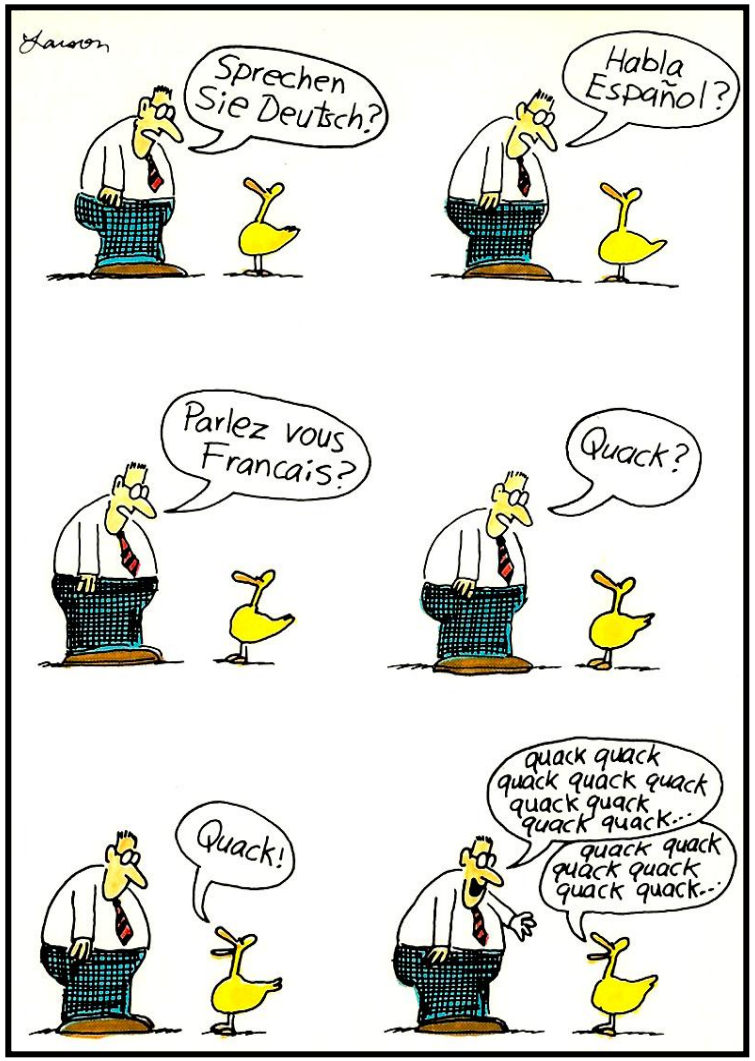
- ✓ **The single physician**
  For the single physician it's obviously hard to explain analogies and differences among the three therapies exhaustively, objectively and multi-specialistically

- ✓ **Multiple mono-specialistic cultures**
  Mono-specialistic interests, uncertainties or true ambiguities embedded in the complexity of the disease can lead to different opinions on the treatment management

Prostate Cancer: the complexity of the disease

Background (4)

- ✓ **Different Opinions**
  Different medical opinions on disease management might end up disorienting patients



Prostate Cancer: the complexity of the disease

Background (5)

- ✓ **The change in Doctor-Patient relationship**
  No more paternalistic, rather deliberative

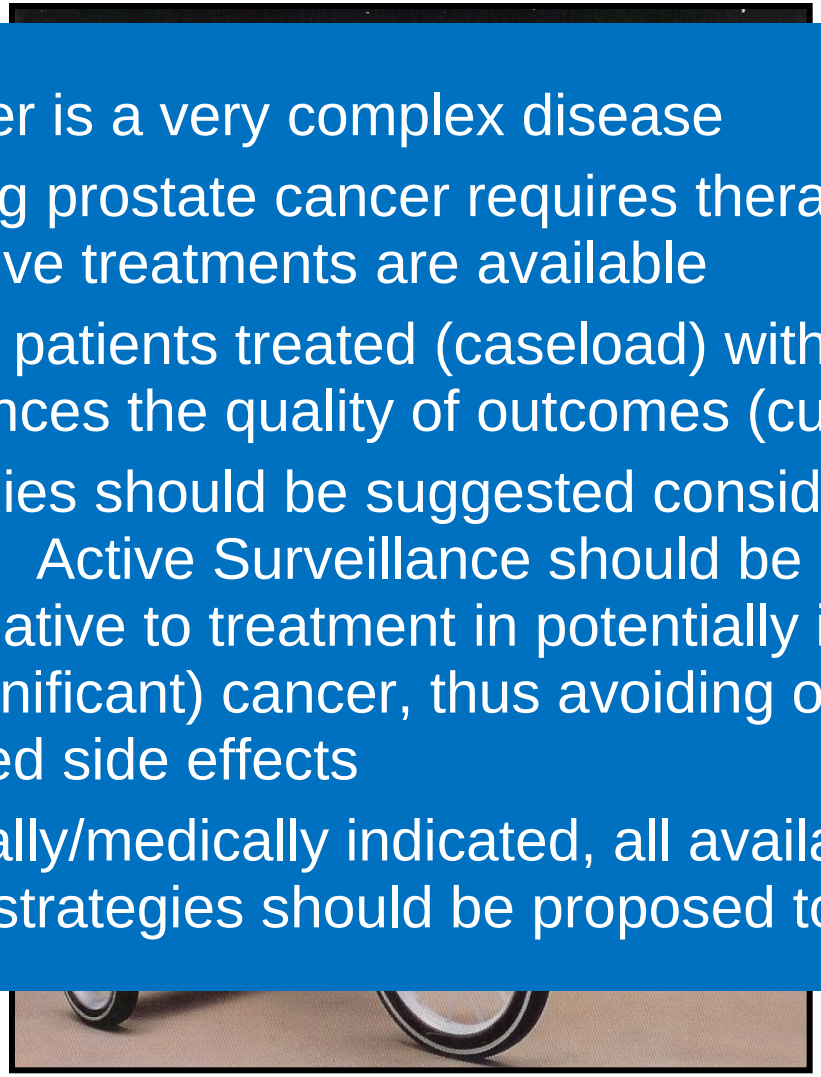
- ✓ **The change in the Physician's attitude on Treatment Decision**
  Physicians should not prescribe, rather propose the possible, optimal therapeutic/observational strategies to the patient

Prostate Cancer: the complexity of the disease

Background (6)

- ✓ **The change in the Patient's attitude on Treatment Decision**
  The patient is asked to take the choice upon himself, thus becoming active part in the treatment decision.
  The patient can be confused in the Decision Making Process and psychological support might be required.

Ten good reasons to support the multidisciplinary, multiprofessional approach to prostate cancer



1. Prostate cancer is a very complex disease
2. Life threatening prostate cancer requires therapy: three equally effective curative treatments are available
3. The volume of patients treated (caseload) with each therapy strongly influences the quality of outcomes (cure rates and tox)
4. Radical therapies should be suggested considering overtreatment: Active Surveillance should be proposed as a possible alternative to treatment in potentially indolent (clinically insignificant) cancer, thus avoiding overtreatment and therapy-induced side effects
5. When technically/medically indicated, all available therapeutic/ observational strategies should be proposed to the patient

Ten good reasons to support the multidisciplinary, multiprofessional approach to prostate cancer

6. The three therapies show very different side effects: patient's quality of life concurs in addressing the decision
7. If quality of life relies on patients and Active Surveillance has its dignity, the decision making process is essentially patient-related
8. To take an informed and responsible choice, patients need adequate, unambiguous, well balanced information on all the options
9. Optimal and well balanced information requires a shift from a mono-disciplinary to a synergic, interdisciplinary approach
10. High quality interdisciplinary, multiprofessional patient-centered Specialist Prostate Cancer Unit appears to be the best answer to manage patients and the complexity of their disease

The concept of the Prostate Cancer Unit

On these premises,

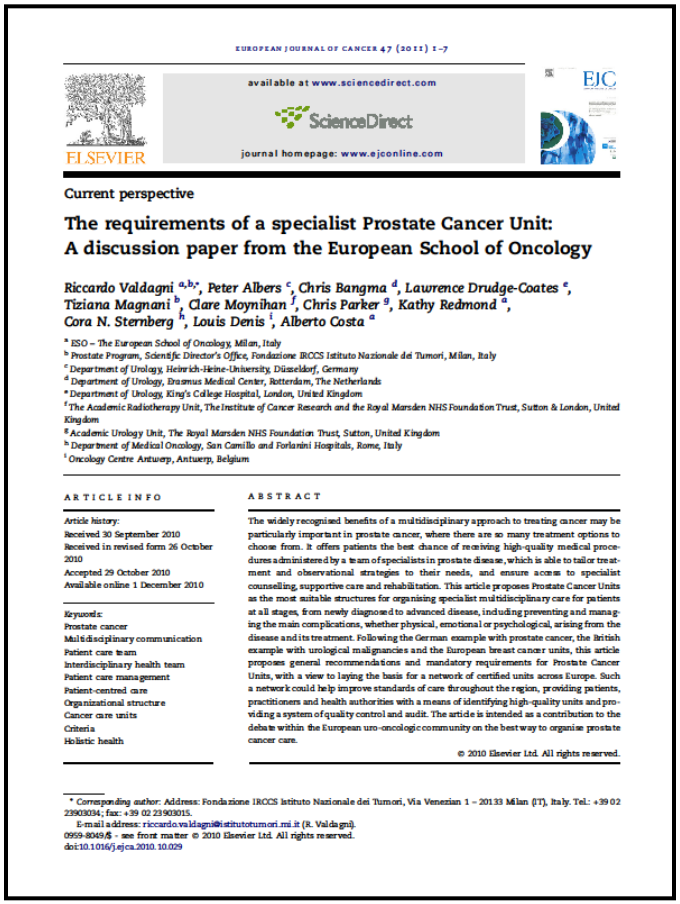
- A Working Committee of the European School of Oncology (ESO), constituted of different specialties involved in prostate cancer care (Urology, Radiation Oncology and Medical Oncology) and two crucial issues were identified:
  1) Are Prostate Cancer Units the future for the management of prostate cancer patients?
  2) Is there any similarity with what happened with breast cancer in the Nineties that led to the creation of Breast Units?

- ESO organized the first brain storming meeting of the Working Committee in Azzate (Milan), Feb. 19-20, 2010

The concept of the Prostate Cancer Unit (PCU)

Meeting aims

- ✓ To explore the concept of PCU and their establishment in Europe
- ✓ To follow the experience of Breast Cancer Units to implement an accreditation programme in Europe
- ✓ To define the acceptable criteria for PCU in Europe
- ✓ To explore the challenges in establishing PCU in Europe and define solutions
- ✓ To write a discussion paper setting the minimal requirements for PCU in Europe and start the debate



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Current perspective

The requirements of a specialist Prostate Cancer Unit: A discussion paper from the European School of Oncology

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ABSTRACT

The widely recognised benefits of a multidisciplinary approach to treating cancer may be particularly important in prostate cancer, where there are so many treatment options to choose from. It offers patients the best chance of receiving high-quality medical procedures administered by a team of specialists in prostate disease, which is able to tailor treatment and observational strategies to their needs, and ensure access to specialist counselling, supportive care and rehabilitation. This article proposes Prostate Cancer Units as the most suitable structures for organising specialist multidisciplinary care for patients at all stages, from newly diagnosed to advanced disease, including preventing and managing the main complications, whether physical, emotional or psychological, arising from the disease and its treatment. Following the German example with prostate cancer, the British example with urological malignancies and the European breast cancer units, this article proposes general recommendations and mandatory requirements for Prostate Cancer Units, with a view to laying the basis for a network of certified units across Europe. Such a network could help improve standards of care throughout the region, providing patients, practitioners and health authorities with a means of identifying high-quality units and providing a system of quality control and audit. The article is intended as a contribution to the debate within the European uro-oncologic community on the best way to organise prostate cancer care.

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Prostate Cancer Unit

Characteristics 1.

✓*A place where men with prostate cancer can be cared for by specialists in prostate disease working together within a multi-disciplinary team*

✓*A place which offers the most suitable organisational structure for caring for prostate cancer patients at all stages, from diagnosis to advancd disease, including prevention and treatment of the main complications*

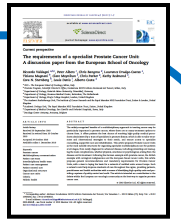
Prostate Cancer Unit

Characteristics 2.

- ✓ *German model of Prostate Cancer Units*
- ✓ *British example with urological malignancies*
- ✓ *Experience of Breast Cancer Units in Europe*



Prostate Cancer Unit – Minimal Requirements



General Recommendations

- ✓ *PCUs should be able to provide high quality care for an adequate number of prostate cancer patients at all "states" of disease*
- ✓ *able to favour access to specialist counselling, supportive care and rehabilitation, thus giving voice to emotional needs and sexual issues*
- ✓ *capable of developing research (e.g. enrolling at least 10% of all patients into innovative clinical trials)*
- ✓ *capable of offering teaching to and training students and junior staff*
- ✓ *able to manage its own budget*

Prostate Cancer Unit – Minimal Requirements

Critical mass

- ✓ *in the position to serve at least a population of 300,000 people (in large / medium size hospitals)*
- ✓ *capable of attracting more than 100 newly diagnosed cases of prostate cancer (at all ages and stages) coming under its care annually*
- ✓ *willing to accept that all treatment and observational strategies must be carried out under the direction of the Unit's MD team and its Director*
- ✓ *willing to accept that adjuvant and palliative therapies as well as psychological support may be delivered in other settings but under the direction of the PCU*
- ✓ *able to record all patient data and make it available for audit*

Prostate Cancer Unit – Minimal Requirements

Core Team 1.

- ✓ *A Clinical Director, a MD or PhD from any specialty of the core team, responsible for the coordination*
- ✓ *Min 2 urologists: min 25 radical prostatectomies/yr, 50 radical prostatectomies/yr/unit; min one prostate clinic/wk, min 50% of their working time in prostate disease*
- ✓ *Min 2 radiation oncologists: min 25 external radiotherapy (radical or adjuvant)/yr, 50 treatments/yr/unit, or 15 HDR or LDR brachytherapy procedures/yr, min 50% of their working time in prostate disease*
- ✓ *Min 1 medical oncologists: min 30 patients/yr; min 30% or more of his/her working time in prostate disease(cont'd)*

Prostate Cancer Unit – Minimal Requirements

Core Team 2.

✓*Min 1 uro-pathologists, min 30% of his/her working time in prostate disease, with contractual sessions to attend team case management and audit meetings and able to see min 150 sets of prostate biopsies/yr*

✓*Min 1 nurse specialist in prostate care*

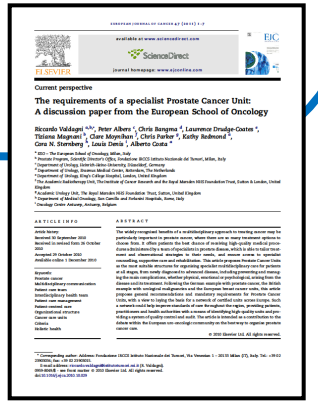
✓*Min 1 data manager*

✓*1 documentation representative, responsible for the documentation system*

Prostate Cancer Unit – Minimal Requirements

Associated services and non core team 1.

- ✓ *Min 1 radiologists (MRI, PET/CT, TRUS,etc), who spends min 20-30% of his/her working time in prostate disease*
- ✓ *Min 1 medical physicists, for min 40 treatment plans/yr*
- ✓ *Min 2 RT technologists, for min 25 simulations and treatments/yr*
- ✓ *Min 1 physiotherapists trained to minimise therapy-induced complications and promote rehabilitation*



Current perspective

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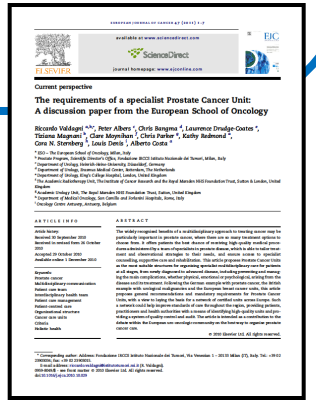
Prostate Cancer Unit – Minimal Requirements

Associated services and non core team 2.

- ✓ *Min 1 palliative care specialist*
- ✓ *Professionals offering psychological support*
- ✓ *Min 1 sexologist or andrologist*
- ✓ *Min 1 geriatrician*
- ✓ *Min 1 clinical trials coordinator*
- ✓ *Patient advocates or advocacy group members*



Current perspective

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Prostate Cancer Unit – Minimal Requirements

Organization 1. Multidisciplinary case management

- ✓ ***A weekly multidisciplinary clinic (MDC)*** *for newly referred patients: urologist, radiation oncologist, and medical oncologist (depending on the risk classes), synchronously or in sequence; if possible, also a psychologist or a professional specially trained in psycho-emotional issues*
- ✓ ***A follow-up clinic*** *supervised by one of the PCU core team members*
- ✓ ***A bimonthly recurrent/advanced PC clinic*** *(frequency depending on the case load)*
- ✓ ***A weekly multidisciplinary meeting (MDM)*** *to discuss at least 90% of the cases: uncertain diagnoses, patients eligible for radical therapy or observational strategies, cases following surgery on receipt of the histopathology, patients on follow-up*

Prostate Cancer Unit – Minimal Requirements

Organization 2. Therapy/observational options and availability of services

- ✓ *Treatment(s) and observational options should be objectively proposed to patients*
- ✓ *Patients should be given written and oral information on the disease, therapies/observational strategies, side effects, rehab. programs, etc; contact information on patient groups and other sources of support*
- ✓ *Patients' right to self determination should be respected*
- ✓ *Patient advocates or advocacy group members should partecipate in the activities of PCUs*

Prostate Cancer Unit

General implication

- *Reorganising prostate cancer care around a network of PCUs with the potential aim of significantly improving standards in Europe and reducing costs of multiple consultations, inappropriate treatments and secondary therapies*
- *Holistic, multi-layer, multiprofessional management of this complex disease*
- *Continuous interchange among different specialists and care providers*
- *Certification of PCUs as a necessary way forward to ensure that men with PC receive optimal treatment and care*

ESO is funding this exercise with its core funds to avoid any bias and commercial influence

Europa Uomo has endorse this process and is contributing to the idea and its dissemination

Thank you for your attention