

出國報告（出國類別：其他）

參加 2024 歐洲泌尿科學會年會報告

服務機關：國立陽明交通大學附設醫院

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摘要

歐洲泌尿科醫學會年會為泌尿科國際醫學會最鼎盛之盛事，每年均吸引來自世界各地的泌尿科醫師前往參與，除了每天的 plenary session 都有針對最新的治療趨勢之解析，也有來自美國的醫師對於治療趨勢改變的辯論及腦力激盪，以及 live surgery demonstration 感受大師的手術功力，展場也有各式各樣最新的藥物及醫療器械展出，能夠現場操作新型醫療器械了解使用原理，並且思考在醫院推廣及實際使用在民眾身上，提升蘭陽地區醫療水準，並且希望嘉惠更多病患，以期讓本院泌尿科有更多發揮的空間。

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壹、目的

參與年度國際醫療研討會，學習最新技術，引進最新治療觀念，以期提升泌尿科醫療水平，嘉惠蘭陽地區患者。。

貳、過程

為了參與歐洲泌尿科醫學會 2024 年的年會，我早在 2023 年八月便訂購了早鳥的機票以期節省經費，也預先以早鳥價報名了年會。提早兩天抵達會場附近，並且在四月五號一大早便前往參與會議。

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參、心得：

1. Are we advancing in prostate cancer(PCa) staging?

Molecular imaging, and biomarkers: PSMA PET is the best imaging test available, though there are some pitfalls: an increased frequency of unspecific bone uptake, inter-tracer differences in the rate of false positive lesions, current treatment recommendations are based on conventional imaging findings, and the efforts to translate PET/CT findings to clinical outcomes. It is important to implement PSMA PET in all future clinical trials. Current trials include PRIMORDIUM and ARASTEP. The next step is the need for standardization to secure the long-term success of PSMA PET, which is the aim of SPARC Trial. M1a PCa is an understudied and heterogenous disease that is getting more common (40%) and is increasingly being found at lower disease volumes with PSMA PET. Prospective trials with a generation of biobanks are necessary to validate current biomarkers, to test new biomarkers for prognostic risk stratification, and to prospectively assess predictive biomarkers with defined therapeutic benefit.

➔ PSMA PET 必定是未來重要的診斷工具，特別是針對以目前常規檢驗如腹部電腦斷層、攝護腺核磁共振及全身骨骼掃描無法偵測之轉移攝護腺癌病人，或許能解釋手術後病人無法 PSA 降至 nondetectable level 或是迅速 biochemical recurrence 的原因。合併基因變異篩檢更能抓出有危險因子的病人，以其盡早給予病人系統性治療或避免不必要之手術為病人帶來的併發症。

2. New concepts on prostate screening: EAU point of view

EAU Commission recommends member to rethink their strategy to the early detection of prostate cancer.

PRAISE-U: the most concrete result of the new political decision to explore PCa early detection in the EAU. The high-profile project is being coordinated by the EAU and its Policy Office, and Prof. Monique Roobol (NL) introduced it and gave an update on its progress in its first year. She also reflected on earlier work with the European Randomized study of Screening for Prostate Cancer (ERSPC) and the drawbacks of its “one-size-fits-all” approach: While screening can reduce suffering from metastatic disease and PCa mortality, a one-time screening is not enough and starting at an elderly age causes more harm. The stopping age is also still under debate as the

harm/benefit and life expectancy play an important role. One-size-fits-all also has the drawback of leading to many unnecessary testing procedures.

CAP Trial: In the control arm, 8/1000 men died of PCa. In intervention, this was reduced to 7/1000, or one fewer death per thousand men invited. Policy makers should weigh the small reduction in deaths using PSA testing against the harms of overdiagnosis and the risk of overtreatment, as shown in ProtecT trial. We have not one, but two Achilles heels: the genomic diversity of PCa, which we're just starting to understand; as well as the question we still ask ourselves: 'what does clinical significance actually mean?' We see more men presenting with PCa, but the mortality rate remaining stable.

→ 雖然西方持續反思攝護腺癌之篩檢是否為必要，且究竟能讓多少攝護腺癌病患受惠於治療似乎持續爭議當中，然而由於台灣地區早期攝護腺癌診斷率遠低於西方國家，因此是否需要如同西方國家減少攝護腺癌篩檢值得討論。然而隨著醫療進步，整合更多基因變異及攝護腺核磁共振檢驗以期減少低進展風險之攝護腺癌手術並且同時給予高風險進展之攝護腺癌更量身打造的治療方式確是更符合世界潮流及期待的演進方向。

3. Live surgery demonstration:

這是這次參加歐洲泌尿科我最期待的一個部分，有一整個下午的 live surgery 甚至總共有幾十台的攝護腺肥大跟結石手術，而且都是世界級的大師現場表演。針對結石的治療，multitract miniPCNL 以及 suction sheath assisted retrograde intrarenal surgery 無疑是一大亮點，對於複雜性上泌尿道結石及下腎盞結石能夠大幅縮短手術時間及提升結石廓清率。而作為本院特色的 Laser enucleation of prostate surgery 也在最新的雷射進步之後可以 no touch method 減少病患術後 SUI 及 UUI 的機會，收穫頗豐。

肆、建議事項

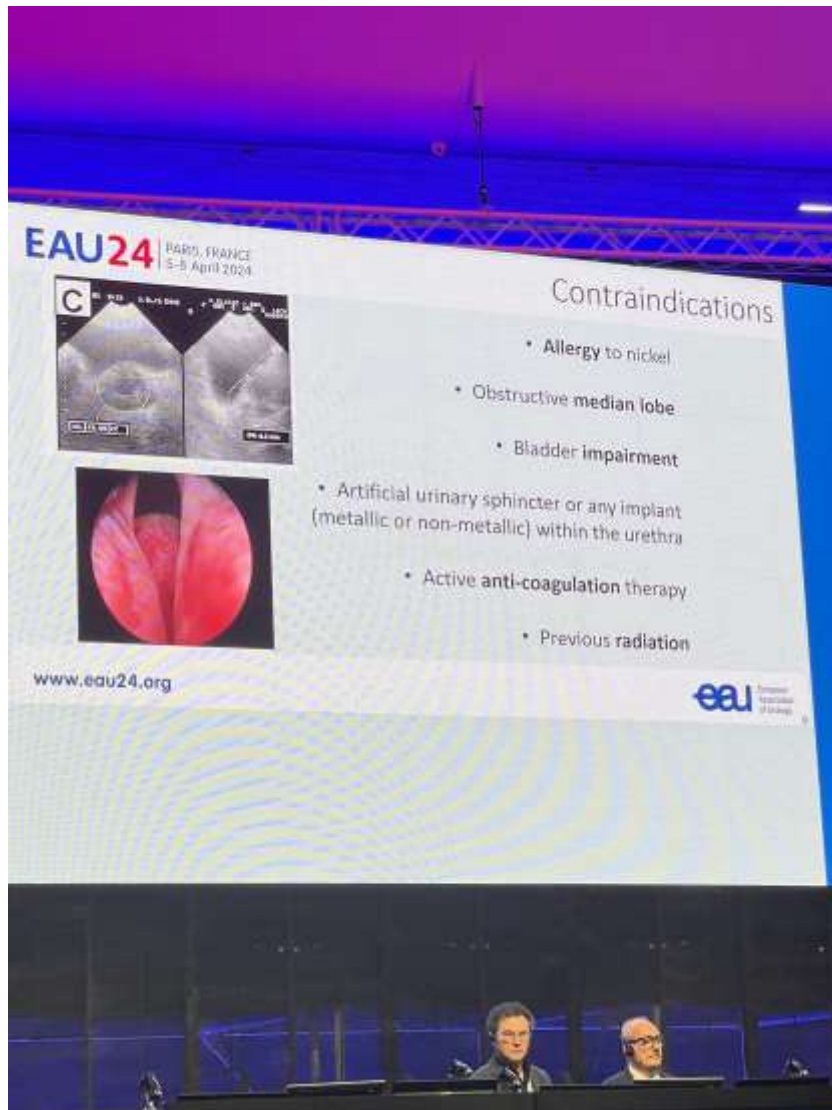
1. 引進 suction sheath assisted RIRS
2. 可引進最新 HIFU 作為攝護腺癌治療。
3. 引進 MIS (minimal invasive surgery) for BPH LUTS treatment.

伍、附錄

附照一：



附照二：



附照三：

EAU24 PARIS, FRANCE
5-8 April 2024

Guidelines' view

ESUR - ISUP - SIOG Guidelines on Prostate Cancer

Recommendations for systemic salvage treatment

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|---|--------|
| Do not offer androgen deprivation therapy to M0 patients with a PSA-doubling time > twelve months. | Strong |
| Offer enzalutamide with or without androgen deprivation therapy to M0 patients with <u>high-risk BCR</u> , defined as a PSA doubling time of ≤ 9 months and a PSA level of ≥ 2 ng/ml above nadir after radiation therapy or ≥ 1 ng/ml after radical prostatectomy with or without postoperative radiation therapy. | Strong |

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