

When you meet your urologist: An open letter to our patients

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Almost everyone, if they live long enough, will meet a urologist. If your meeting is professional, you can rest assured that the Canadian urologist is internationally recognized as among the best trained and most skilled in the world. The best, brightest, and definitely most insightful medical students pick urology as their chosen profession. Why, when they could be orthopedic, neuro, cardiac, or bowel surgeons, would they choose urology? It is, in part, the urology professors and urology residents they meet early in their learning career, but it is also because they know that urologists have pioneered many of the firsts in medical innovations over the years and continue to be at the forefront of medical advances. In fact, in ancient times, the first widespread successful surgery was in the field of urology (cutting for stone) and in recent times, the specialty pioneered organ transplant (kidney transplants), were involved in the development of chemotherapy regimens for the first uniformly successful treatment of a solid tumour cancer (testicular cancer), introduced advanced robotic surgery as a standard operation, invented non-invasive shockwave therapy for kidney stones, developed minimally invasive keyhole surgery for kidney operations, and adapted new laser technology for surgical purposes. All these medical advances invented, developed, adapted, or propagated by the urological community are now in common use by many other surgical disciplines.

Despite this illustrious history of accomplishments, the urology profession flies under the radar of most people until they need it, and eventually almost everyone will. It could have been before you are born. When a kidney abnormality is detected prior to birth, the urologist is called. If you are born with a congenital abnormality of the urinary tract (kidneys, bladder) or genitalia (penis or testicles), the urologist will fix it. If you develop infant or childhood urinary

tract infections, it is the urologist's job to make sure that this does not lead to kidney failure. If your kidneys do fail, the urologist will lead the surgical team that will give you a new life off dialysis with a kidney transplant. The urologist is the professional who figures out how to decrease the impact of bladder infections in women of all ages. For women and men who have urination problems, such as incontinence or urinating too often, the urologist is the go-to expert. The urologist is also the doctor with specialized treatments for patients with urination problems from multiple sclerosis, spinal cord injuries, diabetes, Parkinson's disease, and strokes. When the pain of a kidney stone strikes, the urologist has the most up-to-date surgical technology to deal with the stone without cutting you open. When men develop erectile dysfunction and the magic pill does not work, the urologist will have answers. If you are a male with fatigue, loss of sex drive, weakness, and other possible symptoms of testosterone deficiency, the urologist has the antidote and knows how to use it safely. Men are destined to develop at least one of the three common prostate diseases, prostatitis (infection, inflammation, and/or pain in the prostate), benign prostatic hyperplasia (enlargement of the prostate leading to bothersome and potentially dangerous urination symptoms), or prostate cancer (the most common cancer in men). Your urologist will be the doctor who either diagnoses or confirms the diagnosis and is most responsible for treating it. The urologist has promoted one of the successful strategies in dealing with cancer in general, by collaborating with radiation and chemotherapy colleagues to very successfully manage and, in many cases, cure patients diagnosed with kidney, bladder, prostate, and testicular cancers. Urologists were among the first to recognize that some patients with cancer (such as low-grade prostate cancer) do not require major surgery or active treatment, but are best managed with careful active surveillance or watchful waiting. The urology community is actively involved in spearheading the concept of promoting men's health before they develop clinical problems (*aboutmen.ca*).

The Canadian Urological Association is the voice of urology in Canada. Go to <https://www.cua.org/en/patient-information>

to learn more about urologists and the urological conditions that you or your family may have. When it is your time to meet your local urologist, you will have some understanding of the profession and what part he or she plays as a member of your medical team. Your urologist will be there when you need specialized urological care. You can count on us!

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- Not indicated for reducing the risk of developing skeletal-related events in patients with multiple myeloma.
- Not indicated for reducing the risk of developing skeletal-related events in pediatric patients.

Contraindications:

- In patients with pre-existing hypocalcemia, which must be corrected prior to initiation.

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Osteonecrosis of the jaw (ONJ): In clinical trials, the incidence of ONJ was higher with longer duration of exposure. In patients with risk factors for ONJ, an individual risk/benefit assessment should be performed before initiating therapy with XGEVA. An oral exam should be performed and a dental exam with appropriate preventive dentistry is recommended prior to treatment with XGEVA, especially in patients with risk factors for ONJ. Avoid invasive dental procedures while receiving XGEVA. In patients who develop ONJ during treatment with XGEVA, a temporary interruption of treatment should be considered based on individual risk/benefit assessment until the condition resolves.

Other relevant warnings and precautions:

- Do not use concurrently with Prolia
- Do not use concurrently with bisphosphonates
- Hypocalcemia has been reported (including severe symptomatic hypocalcemia and fatal cases). Monitor calcium prior to the initial dose, within two weeks after the initial dose, and if suspected symptoms of hypocalcemia occur. Administer adequate calcium, vitamin D, and magnesium, as necessary. If hypocalcemia occurs while receiving XGEVA, additional short-term calcium supplementation and additional monitoring may be necessary.
- Caution on risk of hypocalcemia and accompanying increases in parathyroid hormone in patients with renal impairment
- Skin infections
- Hypersensitivity reactions including anaphylaxis
- Atypical femoral fractures
- Not recommended for use in pregnant women. Women should not become pregnant during treatment and for at least 5 months after the last dose of XGEVA.

For more information:

Please consult the Product Monograph at http://www.amgen.ca/Xgeva_PM.pdf for important information relating to adverse reactions, drug interactions, and dosing that have not been discussed here.

The Product Monograph is also available by calling Amgen Medical Information at 1-866-502-6436.

Fizazi et al. study²

Phase 3, randomized, double-blind, double-dummy, active-controlled study. Patients with castrate-resistant prostate cancer and bone metastases (n=1901) received either 120 mg XGEVA SC Q4W (once every 4 weeks) (n=950) or 4 mg zoledronic acid IV Q4W (n=951). The primary outcome measure was to demonstrate non-inferiority of time to first on-study SRE as compared to zoledronic acid. The secondary outcome measures were superiority of time to first on-study SRE and superiority of time to first and subsequent SREs. An SRE is defined as any of the following: pathologic fracture, radiation therapy to bone, surgery to bone or spinal cord compression.

References:

1. XGEVA® Product Monograph, Amgen Canada, 2015.
2. Fizazi K, et al. Denosumab versus zoledronic acid for treatment of bone metastases in men with castration-resistant prostate cancer: a randomized, double-blind study. *Lancet*. 2011;377(9768):813–822.

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