

CUA-AUA International Fellows Program: San Francisco 2018

Madhur Nayan, MD, CM, PhD

Division of Urology, Departments of Surgery and Surgical Oncology, Princess Margaret Cancer Centre, University Health Network and the University of Toronto, Toronto, ON, Canada

Cite as: *Can Urol Assoc J* 2018;12(8):227-8. <http://dx.doi.org/10.5489/cuaj.5500>

The Canadian Urological Association (CUA)-American Urological Association (AUA) Fellows Program is designed for senior residents and fellows and aims to introduce the annual AUA meeting, engage trainees in the process of critical appraisal, and foster discussions about progress in the field with colleagues. This year, I had the opportunity to be a part of the program and attend the meeting in San Francisco. As a part of this program, participants are asked to review two abstracts of their choice. I chose to review the PRIMETEST trial and a study evaluating statins in prostate cancer.

PRIMETEST is a phase 2 trial evaluating the role of primary retroperitoneal lymph node dissection (RPLND) in clinical stage IIA/B seminoma.¹ Current guidelines recommend either radiation or chemotherapy for the treatment of stage IIA/B seminoma.²⁻⁵ Although most patients achieve cure with these treatments,⁶ they can be associated with long-term complications, including secondary malignancies⁶ and cardiovascular toxicity,⁷ among others. Given that testicular cancer is a disease of relatively young and healthy men, this study asks the important question of whether there is a role for primary surgery in stage IIA/B seminoma to potentially avoid long-term complications associated with radiation or chemotherapy, without compromising oncological outcomes.

At the meeting, updated data was presented compared to the published abstract.¹ With a mean followup of 22 months, 17 of the 21 patients (81%) were without recurrence. Of those that developed recurrence, three developed recurrence outside of the field and one inside the field, with a mean time to recurrence of 4.5 months. All patients with recurrence received salvage treatment and were recurrence-free at the time of presentation. With regards to surgical complications, one patient developed a ureteric stricture after robotic RPLND and required an ileal ureter substitute.

The interim results of this trial are promising; however, there is limited followup. Long-term results will help clarify whether primary RPLND is as effective as radiotherapy or chemotherapy. Finally, this trial is predominantly a single-surgeon experience and these results may not be replicable

by surgeons who perform RPLNDs infrequently. Nonetheless, this trial may demonstrate that select patients with stage IIA/B seminoma can be cured with surgery alone.

The other study I reviewed was a study evaluating the association between statin use and prostate cancer incidence, metastasis at diagnosis, and prostate cancer-specific mortality.⁸ Statins have recently gained interest in the oncology community for their putative anti-neoplastic effects, with several observational studies demonstrating that their use is associated with a reduced risk of cancer^{9,10} and improved survival.^{11,12} In prostate cancer, however, there is conflicting data.¹³ This retrospective, population-based cohort study used prescription and health service record data from Saskatchewan and studied 249 986 men aged 40–89.⁸ Investigators compared first-time statin and non-statin lipid-lowering medication (NSLLM) users with age-matched non-users and glaucoma medication users. NSLLMs were studied as a separate user group to support the hypothesis that the benefit of statins in prostate cancer is through a cholesterol-based mechanism. This study found that compared to a group of non-users of either statins or NSLLMs, users of statins and users of NSLLMs were at a significantly increased risk of incident prostate cancer, but at significantly reduced risks of metastasis at diagnosis or prostate cancer mortality. When statin or NSLLM users were compared to glaucoma medication users, the association between medication use and prostate cancer risk was extinguished; the protective association between use of these medications and metastasis at diagnosis and prostate cancer mortality, however, persisted and was of stronger magnitude.

This study is strengthened by its sample size, generalizability through its population-based design, and a robust method of exposure ascertainment. However, this study assigned a user status throughout followup based on the first prescription. This is prone to misclassification if initial users discontinue therapy during followup. Furthermore, in addition to statins, several other medications have gained interest in the oncology community for their putative anti-neoplastic effects, including acetylsalicylic acid,^{14,15} angiotensin-converting enzyme inhibitors,¹⁶ and beta-blockers,¹⁷ among others. Considering that statin users may also be on these medications, controlling for concomitant use is import-

ant to understand the independent association of medication use on outcomes.

At the Fellows Program dinner, we presented one abstract and its critique. This was a great opportunity to hear about other exciting studies from my colleagues. Placing the context of those studies in our Canadian system was also an interesting discussion. Overall, I am grateful to the CUA for allowing me to participate in this program and look forward to attending future meetings.

References

1. Lusch A, grosse Siemer R, Albers P. MP37-07 the primetext trial — interim results of a phase 2 trial for primary retroperitoneal lymph node dissection (rplnd) in stage 2a/b seminoma patients without adjuvant treatment. *J Urol* 2018;199:e494. <https://doi.org/10.1016/j.juro.2018.02.1213>
2. Oldenburg J, Fossa SD, Nuver J, et al. Testicular seminoma and non-seminoma: Esmo clinical practice guidelines for diagnosis, treatment, and followup. *Ann Oncol* 2013;24 Suppl 6:vi125-32.
3. Wood L, Kollmannsberger C, Jewett M, et al. Canadian consensus guidelines for the management of testicular germ cell cancer. *Can Urol Assoc J* 2010;4:e19. <https://doi.org/10.5489/cuaj.815>
4. Albers P, Albrecht W, Algaba F, et al. Guidelines on testicular cancer 2018. Available at <http://uroweb.org/guideline/testicular-cancer/>. Accessed May 24, 2018.
5. Gilligan T, Beard C, Carneiro B, et al. Testicular cancer, version 2.2018: National Comprehensive Care Network; 2018.
6. Giannatempo P, Greco T, Mariani L, et al. Radiotherapy or chemotherapy for clinical stage 2a and 2b seminoma: A systematic review and meta-analysis of patient outcomes. *Ann Oncol* 2015;26:657-68. <https://doi.org/10.1093/annonc/mdv447>
7. Bokemeyer C, Berger CC, Kuczyk MA, et al. Evaluation of long-term toxicity after chemotherapy for testicular cancer. *J Clin Oncol* 1996;14:2923-32. <https://doi.org/10.1200/JCO.1996.14.11.2923>
8. Van Rompay MI, Solomon KR, Ranganathan G, et al. Mp21-02 prostate cancer incidence and mortality among men using statins and non-statin lipid-lowering medications. *J Urol* 2018;199:e262. <https://doi.org/10.1016/j.juro.2018.02.693>
9. Poynter JN, Gruber SB, Higgins PD, et al. Statins and the risk of colorectal cancer. *N Engl J Med* 2005;352:2184-92. <https://doi.org/10.1056/NEJMoa043792>
10. Graaf MR, Beiderbeck AB, Egberts AC, et al. The risk of cancer in users of statins. *J Clin Oncol* 2004;22:2388-94. <https://doi.org/10.1200/JCO.2004.02.027>
11. Nielsen SF, Nordestgaard BG, Bojesen SE. Statin use and reduced cancer-related mortality. *N Engl J Med* 2012;367:1792-802. <https://doi.org/10.1056/NEJMoa1201735>
12. Murtola TJ, Visvanathan K, Artama M, et al. Statin use and breast cancer survival: A nationwide cohort study from finland. *PLoS One* 2014;9:e110231. <https://doi.org/10.1371/journal.pone.0110231>
13. Alfaqih MA, Allott EH, Hamilton RJ, et al. The current evidence on statin use and prostate cancer prevention: Are we there yet? *Nat Rev Urol* 2017;14:107-19. <https://doi.org/10.1038/nrurol.2016.199>
14. Bosetti C, Rosato V, Gallus S, et al. Aspirin and cancer risk: A quantitative review to 2011. *Ann Oncol* 2012;23:1403-15. <https://doi.org/10.1093/annonc/mds113>
15. Chan AT, Ogino S, Fuchs CS. Aspirin use and survival after diagnosis of colorectal cancer. *JAMA* 2009;302:649-58. <https://doi.org/10.1001/jama.2009.1112>
16. Lever AF, Hole DJ, Gillis CR, et al. Do inhibitors of angiotensin-converting enzyme protect against risk of cancer? *Lancet* 1998;352:179-84. [https://doi.org/10.1016/S0140-6736\(98\)03228-0](https://doi.org/10.1016/S0140-6736(98)03228-0)
17. Melhem-Bertrandt A, Chavez-MacGregor M, Lei X, et al. Beta-blocker use is associated with improved relapse-free survival in patients with triple-negative breast cancer. *J Clin Oncol* 2011;29:2645. <https://doi.org/10.1200/JCO.2010.33.4441>

Correspondence: Dr. Madhur Nayan, Division of Urology, Department of Surgery, University of Toronto, Toronto, ON, Canada; madhur.nayan@mail.utoronto.ca

CUOS Canadian Uro-Oncology Summit 2019

On behalf of the Canadian Uro-Oncology Group (CUOG), I am pleased to announce the first annual premiere meeting for uro-oncology specialists entitled, Canadian Uro-Oncology Summit (CUOS). In consultation with GUMOC, GUROC and CNUP we have decided to all come together and establish a meeting where Canadian expertise can exchange ideas, new research findings and clinical expertise.

This meeting will include poster, podiatry and plenary sessions. Separate breakout sessions for specialty-specific concerns also will be featured. All abstracts will be published in the Canadian Urological Association Journal (CUAJ).

Included in the registration fee, all food and beverage will be served in a state-of-the-art exhibition hall. A networking and social event will also be planned.

The CUA Office of Education will oversee the coordination of the event as well the accreditation process for all specialty groups.

We look forward to your participation in this inaugural event.



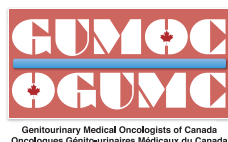
Neil Fleshner, CUOG Chair

CUOG

January 10-12, 2019
Westin Harbour Castle
Toronto, ON

Scientific Program Committee

Andy Evans, CNUP
Tony Finelli, CUOG
Neil Fleshner, CUOG
Martin Gleave, CUOG
Anil Kapoor, KCRNC
Himu Lukka, GUROC
Dean Ruether, GUMOC
Fred Saad, CUOG
Rob Siemens, CUAJ



cuos2019.org