

European Urology Forum in Davos: highlights in andrology and female urology sessions

Monday, 15 February 2010- The 19th edition of the European Urology Forum annually held in Davos, Switzerland opened Saturday with the initial sessions focusing on the latest treatment approaches in andrology, prostate cancer, endourology and female urology.

In his lecture on andrology and erectile dysfunction (ED), Prof. Wolfgang Aulitzky (Vienna, Austria) gave a comprehensive lecture on the anatomy, current management of and future treatment options for men suffering from ED.

First line treatment for men with ED includes counseling, PDE5 inhibitors and changes in life style with regards to the links between regular physical exercise and ED. Aulitzky also mentioned secondary treatments such as psychosexual therapy, adding testosterone to PDE5 treatment, injection treatments, use of vacuum devices, constriction devices, vascular procedures (revascularisation, venous leakage) and penile prosthesis

Regarding PDE5 treatment, Aulitzky cited several studies which indicate that PDE5-Is are an efficacious and safe treatment for Post-RP ED, particularly in properly selected patients. PDE5 inhibitors are also considered as the first-line treatment for early penile rehabilitation, with superior erectile function outcomes compared to placebo, and finally, PDE5 inhibitors are considered to be the gold standard in the first-line therapy of postoperative ED.

In his concluding remarks, Aulitzky said that future management of patients, particularly those suffering from ED following radical prostatectomy will most likely be a multi-modal type of therapy, and involving a three-pronged approach that will focus on endothelial protection, neuroprotection and smooth muscle protection.

On prostate cancer, Prof. Christian Stief (Munich, Germany) discussed emerging treatment options such as the use of focal therapy, the surgical learning curve on radical prostatectomy and the impact of radical prostatectomy on patient survival.

On female urology, Prof. Paul Abrams discussed overactive bladder (OAB), bladder pain syndrome, stress urinary incontinence (SUI) and voiding dysfunction. He mentioned the use of desmopressin in managing OAB and noted that it is safe and effective in the short-term as shown by a study conducted by Hashim, et al. (*NAU, 2009*). In his concluding remarks Abrams said that current knowledge in female urology 'advances slowly' and therefore presents many possibilities for researchers. On OAB he mentioned that it remains idiopathic and that most treatments are unsatisfactory for many patients. Regarding Bladder Pain Syndrome, Abrams noted that the disease is poorly defined and maybe better called 'Female CPPS' or chronic pelvic pain syndrome and, finally, there are effective treatments for SUI (such as mini-slings) but that the more salient question is whether these treatments can be further improved to achieve better results.

In the Monday morning session, the search for biomarkers in bladder cancer and current developments in the of the overactive bladder (OAB) were discussed.

"Combination of multiple molecular markers can improve prognostication in patients with locally advanced and lymph-node positive bladder cancer", said Dr. Henk van der Poel (Amsterdam, NL) in his lecture "Markers for bladder cancer- any advances?"

Van der Poel gave a comprehensive description of the various attempts by cancer researchers in the last three decades to identify effective biomarkers for bladder cancer. However biomarkers such as p53 proved to have no clear correlation with progression and recurrence. "Thus, additional markers are needed," commented Van der Poel.

Amongst the future trends in biomarker research (for bladder cancer) that Van der Poel expects are studies in gene identification and mPCR of 3 selected genes and markers.

In his concluding remarks, Van der Poel gave the following key messages:

- FGFR3 mutations predict reduced progression risk
- Clinical application of prognostic markers are not proven

- FGFR3 as a therapeutic target
- Urine markers: increasing complexity

In his lecture on OAB, Chapple (Sheffield, UK) said that antimuscarines are still the mainstay of OAB treatment, and that surgery remains a last resort for the small number of patients who cannot be managed by pharmacotherapy.

With regard to botox treatment, amongst Chapple's take home messages are:

- Botox is an interesting new therapeutic avenue
- There is still limited controlled data
- Currently unlicensed for the gastrourinary tract indications
- Tendency to lower doses
- Randomised controlled studies currently underway

Chapple added that potential pharmacologic targets for OAB exist in the CNS (cerebral cortex, midbrain, spinal cord) and periphery (LUT) and that both sensory and motor pathways are future potential targets for pharmacological intervention.