

1. Prostate Cancer in Latin America: Challenges and Recommendations.

(Cáncer de próstata en América Latina: desafíos y recomendaciones)

INVESTIGADORES: Reis RBD, Alías-Melgar A, Martínez-Cornelio A, Neciosup SP, Sade JP, Santos M, Villoldo GM.

REVISTA: Cancer Control. 2020 Jan-Dec;27(1):1073274820915720. doi: 10.1177/1073274820915720.

ABSTRACTO: Prostate cancer (PCa) is the most frequent tumor among Latin American (LATAM) men. The incidence of de novo metastatic PCa is higher in LATAM than other parts of the world, and demographic changes in the region have increased disease burden. However, region-specific information regarding prevalence, progression, and treatment effectiveness is not currently available for nonmetastatic, castration-resistant PCa (nmCRPC). Nonmetastatic, castration-resistant PCa is a heterogeneous disease with varying potential to develop metastasis with limited treatments available, until recently. New clinical trials with promising results have allowed second-generation antiandrogen drugs to be used as first-line treatments, rendering guidelines outdated. As a result, this panel of experts reviewed the current status and challenges and developed recommendations for nmCRPC diagnosis and management in LATAM. The Americas Health Foundation (AHF) conducted a literature review and identified LATAM scientists and clinicians who have published in the field of PCa since 2012. The AHF convened a panel of 7 chosen experts urologists and medical oncologists from the region. The AHF developed specific questions relating to nmCRPC, which were answered by the experts prior to the multiday meeting. Each narrative was discussed and edited by the panel, through numerous rounds of discussion until a consensus was reached in a final manuscript. The panel proposes specific and realistic recommendations for improving access to diagnosis and management of PCa in LATAM. No treatment has yet shown improvement in overall survival; however, when including metastasis-free survival as an end point, second-generation antiandrogen drugs have emerged as effective treatment options and are currently included as first-line treatment. Although nmCRPC is a specific disease that represents a small percentage of patients with PCa, effective diagnostic and treatment strategies can contribute toward increasing quality of life and survival rates of patients with PCa in LATAM.

2. Small renal masses in Latin-American population: characteristics and prognostic factors for survival, recurrence and metastasis - a multi-institutional study from LARCG database

(Pequeñas masas renales en la población latinoamericana: características y factores pronósticos de supervivencia, recurrencia y metástasis: un estudio multiinstitucional de la base de datos LARCG)

INVESTIGADORES: Thiago Camelo Mourão, Diego Abreu, Gustavo F Carvalho, Guillermo Gueglio, Walter H da Costa, Vinicius Fernando Calsavara, Luis Meza-Montoya, Rubén G Bengió, Carlos Scorticati, Ricardo Castillejos-Molina, Francisco Rodríguez-Covarrubias, Ana María Autran-Gómez, José Gadu Campos-Salcedo, Alejandro Nolzco, Carlos Ameri, Hamilton Zampolli, Raúl Langenhin, Diego Muguruza, Marcos Tobias Machado, Pablo Mingote, Jorge Clavijo, Lucas Nogueira, Omar Clark, Agustín R Rovegno, Fernando P Secin, Ricardo Decia, Gustavo C Guimarães, Sidney Glina, Oscar Rodríguez-Faba, Joan Palou, Stenio C Zequi.

REVISTA: BMC Urol 2020 Jul 2;20(1):85. doi: 10.1186/s12894-020-00649-8.

ABSTRACTO: Background: To evaluate demographic, clinical and pathological characteristics of small renal masses (SRM) (≤ 4 cm) in a Latin-American population provided by LARCG (Latin-American Renal Cancer Group) and analyze predictors of survival, recurrence and metastasis. **Methods:** A multi-institutional retrospective cohort study of 1523 patients submitted to surgical treatment for non-metastatic SRM from 1979 to 2016. Comparisons between radical (RN) or partial nephrectomy (PN) and young or elderly patients were performed. Kaplan-Meier curves and log-rank tests estimated 10-year overall survival. Predictors of local recurrence or metastasis were analyzed by a multivariable logistic regression model. Results: PN and RN were performed in 897 (66%) and 461 (34%) patients. A proportional increase of PN cases from 48.5% (1979-2009) to 75% (after 2009) was evidenced. Stratifying by age, elderly patients (≥ 65 years) had better 10-year OS rates when submitted to PN (83.5%), than RN (54.5%), $p = 0.044$. This disparity was not evidenced

in younger patients. On multivariable model, bilaterality, extracapsular extension and ASA (American Society of Anesthesiologists) classification ≥ 3 were predictors of local recurrence. We did not identify significant predictors for distant metastasis in our series. **Conclusions:** PN is performed in Latin-America in a similar proportion to developed areas and it has been increasing in the last years. Even in elderly individuals, if good functional status, sufficiently fit to surgery, and favorable tumor characteristics, they should be encouraged to perform PN. Intending to an earlier diagnosis of recurrence or distant metastasis, SRM cases with unfavorable characteristics should have a more rigorous follow-up routine.