MATRICIAMENTO EM UROLOGIA

SAÚDE DO HOMEM – CÂNCER DE PRÓSTATA NOVEMBRO AZUL E OUTRAS COISAS

EDSON SOARES BEZERRA

CRM – 111132

uroclin.campinas@gmail.com.br

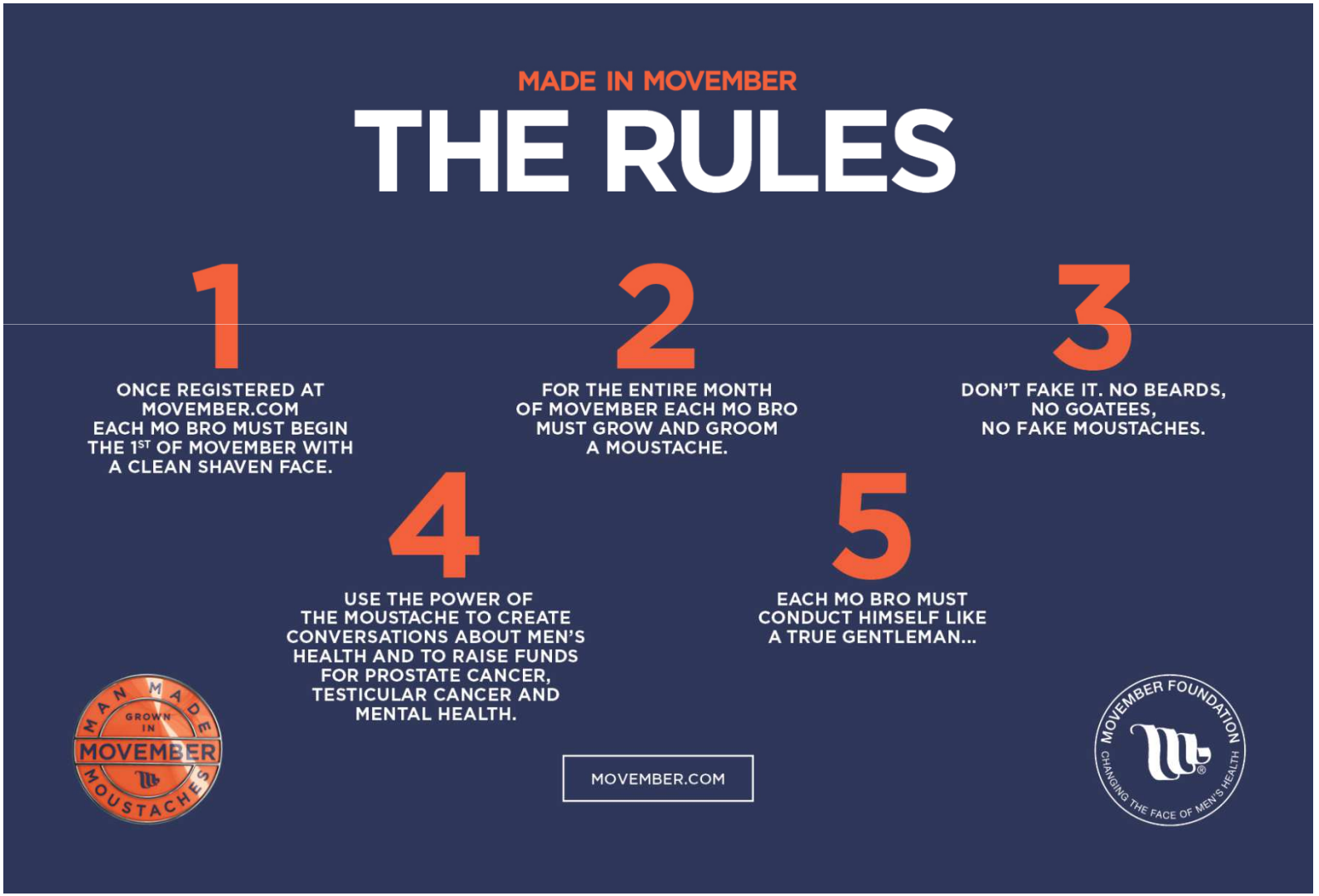
MÉDICO UROLOGISTA – POLICLÍNICA 1 - PMC
AMBULATÓRIO DE UROLOGIA FEMININA HMMG
UROGINECOLOGIA – URONEUROLOGIA - UROCLIN

Dr. Edson Soares
Médico Urologista

“Pra começo de história”

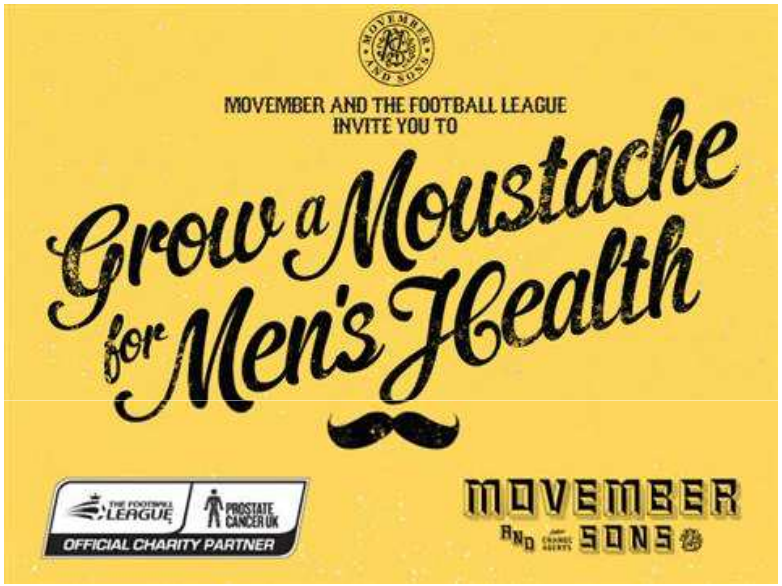
Dr. Edson Soares
Médico Urologista

“Pra começo de história”



Dr. Edson Soares
Médico Urologista

“Pra começo de história”



Dr. Edson Soares
Médico Urologista

“Pra começo de história”

Segunda maior causa de morte no País por câncer entre homens, ficando atrás apenas do câncer de pulmão

Instituto Nacional de Câncer - diagnosticados 61 mil novos casos de câncer de próstata no Brasil, estimadas mais de 13 mil mortes este ano no Brasil

Dr. Edson Soares
Médico Urologista

"Pra começo de história"

Format: Abstract
Send to
N Engl J Med. 2017 Jul 13;377(2):132-142. doi: 10.1056/NEJMoa1615869.

Follow-up of Prostatectomy versus Observation for Early Prostate Cancer.

Wilt TJ[1], Jones KM[1], Barry MJ[1], Andriole GL[1], Culkin D[1], Wheeler T[1], Aronson WJ[1], Brawer MK[1].
Author information

Abstract

BACKGROUND:

We previously found no significant differences in mortality between men who underwent surgery for localized prostate cancer and those who were treated with observation only. Uncertainty persists regarding nonfatal health outcomes and long-term mortality.

METHODS:

From November 1994 through January 2002, we randomly assigned 731 men with localized prostate cancer to radical prostatectomy or observation. We extended follow-up through August 2014 for our primary outcome, all-cause mortality, and the main secondary outcome, prostate-cancer mortality. We describe disease progression, treatments received, and patient-reported outcomes through January 2010 (original follow-up).

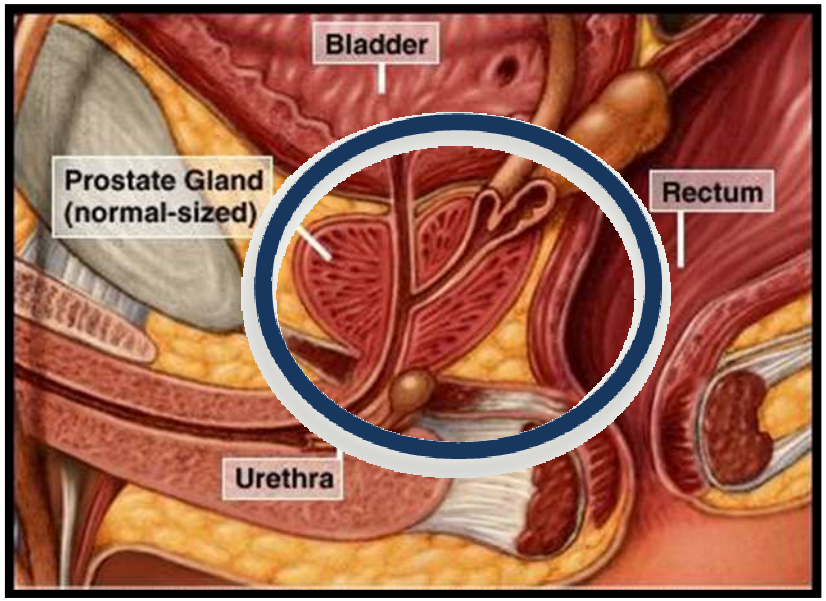
RESULTS:

During 19.5 years of follow-up (median, 12.7 years), death occurred in 223 of 364 men (61.3%) assigned to surgery and in 245 of 367 (66.8%) assigned to observation (absolute difference in risk, 5.5 percentage points; 95% confidence interval [CI], -1.5 to 12.4; hazard ratio, 0.84; 95% CI, 0.70 to 1.01; P=0.06). Death attributed to prostate cancer or treatment occurred in 27 men (7.4%) assigned to surgery and in 42 men (11.4%) assigned to observation (absolute difference in risk, 4.0 percentage points; 95% CI, -0.2 to 8.3; hazard ratio, 0.63; 95% CI, 0.39 to 1.02; P=0.06). Surgery may have been associated with lower all-cause mortality than observation among men with intermediate-risk disease (absolute difference, 14.5 percentage points; 95% CI, 2.8 to 25.6) but not among those with low-risk disease (absolute difference, 0.7 percentage points; 95% CI, -10.5 to 11.8) or high-risk disease (absolute difference, 2.3 percentage points; 95% CI, -11.5 to 16.1) (P=0.08 for interaction). Treatment for disease

Dr. Edson Soares
Médico Urologista

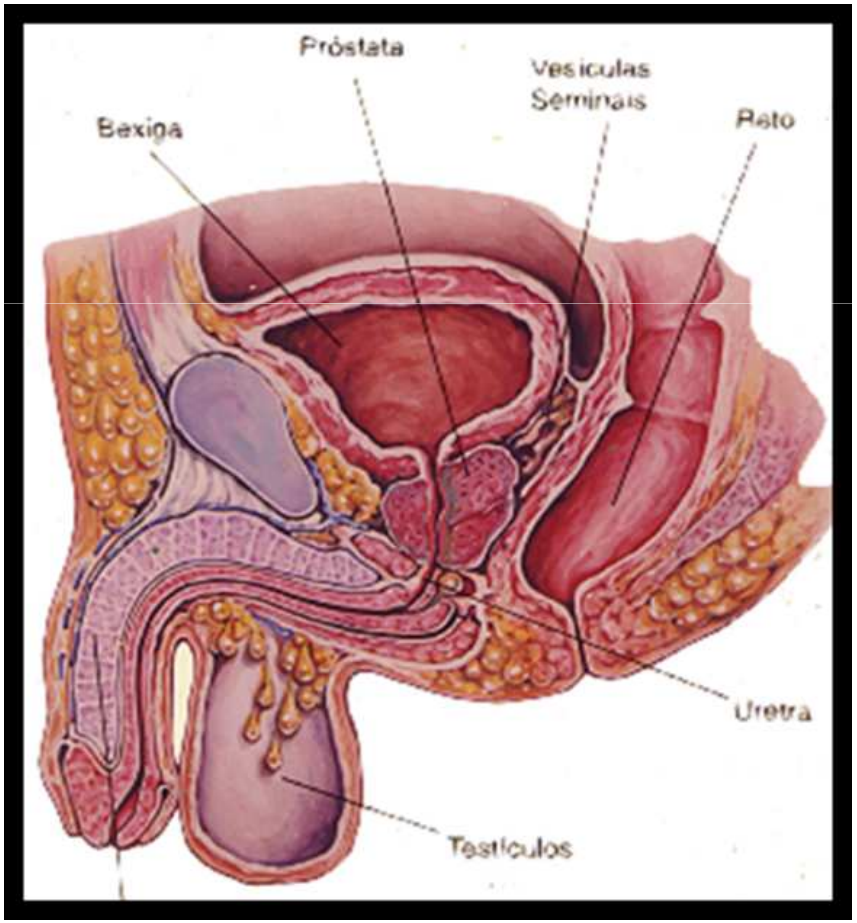
O que é e para que serve a Próstata

- Glândula localizada abaixo da bexiga, atravessada pela uretra. Tamanho e forma correspondentes a uma noz.
- Duas funções importantes:
  - Produção de parte do esperma (nutrição dos Espermatozóides)
  - Auxilio no controle urinário



Dr. Edson Soares
Médico Urologista

Doenças Da Próstata



Prostatite - 2%

Câncer - 18%

Hiperplasia Nodosa - 80%

Dr. Edson Soares
Médico Urologista

Câncer De Próstata

- Câncer mais comum do homem
- 2ª Causa de morte por câncer no homem
- Aumenta com a idade

Dr. Edson Soares
Médico Urologista

Câncer De Próstata

- 13 % ao nascer
- 6 % devem morrer devido ao câncer de próstata
- 90 % podem ser curados

Dr. Edson Soares
Médico Urologista

BRASIL

A cada 7,6 minutos um homem é diagnosticado com CaP

A cada 40 minutos um homem morre devido ao CaP

Dr. Edson Soares
Médico Urologista

Fatores de Risco

- Genético
  - Hereditário – 20 vezes
  - Familiar parentes de 1º grau : aumenta o risco em 6x
  - Esporádico
- Racial
  - Maior incidência na raça negra e menor na oriental
- Dietético
  - Efeito migratório
  - Dieta rica em gordura (ômega 3 10:1 ômega 6)
  - Falta de vit D (ativa)
  - Fitoestrógenos e licopeno

Dr. Edson Soares
Médico Urologista

Recomendações para Prevenção - CaP

INCREMENTAR A INGESTÃO DE:

- FRUTAS
- CEREAIS
- SOJA E DERIVADOS

REDUZIR A INGESTÃO CALÓRICA/ GORDURAS

EVITAR CARNE VERMELHA

PARAR DE FUMAR

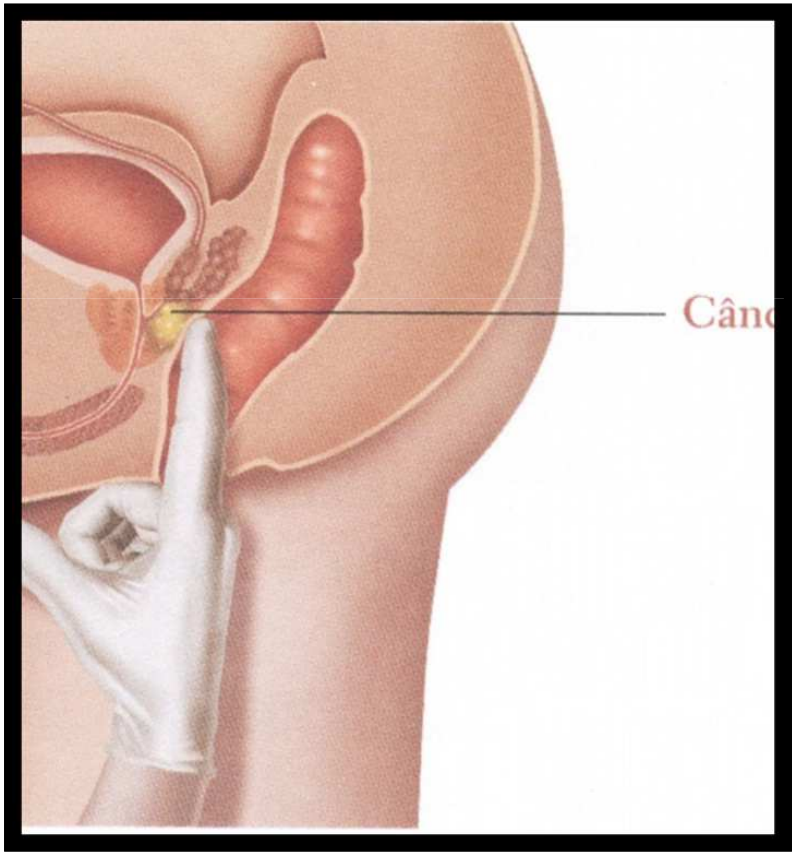
PRATICAR ATIVIDADE FÍSICA

Dr. Edson Soares
Médico Urologista

Câncer De Próstata

Diagnóstico

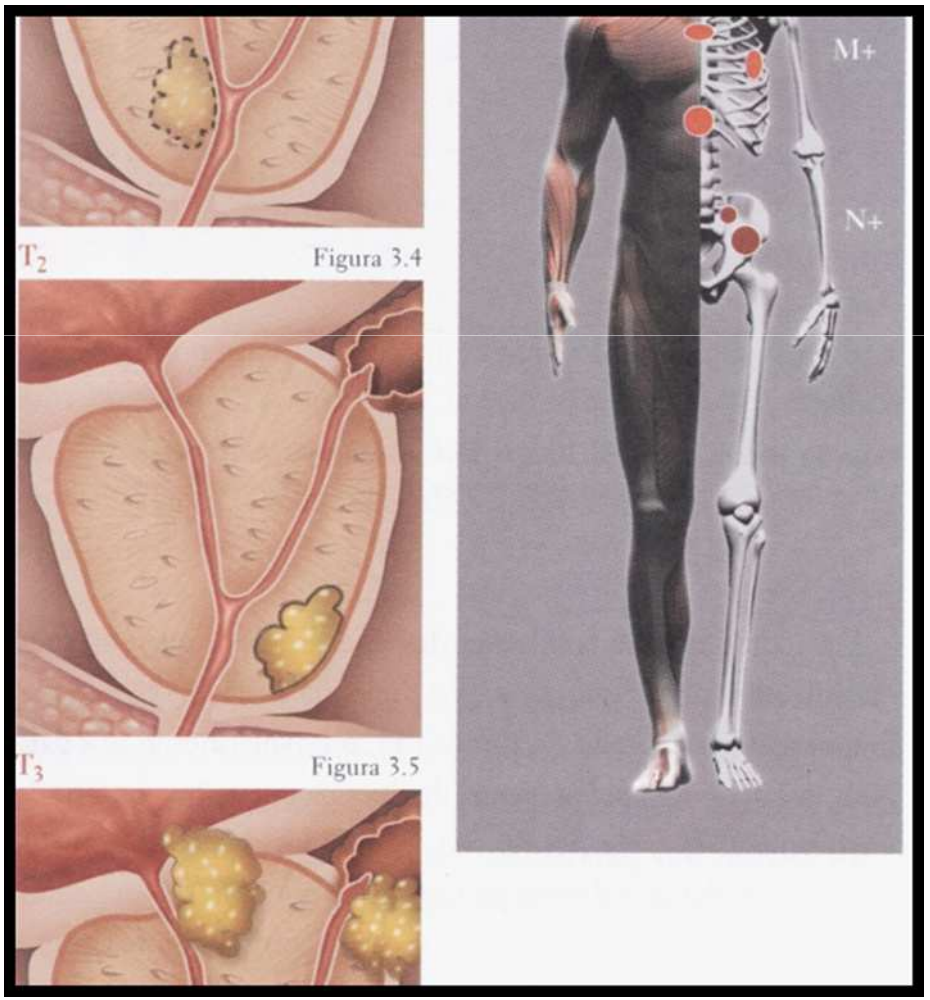
- História Clínica
- Toque (Exame da Próstata)
- PSA (Antígeno Prostático Específico)



Dr. Edson Soares
Médico Urologista

Câncer De Próstata

- *Sintomas*
  - ✓ Sem sintomas na fase inicial
  - ✓ Maioria relacionados à hiperplasia prostática
  - ✓ Sintomas normalmente associados a metástases na fase avançada.



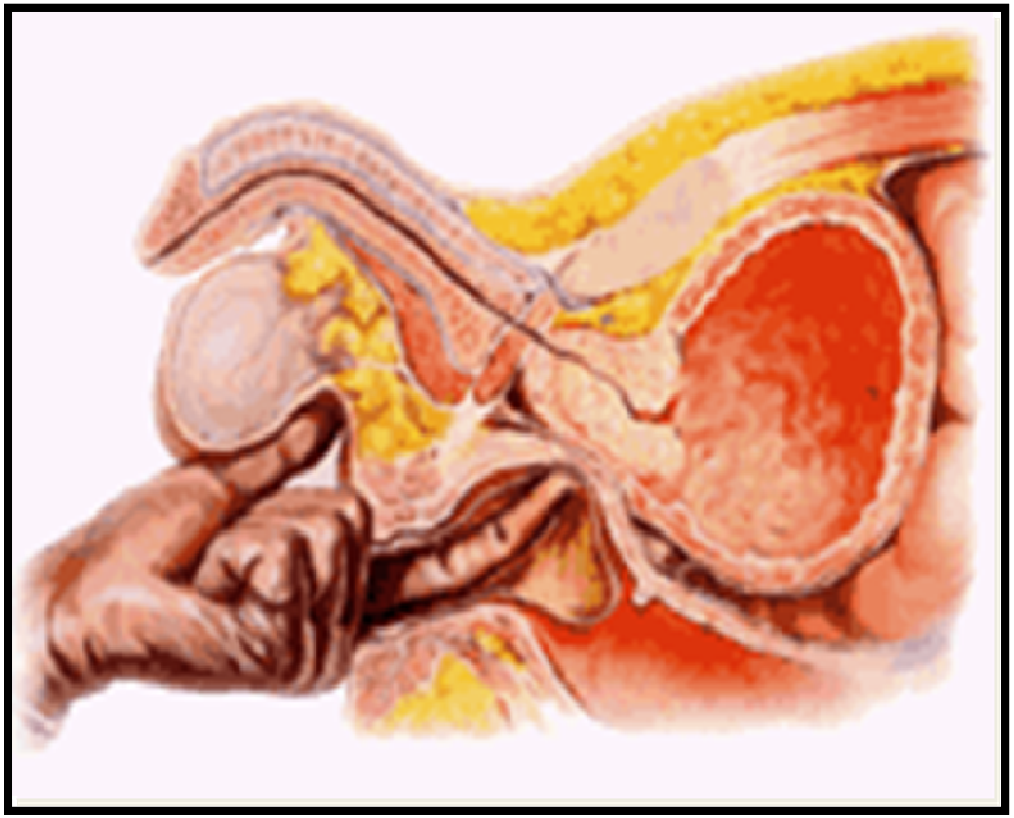
Dr. Edson Soares
Médico Urologista

O Exame De Toque é tão ...

20% dos casos de Câncer de Próstata são diagnosticados exclusivamente pelo exame de toque retal

Dr. Edson Soares
Médico Urologista

Toque Retal

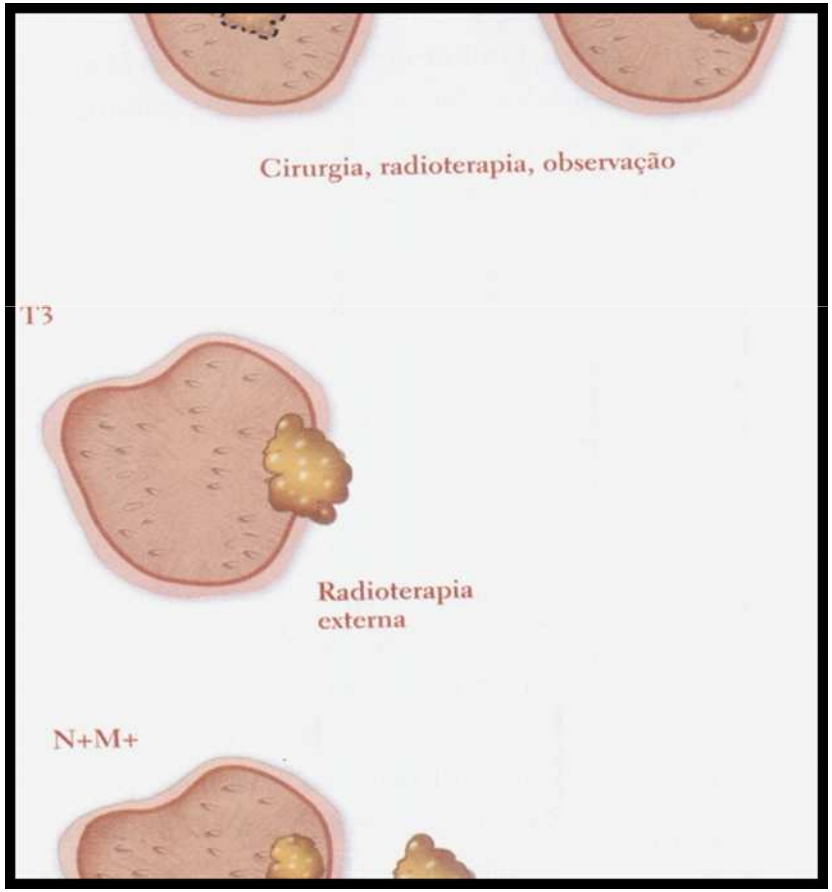


Dr. Edson Soares
Médico Urologista

Câncer De Próstata

Diagnóstico

- Toque:
  - Nódulo endurecido
  - Superfície irregular
  - Próstata fixa
- Chance de Câncer Maior que 50%



Dr. Edson Soares
Médico Urologista

Câncer De Próstata

Antígeno Prostático Específico

- *Entre 0-2ng/nl : 10%*
- *Entre 2-4ng/ml: 25%*
- *Entre 4-10mg/ml: 35%*
- *Maior que 20mg/ml: 50%*

Dr. Edson Soares
Médico Urologista

Recomendação

Sociedade Brasileira de Urologia

Início das consultas com urologista para discussão sobre a avaliação da doença:

- 50 anos
- História familiar ou raça negra: 45 anos

Considerações

Screening for prostate cancer (Review)
Ilic D, Neuberger MM, Djulbegovic M, Dahm P

THE COCHRANE COLLABORATION

Dr. Edson Soares
Médico Urologista

Screening for prostate cancer (Review)
Ilic D, Neuberger MM, Djulbegovic M, Dahm P

Objectives

To determine whether screening for prostate cancer reduces prostate cancer-specific mortality or all-cause mortality and to assess its impact on quality of life and adverse events.

Authors' conclusions

Prostate cancer screening did not significantly decrease prostate cancer-specific mortality

Overdiagnosis and overtreatment are common and are associated with treatment-related harms.

Men should be informed of this and the demonstrated adverse effects when they are deciding whether or not to undertake screening for prostate cancer.

men who have a life expectancy less than 10 to 15 years should be informed that screening for prostate cancer is unlikely to be beneficial

Considerações

Screening for prostate cancer (Review)
Ilic D, Neuberger MM, Djulbegovic M, Dahm P

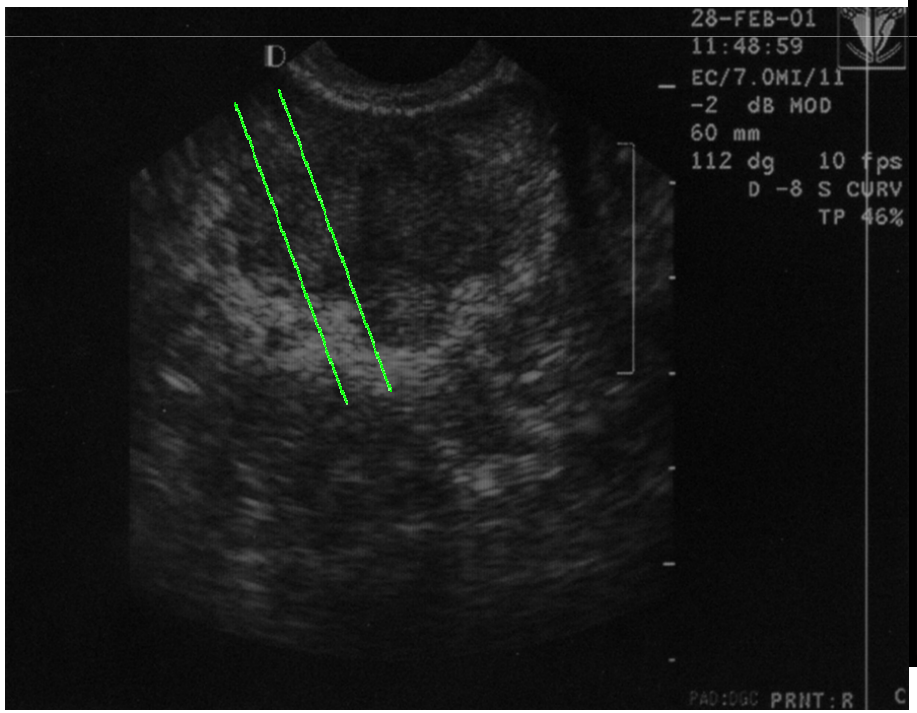
The only exception was the ERSPC study, which reported, in a pre-specified subgroup of men, *that 1055* men needed to be invited to *screening* and *37* additional men sub- *sequently diagnosed* with prostate cancer needed to receive *early intervention* to *prevent one additional prostate cancer death* at a *median follow-up duration of 11 years.*

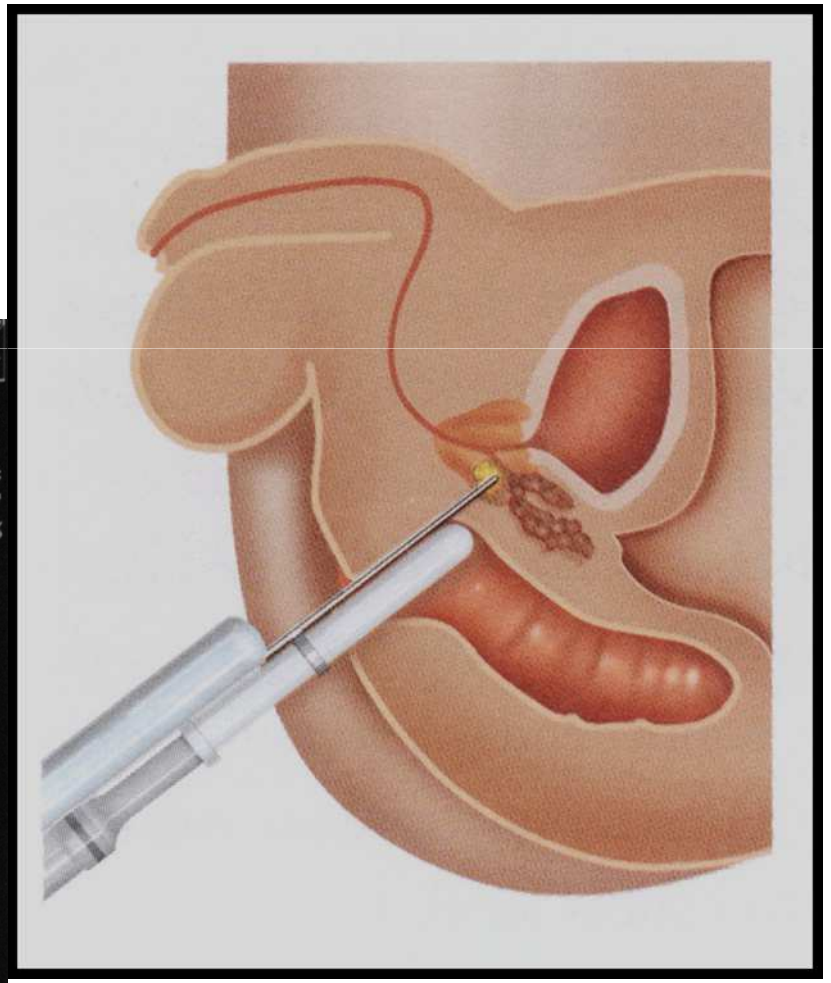
Dr. Edson Soares
Médico Urologista

Câncer De Próstata

Diagnóstico

- Biópsia ➔ Câncer



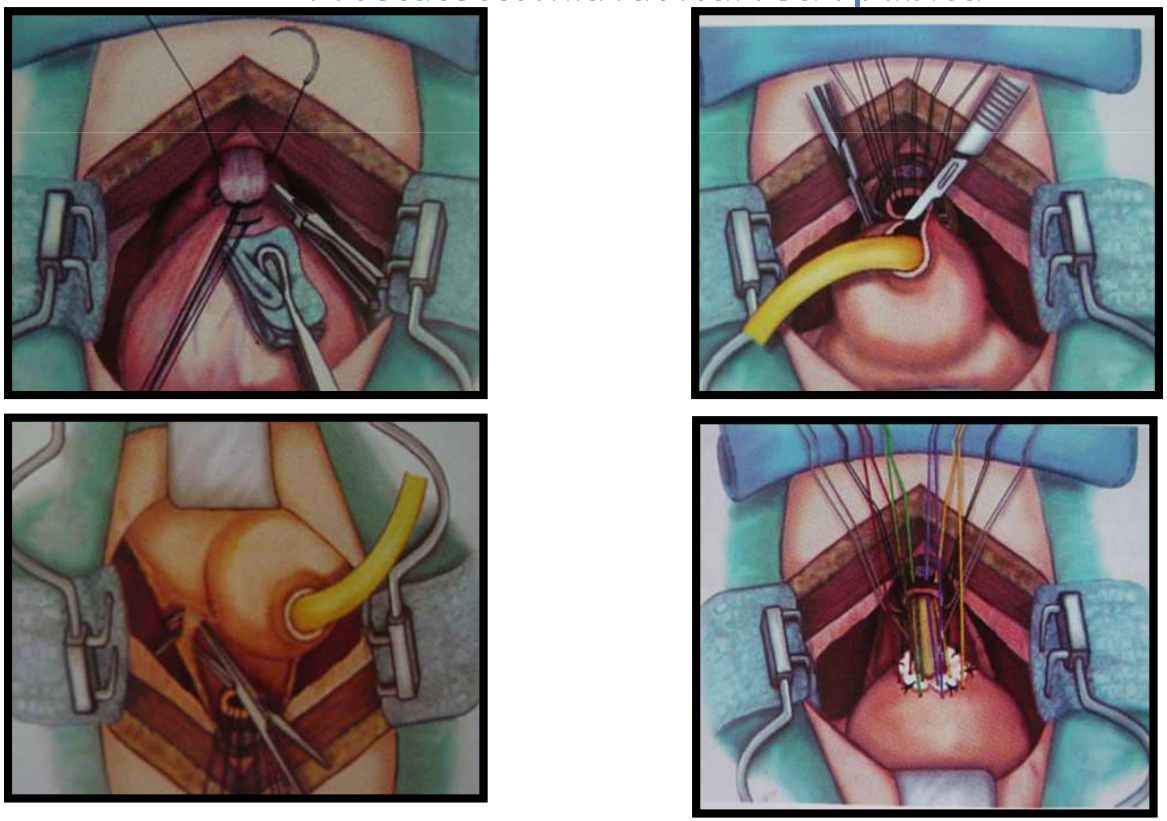


Dr. Edson Soares
Médico Urologista

Tratamento do Câncer Localizado

- Prostatectomia radical

Prostatectomia radical retropúbica

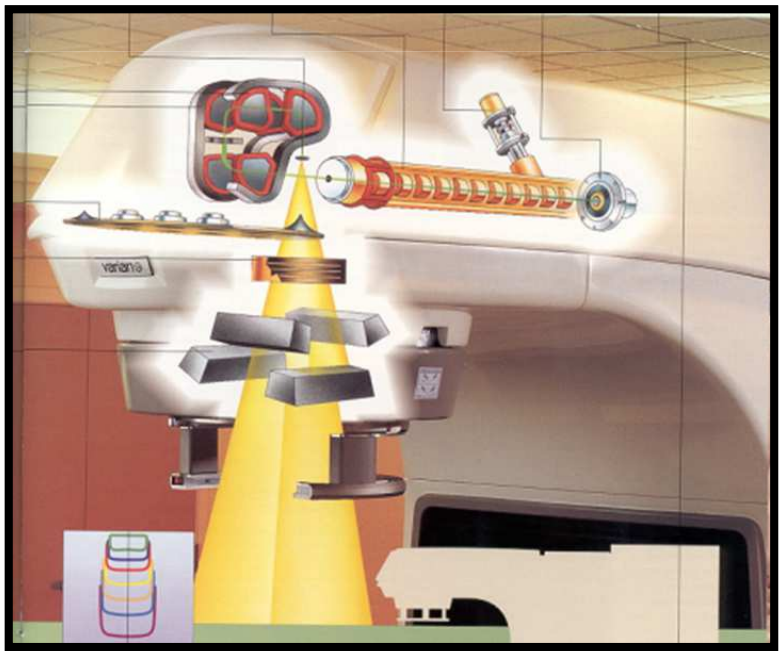


Dr. Edson Soares
Médico Urologista

Dr. Edson Soares
Médico Urologista

Equipamento de Radioterapia

Equipamento com emissões elétricas : Aceleradores Lineares, prótons, neutrons, etc.

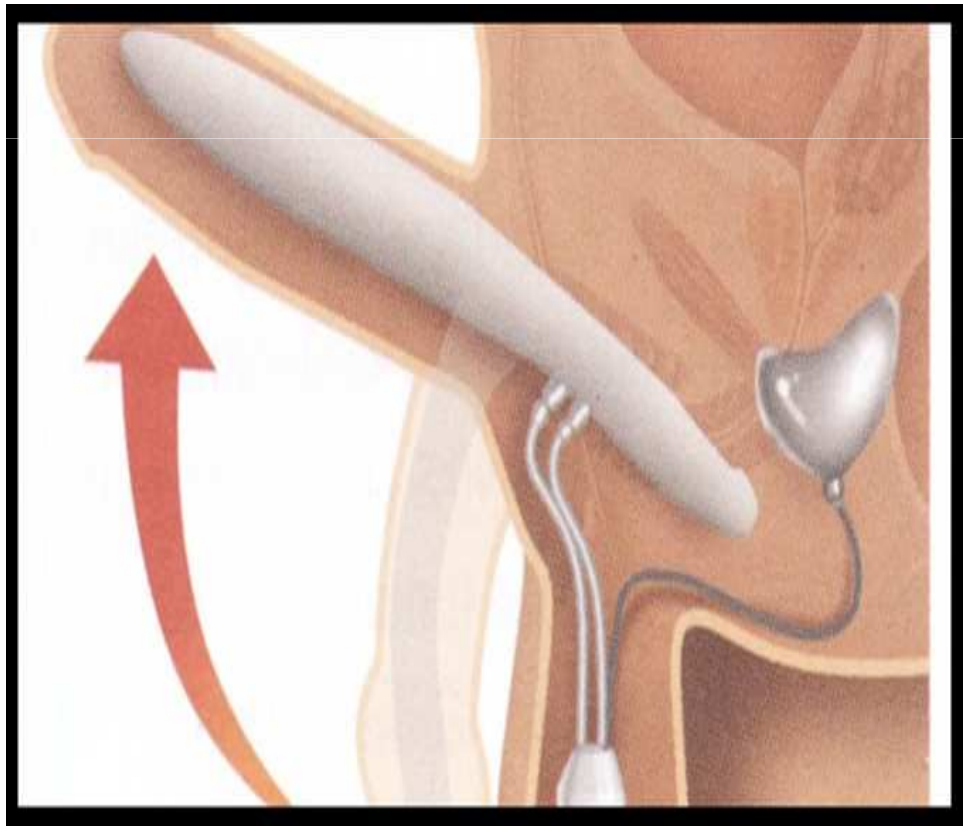


Dr. Edson Soares
Médico Urologista

Câncer De Próstata

Complicações:

- Problemas de ereção
- Dificuldade de conter a urina
- Problemas intestinais (radioterapia)



Clin Genitourin Cancer. 2017 May 31. pii: S1558-7673(17)30161-1. doi: 10.1016/j.clgc.2017.05.024. [Epub ahead of print]

Prostate Cancer Screening in a New Era of Genetics.

Cheng HH[1], Pritchard CC[2], Montgomery B[3], Lin DW[4], Nelson PS[5].

Author information

Abstract

Men who inherit pathogenic germline mutations in BRCA2 and BRCA1 are at increased risk of developing aggressive prostate cancer, and those with germline mutations in other DNA repair genes such as ATM, CHEK2, and MSH2/MSH6 may also have increased risks. Although clinically important, there is lack of specific guidance regarding management strategies for men at increased risk owing to germline mutation status or family history of aggressive prostate cancer. We review prostate cancer genetic risk factors and the ongoing IMPACT (Identification of Men with a genetic predisposition to ProstAte Cancer: Targeted screening in BRCA1/2 mutation carriers and controls) screening study. Pending results of IMPACT and unified guidelines, there are areas of uncertainty and need for further study. Ongoing and future research will be critical for optimizing prostate cancer screening approaches for men at the highest risk for aggressive prostate cancer. In the interim, we propose a practical approach to prostate cancer screening for men with a germline mutation in a known/suspected moderate to high-penetrance cancer predisposition gene (eg, BRCA1/2), and/or men with a first- or second-degree relative with metastatic prostate cancer (regardless of genetic testing): baseline prostate-specific antigen and digital rectal exam by experienced providers at age 40 years or 5 years earlier than age of diagnosis of the youngest first- or second-degree relative with metastatic prostate cancer, whichever is earlier. Then, based on age, digital rectal exam, and prostate-specific antigen, we suggest consideration of magnetic resonance imaging, biopsy, and/or continued monitoring.

Copyright © 2017 Elsevier Inc. All rights reserved.

KEYWORDS:

BRCA; Early detection; Germline; Prostate; Screening

Radiologe. 2017 Aug;57(8):621-630. doi: 10.1007/s00117-017-0277-0.

[Multiparametric MRI of the prostate : Important radiological findings for urologists]. [Article in German]

Schlemmer HP[1].

Author information

Abstract

CLINICAL/METHODICAL ISSUE:

High prevalence of prostate cancer with multifocality and biological heterogeneity. Insufficient conventional urological diagnostics. ***Discrimination between significant and insignificant cancer needed.***

STANDARD DIAGNOSTIC METHODS:

Digital rectal examination, prostate-specific antigen (PSA) serum level, systematic transrectal ultrasound (TRUS)-guided prostate biopsy.

METHODICAL INNOVATIONS:

Multiparametric magnetic resonance imaging (mpMRI) including T2-weighted (T2w), diffusion-weighted and dynamic contrast-enhanced ***MRI according to the prostate imaging reporting and data system (PIRADS),*** MR-targeted biopsy, most frequently MR/TRUS image fusion biopsy.

FINDINGS AND PERFORMANCE:

Prostate cancer is characterized by low signal intensity on T2w MRI, restricted water diffusion and pronounced and early uptake of contrast enhancement. ***Sensitivity and Specificity according to the current literature are CA. 80% and 90%***

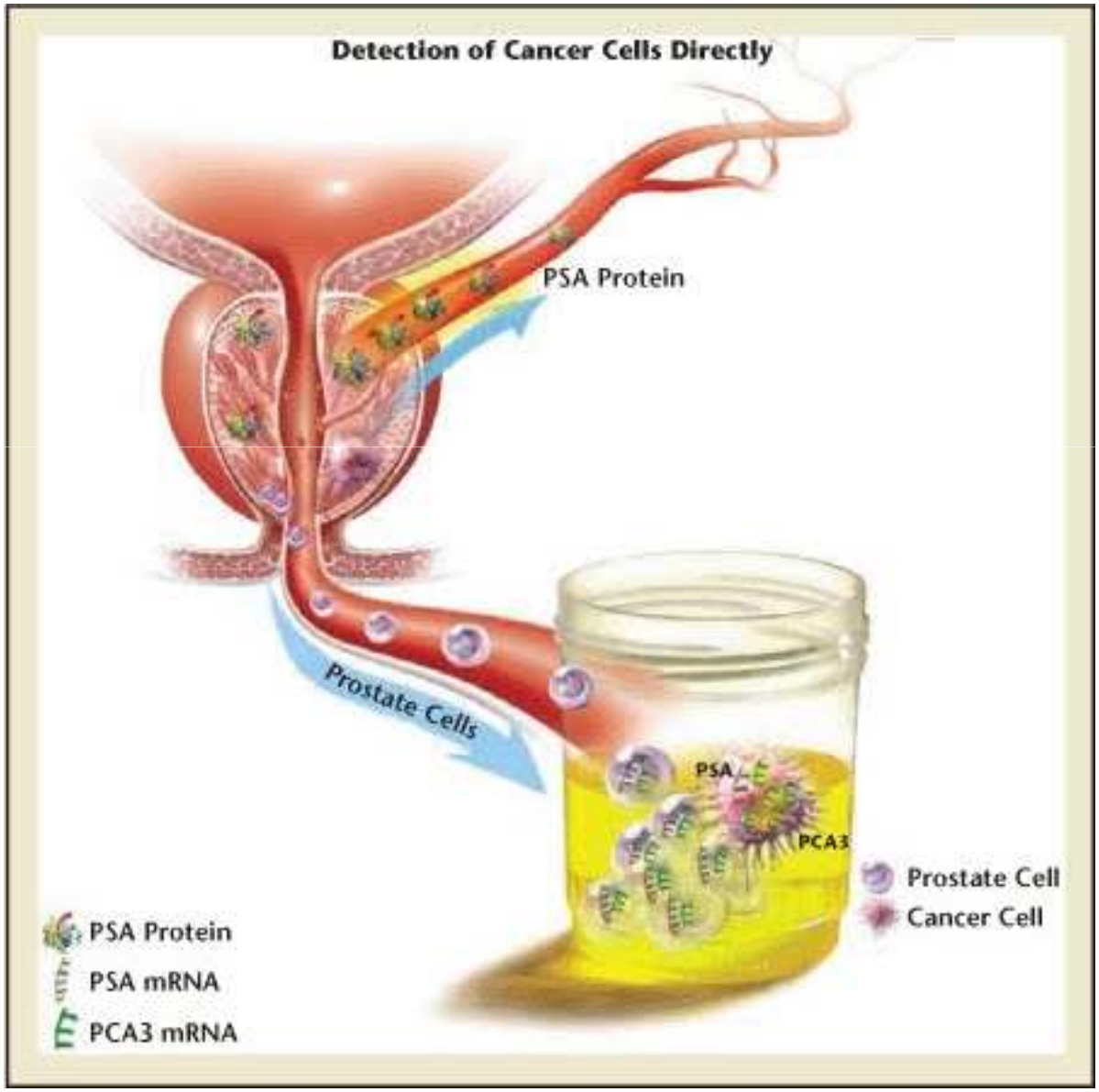
PRACTICAL RECOMMENDATIONS:

In cases of suspected prostate cancer, most accurate are mpMRI according to PIRADS and in cases of positive findings, MRI-targeted biopsy, most frequently as MRI/TRUS image fusion biopsy.

KEYWORDS:

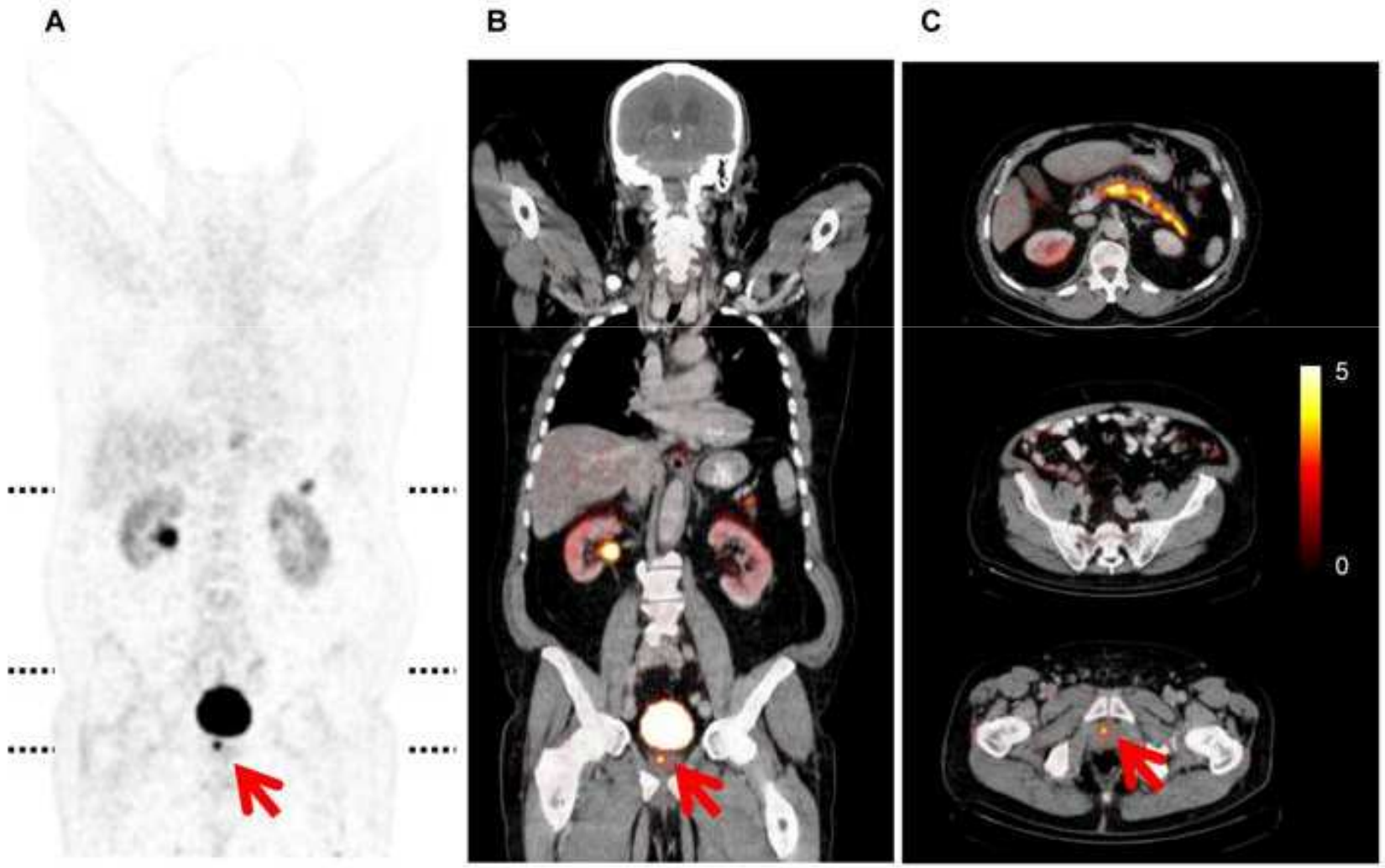
Dr. Edson Soares
Médico Urologista

NOVIDADES – PCA3



Dr. Edson Soares
Médico Urologista

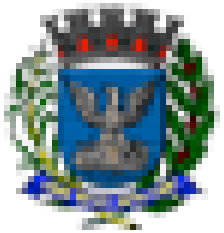
NOVIDADES – Pet CT PSMA



NOVIDADES – Pet CT PSMA

Dr. Edson Soares
Médico Urologista

Dr. Edson Soares
Médico Urologista



CÂMARA TÉCNICA DE ESPECIALIDADES

Protocolo de encaminhamento à UROLOGIA E NEFROLOGIA

ORIENTAÇÕES PARA O AGENDAMENTO DE ROTINA

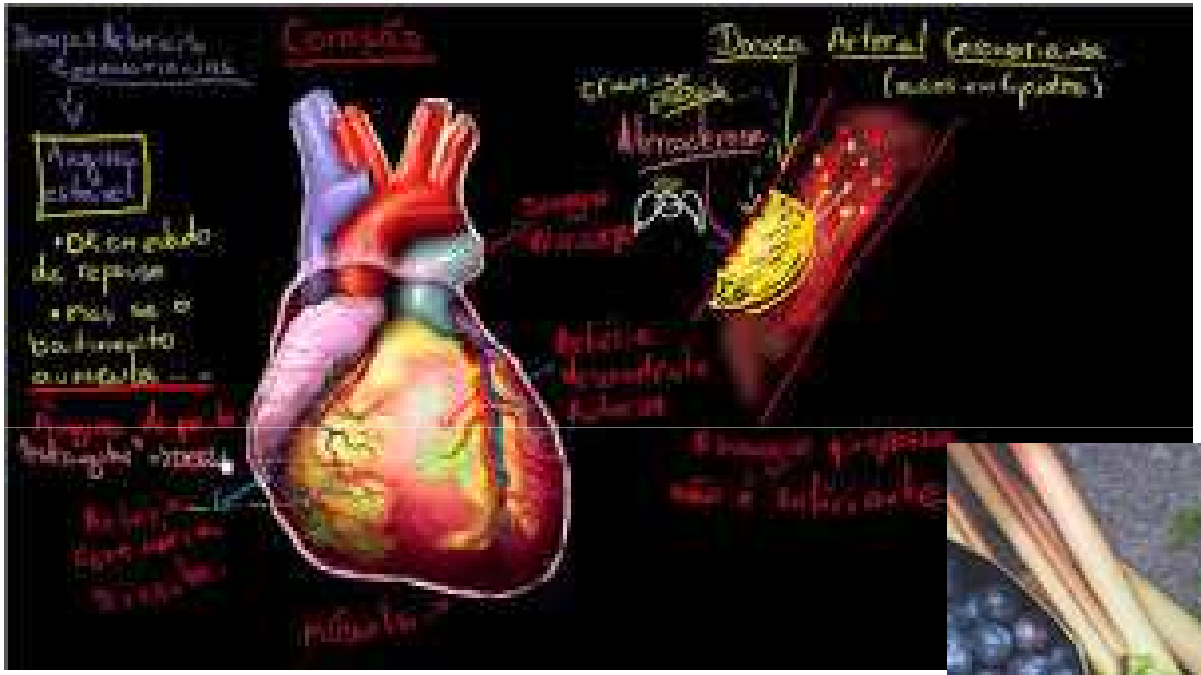
SUGESTÃO PARA AVALIAÇÃO DE RISCO

RELAÇÃO DOS RECURSOS

AGOSTO 2010
Revisado Agosto 2016

Dr. Edson Soares
Médico Urologista

DOENÇAS CARDIOVASCULARES



DISFUNÇÃO ERÉCTIL

Dr. Edson Soares
Médico Urologista

NOVIDADES

TUDO QUE ENDURECE O CORAÇÃO AMOLECE O ...

QUEM TEM DEDO TOCA ...

Recomendação

Dr. Edson Soares
Médico Urologista