

Embracing Excellence in Prostate and Kidney Cancer



1st European Multidisciplinary Meeting on Urological Cancers

Barcelona, Spain, 2 - 4 November 2007

First Announcement



Organised by:



European Society
for Medical Oncology



THE FIRST MULTI-KINASE INHIBITOR FOR ADVANCED RCC INDICATED FOR CONTINUOUS TREATMENT WHEN CYTOKINES HAVE FAILED OR ARE NOT SUITABLE

NEW NEXAVAR

FOR ADVANCED RENAL CELL CARCINOMA (RCC)

Targeted Efficacy



Focusing on Life

New Oral

 **Nexavar**[®] ▼
(sorafenib) tablets

NEXAVAR® - PRESCRIBING INFORMATION

(Refer to full Summary of Product Characteristics (SmPC) before prescribing)
Nexavar 200 mg film-coated tablets

Presentation: Film-coated tablets containing 200 mg sorafenib (as tosylate).
Indications: Treatment of patients with advanced renal cell carcinoma who have failed prior interferon-alpha or interleukin-2 based therapy or are considered unsuitable for such therapy. **Posology and Administration:** Treatment should be supervised by a physician experienced in the use of anticancer therapies. **Adults:** 400 mg b.d. with water, no food or with a low/moderate fat meal. Treatment should continue as long as a clinical benefit is observed or until unacceptable toxicity occurs. **Posology adjustments:** Temporary treatment interruption and/or dose modification or discontinuation may be considered, depending on the severity of the observed adverse reactions. **Pediatrics:** Not recommended due to a lack of data on safety and efficacy. **Elderly:** No dose adjustment. **Renal impairment:** No dose adjustment in mild to moderate impairment (creatinine clearance >30 ml/min). No data available in severe renal impairment (creatinine clearance <30 ml/min) or in patients requiring dialysis. **Hepatic impairment:** No dose adjustment in Child Pugh A and B (mild to moderate) hepatic impairment. No data is available on Child Pugh C (severe) hepatic impairment. **Contraindications:** Hypersensitivity to sorafenib or any of the excipients. **Warnings and Precautions:** Hand-foot skin reaction and rash usually CTC grade 1 and 2. Increased incidence of arterial

hypertension was observed (usually mild to moderate, early in the course of treatment). Blood pressure should be monitored regularly and treated as appropriate. Increased risk of bleeding may occur. Increased incidence of cardiac ischaemia/infarction. Levels of sorafenib may be increased in patients with severe hepatic impairment. Infrequent bleeding events or elevations in INR have been reported in some patients taking warfarin concomitantly. Patients on such therapy should be monitored. No formal studies on wound healing have been conducted. Experience of use in the elderly is limited and cases of renal failure have been reported. High risk patients according to MSKCC prognostic group were not included in the study and benefit-risk has not been evaluated in these patients. **Interactions:** Anti-acidic drugs, CYP3A4 and UGT1A9 inducers (e.g. rifampicin), CYP3A4 inhibitors (e.g. ketoconazole), CYP2C8 substrates (e.g. warfarin), CYP2B6 substrates (e.g. bupropion, cyclophosphamide), CYP2C8 substrates (e.g. paclitaxel), UGT1A1 and UGT1A9 substrates, P-gp-substrates (e.g. digoxin), doxorubicin, irinotecan. **Pregnancy and lactation:** No data on use in pregnant women. Do not use during pregnancy unless clearly necessary, after careful consideration of the needs of the mother and risk to foetus. Effective contraception must be used during treatment. Animal studies indicate that sorafenib can impair male and female fertility. Women must not breast-feed during treatment. **Effects on ability to drive and operate machinery:** No studies have been performed; no evidence of impairment has been found. **Undesirable effects:** Very common side effects include lymphopenia,

hypophosphataemia, haemorrhage, hypertension, diarrhoea, nausea, vomiting, rash, alopecia, hand-foot syndrome (palmar-plantar erythrodysesthesia syndrome), erythema, pruritus, fatigue, pain (mouth, abdominal, bone, headache), increased amylase and lipase. **Common side effects** include leucopenia, neutropenia, anaemia, thrombocytopenia, anorexia, depression, peripheral sensory neuropathy, tinnitus, hoarseness, constipation, stomatitis (including dry mouth and glossodynia), dyspepsia, dysphagia, dry skin, dermatitis exfoliativa, acne, skin desquamation, atheralgia, myalgia, erectile dysfunction, asthenia, fever, influenza like illness, weight decreased, transient increase in transaminases. **Less frequent serious side effects** include hypersensitivity reactions (including skin reactions and urticaria), hypothyroidism, hyponatraemia, dehydration, myocardial ischaemia and infarction, hypertensive crisis, pancreatitis, jaundice, erythema multiforme minor, INR abnormality, prothrombin level abnormality. Prescribers should consult the SmPC in relation to other side effects. **Pharmaceutical Precautions:** Do not store above 25°C. **Legal category:** POM. **Package Quantity and Basic NHS Cost:** 112 tablets, £2,504.60. **Marketing Authorisation Number:** EU/1/06/342/001. **Further information available from:** Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Telephone (01635) 563000. **Date of Preparation:** June 2006. © Registered trademark of Bayer HealthCare AG, Germany. **References:** 1. Nexavar SmPC. 2. Escudier B et al. Data presented at ASCO, Orlando, Florida, May 2005. 7NEXA01c © Bayer PLC July 2006.

Information about adverse event reporting can be found at www.yellowcard.gov.uk. Adverse events should be reported to Bayer Healthcare Drug Surveillance Department either by phone on 01635 563500, fax 01635 563703 or by email to ph_dsg_uk@bayer.co.uk



Bayer HealthCare
Pharmaceuticals

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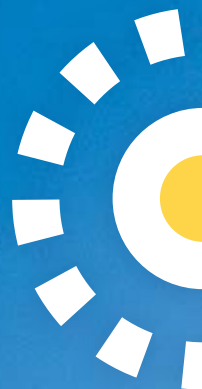
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Latest congress information

www.emucbarcelona2007.org

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Per-Anders
Abrahamsson



Manfred Wirth



Cora Sternberg



Dirk Schrijvers

Welcome by the Scientific Organising Committee

It is a great pleasure to welcome you to the 1st European Multidisciplinary Meeting on Urological Cancers, "Embracing Excellence in Prostate and Kidney Cancer" to be held in Barcelona from 2 to 4 November, 2007.

For the first time all of the major organisations in Europe involved in urological malignant disorders – EAU, ESMO and ESTRO – have identified the need to cooperate and build new bridges between Science, Education, and Communication in order to facilitate:

- increasing knowledge of ongoing research and clinical activities in the framework of urological cancers
- programmes on research development, network formation between laboratories and clinical trials
- new technical approaches to improve treatment of urological disorders; for instance implementation of new minimally invasive surgical techniques, medical treatment and radiation of urological cancers
- new strategies and policies towards clinical research for the next decade
- multidisciplinary approaches to coordinate research and patient care in the various fields of urological malignant disorders

A comprehensive scientific programme will be presented including:

- State-of-the-Art Lectures
- Several Dedicated Debates on hot topics
- Round Table Discussions
- Abstracts, Poster and Podium sessions
- Clinical Case Presentations

The future of Urological Cancers on an international level is associated with advances in research from the bench side to the clinic. Advances in molecular biology have brought translational research to the forefront of interest for clinicians and basic scientists.

By bringing together world experts in the field of Urological Oncology, this European world congress aims to optimise our knowledge and improve our approach to a broad spectrum of topics including biology, prevention, diagnosis, therapy and quality of life.

We have prepared an extraordinary scientific programme with an eminent faculty of leading world experts to shed new light on the most current and important topics in prostate and kidney cancer.

Moreover, we firmly believe that the optimal scenario for urological cancer patients can only be achieved by encouraging improved collaboration among urologists, radiation oncologists and medical oncologists. The 1st European Multidisciplinary Meeting on Urological Cancers, will provide interaction among these prominent independent European organisations and is a first step towards:

Embracing Excellence in Prostate and Kidney Cancer



Thomas Wiegel



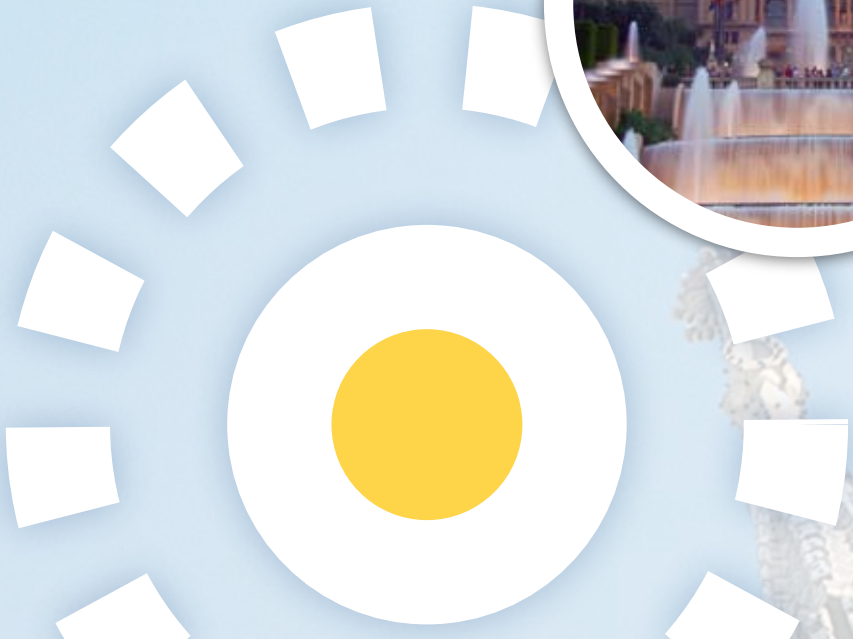
Richard Pötter



Theo De Reijke

See you in Barcelona 2007!

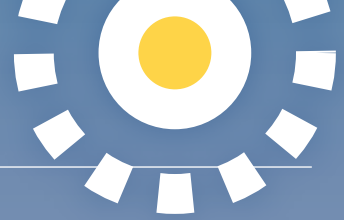
EAU	Per-Anders Abrahamsson, Malmö (SE) Manfred Wirth, Dresden (DE)
ESMO	Cora Sternberg, Rome (IT) Dirk Schrijvers, Antwerp (BE)
ESTRO	Thomas Wiegel, Ulm (DE) Richard Pötter, Vienna (AT)
EORTC	Theo De Reijke, Amsterdam (NL)



Tentative Programme

Friday, 2 November

08.00 - 08.15	Welcome and introduction	12.00 - 13.30	Lunch and poster viewing
08.15 - 09.30	Renal cell carcinoma: Surgery Chairs: P. Mulders, Nijmegen (NL) H. Van Poppel, Leuven (BE)	13.30 - 14.10	Debate on prostate cancer prevention: This house believes that all men over 50 should take 5α-reductase inhibitors to prevent prostate cancer Chairs: L. Boccon-Gibod, Paris (FR) T. De Reijke, Amsterdam (NL) Pro: L. Klotz, Toronto (CA) Con: N. Clarke, Salford, Manchester (GB)
08.15 - 08.40	Surgical management of T1 lesions J. Fitzpatrick, Dublin (IE)	14.10 - 15.45	Biomarkers and molecular pathology of prostate cancer Chair: O. Kallioniemi, Turku (FI)
08.40 - 09.05	Laparoscopic partial and radical nephrectomy I. Gill, Cleveland (US)	14.10 - 14.30	Molecular diagnostics J. Schalken, Nijmegen (NL)
09.05 - 09.30	Open surgery and vena caval involvement D. Jacqmin, Strasbourg (FR)	14.30 - 14.50	High throughput target identification and validation O. Kallioniemi, Turku (FI)
09.30 - 10.00	Coffee break and poster viewing	14.50 - 15.10	Clinical and biologic implications of TMPRSS2-ETS fusion prostate cancer M. Rubin, Boston (US)
10.00 - 11.30	Management of renal cell carcinoma Chairs: R. Bukowski, Cleveland (US) P. De Mulder, Nijmegen (NL)	15.10 - 15.30	New developments in molecular pathology (emphasis on image analysis) C. Cordon-Cardo, New York (US)
10.00 - 10.15	Immunotherapy in RCC P. De Mulder, Nijmegen (NL)	15.30 - 15.45	Discussion
10.15 - 10.35	Targeted therapy in RCC C. Sternberg, Rome (IT)	15.45 - 16.15	Coffee break and poster viewing
10.35 - 10.55	Combination therapies J. Bellmunt Molins, Barcelona (ES)	16.15 - 17.30	Debate: Active surveillance is equivalent to surgery or radiotherapy in low risk disease Chair: M. Marberger, Vienna (AT) Pro: F. Hamdy, Sheffield (GB) L. Klotz, Toronto (CA) Con: H. Huland, Hamburg (DE) A. Zietman, Boston (US)
10.55 - 11.15	Adjuvant therapy T. Eisen, Cambridge (GB)		
11.15 - 11.30	Radiation treatment in the management of RCC J. Dunst, Lübeck (DE)		
11.30 - 12.00	State-of-the-art-lecture Renal cell carcinoma: What does the future hold? R. Bukowski, Cleveland (US)		



Saturday, 3 November

08.00 - 09.30 **Video session**
Chairs: T. Pickles, Vancouver (CA)
M. Wirth, Dresden (DE)

08.00 - 08.15 **Open radical prostatectomy**
H. Huland, Hamburg (DE)

08.15 - 08.30 **Laparoscopic surgery**
C-C. Abbou, Creteil (FR)

08.30 - 08.45 **Robotic surgery**
R. Gaston, Bordeaux (FR)

08.45 - 09.00 **Brachytherapy: HDR + LDR**
P. Hoskin, Northwood (GB)

09.00 - 09.15 **IGRT + proton radiotherapy**
V. Khoo, London (GB)

09.15 - 09.30 **Discussion**

09.30 - 10.00 **Coffee break and poster viewing**

10.00 - 11.15 **Localised prostate cancer:
Best quality of life?**
Chairs: L. Boccon-Gibod, Paris (FR)
R. Pötter, Vienna (AT)

10.00 - 10.15 **Surgery**
H. Van Poppel, Leuven (BE)

10.15 - 10.30 **Radiation therapy**
A. Zietman, Boston (US)

10.30 - 10.45 **Active surveillance**
L. Klotz, Toronto (CA)

10.45 - 11.15 **Case presentations
(with voting system)**
C. Schulman, Brussels (BE)

11.15 - 12.30 **Innovations and future
treatment options in localised
prostate cancer**
Chairs: A. Alcaraz, Barcelona (ES)
J. Batterman, Utrecht (NL)

11.15 - 11.35 **Imaging**
J. Barentsz, Nijmegen (NL)

11.35 - 11.55 **Innovations in surgery**
M. Marberger, Vienna (AT)

11.55 - 12.15 **Innovations in radiotherapy**
J. Lebesque, Amsterdam (NL)

12.15 - 12.30 **Alternative approaches**
M. Eisenberger, Baltimore (US)

12.30 - 13.30 **Lunch and poster viewing**

13.30 - 15.00 **Poster presentations**
Chairs: G. De Meerleer, Ghent (BE)
F. Hamdy, Sheffield (GB)
J. Schalken, Nijmegen (NL)

15.00 - 15.30 **Coffee break**

15.30 - 17.00 **Locally advanced prostate
cancer**
Chairs: F. Debruyne, Nijmegen (NL)
T. Wiegel, Ulm (DE)

15.30 - 15.50 **Is radical prostatectomy
standard?**
M. Wirth, Dresden (DE)

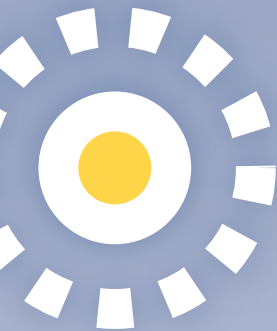
15.50 - 16.10 **Is radiotherapy standard?**
P. Kupelian, Orlando (US)

16.10 - 16.30 **Is there an optimal combination?
Case presentations (with voting
system)**
T. Wiegel, Ulm (DE)
1. Adjuvant RT
2. Increasing PSA

16.30 - 17.00 **Discussion**
F. Debruyne, Nijmegen (NL)
P. Kupelian, Orlando (US)

Sunday, 4 November

08.00 - 09.00	The best abstracts for oral presentations Chairs: A. Alcaraz, Barcelona (ES) N. Maitland, York (GB) M. Baumann, Dresden (DE)	10.30 - 11.00	Coffee Break
09.00 - 10.30	Pathways to hormone resistant prostate cancer Chairs: N. Maitland, York (GB) J. Schalken, Nijmegen (NL)	11.00 - 12.30	Therapy in hormone resistant prostate cancer Chairs: M. Hussain, Detroit (US) C. Sternberg, Rome (IT)
09.00 - 09.20	Potential targets in the apoptotic cascade W. Watson, Dublin (IE)	11.00 - 11.20	Redefining response criteria for clinical trials M. Hussain, Detroit (US)
09.20 - 09.40	The androgen receptor pathway in prostate cancer J. Trapman, Rotterdam (NL)	11.20 - 11.40	Chemotherapy, when and why? R. De Wit, Rotterdam (NL)
09.40 - 10.00	Nuclear Akt function and PTEN in prostate cancer tba	11.40 - 12.00	Aberaterone, methylation inhibitors and other novel targets in development J. De Bono, Sutton, Surrey (GB)
10.00 - 10.20	Signalling and prostate cancer stem cells N. Maitland, York (GB)	12.00 - 12.20	Novel therapeutics in clinical trials M. Eisenberger, Baltimore (US)
10.20 - 10.30	Discussion	12.20 - 12.30	Discussion
		12.30 - 13.00	Prostate cancer: What does the future hold?
		12.30 - 12.40	Oncology C. Sternberg, Rome (IT)
		12.40 - 12.50	Radiotherapy A. Zietman, Boston (US)
		12.50 - 13.00	Urology P.A. Abrahamsson, Malmö (SE)



General Information



Target Audience

This meeting is organised for urologists, medical oncologists, radiation oncologists, radiologists, endocrinologists, andrologists, pathologists, specialists in clinical chemistry, pharmacologists, epidemiologists, basic and translational researchers, nurse practitioners and residents in these disciplines as well as representatives from the pharmaceutical industry.

Call for Abstracts – submission deadline 30 June 2007

Abstract submission for presentation during poster and oral sessions will be possible before the deadline of 30 June 2007 (24.00 CET). Submit your abstract on-line through: www.uroweb.org. Abstracts may have been presented during former congresses or meetings. The abstract submitter will receive an e-mail confirming that the congress office has received the abstract. Abstracts will solely be judged on the data submitted. Only abstracts of a good quality will be selected for presentation after review by the Scientific Organising Committee. Programme/abstract books will be available in all congress bags during the meeting.

CME Accreditation

ESMO and ESTRO

The program will be accredited with ESMO-MORA category 1 points. ACOE accreditation (Accreditation Council for Oncology in Europe) has been endorsed by the European Accreditation Council for Continuing Medical Education (EACCME), an institution of the European Union of Medical Specialists (UEMS). These European Continuing Medical Education Credits (ECMEC) credits are recognised within the different European States which have agreed to participate in this European system, and also by the American Medical Association (AMA) as AMA PRA Category 1 credits.

EAU

The programme will be accredited within the EU-ACME programme by the European Board of Urology with 16.5 credit points. The accreditation is in compliance with EBU/UEMS regulations - 1 credit per hour, with a maximum of 6 credits per day and a maximum of 18 credits for the whole event. Each participant should claim only those hours of credits that have actually been spent in the CME accredited activity.

A Certificate of Attendance can be collected at the registration desk at the last day of the meeting

Hotel Reservations

Congress Consultants B.V. have contracted ep Consulting in Barcelona to handle hotel accommodation for this Meeting.

Hotel rooms in different hotel categories and within easy reach of the congress venue, have been blocked for the meeting.

• Individual hotel reservations.

Accommodation will be allocated on a first come, first served basis upon receipt of your online hotel booking form, together with a the credit card guarantee.

All participants are requested to make their reservation before 14 October 2007.

Accommodation bookings received after this date cannot be guaranteed.

You can make your online reservation through www.eventszone.net/emuc2007 or through www.emucbarcelona2007.org

• Group hotel reservations

Please contact directly by email: emuc07@eventszone.net or epconsulting.bcn@gmail.com

Contact for hotel reservations

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Important: Since Barcelona is highly visited, the hotels are often fully booked, we recommend the participants to make their reservation as soon as possible.

Hotels	Category	Double room / Single use	Double room / Double use
Hotel Rey Juan Carlos I (venue)	***** Gl	€ 220	€ 255
Hotel Husa Illa	****	€ 139	€ 139
Hotel Spa Senator	****	€ 110	€ 120
Hotel Covadonga	***	€ 108	€ 125
Hotel NH Numancia	***	€ 98	€ 108
Breakfast buffet included		Per room / per night, 7% vat not included	

Registration Fee in Euro (€) excluding VAT

	Before 1 Oct. 07	From 1 Oct. 07
EAU/ESMO/ESTRO members	€ 250	€ 300
Non members	€ 300	€ 350
Residents – members	€ 100	€ 150
Residents – non members	€ 150	€ 200
PhD Researchers	€ 150	€ 200
Accompanying persons	€ 100	€ 100

Registration delegates includes:

- Access to the scientific sessions
- Congress bag (programme/abstract book)
- Lunches
- Coffee breaks
- 3-Day transportation pass

Registration accompanying persons include:

- Lunches
- Coffee breaks
- 3-Day transportation pass

Insurance

The organisers do not accept liability for damages and/or losses of any kind which may be incurred by the meeting participants or by any persons accompanying them, both during the scientific programme and official activities. Participants are advised to take out insurance against loss, accidents or damage which could be incurred during the meeting.

Language

All sessions will be conducted in English. No translation will be provided.

EAU, ESMO or ESTRO Membership

For information and membership application please visit:

www.uroweb.org

www.esmo.org

www.estro.be

Venue

The Catalonia Palace of Congresses is easily accessible by public transport. Barcelona has an excellent public transport system connecting all parts of the city. All congress delegates will receive a complementary 3-day transportation pass, valid on all public transport during the meeting.

Address

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I. Gill, Cleveland (US)	M. Wirth, Dresden (DE)
F. Hamdy, Sheffield (GB)	A. Zietman, Boston (US)

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companies for their support:

Platinum: - Astellas

- Bayer Healthcare
- Novartis Oncology
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Gold: - AstraZeneca



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