## European Parliament meeting examines PCa White Paper

## **EAUN** brings crucial insights to meeting discussions



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Last September 27 saw the EAUN took its rightful place at the European Parliament to discuss the implications of the Prostate Cancer White Paper during this year's European Prostate cancer Awareness Day (EPAD).

Together with Europa Uomo and the European Cancer Patient Coalition (ECPC), the European Association of Urology (EAU) organised the event to discuss White Paper recommendations on how to lower the risks and improve the management and care of prostate cancer patients. The White Paper was launched in January 2017. In his opening remarks Mr. Vytenis Andriukaitis, EU Commissioner for Health and Food Safety. stated: "A better understanding and knowledge of health risks and how to manage them are crucial. Preventing and controlling prostate cancer- and cancer in general- is of key concern to the European Commission." He also underlined the importance of raising awareness for a healthy lifestyle and the need to further look into the opportunities of personalised healthcare as recommended in the Prostate Cancer White Paper. Andriukaitis invited all participants to share this valuable resource with the EU Health Policy Platform to ensure that it reaches all stakeholders.

Two Members of European Parliament (MEPs), Mrs. Marian Harkin and Mr. Alojz Peterle who are both committed to the joint mission, chaired the event. Awareness of prostate cancer was a key theme throughout the forum. The discussions also took up the crucial need to collaborate in raising public awareness particularly on issues or perceptions such as viewing prostate cancer as 'an old man's disease.' Also taken up were equity with regards access to

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health care education and addressing issues related to language and culture. Both Francesco de Lorenzo of the European Cancer Patient Coalition (ECPC) and Mr. Ken Mastris of Europa Uomo delivered the key message which was the inability of patients to tackle these aforementioned issues on their own, Thus, unity is essential amongst the key stakeholders for them to act as one and drive their goals forward. Moreover, there is the expectation for the EU to do more. EAU Secretary General Prof. Chris Chapple Secretary General also reiterated the need for collaboration.

#### Disease prevention and screening

Other key issues were education, disease prevention and data gathering and interpretation with regards the issue of screening. The discussion on screening raised controversial views on over-treatment and that screening would ultimately lead to identifying more insignificant PCa tumours. Regarding treatment, better differentiation between low and high-risk prostate cancers was viewed as crucial in preventing over-treatment. Related to this was the important role of modern diagnostic imaging techniques.

The economics of PCa was also examined such as rising costs, impact of increased survival and equitable treatment access to care across the EU, particularly in low-income countries, which remains a key issue for the EU. Ian Banks of the European Men's Health Forum also commented on workforce economics and noted that in fact there is economic benefit in getting men back to work after treatment.

In discussing the role of treatment and support of PCa patients, the author commented: "Treatment just involves a small part of the patient's journey... there is



Discussion of the White Paper in the Parliament

a pivotal role that is being and can be played by non-medical professionals closer to the patient. Nurses play a pivotal role in providing holistic care, and that we should no longer talk about a multidisciplinary team, but about a multi-professional one."

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In his presentation the author outlined the impact of the nurse in the prostate cancer journey and the key role of the nurse, as part of a multi-professional approach to care. The presentation addressed the effects of prostate cancer and the significant impact on quality of life, and that PCa adversely affects every aspect of a man's well-being, and far beyond treatment, thus requiring a more holistic approach. With more than 417,000 men diagnosed with PCa the author stressed the need for "A patient centered and focused approach that is multi-professional." Urgent attention is also needed to look at strategic workforce planning to address the growing financial pressure to deliver timely and effective healthcare.

Primary care was one of the specific areas highlighted in this discussion, which is defined by the WHO as the "first contact" for individuals with cancer. The need for continued, comprehensive and coordinated care was also raised but which is hampered by significant inequalities in terms of access and infrastructure. The author also stated during the forum that "Cancer and its consequences would be an increasingly prominent part of the primary care workload in the future, with the breadth of health care professionals needing to expand, such as community nurses to meet this demand," as outlined in a recent ECCO position statement.

With regards addressing quality of care and economics, the author added that "nurses had shown beyond any doubt that they can deliver timely, cost and clinically effective patient care which positively improves patient outcomes." However, there are prejudices or perceptions on nursing roles that have to be put aside. To think outside the box and consider the benefits that developing and enhancing these roles would bring are important. The author,

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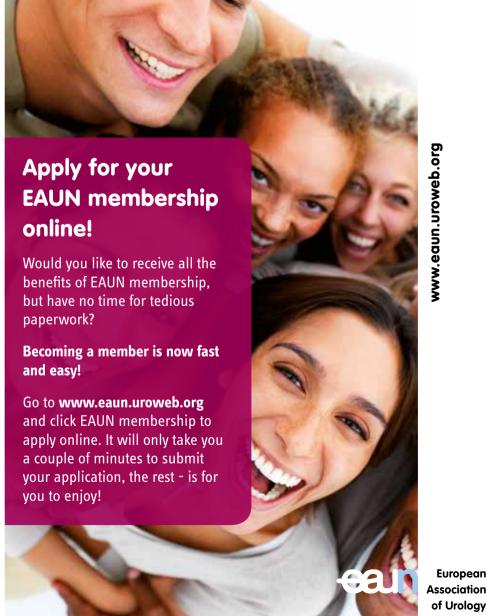
Download: http://uroweb.org/wp-content/uploads/ EAU\_WhitePaper\_PCa\_final.pdf

however, noted the existing inequalities in nursing education and training which needs to be addressed by public regulators such as the EU. The author concluded his presentation with a quote from Ernest Hemingway: "It is good to have an end to journey toward, but it is the journey that matters in the end."

At end of the meeting, Prof. Hein Van Poppel, EPAD co-organiser and on behalf of the EAU, emphasized that all parties present needed support from the European Parliament and the European Commission, but most importantly from patients.



Title of my presentation for the EU Commissioner and the Members of Parliament



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VV I L E Y

European Urology Today

17-19 March 2018, Copenhagen

# **EAUN18: From best practices to new insights**

19th EAUN Meeting boosts the links among urology nurses

True to its aim to provide fresh updates and identify best practices, the Scientific Programme of EAUN18 is a compact and comprehensive examination of key nursing issues in urology ranging from oncology, infections, guidelines adherence, patient-centred care to anticipating future trends.

"In-depth and with focus on improving our day-today clinical practices by using practical approaches, evidence-based nursing and the experiences or input of patients themselves, the various sessions in Copenhagen will aim to fulfil the educational needs of participants," said Corinne Tillier, chair of the Scientific Programme Committee.

In Copenhagen, the organisers will offer in three days, two Plenary Sessions, 13 Thematic Sessions, five Specialty Sessions, and two European School of Urology (ESU) courses. To be featured are six state-of-the-art lectures that will cover TRUS biopsy guidelines, impact of lifestyle habits among cancer survivors, patient experience of pelvic rehabilitation, and EAUN guidelines, among other topics.

The Thematic Sessions will explore not only dilemmas in nursing practices but also new topics. Updates in prostate care will be discussed in Thematic Session 2, where the evolution of radiological techniques, new treatments and supportive nursing care (clinics) will be assessed by expert speakers. Patient-centred care will be the theme in Thematic Session 5 where tools such as

Patient Reported Outcome Measures (PROMs) will be evaluated for its effect in shared decision-making.

"There are changes in prostate biopsy guidelines, and urology nurses need to be aware of the impact on their practices. This will be taken up in a state-of-theart lecture where current standards and new practices will be thoroughly reviewed," said Tillier.

The Plenary Sessions are expected to trigger enthusiastic discussions with two thought-provoking topics. Plenary Session 1 will tackle the theme: "Urology nursing tomorrow: If not us then who?" The session will look into generational differences between senior nurses and their younger colleagues who are more computer-adept and technologically (digital) oriented. Questions such as "How can we avoid misunderstandings, miscommunications and clash amongst the generations?" will be taken up to shed light on the dynamics of interpersonal relations in the hospital setting.

As in previous congresses, hospital visits form part of the total learning experience. Four hospital visits are scheduled on Friday, 16 March in three major Copenhagen hospitals. Below is a glimpse of the schedules:

Visit 1. Herlev Hospital, 15.00 - 17.00 hrs. Visit to the theatre, robotic centre, outpatient clinic, nurse led procedures and the ward, including the areas for cystectomy and prostatectomy patients.





Chair EAUN

Chair SCO

- Visit 2. Gentofte Hospital, 15.00 17.00 hrs. The department specialises in stone-surgery, andrology and LUTS.
- Visit 3. Herlev Hospital, 15.00 17.00 hrs. Visit to the Robotic Center, where you can do hands-on exercises.
- Visit 4. Rigshospitalet (Copenhagen University Hospital), 14.30 - 16.30 hrs. Urology care with a focus on cancer patients. Visit to the ward, the outpatient clinic and the operating theatre.

With its varied and insight-filled programme, EAUN18 promises another much-awaited boost to the training and educational update needs of European urology nurses. It does not only aim to match these expectations but to also go beyond them to enable urology nurses to provide optimal patient care.



in conjunction with **EAU18** 

www.eaun18.org



# EAU18 COPENHAGEN 16-20 March 2018

Cutting-edge Science at Europe's largest Urology Congress



## Preliminary ESU programme in Copenhagen

## **ESU Courses**

Advanced course on upper tract laparoscopy (UPJ, adrenal and stones)

Registration is open

Early fee deadline

15 January 2018

Online deadline 26 February 2018

Adrenals for urologists

#### Andrology

- · Office management of male sexual dysfunction
- The infertile couple Urological aspects

#### **Female Urology**

- · Prolapse management and female pelvic floor problems
- · Advanced vaginal reconstruction

· Dealing with the challenge of infection in urology

#### **Kidney transplantation**

· Renal transplantation: Technical aspects, diagnosis and management of early and late urological complications

### **Male LUTS**

- · Management of BPO: From medical to surgical treatment
- Post-surgical urinary incontinence in males

#### Neurogenic and non-neurogenic voiding dvsfunction

- Chronic pelvic pain in men and women
- General neuro-urology
- Lower urinary tract dysfunction and urodynamics

#### **Paediatric urology**

- Paediatric urology for the adult urologist Course 1 Paediatric urology for the adult urologist Course 2

#### Penis/testis

- Testicular cancer
- Penile diseases

#### Prostate cancer

- Robot-assisted laparoscopic prostatectomy • Retropubic radical prostatectomy - Tips, tricks
- Focal treatment in prostate cancer
- Prostate cancer imaging: When and how to use it
- Screening and active surveillance where are we now
- Prostate biopsy tips and tricks
- · Metastatic prostate cancer
- Oligometastatic prostate cancer
- · Prostate cancer update: How to optimise the everyday management of your patients

#### **Renal tumours**

- · Robot renal surgery
- · Small renal masses: From concepts to tips and tricks in daily management
- · Advanced course on laparoscopic renal surgery
- Surgery for renal cancer beyond minimally invasive approaches: Opportunities and limits

- Percutaneous nephrolithotripsy (PCNL)
- Update on stone disease
- Flexible ureterorenoscopy and retrograde intrarenal surgery: Instrumentation, technique, tips and tricks, indications

Urinary tract and genital trauma

#### **Unclassified and miscellaneous topics**

- · How to proceed with a haematuria
- Surgical anatomy
- Ultrasound in urology Laparoscopy for beginners
- Update renal, bladder and prostate cancer
- guidelines 2018. What is changed? Basic penile scrotal surgery and first steps in
- endourology What has changed in the non-oncology guidelines
- Practical aspects of cancer pathology for
- urologists. The 2018 WHO novelties
- Prosthetic surgery in urology
- · First steps in the world of robotic surgery
- Lymphadenectomy in urological malignancies
- How to write introduction and methods
- · How to write results and discussion

## **Urethral strictures**

Advanced course on urethral stricture surgery

#### **Urothelial tumours**

- Practical management of non-muscle invasive bladder cancer
- New perspectives in the management of upper · Laparoscopic and robot-assisted laparoscopic
- radical cystectomy Management and outcome in invasive and locally
- advanced bladder cancer Nerve-sparing cystectomy and orthotopic bladder substitution - Surgical tricks and management of complications
- How will immunotherapy change the multidisciplinary management of urothelial bladder cancer

#### **ESU Hands-on Training Courses**

- ESU/ERUS HOT in Robotic surgery intro course
- ESU/ERUS HOT in Robotic surgery advanced virtual robotic procedural training

#### Laparoscop

- ESU/ESUT HOT in Basic laparoscopic skills
- (E-BLUS training)
- E-BLUS exam

### Diagnostics and follow-up

- ESU/ESFFU HOT in Urodynamics · ESU/ESUT/ESUI HOT in MRI fusion biopsy
- ESU/ESUT/ESUI HOT in MRI reading for urologists in the diagnosis and management of prostate cancer

#### **Functional urology**

- ESU/ESFFU HOT in OnabotulinumtoxinA administration for OAB
- **ESU/ESFFU HOT in Sacral neuromodulation** procedure standardisation

#### Endoscop

- ESU/ESUT HOT in Transurethral therapy of LUTS
- bipolar TURP
- **ESU/ESUT HOT in HoLEP**
- ESU/ESUT HOT with Thulium laser for vaporesection of prostate
- ESU/ESUT/EULIS HOT in Endoscopic stone treatment



