



Şcoala Doctorală Interdisciplinară
(SDI)

Domeniul de doctorat:

Medicină

Conducător doctorat:

Conf. dr. med. Ioan SCÂRNECIU

TEME (TEMATICĂ) PENTRU CONCURS

TEMA 1: *Factori predictivi implicați în rezultatele diferitor metode de tratament ale hiperplaziei benigne de prostată*

Principalele aspecte abordate :

- *Hiperplazia benignă de prostată: fiziologie, histologie si anatomie.*
- *Chestionar: Calitatea vieții la pacientul urologic. Scorul international al prostatei. Aplicare: pretratament, postratament la 1 luna, 6 luni, 1 an, la 2 ani.*
- *Simptomologia de tract urinar inferior și metode de diagnostic.*
- *Metode de tratament: farmacologic, chirurgical.*
- *Identificarea factorilor care ar influența rezultatele fiecărei metode de tratament.*
- *Interpretarea rezultatelor în vederea formării unui ghid therapeutic individualizat fiecărui pacient conform datelor obținute.*

Bibliografie recomandată:

1. Mangera, A., Patel, A. K., & Chapple, C. R. Anatomy of the lower urinary tract. *Surgery (Oxford)*, 2010; 28(7):307–313.
2. Foo, K. T. Pathophysiology of clinical benign prostatic hyperplasia. *Asian Journal of Urology*, 2017;4(3):152–157.
3. De Groat, W. C., Griffiths, D., & Yoshimura, N. Neural Control of the Lower Urinary Tract. *Comprehensive Physiology*, 2014;327–396.
4. Barry, M.J., et al. The American Urological Association symptom index for benign prostatic hyperplasia. The Measurement Committee of the American Urological Association. *J Urol*, 1992;148:1549.
5. Donovan, J.L., et al. Scoring the short form ICSmaleSF questionnaire. International Continence Society. *J Urol*, 2000;164:1948.
6. Schou, J., et al. The value of a new symptom score (DAN-PSS) in diagnosing uro-dynamic infravesical obstruction in BPH. *Scand J Urol Nephrol*, 1993;27:489.
7. Lepor H. Pathophysiology of lower urinary tract symptoms in the aging male population. *Rev Urol*. 2005;7 Suppl 7(Suppl 7):S3-S11.
8. Kirby, R.S. The natural history of benign prostatic hyperplasia: what have we learned in the last decade? *Urology*, 2000;56:3.
9. Yap, T.L., et al. The impact of self-management of lower urinary tract symptoms on

frequency-volume chart measures. *BJU Int*, 2009;104:1104.

10. Barendrecht, M.M., et al. Do alpha1-adrenoceptor antagonists improve lower urinary tract symptoms by reducing bladder outlet resistance? *Neurourol Urodyn*, 2008;27:226.
11. Fusco, F., et al. alpha1-Blockers Improve Benign Prostatic Obstruction in Men with Lower Urinary Tract Symptoms: A Systematic Review and Meta-analysis of Urodynamic Studies. *Eur Urol*, 2016;69:1091.
12. Andriole, G., et al. Dihydrotestosterone and the prostate: the scientific rationale for 5alpha-reductase inhibitors in the treatment of benign prostatic hyperplasia. *J Urol*, 2004;172:1399.
13. Naslund, M.J., et al. A review of the clinical efficacy and safety of 5alpha-reductase inhibitors for the enlarged prostate. *Clin Ther*, 2007;29:17.
14. Baldwin, C.M., et al. Transdermal oxybutynin. *Drugs*, 2009;69:327.
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18. Madersbacher, S., et al. Plant extracts: sense or nonsense? *Curr Opin Urol*, 2008;18:16.
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20. Lee, H.N., et al. Rate and associated factors of solifenacin add-on after tamsulosin monotherapy in men with voiding and storage lower urinary tract symptoms. *International Journal of Clinical Practice*, 2015;69:444.

TEMA 2: *Detecția tumorilor vezicale primare și recurente non-musco-invazive și urmărirea pacienților cu ajutorul cistoscopiei în lumină albă (WLI) vs cistoscopia cu bandă îngustă (NBI).*

Principalele aspecte abordate :

- *Anatomia sistemului urinar.*
- *Patologia tumorală a vezicii urinare.*
- *Simptomatologia de tract urinar inferior și metode de diagnostic.*
- *Identificarea factorilor de risc în apariția tumorilor vezicale.*
- *Rata de detecție a tumorilor non-invazive vezicale primare și recurente cu ajutorul cistoscopiei NBI comparativ cu cea WLI.*
- *Valoarea de diagnostic a cistoscopiei NBI comparativ cu cea WLI.*
- *Metode de tratament.*
- *Clasificarea histologică a tumorilor.*
- *Urmărirea recidivelor tumorale, calcularea scorului de risc EORTC (calcularea riscului de recidivă tumorală și progresie tumorală în stadiile incipiente).*

Bibliografie recomandată:

1. Siegel R., Naishadham D. & Jemal A. Cancer statistics. *CA Cancer J Clin* 2013;63:11–30.
2. Babjuk M. et al. EAU guidelines on non-muscle-invasive urothelial carcinoma of the bladder, the 2011 update. *Eur Urol* 2011;59:997–1008.
3. Anastasiadis A. & de Reijke T. M. Best practice in the treatment of nonmuscle invasive bladder cancer. *Ther Adv Urol* 2012;4:13–32.
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5. Nakata S., Nakano K., Takahashi H. & Shimizu K. Prognostic factors of superficial bladder cancer recurring after initial transurethral resection. *Hinyokika Kyo* 2005;51:229–233.
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7. Geavlete B. et al. Narrow band imaging cystoscopy and bipolar plasma vaporization for large nonmuscle-invasive bladder tumors—results of a prospective, randomized comparison to the standard approach. *Urology* 2012;79:846–851.
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9. Bryan R. T., Billingham L. J. & Wallace D. M. Narrow-band imaging flexible cystoscopy in the detection of recurrent urothelial cancer of the bladder. *BJU Int* 2008;101:702–705.
10. Herr H. W. & Donat S. M. A comparison of white-light cystoscopy and narrow-band imaging cystoscopy to detect bladder tumour recurrences. *BJU Int* 2008;102:1111–1114.
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13. Rodriguez Faba O. et al. Current management of non-muscle-invasive bladder cancer. *Minerva Med* 2013;104:273–286.
14. Vishnu P., Mathew J. & Tan W. W. Current therapeutic strategies for invasive and metastatic bladder cancer. *Onco Targets Ther* 2011;4:97–113.
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16. Geavlete B. et al. Treatment changes and long-term recurrence rates after hexaminolevulinate (HAL) fluorescence cystoscopy: does it really make a difference in patients with non-muscle-invasive bladder cancer (NMIBC)? *BJU Int* 2012;109:549–556.
17. Herr H. W. Randomized Trial of Narrow-band Versus White-light Cystoscopy for Restaging (Second-look) Transurethral Resection of Bladder Tumors. *Eur Urol*.
18. Kim K. O. & Ku Y. S. Is image-enhanced endoscopy useful for the diagnosis and treatment of gastrointestinal tumor? *Clin Endosc*, 2013;46:248–250.
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20. Han KS, Joung JY, Cho KS, Seo HK, Chung J, Park WS, Lee KH. Results of repeated transurethral resection for a second opinion in patients referred for nonmuscle invasive bladder cancer: the

referral cancer center experience and review of the literature. *J Endourol.* 2008;22:2699–2704.

TEMA 3: *O imagine clinică împreună cu evaluarea calității vieții sexuale a pacienților care prezintă prostatită cronică/ sindrom dureros cronic pelvin (PC/SDCP)*

Principalele aspecte abordate :

- *Anatomia grosieră a regiunii pelvine.*
- *Simptomatologia sindromului de durere cronică pelvină.*
- *Patologia asociată sindromului de durere cronică pelvină.*
- *Metode de diagnostic și tratament.*
- *Evaluarea clinică a pacienților conform sistemului de fenotipare UPOINT, scor CPSI (index al simptomatologiei prostatitei cronice), localizarea durerii și tratamentul urmat de pacient.*
- *Evaluarea calității vieții împreună cu aprecierea calității vieții sexuale a pacienților post tratament.*

Bibliografie recomandată:

1. Polackwich AS, Shoskes DA. Chronic prostatitis/chronic pelvic pain syndrome: a review of evaluation and therapy. *Prostate Cancer Prostatic Dis.* 2016;19(2):132-138.
2. Pirola GM, Verdacchi T, Rosadi S, Annino F, De Angelis M. Chronic prostatitis: current treatment options. *Res Rep Urol.* 2019;11:165-174
3. Thin RN. The diagnosis of prostatitis: a review. *Genitourin Med.* 1991;67:279–83.
4. Magri V, Boltri M, Cai T, et al. Multidisciplinary approach to prostatitis. *Arch Ital Urol Androl.* 2019;90(4):227-248.
5. Krieger JN, Nyberg L Jr, Nickel JC . NIH consensus definition and classification of prostatitis. *JAMA* 1999; **282**: 236–237
6. Wagenlehner FME, van Till JWO, Magri V, et al. National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) symptom evaluation in multinational cohorts of patients with chronic prostatitis/chronic pelvic pain syndrome. *Eur Urol.* 2013;63:953–9.
7. Forrest JB, Schmidt S . Interstitial cystitis, chronic nonbacterial prostatitis and chronic pelvic pain syndrome in men: a common and frequently identical clinical entity. *J Urol* 2004; **172** (6 Pt 2): 2561–2562
8. Shoskes DA, Nickel JC, Dolinga R, et al. Clinical phenotyping of chronic prostatitis/chronic pelvic pain patients and correlation with symptom severity. *Urology.* 2009;73:538–43.
9. Shoskes DA, Nickel JC, Rackley RR, et al. Clinical phenotyping in chronic prostatitis/chronic pelvic pain syndrome and interstitial cystitis: A management strategy for urological chronic pelvic pain syndromes. *Prostate Cancer Prostatic Dis.* 2009;12:177–83.
10. Doiron RC, Shoskes DA, Nickel JC. Male CP/CPPS: where do we stand?. *World J Urol.* 2019;37(6):1015-1022.
11. Magistro G, Wagenlehner FM, Grabe M, Weidner W, Stief CG, Nickel JC. Contemporary Management of Chronic Prostatitis/Chronic Pelvic Pain Syndrome. *Eur Urol.* 2016;69(2):286-297.
12. Litwin MS, McNaughton-Collins M, Fowler FJ, Jr, et al. The National Institutes of Health chronic

- prostatitis symptom index: Development and validation of a new outcome measure. Chronic Prostatitis Collaborative Research Network. *J Urol*. 1999;162:369–75.
13. Nickel JC, Shoskes DA, Wagenlehner FM. Management of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS): the studies, the evidence, and the impact. *World J Urol*. 2013;31(4):747-753.
 14. Thakkestian A, Attia J, Anothaisintawee T, Nickel JC. α -blockers, antibiotics and anti-inflammatories have a role in the management of chronic prostatitis/chronic pelvic pain syndrome. *BJU Int*. 2012;110(7):1014-1022.
 15. Arrington R, Cofrancesco J, Wu AW. Questionnaires to measure sexual quality of life. *Qual Life Res*. 2004;13(10):1643-1658.
 16. Zhou YH, Mei RB, Zhao ST, Zhang J. *Zhonghua Nan Ke Xue*. 2010;16(4):336-340.
 17. Walz J, Perrotte P, Hutterer G, et al. Impact of chronic prostatitis-like symptoms on the quality of life in a large group of men. *BJU Int*. 2007;100(6):1307-1311.
 18. Wagenlehner FME, Schneider H, Ludwig M, et al. A pollen extract (Cernilton) in patients with inflammatory chronic prostatitis–chronic pelvic pain syndrome: A multicentre, randomized, prospective, double-blind, placebo-controlled phase 3 study. *Eur Urol*. 2009;56:544–51.
 19. Rees J, Abrahams M, Doble A, et al. Diagnosis and treatment of chronic bacterial prostatitis and chronic prostatitis/chronic pelvic pain syndrome: A consensus guideline. *BJU Int*. 2015;116:509–25.
 20. Thakkestian A, Attia J, Anothaisintawee T, Nickel JC. α -blockers, antibiotics and anti-inflammatories have a role in the management of chronic prostatitis/chronic pelvic pain syndrome. *BJU Int*. 2012;110(7):1014-1022.

Conducător doctorat:

Conf. Dr. Ioan SCÂRNECIU





Transilvania
University
of Brasov

ADMISSION TO DOCTORAL STUDIES

2020-2021

Session September 2020

Interdisciplinary Doctoral School
(SDI)

Field of doctoral studies:

Medicine

PhD supervisor:

Associate Profesor Ioan SCÂRNECIU, MD, PhD

TOPICS FOR THE ADMISSION TO DOCTORAL STUDIES

TOPIC 1: *Predictive factors involved in the outcomes of different methods of treatment of benign prostatic hyperplasia.*

Main aspects to be considered :

- *Benign prostatic hyperplasia physiology, histology and anatomy.*
- *Questionnaire: Quality of life of the urological patient. International prostate score; applied pretreatment; post-treatment at 1 month, 6 month, 1 year, 2 years.*
- *Lower urinary tract symptoms and diagnostic methods.*
- *Treatment methods: pharmacological and surgical.*
- *Identifying the factors that influence the outcomes of each treatment method.*
- *Interpretation of the results in order to form an individualized therapeutic guide for each patient according to the obtained data.*

Recommended bibliography:

1. Mangera, A., Patel, A. K., & Chapple, C. R. Anatomy of the lower urinary tract. *Surgery (Oxford)*,2010; 28(7):307–313.
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20. Lee, H.N., et al. Rate and associated factors of solifenacin add-on after tamsulosin monotherapy in men with voiding and storage lower urinary tract symptoms. *International Journal of Clinical Practice*, 2015;69:444.

TOPIC 2: *Detecting primary and recurrent non-muscle invasive bladder cancer and the patients follow up with white-light imaging (WLI) cystoscopy vs narrow-band imaging (NBI) cystoscopy*

Main aspects to be considered :

- *Urinary system anatomy.*
- *Tumor bladder pathology.*
- *Lower urinary tract symptoms and diagnostic methods.*
- *Risk factors in the appearance of bladder tumors.*
- *Detection rate of primary and recurrent non-invasive bladder tumors using NBI cystoscopy compared to WLI cystoscopy.*
- *The diagnostic value of NBI cystoscopy compared to WLI cystoscopy.*
- *Treatment methods.*
- *Histological classification of tumors.*
- *Tumor recurrence follow-up, EORTC risk score calculation (Predicting recurrence and*

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1. Siegel R., Naishadham D. & Jemal A. Cancer statistics. *CA Cancer J Clin* 2013;63:11–30.
2. Babjuk M. et al. EAU guidelines on non-muscle-invasive urothelial carcinoma of the bladder, the 2011 update. *Eur Urol* 2011;59:997–1008.
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TOPIC 3: *A clinical picture of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) with added sexual quality of life assessment*

Main aspects to be considered :

- *Gross anatomy of the pelvic region with.*
- *Symptoms of chronic pelvic pain syndrome.*
- *Pathology associated with chronic pelvic pain syndrome.*
- *Diagnostic and treatment options.*
- *Clinical evaluation of patients according to the UPOINT phenotyping system, CPSI score (Chronic Prostatitis Symptom Index), pain location and treatment followed by the patient.*
- *Assessing the quality of life together with evaluating the sexual quality of life of patients after treatment.*

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13. Nickel JC, Shoskes DA, Wagenlehner FM. Management of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS): the studies, the evidence, and the impact. *World J Urol*. 2013;31(4):747-753.
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