



Postgraduate Certificate

Advances in the Diagnosis, Treatment and Monitoring of Prostate Cancer

» Modality: online

» Duration: 6 weeks

» Certificate: TECH Technological University

» Dedication: 8h/week

» Schedule: at your own pace

» Exams: online

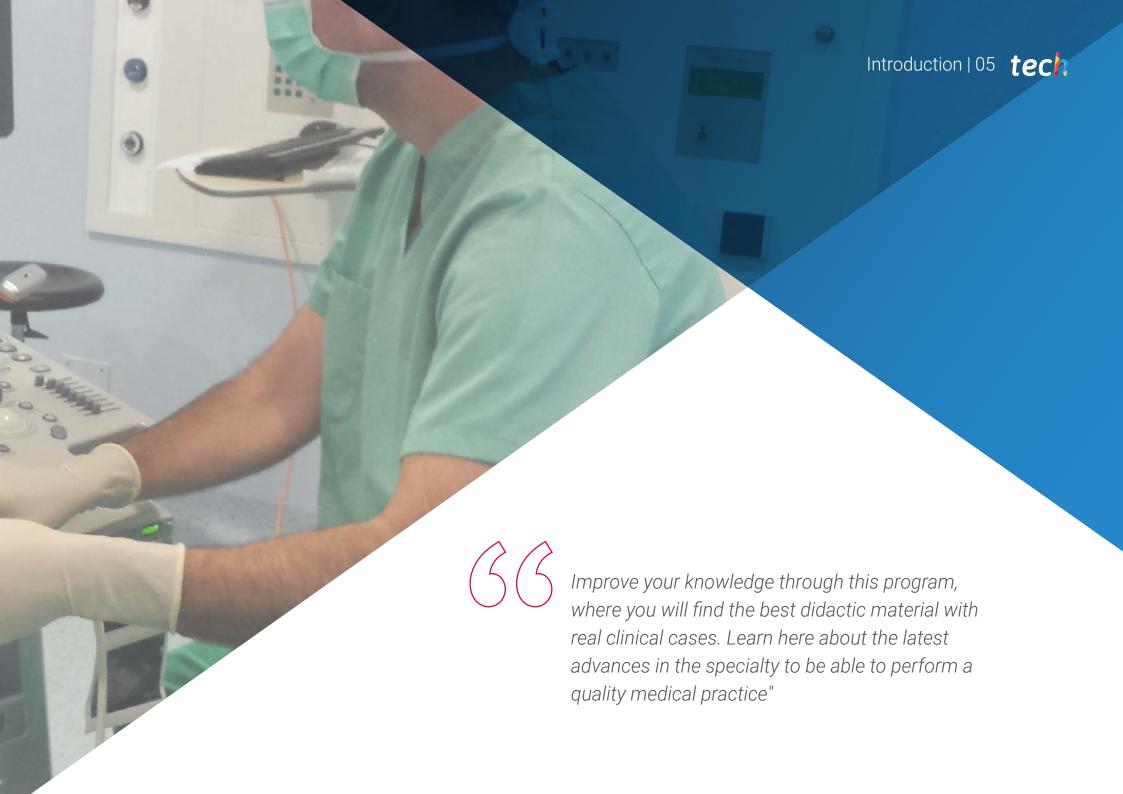
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Certificate





tech 06 | Introduction

Modern medicine leads its professionals to an ever-increasing and demanding super-specialization, which translates into the well-known oncology or multidisciplinary committees. We are convinced that the present challenges and those in the immediate future in the field of Uro-Oncology require a specific training that is only partially covered by the separate specializations, requiring an Expert of these characteristics to cover a real and growing need in modern Medicine.

The existence now of new molecules in the treatment of prostate cancer opens up a completely new scenario for our patients. Any professional who wants to treat these patients properly, urgently needs to acquire new knowledge in an easy and effective way, as the advent of so much new information will unequivocally overwhelm us. Only those physicians adequately specialized in uro-oncology will have the capacity to properly care for their patients, thus enabling them to continue aboard this already unstoppable train.

The Postgraduate Certificate in Advances in the Diagnosis, Treatment and Monitoring of Prostate Cancer contains the most complete and up-to-date scientific program on the market. The most important features of the course are:

- Clinical cases presented by experts in Urologic Oncology. The graphic, schematic, and eminently practical contents with which they are created provide scientific and practical information on the disciplines that are essential for professional practice.
- Diagnostic and therapeutic novelties in prostate cancer.
- Algorithm-based interactive learning system for decision-making in clinical situations.
- Special emphasis on test-based medicine and research methodologies in urooncology.
- All of this will be complemented by theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments.
- Content that is accessible from any fixed or portable device with an Internet connection.



Get the training you need with the Postgraduate Certificate in Advances in the Diagnosis, Treatment and Monitoring of Prostate Cancer"



This Postgraduate Certificate may be the best investment you can make in the selection of a refresher program for two reasons: in addition to updating your knowledge of the diagnosis, treatment and monitoring of prostate cancer, you will obtain a university degreefrom TECH Technological University"

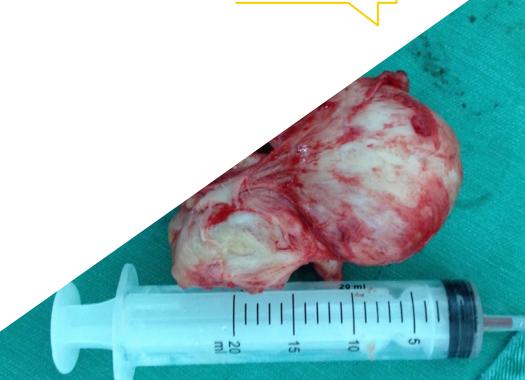
Forming part of the teaching staff is a group of professionals in the field of urology and oncology, who bring to this course their work experience, as well as a group of renowned specialists, recognised by esteemed scientific communities.

The multimedia content developed with the latest educational technology will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide immersive training program to train in real situations.

Problem-Based Learning underpins this program design, and the Doctor must use it to try to solve the different professional practice situations that arise throughout the Course. For this reason, you will be assisted by an innovative, interactive video system created by renowned and experienced experts in the field of urology and oncology who also have extensive teaching experience.

This Postgraduate Certificate provides training in simulated environments, which includes immersive learning designed to train professionals for real situations.

It includes clinical cases to bring the program's degree as close as possible to the reality of care in medicine.







tech 10 | Objectives



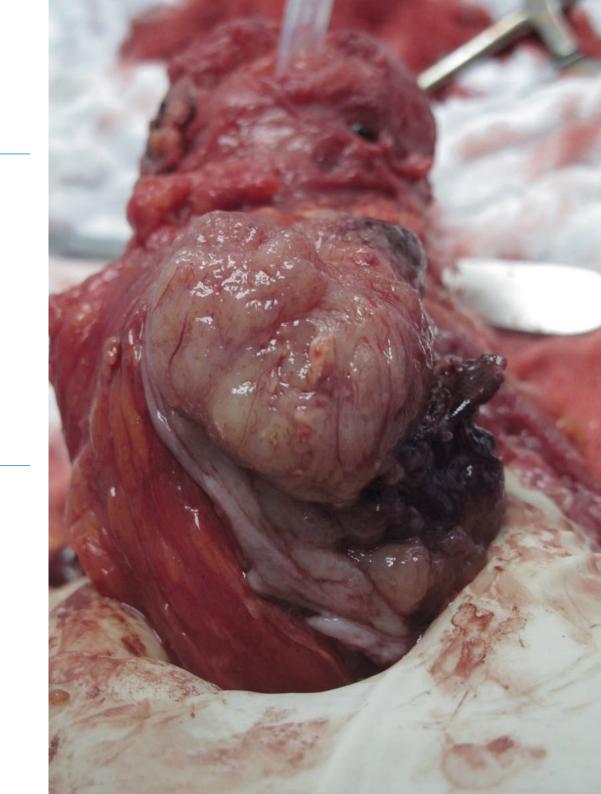
General Objectives

- Provide students with a comprehensive view of urologic oncology that goes beyond their own specialty.
- Provide students with the necessary tools to lead multidisciplinary uro-oncology groups.
- Provide sufficient knowledge of the molecular basis of oncogenesis to be able to incorporate new molecules directed toward specific targets already available, as well as to be able to collaborate in research projects and in clinical trials of new molecules that are about to arrive in the short and medium term.



Specific Objectives

- Gain in-depth knowledge of existing tumor markers and their current applicability.
- Acquire knowledge of the new diagnostic tools available and their clinical applicability.
- Gain in-depth knowledge of histology and staging methods of prostate carcinoma.
- · Acquire an adequate and guaranteed approach to active surveillance.
- Gain in-depth knowledge of treatment options that are intended to be curative.
- Acquire the knowledge and criteria for Focal Therapy and its different energy sources.

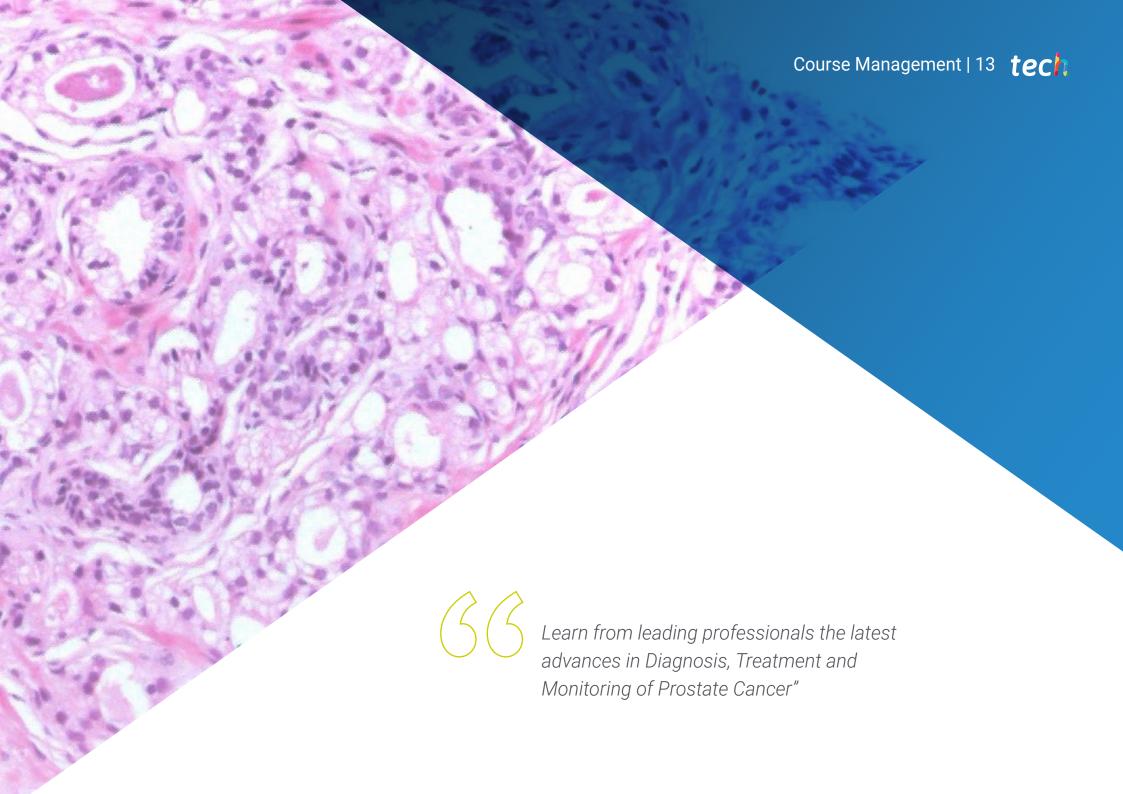


- Gain in-depth knowledge of prostate cancer pathophysiology.
- Gain in-depth knowledge of the mechanism of action of new molecules for prostate cancer treatment.
- In-depth knowledge of the diagnosis and treatment of castration-resistant prostate carcinoma (CRPC).
- Adequate management of metastatic patients in all its implications.

Make the most of the opportunity and take the step to get up to date on the latest developments in the diagnosis, treatment and monitoring of prostate cancer.







Director Invitado Internacional

Kai Tsao, M.D., is the Medical Director of the Ruttenberg Treatment Center at the Tisch Cancer Institute at Mount Sinai Hospital. His mission in this position is to lead the multidisciplinary treatment center to provide the highest quality of patient-centered care for those affected by cancer and blood disorders.

He is an Associate Professor of Medicine, Hematology and Medical Oncology at the Icahn School of Medicine at Mount Sinai and is on staff at the Tisch Cancer Institute at Mount Sinai Hospital and the Mount Sinai Queens Infusion Center.

Dr. Tsao is board certified in Internal Medicine, Hematology and Medical Oncology. He is actively involved in research on the development of new therapies in the treatment of genitourinary cancers. He has received several merit awards from the American Society of Clinical Oncology. His main objective is to define the clinical and molecular phenotype of prostate, kidney and bladder cancers, as well as new therapies in these disease states. He is principal investigator in several ongoing clinical trials and has authored more than 40 peer-reviewed publications.



Dr. Tsao, Kai

- Medical Director Ruttenberg Treatment Center Tisch Cancer Institute Mount Sinai Hospital Mount Sinai New York
- Medical Director of the Ruttenberg Treatment Center
- Principal investigator in several clinical trials
- Participant in research on the development of new therapies for the treatment of genitourinary cancers
- Lecturer at the Mount Sinai Icahn School of Medicine
- Author of more than 40 scientific publications
- Recipient of several merit awards given by the American Society of Clinical Oncology
- Member of: American Society of Clinical Oncology, American Association for Cancer Research, American Society of Hematology



Thanks to TECH you will be able to learn with the best professionals in the world"





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- Epidemiology and Risk Factors.
- 1.2. Diagnosis.
 - 1.2.1. TR.
 - 1.2.2. PSA: Density, Kinetics, Ratio, PHI, etc.
 - 1.2.3. Other Markers: Genetic, PCA3, 4K, etc.
 - 1.2.4. Prostate Biopsy.
- 1.3. Screening vs. Early Diagnosis.
- 1.4. Diagnostic Imaging.
 - 1.4.1. Ultrasonography: Sonoelastography, Contrast, Histoscanning, etc.
 - 1.4.2. Bone Scan.
 - 1.4.3. CT:
 - 1.4.4. MRI.
 - 1.4.5. PET-CAT.
 - 1.4.6. mpMRI: Technical Aspects.
- 1.5. Pathologic Anatomy.
 - 1.5.1. Biopsies:
 - 1.5.2. RP Piece.
- 1.6. Clinical and Pathologic Staging.
- 1.7. Deferred Treatment.
 - 1.7.1. Localized Prostate Cancer: VA vs. WW.
 - 1.7.2. Locally Advanced.
 - 1.7.3. Metastatic.
- 1.8. Localized Prostate Cancer.
 - 1.8.1. RT: General Information.
 - 1.8.1.1. IMRT/IGRT.
 - 1.8.1.2. Dose Escalation.
 - 1.8.1.3. Hormone Therapy.
 - 1.8.1.4. RxT + CT.
 - 1.8.1.5. Dose Escalation + Hormone Therapy.
 - 1.8.2. General Aspects.
 - 1.8.2.1. Surgical Technique: Open-Laparoscopic-Robotic.
 - 1.8.2.2. Conservation of Neurovascular Bundles.
 - 1.8.3. Focal Therapy.

- 1.9. Radical Prostatectomy.
 - 1.9.1. Low Risk.
 - 1.9.2. Medium Risk.
 - 1.9.3. High Risk and Locally Advanced.
 - 1.9.4. Lymphadenectomy and Lymph Node Involvement.
 - .9.5. Adjuvant and Neoadjuvant Hormone Therapy.
 - 1.9.6. Conservation of Neurovascular Bundles: Indications and Results.
- 1.10. Radiotherapy.
 - 1.10.1. Low Risk.
 - 1.10.2. Medium Risk.
 - 1.10.3. High Risk.
 - 1.10.4. Locally Advanced: MRC P23/PR07; TAP 32; SPCG-7/SFU0-3.
 - 1.10.5. Ganglion Chains: RTOG 85-31; UK-STAMPEDE.
 - 1.10.6. Proton Therapy.
 - 1.10.7. Low Dose Rate Brachytherapy.
 - 1.10.8. High Dose Rate Brachytherapy.
 - 1.10.9. RxT after RP: EORTC 22911; ARO; SWOG 8794.
 - 1.10.10. Lymph Nodes +.
- 1.11. Cryosurgery.
- 1.12. HIFU.
- 1.13. Focal Therapy.
 - 1.13.1. Negative Biopsy + Elevated PSA.
 - 1.13. 2. mpMRI.
 - 1.13.3. Biomarkers.
 - 1.13.4. Future.
 - 1.13.5. PI-RADS Scientific Evidence.
 - 1.13.6. Ultrasound-Guided Prostate Biopsy +MRNR.
 - 1.13.6.1. Advances in Ultrasound-Guided Prostate Biopsy.
 - 1.13.6.2. Material.
 - 1.13.6.3. Technique: Transrectal/Transperineal.
 - 1.13.7. Fusion Biopsy.
 - 1.13.8. Cognitive Biopsy.

Structure and Content | 19 tech

- 1.13.9. Scientific Evidence.
- 1.13.10. Cost-Effectiveness of MRI in the Detection of Prostate Cancer.
- 1.13.11. Focal Therapy: Index Lesion; Clonal Theory.
- 1.13.12. Selection Criteria. Risk Stratification.
- 1.13.13. Energy Sources: HIFU, Cryotherapy, Brachytherapy, Electroporation, Photodynamic Therapy, Cyberknife.
- 1.13.14. Monitoring and Recurrence.
- 1.14. Metastatic Prostate Cancer.
 - 1.14.1. Standard Treatment: Hormone Therapy.
 - 1.14.2. SWOG: Risk Groups.
 - 1.14.3. Intermittent Blocking.
- 1.15. Castration Resistance: Etiology.
- 1.16. CRPC Definition, New Criteria.
- 1.17. Clinicopathological Prognostic Factors in CRPC. Androgen Deprivation in mCPRC. Response Markers.
- 1.18. Non-Metastatic CRPC (CRPC-M0). Clinical Management. Monitoring Criteria.
- 1.19. Hormonal Maneuvers in CRPC. Scientific Evidence.
- 1.20. 1st Line Chemotherapy Treatment: Docetaxel.
 - 1.20.1. mCRPC.
 - 1.20.2. CRPC.
- 1.21. Non-1st Line Chemotherapy Treatment: Cabazitaxel. Other Drugs.
- 1.22. Hormone Treatment in CRPC: Abiraterone.
 - 1 22 1 mCRPC
 - 1.22.2. CRPC.
- 1.23. Hormone Treatment in CRPC: Enzalutamide.
 - 1.23.1. mCRPC.
 - 1.23.2. CRPC.
- 1.24. Treatment with Bone-Targeted Agents.
 - 1.24.1. Bisphosphonates.
 - 1.24.2. Denosumab.
 - 1.24.3. Radio 223.

- 1.25. Immunotherapy in mCRPC.
- 1.26. Symptomatic Treatment of Patients with CRPC.
- 1.27. Treatment Algorithm in CRPC: Positioning and Sequencing.
- 1.28. Mechanisms of Resistance to Hormonal Treatment in CRPC: AR-V7 and Other Related Factors.
- 1.29. Molecular Biology of CRPC: BRCA and Related Genes.
- 1.30. Molecular Biology of CRPC: Epigenetic. Angiogenesis.
- 1.31. Molecular Biology of CRPC: Other Molecular Pathways Involved.
- 1.32. Main Ongoing Clinical Trials in CRPC.
- 1.33. Future Outlook of CRPC.







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At TECH we use the Case Method

In a given situation, what would you do? Throughout the program, you will be presented with multiple simulated clinical cases based on real patients, where you will have to investigate, establish hypotheses and, finally, resolve the situation. There is abundant scientific evidence on the effectiveness of the method. Specialists learn better, faster, and more sustainably over time.

With TECH you can experience a way of learning that is shaking the foundations of traditional universities around the world.



According to Dr. Gérvas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching potential or because of its uniqueness or rarity. It is essential that the case is based on current professional life, trying to recreate the real conditions in professional medical practice.



Did you know that this method was developed in 1912 at Harvard for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method"

The effectiveness of the method is justified by four fundamental achievements:

- Students who follow this method not only grasp concepts, but also develop their mental capacity by evaluating real situations and applying their knowledge.
- 2. The learning process has a clear focus on practical skills that allow the student to better integrate into the real world.
- 3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
- Students like to feel that the effort they put into their studies is worthwhile.
 This then translates into a greater interest in learning and more time dedicated to working on the course.



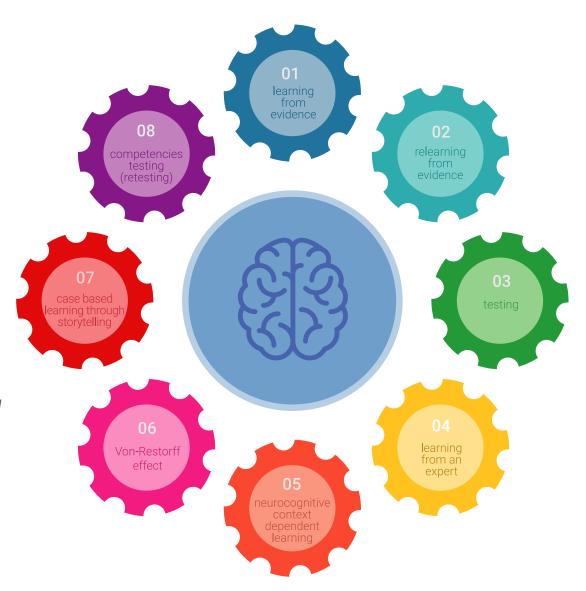
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Re-Learning Methodology

At TECH we enhance the Harvard case method with the best 100% online teaching methodology available: Re-learning.

Our University is the first in the world to combine the study of clinical cases with a 100% online learning system based on repetition, combining a minimum of 8 different elements in each lesson, which represent a real revolution with respect to simply studying and analyzing cases.

The physician will learn through real cases and by solving complex situations in simulated learning environments. These simulations are developed using state-of-the-art software to facilitate immersive learning.



Methodology | 25 tech

At the forefront of world teaching, the Re-learning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best Spanish-speaking online university (Columbia University).

With this methodology we have trained more than 250,000 physicians with unprecedented success, in all clinical specialties regardless of the surgical load. All this in a highly demanding environment, where the students have a strong socio-economic profile and an average age of 43.5 years.

Re-learning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.

In our program, learning is not a linear process, but rather a spiral (we learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by our learning system is 8.01, according to the highest international standards.

In this Course you will have access to the best educational material, prepared with you in mind:



Study Material

After a complex production process, we transform the best content into high-quality educational and audiovisual multimedia. We select the best syllabus and make it available to you. Everything you need to acquire in-depth knowledge of a discipline, from A to Z. Lessons written and chosen by specialists in each of the disciplines.



Surgical techniques and clinical procedures on video

We bring you closer to the newest techniques, to the latest scientific advances, and to the forefront of medical news. All this, first hand, with the maximum rigor, explained and detailed for your assimilation and understanding. And best of all, you can watch them as many times as you want.



Interactive Summaries

We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge. This unique training system for presenting multimedia content was awarded by Microsoft as a "European Success Story".



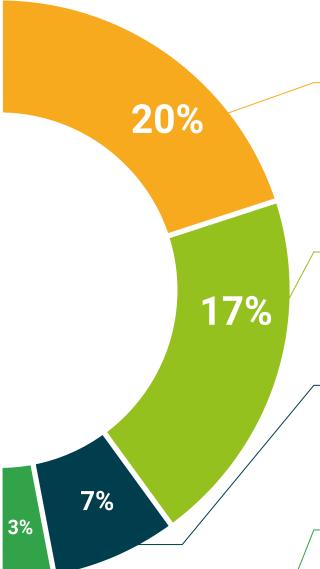
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Additional Reading

Recent articles, consensus documents, international guides... in our virtual library you will have access to everything you need to complete your training.



Expert-Led Case Studies and Case Analysis

Through the narratives of expert professionals, it is possible to acquire a high degree of understanding of the most frequent problematic situations. The professional's healthcare practice is not alien to the context in which it takes place. If we want to train ourselves to improve our professional practice, this training must be situated within the context in which it takes place.



Testing & Re-testing

We periodically evaluate and re-evaluate your knowledge throughout this program through activities and evaluative exercises.



Classes

There is scientific evidence suggesting that observing third-party experts can be useful. Learning from an expert strengthens knowledge and recall, and generates confidence in our future difficult decisions



Quick Action Guides

One of the most important functions of our team is to select those contents considered essential and present them in the form of worksheets or quick action guides to facilitate their understanding.







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The Postgraduate Certificate in Advances in the Diagnosis, Treatment and Monitoring of Prostate Cancer contains the most complete and up-to-date scientific program on the market.

After the student has passed the assessments, they will receive by certified mail their corresponding **Postgraduate Certificate** issued by **TECH Technological University**.

The Diploma issued by **TECH Technological University** will reflect the qualification obtained in the **Postgraduate Certificate**, and meets the requirements commonly demanded by labor exchanges, competitive examinations, and professional career evaluation.

Title: Postgraduate Certificate in Advances in the Diagnosis, Treatment and Monitoring of Prostate Cancer

ECTS: 5

Official Number of Hours: 125



^{*}Apostille Convention. In the event that the student wishes to have their paper diploma issued with an apostille, TECH EDUCATION will make the necessary arrangements to obtain it, at an additional cost.

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