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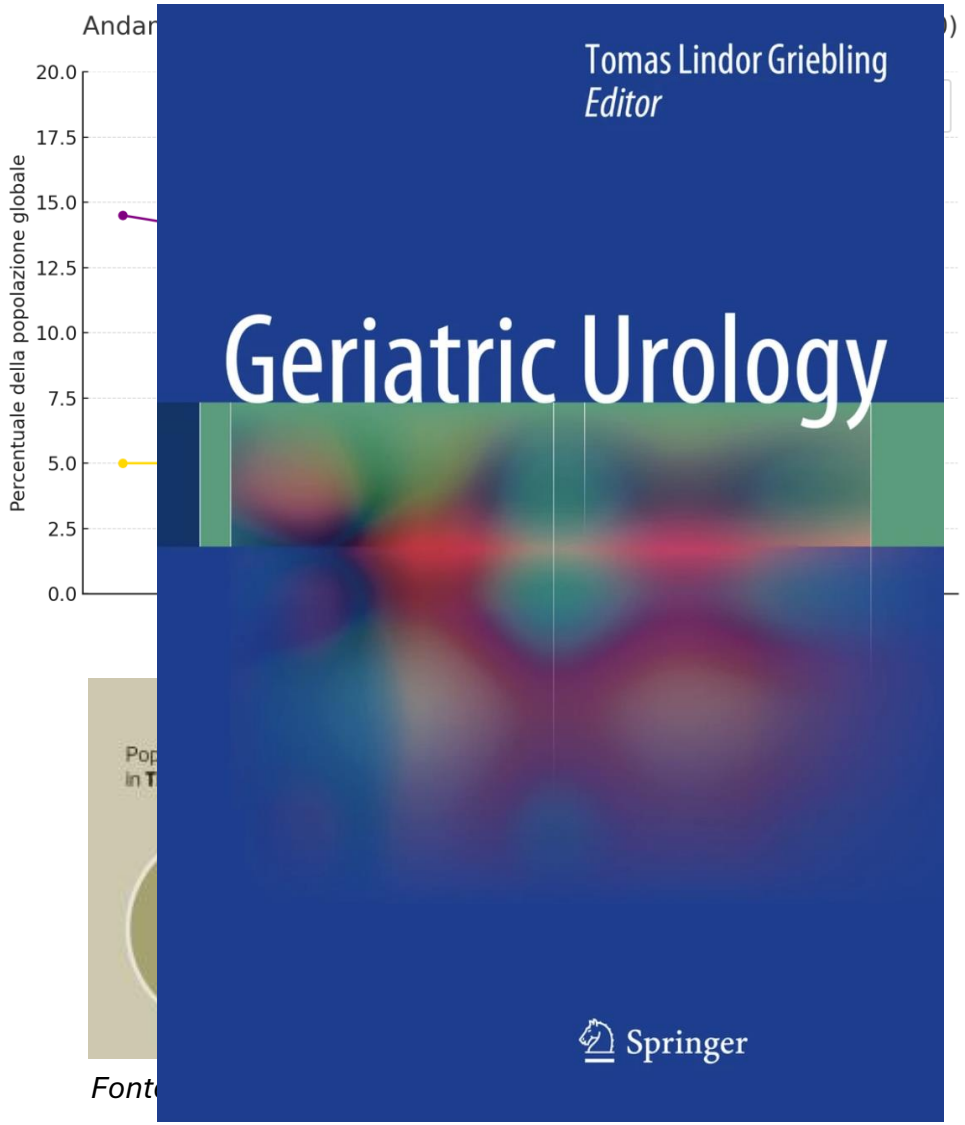
# IL MONDO INVECCHIA RAPIDAMENTE

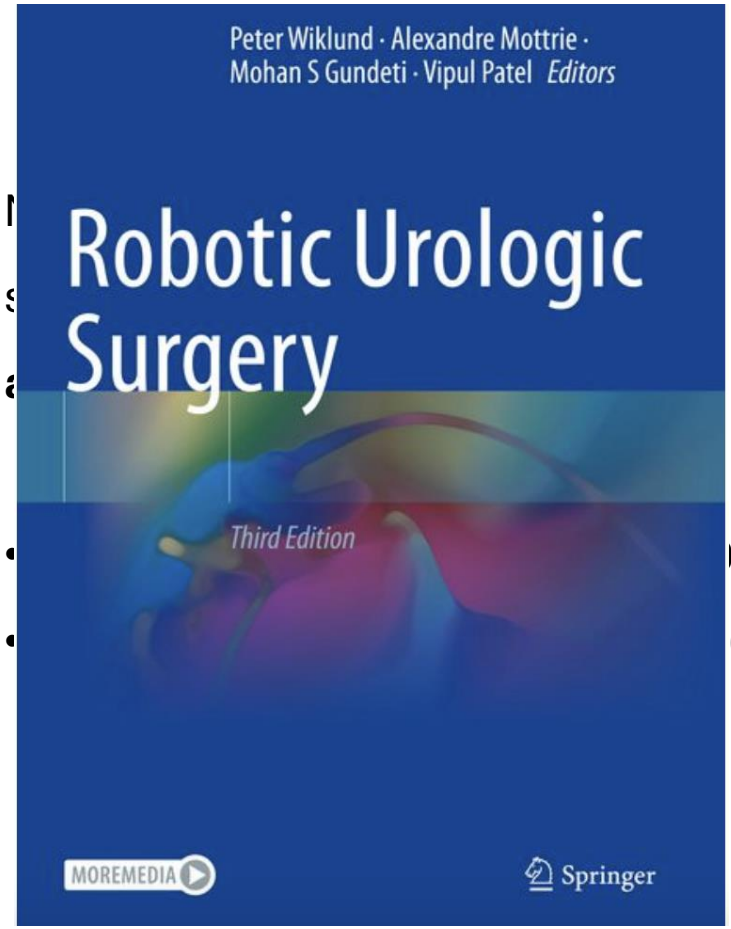



> 65 anni
2050 : 1/3 della popolazione

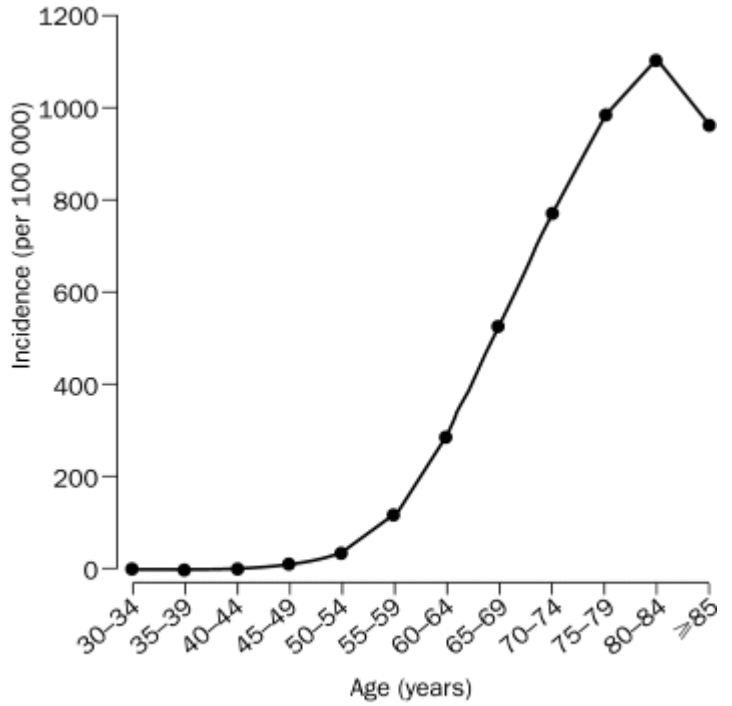
**fragilità, multimorbidità, polifarmacia**

> 65 anni
oggi : 1/4 della popolazione

# TUMORE ALLA PROSTATA ED ETÀ



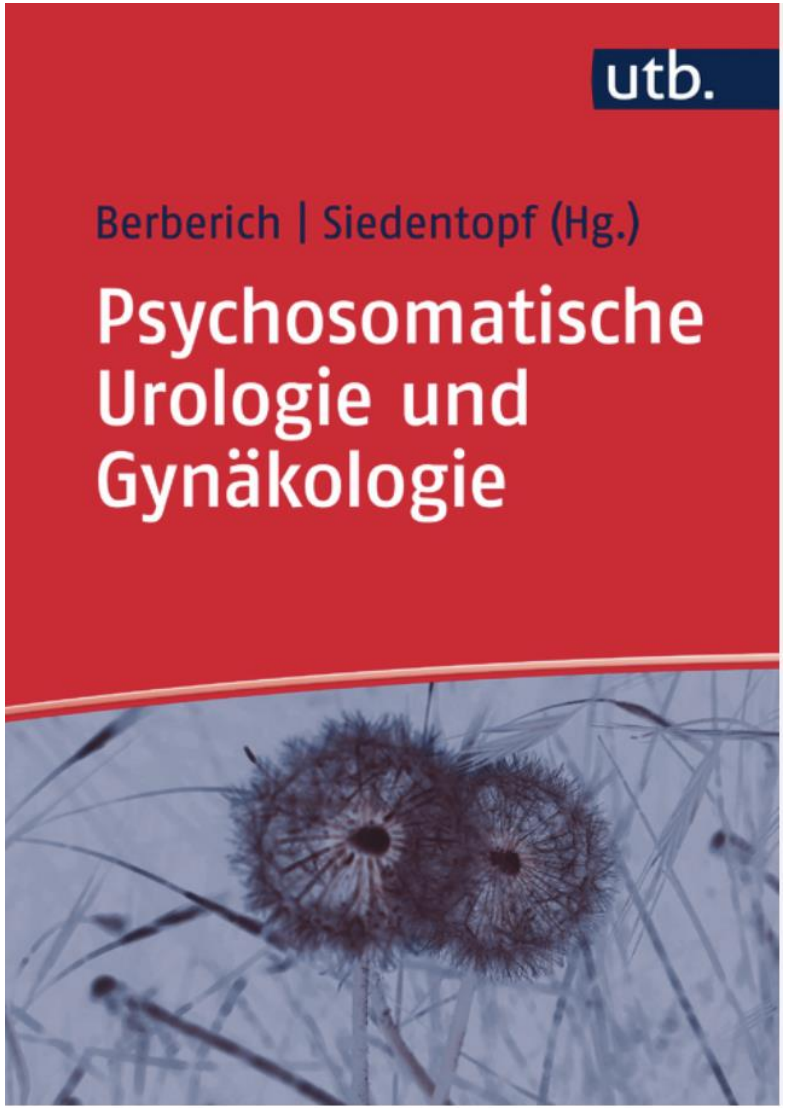

*Prostate Cancer Epidemiology, The Lancet 2003*




**Incidenza specifica per età del cancro alla prostata in Svezia (1995–1999)**

# CRISI DELL'EQUILIBRIO PSICO-SOMATICO NELL'ERA MODERNA

**Giovani >> Anziani**

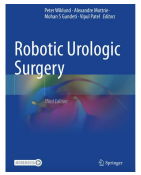




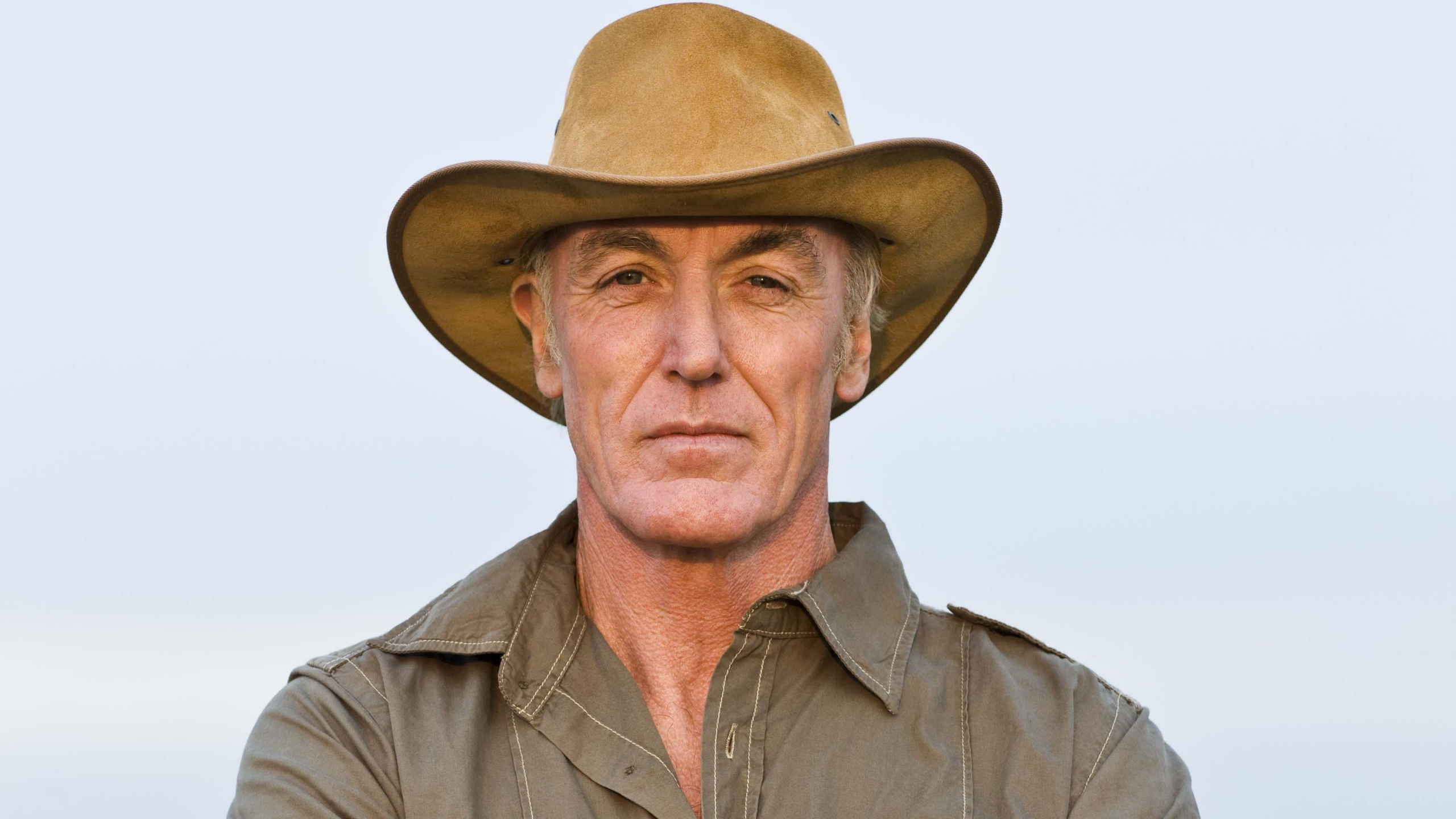

# DIMENSIONE PSICO-SOCIALE

Ruolo maschile in trasformazione → **crisi identitaria**

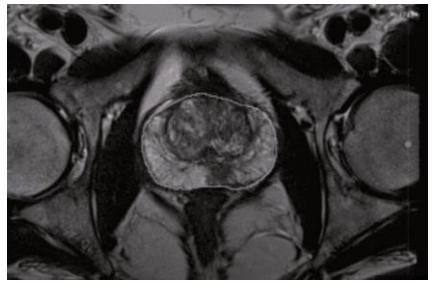
# UROLOGO COME COACH


tanta oncologia
tante risorse
prestigio



# SCREENING PROSTATE CANCER (PCA)



European Urology
Volume 86, Issue 2, August 2024, Pages 148-163

Prostate Cancer – Editor's choice

EAU-EANM-ESTRO-ESUR-ISUP-SIOG Guidelines on Prostate Cancer—2024 Update. Part I: Screening, Diagnosis, and Local Treatment with Curative Intent

Philip Cornford [a], Roderick C.N. van den Bergh [b], Erik Briers [c], Thomas Van den Broeck [d], Oliver Brunckhorst [e], Julie Darraugh [f], Daniel Eberli [g], Gert De Meerleer [h], Maria De Santis [i j], Andrea Farolfi [k], Giorgio Gandaglia [l m], Silke Gillessen [n o], Nikolaos Grivas [p], Ann M. Henry [q], Michael Lardas [r], Geert J.L.H. van Leenders [s], Matthew Liew [a], Estefania Linares Espinos [t], Jan Oldenburg [u v], Inge M. van Oort [w]...Derya Tilki [jj kk ll]

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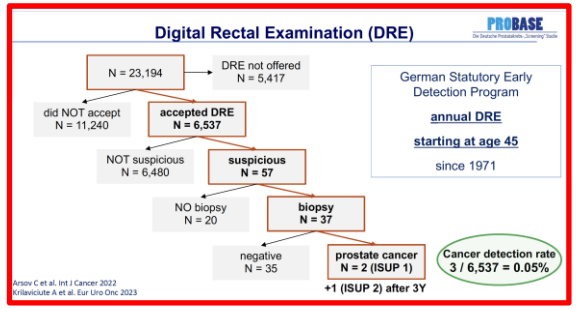
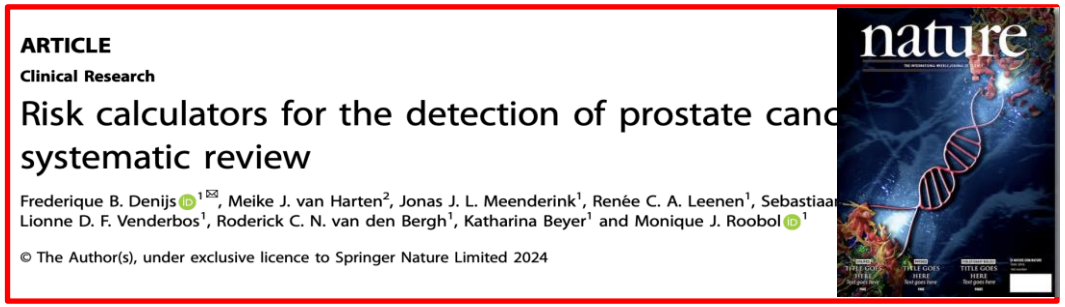
https://doi.org/10.1016/j.eururo.2024.03.027 Get rights and content

**PSA**
**PSADensity**
**mpMRI**




DRE: PPV 5-30% se PSA < 4
Clinical T stage and risk group stratification depends on DRE



ARTICLE
Clinical Research

Risk calculators for the detection of prostate canc systematic review

Frederique B. Denijs [1], Meike J. van Harten [2], Jonas J. L. Meenderink [1], Renée C. A. Leenen [1], Sebastiaa Lionne D. F. Venderbos [1], Roderick C. N. van den Bergh [1], Katharina Beyer [1] and Monique J. Roobol [1]

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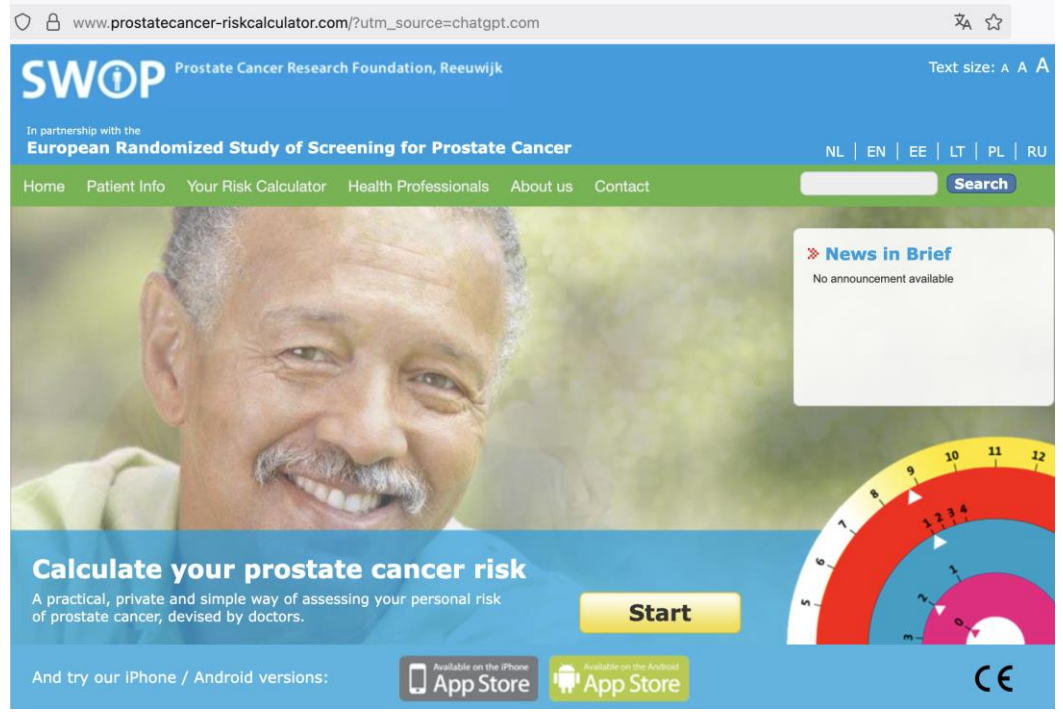
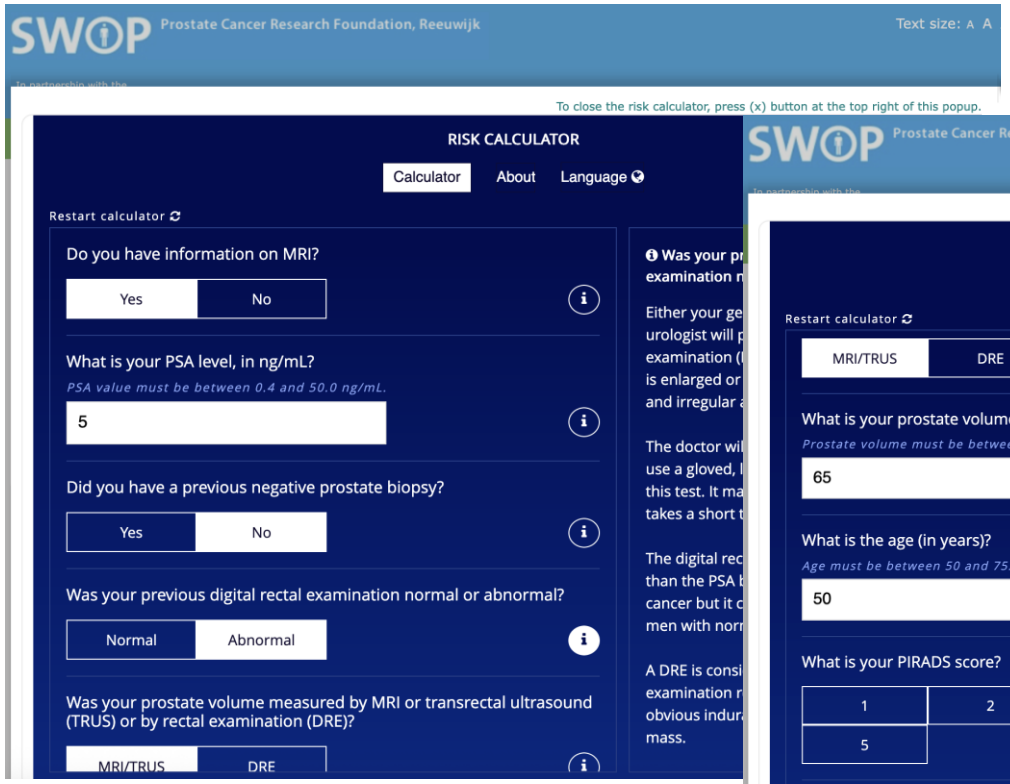
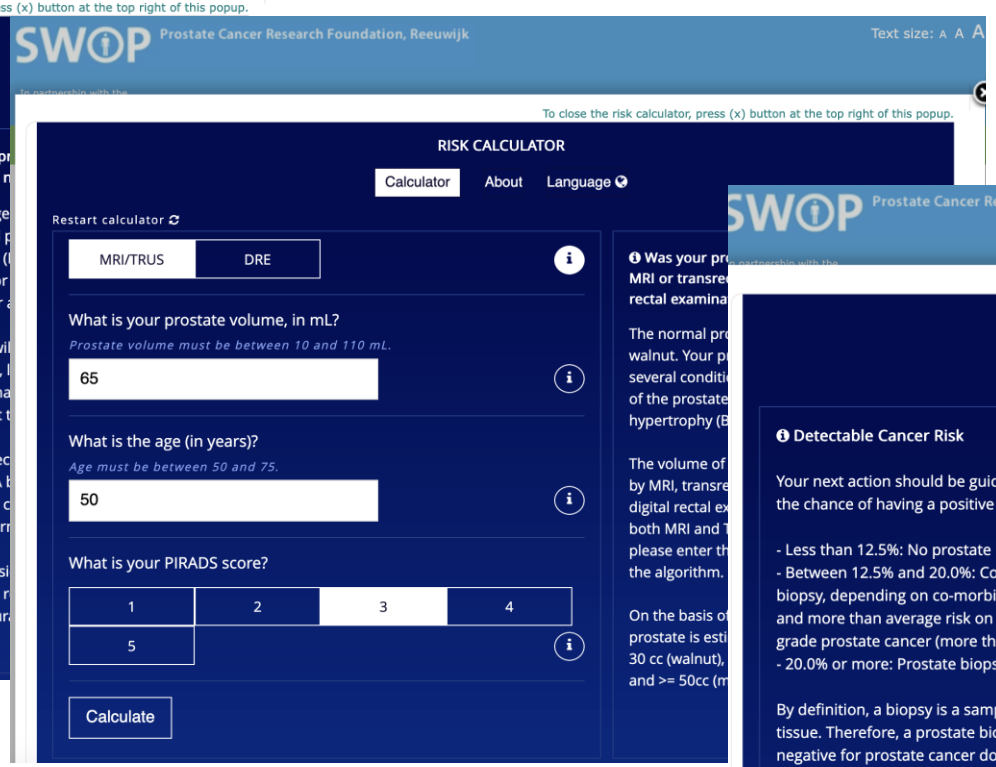
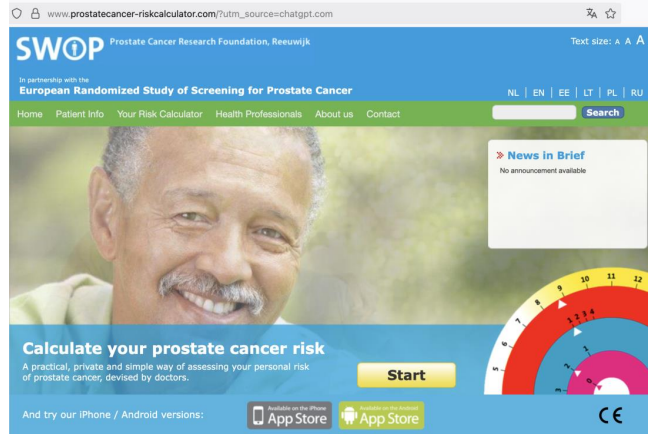
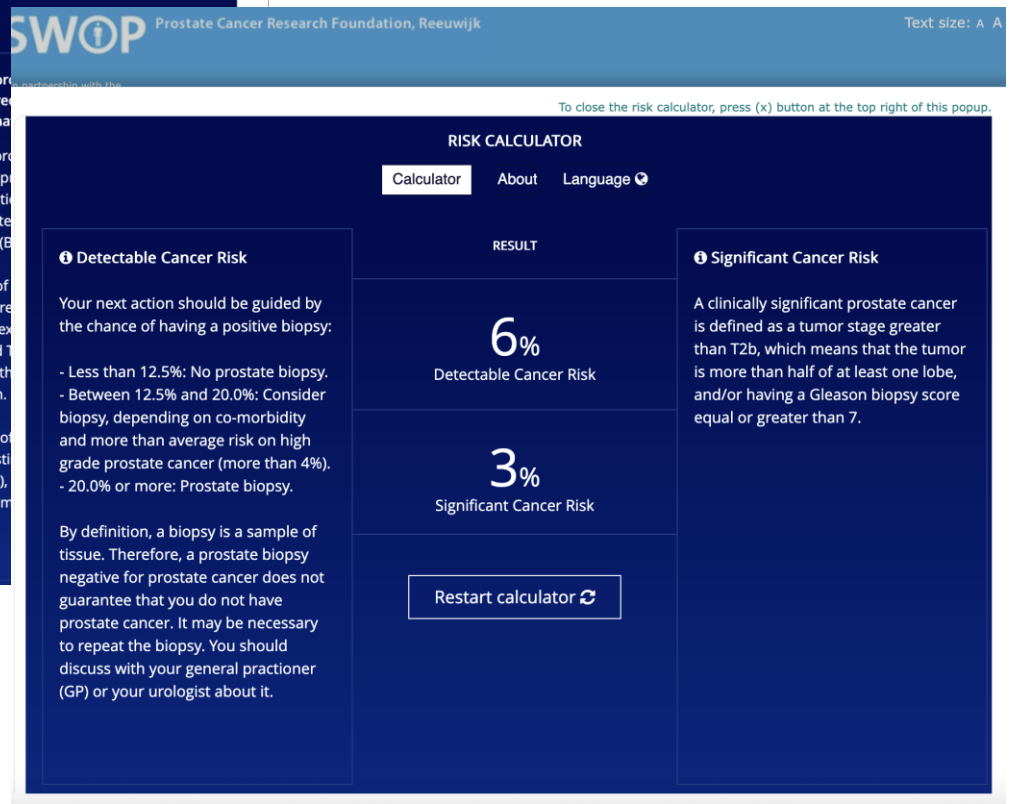


# Calcolatore del rischio per PCA



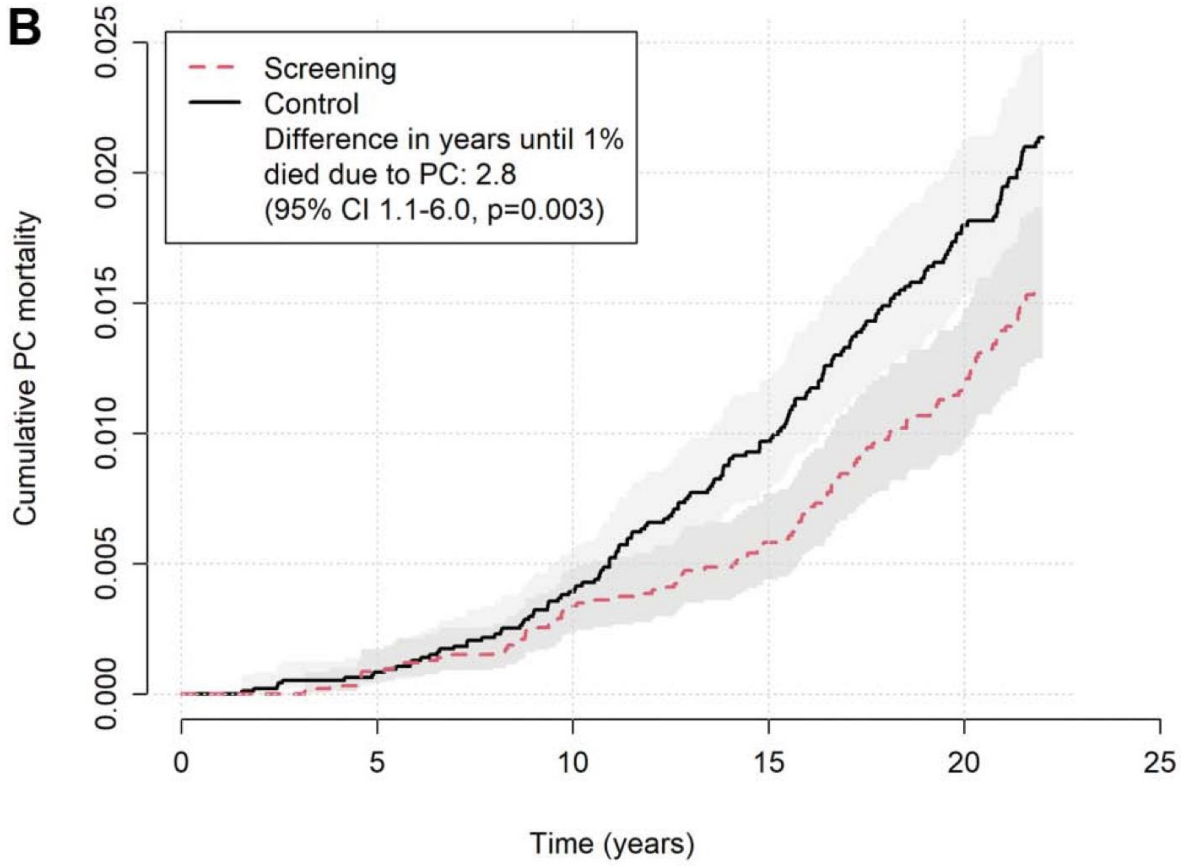




**https://www.prostatecancer-riskcalculator.com/**

# Results from 22 years of Follow up in the Göteborg Randomized Population-Based Prostate Cancer Screening Trial




Swedish arm of ERSPC*
(ERSPC: n=182.000 men)

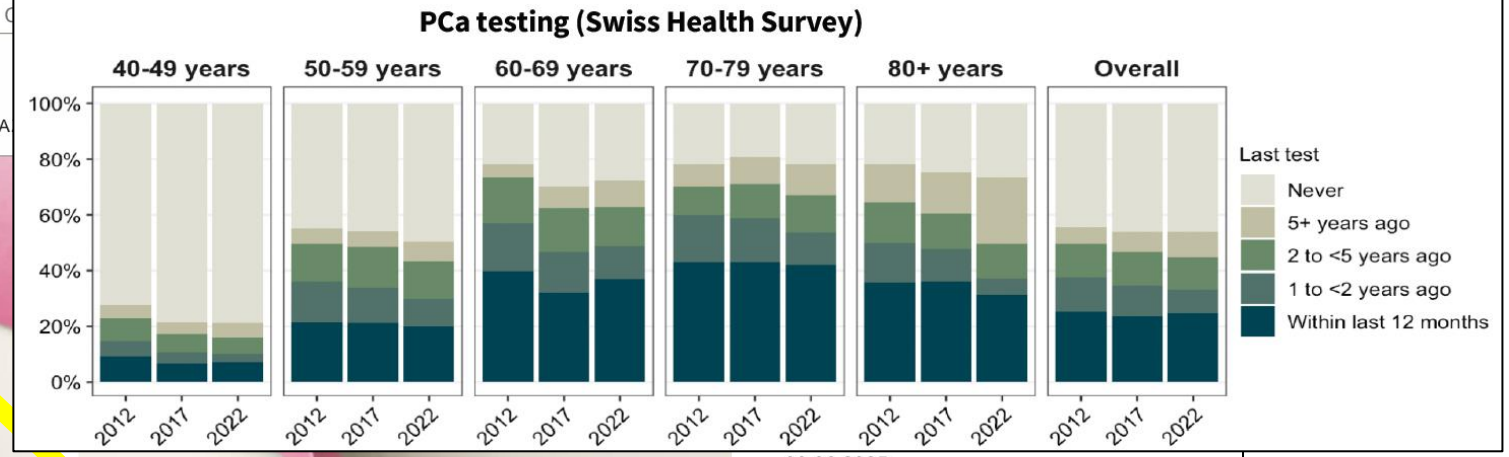
- **PCa mortality reduction (approx. 30%)**
- Effect size increases with follow up

- **NNI 221, NND 9**

**European Randomized Study of Screening for Prostate Cancer*

Franlund et al, J Urol 2022

# Screening prostata in CH: 1 su 2

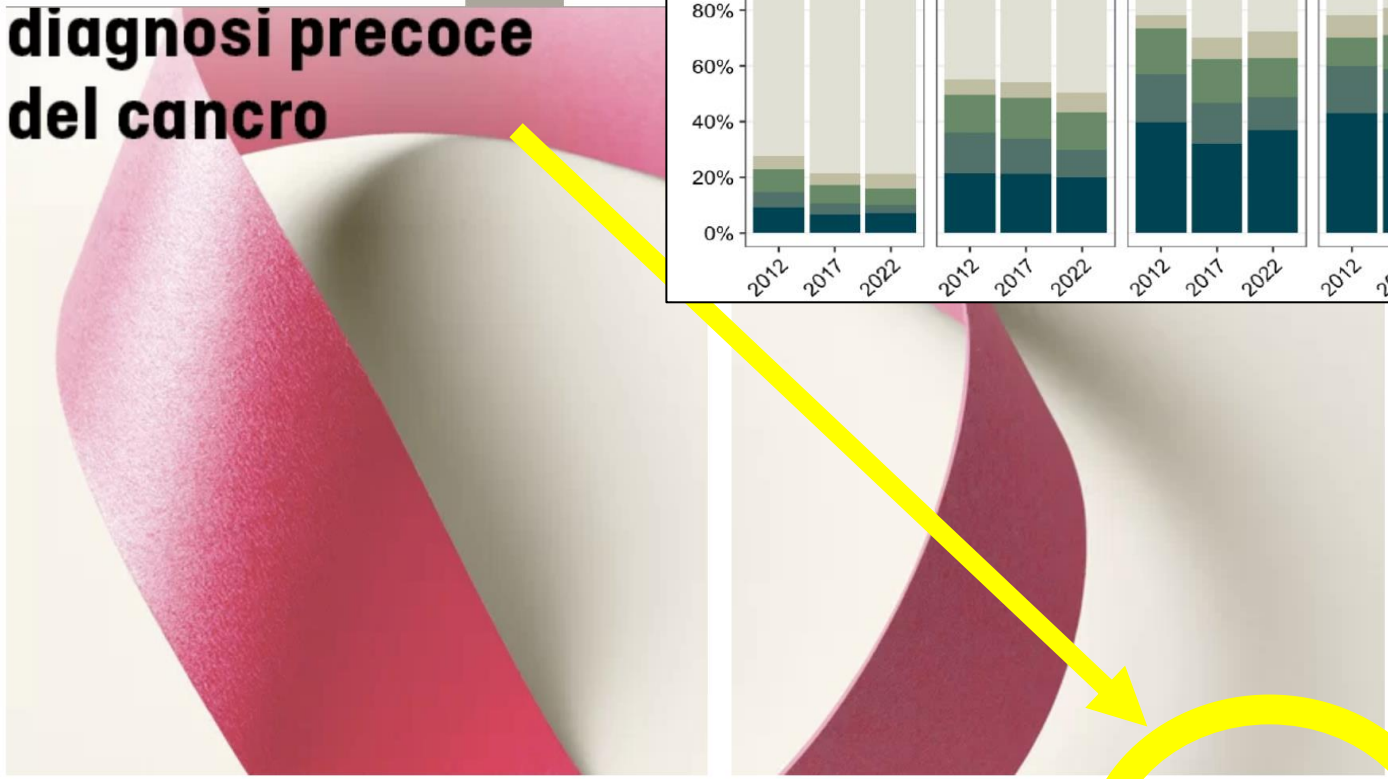



swiss cancer screening

D F I

HOME FEDERA

**diagnosi precoce del cancro**



Programmi di screening per il cancro al seno e al colon sono basati sull' evidenza.
Il beneficio è dimostrato da studi clinici.

**Opuscoli e volantini sullo screening:**

30.06.2025

**TARDOC-Einführung darf Früherkennungsprogramme nicht gefährden »**

**Tutte le notizie »**

## Federazione

Tutte le persone residenti in Svizzera devono avere accesso a programmi di diagnosi precoce del cancro a qualità controllata.

L'armonizzazione e la garanzia di qualità di tali programmi in Svizzera sono pertanto scopi essenziali perseguiti da Swiss Cancer Screening. Inoltre Swiss Cancer Screening promuove e sostiene la realizzazione (o organizzazione) di nuovi programmi e la cooperazione tra quelli esistenti.

**L’Unione Europea raccomanda e finanzia progetti per l’attuazione dello screening di popolazione del carcinoma prostatico.**


**In Svizzera, finora, non è stata formulata alcuna raccomandazione né previsto alcun finanziamento.**

**In Svizzera, dal 2012: “decisione condivisa”**


EMPFEHLUNGEN

PSA-Bestimmung – Empfehlungen der Schweizerischen Gesellschaft für Urologie (SGU)

Stand 6. Januar 2012

Thomas Gasser[a], Christophe Iselin[b], Patrice Jichlinski[c], Beat Kreienbühl[d], Vincent Merz[e], Franz Recker[f], Hans-Peter Schmid[g], Flavio Stoffel[h], Räto Strebel[i], Tullio Sulser[j], George Thalmann[k]

Quintessenz

- In jüngster Zeit haben verschiedene Publikationen betreffend die Verwendung des PSA (Prostata-spezifisches Antigen) zu einer Verunsicherung geführt.
- Der vorliegende Guide berücksichtigt die verschiedenen Konstellationen «Vorsorge», «Therapieüberwachung» und «Nachsorge».
- Die Schweizerische Gesellschaft für Urologie (SGU/SSU) empfiehlt weiterhin eine besonnene Anwendung des PSA-Tests.

*hensive Cancer Network* (NCCN) – vor, das PSA für die Früherkennung von Prostatakrebs zu verwenden. Die amerikanische Urologengesellschaft (AUA) empfiehlt gar eine Bestimmung bereits ab dem 40. Lebensjahr.
Obwohl die neuen Empfehlungen lediglich die Screeningsituation betreffen, sind viele Betroffene generell unsicher, ob und in welcher Situation sie das PSA überhaupt noch bestimmen lassen sollen.
Die Schweizerische Gesellschaft für Urologie (SGU) will dazu beitragen, die teilweise emotional geführte Diskussion zu versachlichen. Sie erachtet es als ihre Aufgabe, Patienten und Ärzten in dieser Phase der Kontroverse eine Art «Kompass» für die Anwendung des PSA

# RM prostata e biopsie


Meta-Analysis > Eur Urol. 2020 Sep;78(3):402-414. doi: 10.1016/j.eururo.2020.03.048.
Epub 2020 May 20.

## Negative Predictive Value of Multiparametric Magnetic Resonance Imaging in the Detection of Clinically Significant Prostate Cancer in the Prostate Imaging Reporting and Data System Era: A Systematic Review and Meta-analysis

Niranjan J Sathianathen [1], Altan Omer [2], Eli Harriss [3], Lucy Davies [2], Veeru Kasivisvanathan [4], Shonit Punwani [4], Caroline M Moore [4], Christof Kastner [5], Tristan Barrett [5], Roderick Cn Van Den Bergh [6], Ben A Eddy [7], Fergus Gleeson [2], Ruth Macpherson [2], Richard J Bryant [2], James W F Catto [8], Declan G Murphy [9], Freddie C Hamdy [2], Hashim U Ahmed [10], Alastair D Lamb [2]

Affiliations + expand

PMID: 32444265 DOI: 10.1016/j.eururo.2020.03.048

- **NPV 0.88**
- **1 su 10**
- **se clinica ( cinetica PSA, PSAD) considerare biopsia contro RM**

**CAVE qualità refertazione**

# Biopsie prostata: transrettale (TR) vs transperineale (TP)

Randomized Controlled Trial > Eur Urol. 2024 Jul;86(1):61-68.
doi: 10.1016/j.eururo.2023.12.015. Epub 2024 Jan 11.


## Transperineal Versus Transrectal Magnetic Resonance Imaging–targeted and Systematic Prostate Biopsy to Prevent Infectious Complications: The PREVENT Randomized Trial

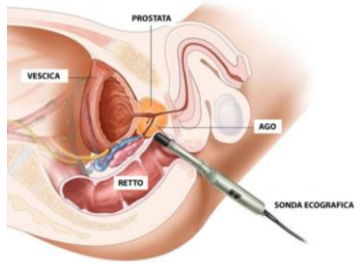
Jim C Hu [1], Melissa Assel [2], Mohamad E Allaf [3], Behfar Ehdaie [4], Andrew J Vickers [2], Andrew J Cohen [3], Benjamin T Ristau [5], David A Green [6], Misop Han [3], Michael E Rezaee [3], Christian P Pavlovich [3], Jeffrey S Montgomery [7], Keith J Kowalczyk [8], Ashley E Ross [9], Shilajit D Kundu [9], Hiten D Patel [9], Gerald J Wang [6], John N Graham [10], Jonathan E Shoag [11], Ahmed Ghazi [3], Nirmish Singla [3], Michael A Gorin [12], Anthony J Schaeffer [9], Edward M Schaeffer [9]

Affiliations + expand

PMID: 38212178 PMCID: PMC11976521 DOI: 10.1016/j.eururo.2023.12.015

**TR**

- ✓ 1,4 % rischio infezione
- ✓ più veloce




**TP**

- ✓ ca.0% rischio infezione
- ✓ più dolorosa
- ✓ No antibiotico

**Simile detezione**

# Carcinoma prostatico: Familiarità vs Ereditarietà (EAU 2025)

## Definizioni

**Familiare**: ≥2 parenti di 1° grado con PCa a qualsiasi età;
**oppure** 1 di 1° grado + ≥2 di 2° grado.

**Ereditario**: ≥3 casi nella stessa famiglia; oppure casi in 3 generazioni successive;
**oppure** ≥2 casi <55 anni.

## Cosa fare

- Screening anticipato: avvia PSA a 40–45 anni.
- Invio a genetica: se criteri di ereditarietà o tumori BRCA/Lynch in famiglia.
  **BRCA°-related** (mammella/ovaio/pancreas)

**BRCA1** e **BRCA2** sono **geni oncosoppressori** che codificano proteine chiave per la **riparazione del DNA**

EAU Guidelines 2025 (Tabella 3.1); Carter BS et al., J Urol 1993; Tuffaha H. et al., 2024 (scoping review su genetica del PCa); NCI PDQ Genetics of Prostate Cancer (2025).

# Trattamento mini-invasivo dell’iperplasia prostatica sintomatica con vapore acqueo-REZüM®

You have access | Journal of Urology | AUA Guideline Articles | 1 Jan 2024

**Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia (BPH): AUA Guideline Amendment 2023**

Check for updates

Jaspreet S. Sandhu, Brooke R. Bixler, Philipp Dahm, Ramy Goueli, Erin Kirkby, John T. Stoffel, and Timothy J. Wilt
View All Author Information

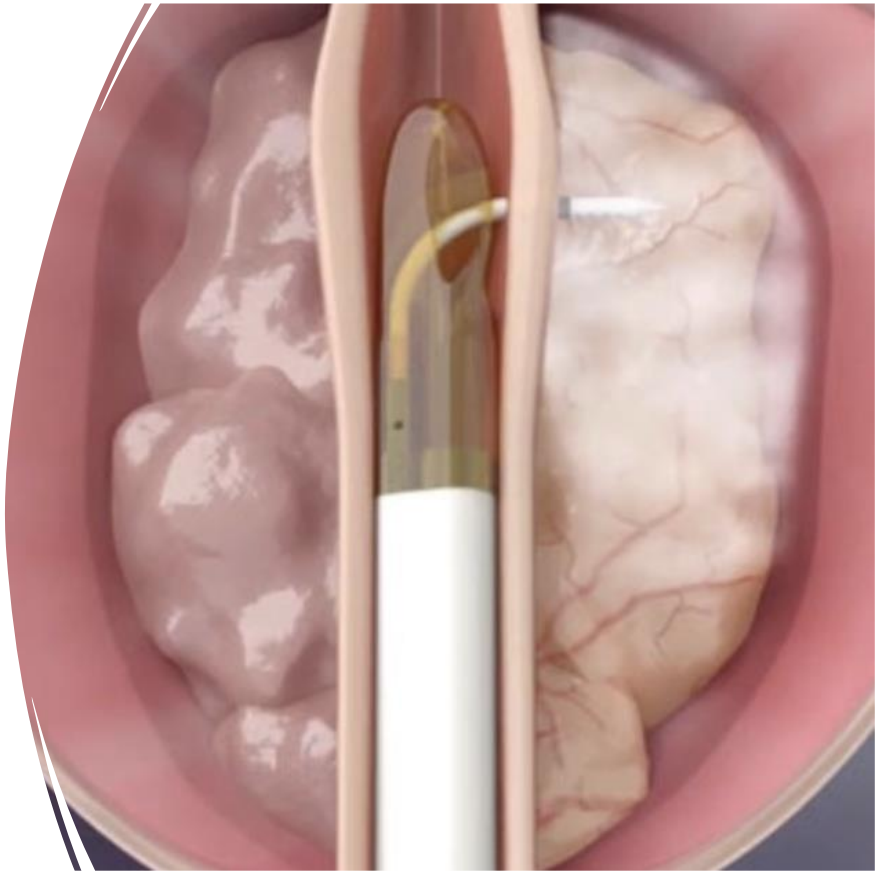
https://doi.org/10.1097/JU.0000000000003698



Volume 211
Issue 1
January 2024
Page: 11-19

American Urological Association

- 10 min
- sedazione
- ev. day hospital
- Catetere vescicale 3-7 d postop



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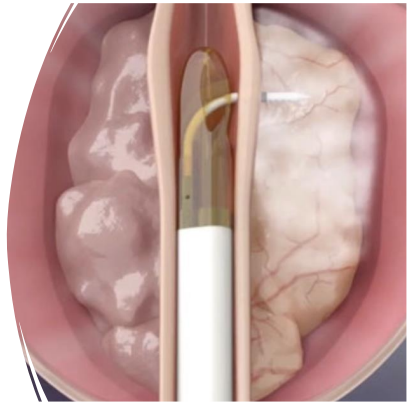
# REZüM®

American Urological Association
THE JOURNAL of UROLOGY
Official Journal of the American Urological Association

Randomized Controlled Trial > J Urol. 2021 Sep;206(3):715-724.
doi: 10.1097/JU.0000000000001778. Epub 2021 Apr 19.

## Final 5-Year Outcomes of the Multicenter Randomized Sham-Controlled Trial of a Water Vapor Thermal Therapy for Treatment of Moderate to Severe Lower Urinary Tract Symptoms Secondary to Benign Prostatic Hyperplasia

Kevin T McVary [1], Marc C Gittelman [2], Kenneth A Goldberg [3], Kalpesh Patel [4], Neal D Shore [5], Richard M Levin [6], Marc Pliskin [7], J Randolf Beahrs [8], David Prall [8], Jed Kaminetsky [9], Barrett E Cowan [10], Christopher H Cantrill [11], Lance A Mynderse [12], James C Ulchaker [13], Nicholas N Tadros [14], Steven N Gange [15], Claus G Roehrborn [16]



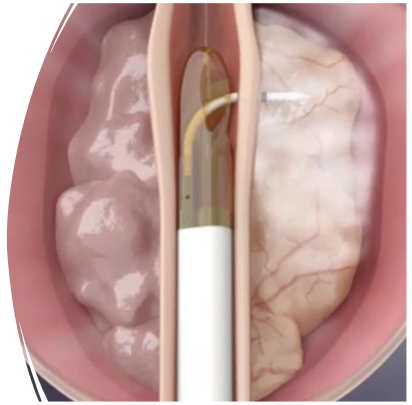
- ✓ IPSS +48%, QoL +45%, Qmax +44%;
- ✓ **nessuna disfunzione sessuale postop**
- ✓ **Eiaculazione anterograda ( 92%)**
- ✓ possibile trattare anche **lobo mediano**

**COMPLICAZIONI**

UTI ~4–5%
Macroematuria ~12%
Ematospermia ~7%
Frequenza/urgenza minzionale ~6%
Disuria ~16,9%
Ritenzione urinaria acuta ~4–6%

**Indicazione – tendenza:**
**paziente giovane o**
**molto anziano fragile, anticoagulato**

# REZüM® - cost-effectiveness



WVTT: REZUM
CT: Dutasteride Tamsulosina
TUR-P

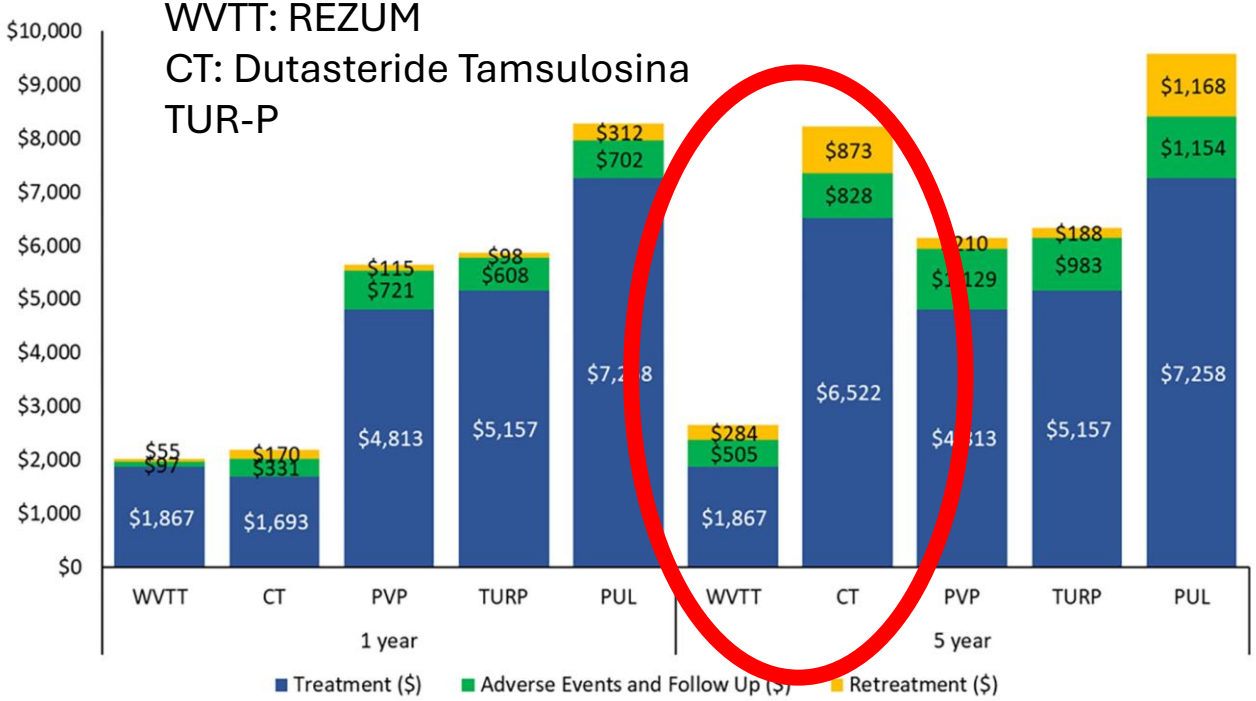



**Fig 2. Medicare per patient costs at year 1 and year 5 for the five treatment options for men with moderate-to-severe lower urinary tract symptoms due to benign prostatic hyperplasia ranging from the least to the most expensive at year 1.** Abbreviations: CT, combination therapy; PUL, prostatic urethral lift; PVP, photoselective vaporization of the prostate; TURP, transurethral resection of the prostate; WVTT, water vapor thermal therapy.

https://doi.org/10.1371/journal.pone.0266824.g002

RESEARCH ARTICLE

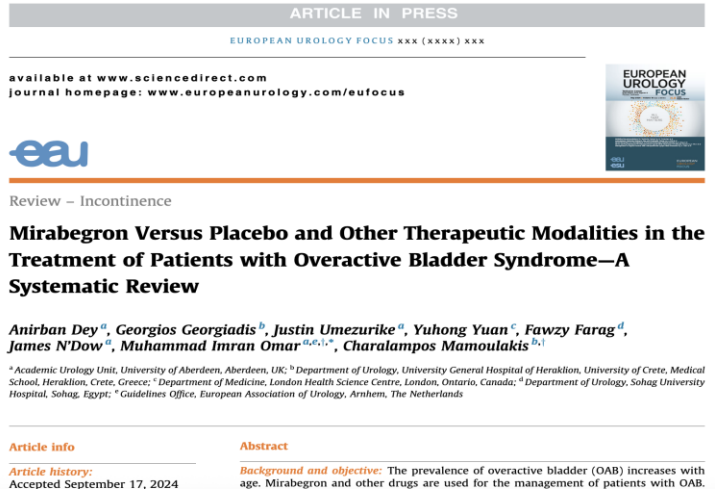
## A comprehensive analysis of clinical, quality of life, and cost-effectiveness outcomes of key treatment options for benign prostatic hyperplasia


**Bilal Chughtai[1☯], Sirikan Rojanasarot[2☯*], Kurt Neeser[3‡], Dmitry Gultyaev[3‡], Shuai Fu[3‡], Samir K. Bhattacharyya[2], Ahmad M. El-Arabi[4], Ben J. Cutone[2], Kevin T. McVary[4☯]**

**1** Department of Urology, Weill Cornell Medicine, New York, New York, United States of America, **2** Boston Scientific, Marlborough, MA, United States of America, **3** Certara Evidence & Access, Lörrach, BW, Germany, **4** Center for Male Health, Stritch School of Medicine, Loyola University Medical Center, Maywood, IL, United States of America

☯ These authors contributed equally to this work.
‡ KN, DG and SF also contributed equally to this work.
* sirikan.rojanasarot@bsci.com

# Mirabegron ( BETMIGA®)



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EUROPEAN UROLOGY FOCUS xxx (xxxx) xxx

available at www.sciencedirect.com
journal homepage: www.europeanurology.com/eufocus

Review – Incontinence

**Mirabegron Versus Placebo and Other Therapeutic Modalities in the Treatment of Patients with Overactive Bladder Syndrome—A Systematic Review**

*Anirban Dey [a], Georgios Georgiadis [b], Justin Umezurike [a], Yuhong Yuan [c], Fawzy Farag [d], James N'Dow [a], Muhammad Imran Omar [a,e,i,*], Charalampos Mamoulakis [b,†]*

[a] Academic Urology Unit, University of Aberdeen, Aberdeen, UK; [b] Department of Urology, University General Hospital of Heraklion, University of Crete, Medical School, Heraklion, Crete, Greece; [c] Department of Medicine, London Health Science Centre, London, Ontario, Canada; [d] Department of Urology, Sohag University Hospital, Sohag, Egypt; [e] Guidelines Office, European Association of Urology, Arnhem, The Netherlands

Article info

Article history:
Accepted September 17, 2024

Abstract

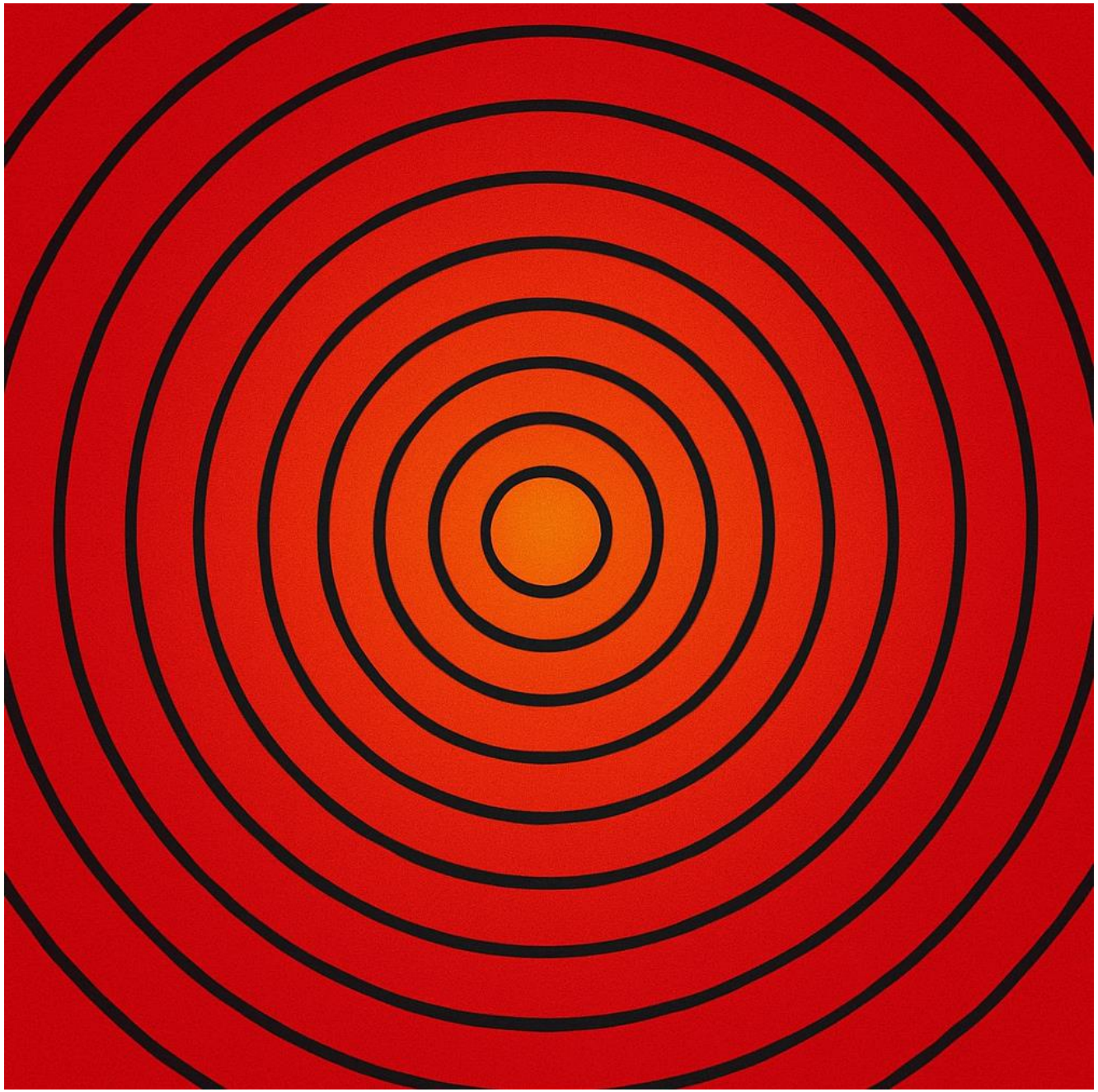
Background and objective: The prevalence of overactive bladder (OAB) increases with age. Mirabegron and other drugs are used for the management of patients with OAB.

- **Combinazione mirabegron + anticolinergico**
  **CAVE anticolinergico con rischio cognitivo nell'anziano**
  **OK Trospium ( Spasmourgenin)**

- **Combinazione alfa-bloccante + mirabegron**

Se sintomi **ostruttivi concomitanti ( LUTS misti)**


(Lower Urinary Tract Symptoms = LUTS)

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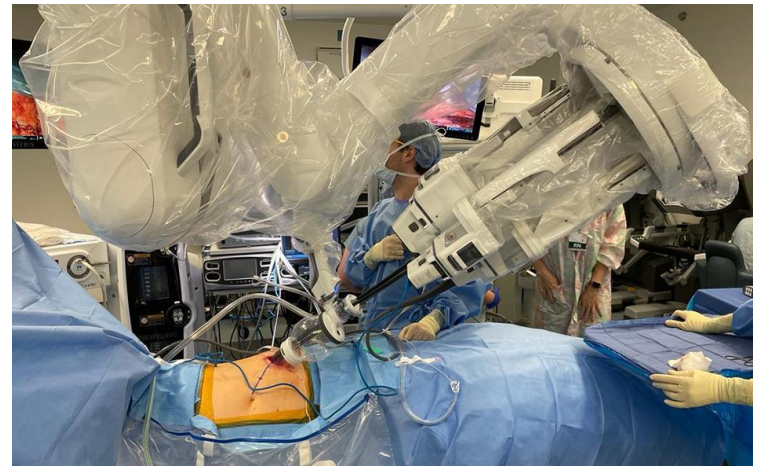
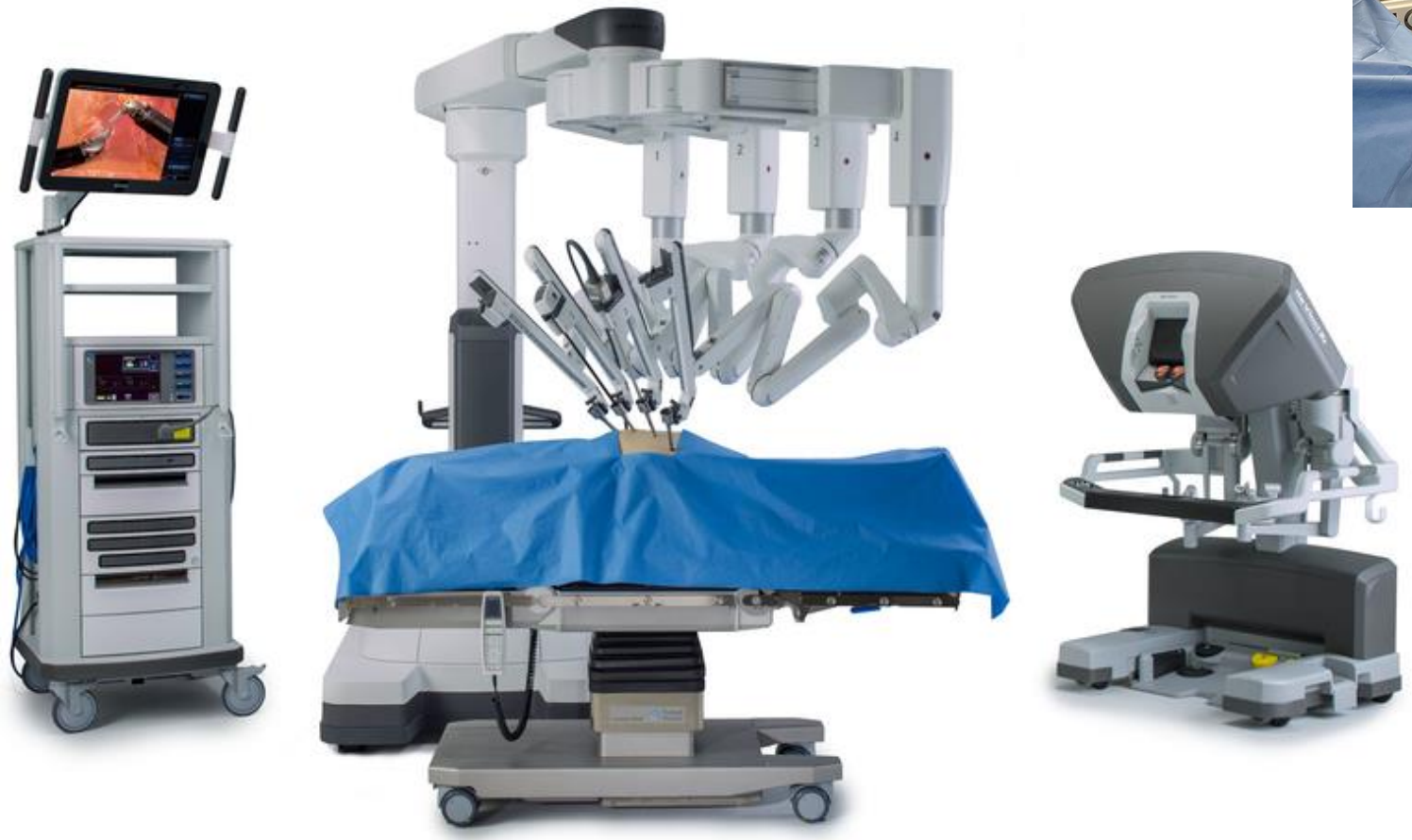


Single Port

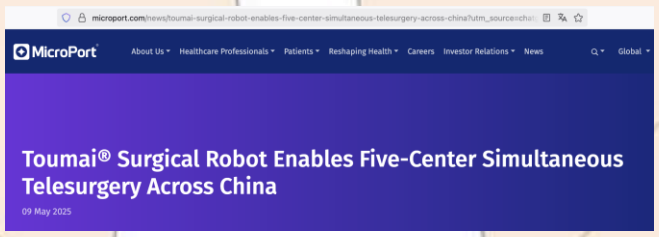


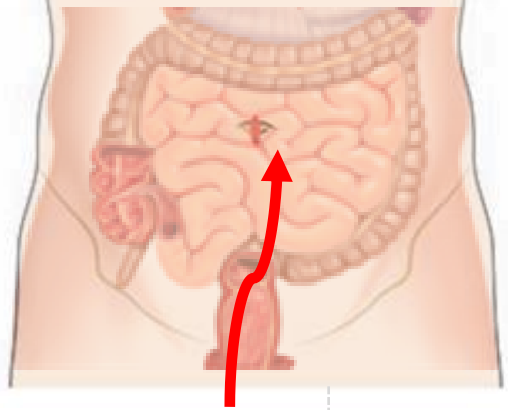
*(© Intuitive Surgical, Inc.)*

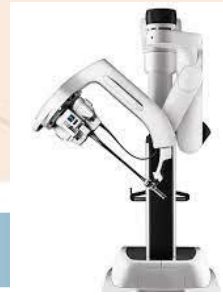
MULTI PORTS

SINGLE PORT

ZERO PORTS





2022

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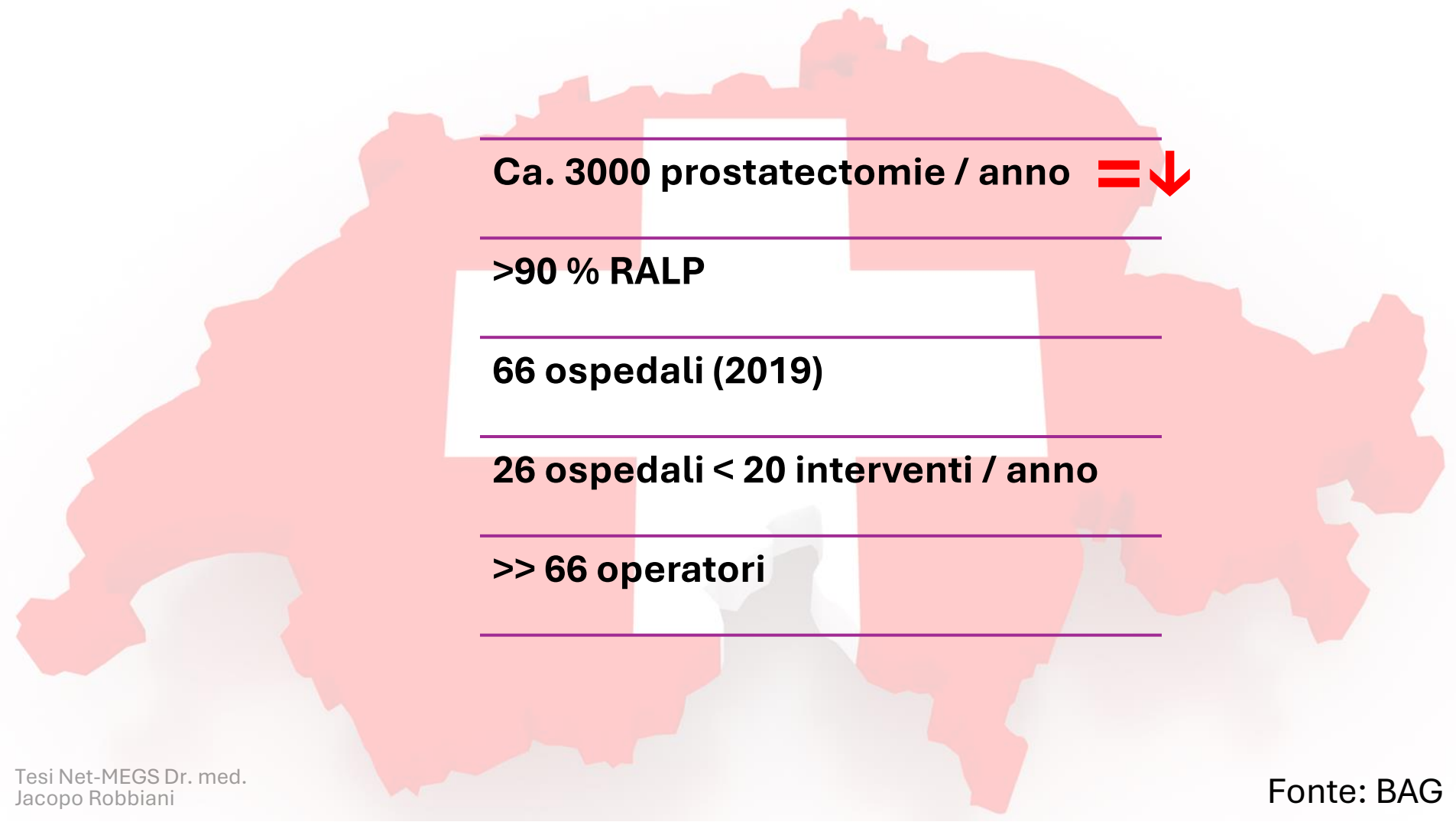


**Ca. 3000 prostatectomie / anno** =↓

**>90 % RALP**

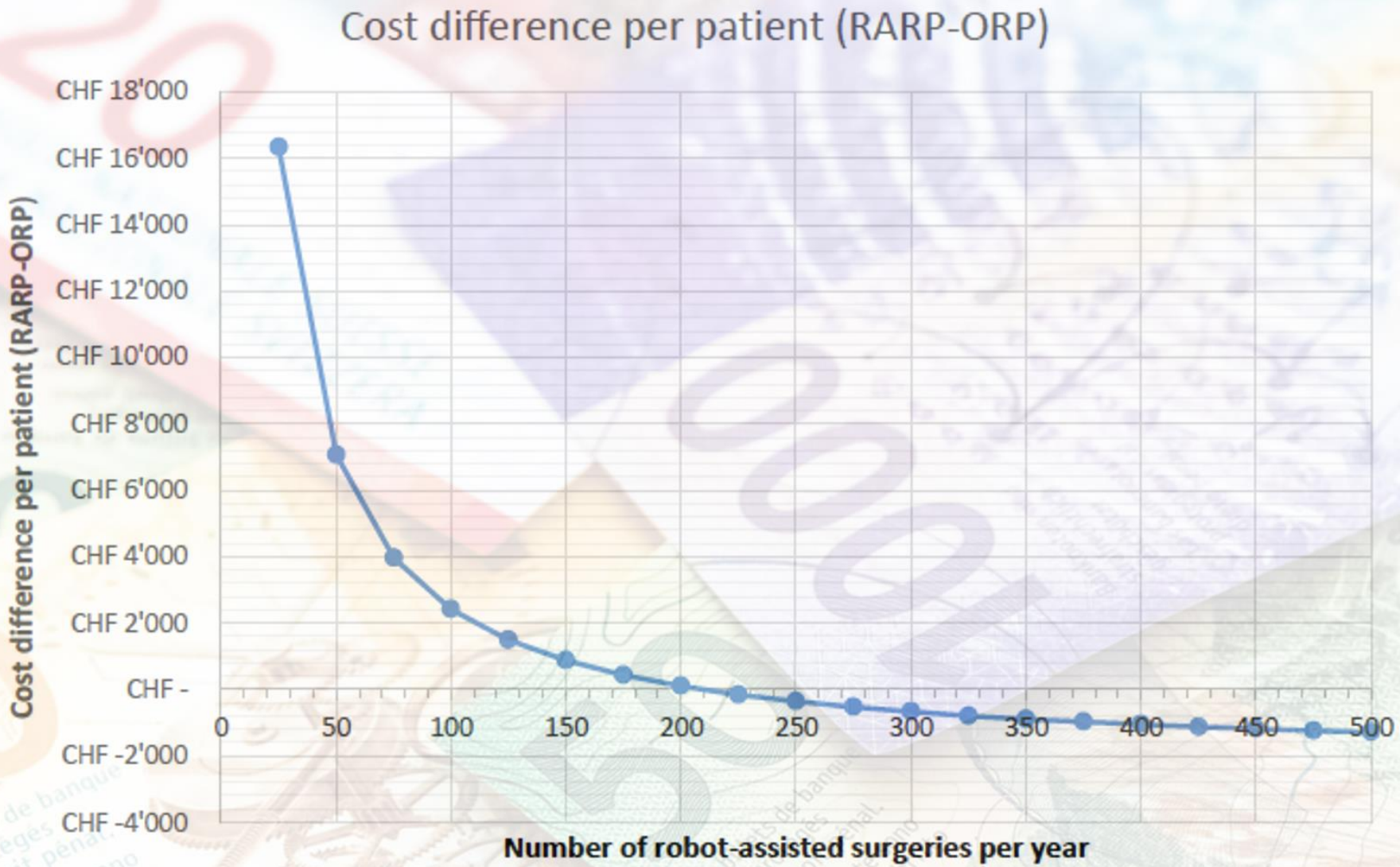
**66 ospedali (2019)**

**26 ospedali < 20 interventi / anno**

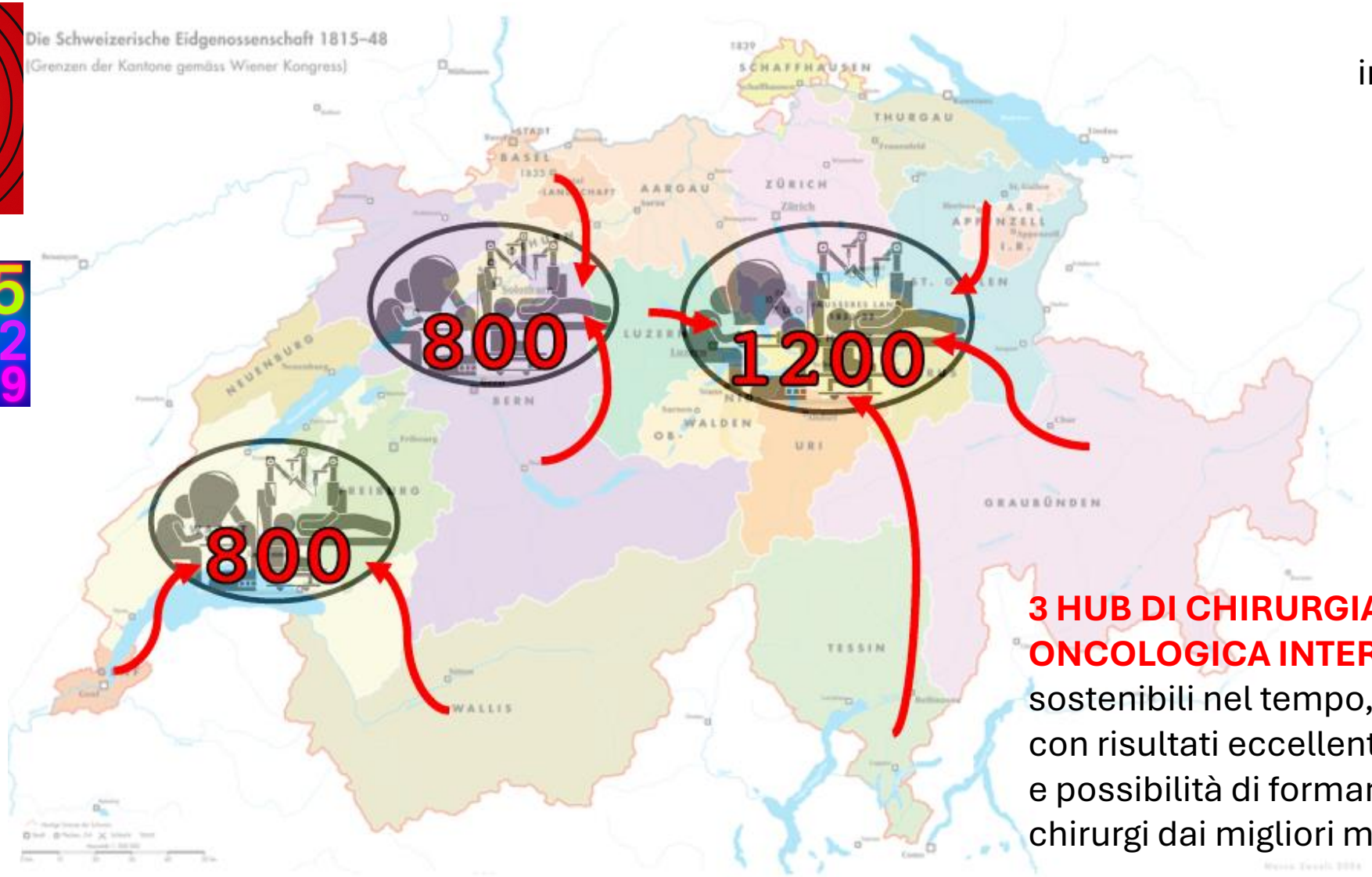
**>> 66 operatori**

Tesi Net-MEGS Dr. med.
Jacopo Robbiani

Fonte: BAG




Swiss Medical Board , 2018




in 3-7 anni

**3 HUB DI CHIRURGIA ROBOTICA ONCOLOGICA INTERDISCIPLINARE:**
sostenibili nel tempo,
con risultati eccellenti
e possibilità di formare i migliori chirurgi dai migliori maestri

( es. nro prostatectomie/anno)

Tesi Net-MEGS Dr. med. Jacopo Robbiani

**Tesi**

**Master of Advanced Studies in economia e gestione sanitaria e sociosanitaria**

**(Net-MEGS)**

**Università della Svizzera Italiana**

# DALLA COLLABORAZIONE INTERCANTONALE AI CENTRI D'ECCELLENZA NAZIONALI: LA VIA SOSTENIBILE A MEDIO-LUNGO TERMINE PER LA CHIRURGIA ROBOTICA IN UROLOGIA ONCOLOGICA IN SVIZZERA

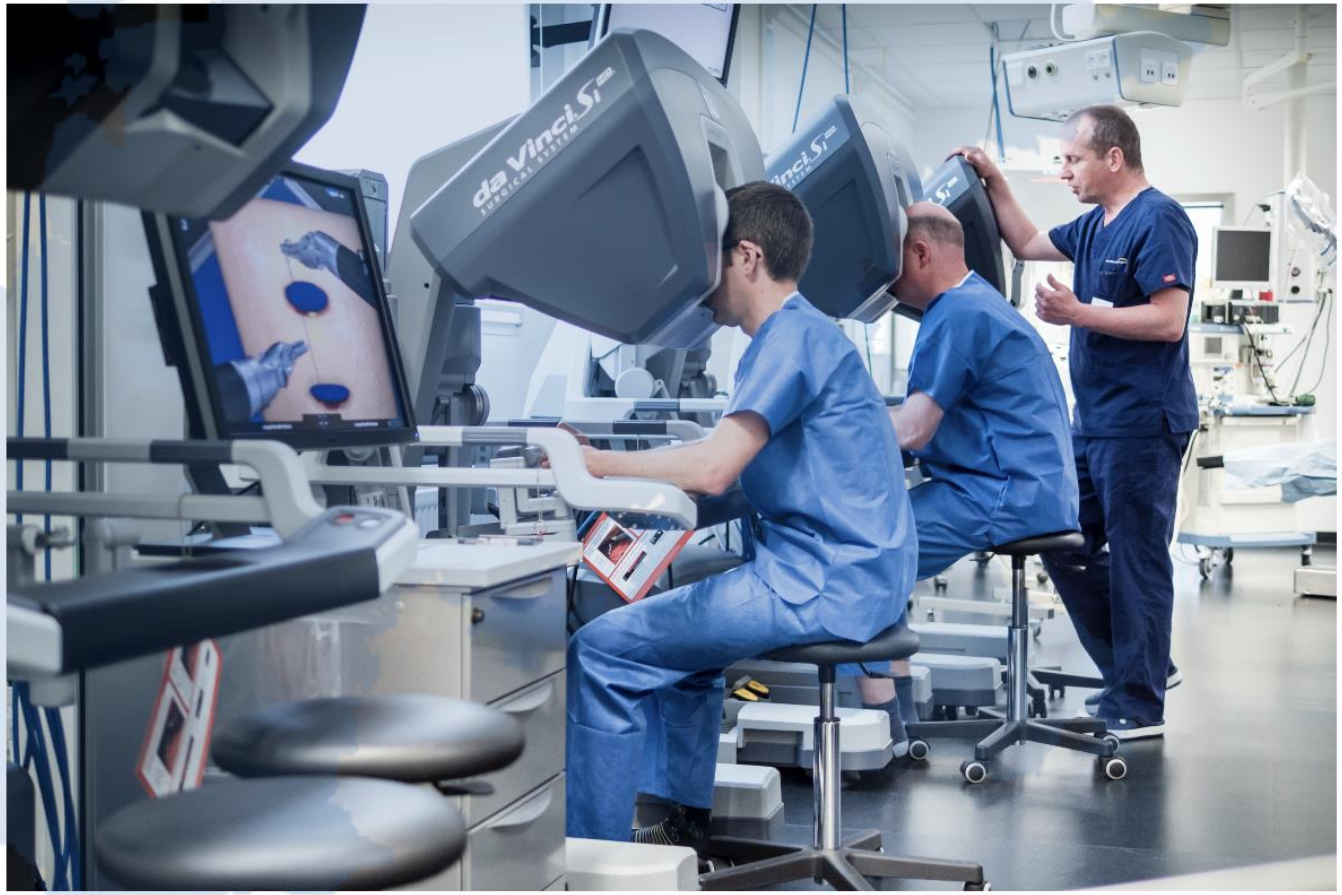
Università della Svizzera italiana

Facoltà di scienze economiche

ORSI ACADEMY

# SELEZIONE?

SSPH+ SWISS SCHOOL OF PUBLIC HEALTH


KU LEUVEN

UNIVERSITEIT GENT

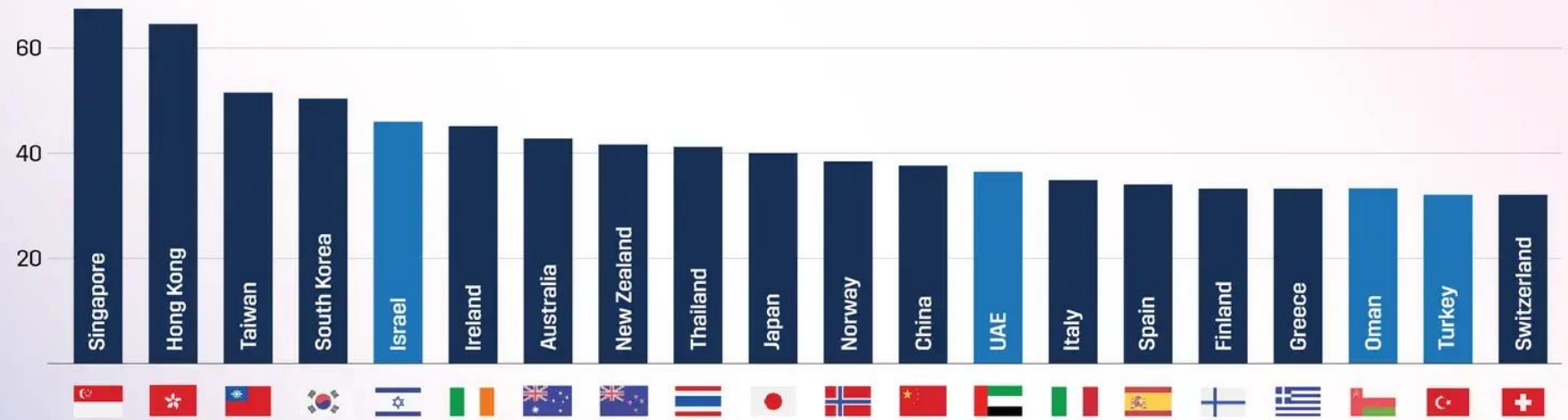
UniSR UNIVERSITÀ VITA-SALUTE SAN RAFFAELE

UNIMORE UNIVERSITÀ DEGLI STUDI DI MODENA E REGGIO EMILIA

Febbraio 2023

Tesi Net-MEGS Dr. med. Jacopo Robbiani

# ECONOMIES WITH THE MOST EFFICIENT HEALTHCARE SECTOR
## (BLOOMBERG HEALTH-EFFICIENCY INDEX, 2020)




Lucidity Insights

Bloomberg.com

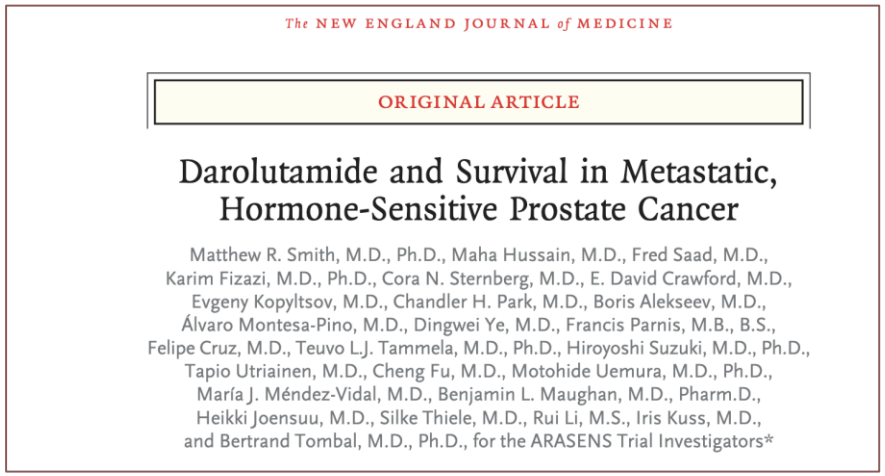
# SCREENING PCA: linee guida EAU 2025

**bpMRI:** a fast and cheaper version of mpMRI, more suitable for large screening cohorts. Sufficing evidence for its potential and validated in a swiss population (Wetterauer et al, Eur Urol Focus 2024)

**Stockholm3:** the only biomarker with published scientific evidence for its efficiency in a screening setting (AUC 0,76 vs 0,6 for PSA) and available in CH.
*Nordstrom et al, Lancet Oncol. 2021*

**Proclarix:** developed in CH, available and has shown promising results in selected patient populations (Sensitivity 97% + Specificity 33% vs Sensitivity 97%, Specificity 8% for Proclarix Density vs PSA density). *Steuber et al, Eur Urol Oncol 2022*

# Carcinoma prostatico metastatico ormonosensibile (mHSPC)



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Darolutamide and Survival in Metastatic, Hormone-Sensitive Prostate Cancer

Matthew R. Smith, M.D., Ph.D., Maha Hussain, M.D., Fred Saad, M.D., Karim Fizazi, M.D., Ph.D., Cora N. Sternberg, M.D., E. David Crawford, M.D., Evgeny Kopyltsov, M.D., Chandler H. Park, M.D., Boris Alekseev, M.D., Álvaro Montesa-Pino, M.D., Dingwei Ye, M.D., Francis Parnis, M.B., B.S., Felipe Cruz, M.D., Teuvo L.J. Tammela, M.D., Ph.D., Hiroyoshi Suzuki, M.D., Ph.D., Tapio Utriainen, M.D., Cheng Fu, M.D., Motohide Uemura, M.D., Ph.D., María J. Méndez-Vidal, M.D., Benjamin L. Maughan, M.D., Pharm.D., Heikki Joensuu, M.D., Silke Thiele, M.D., Rui Li, M.S., Iris Kuss, M.D., and Bertrand Tombal, M.D., Ph.D., for the ARASENS Trial Investigators*

Published February 17, 2022 | N Engl J Med 2022;386:1132-1142 | DOI: 10.1056/NEJMoa2119115
VOL. 386 NO. 12 | Copyright © 2022

**Intensificazione upfront**:
ADT **+ ARPI** (abiraterone, apalutamide, enzalutamide, **darolutamide**:
nuova raccomandazione 2025), ± docetaxel

ARPI Androgen Receptor Pathway Inhibitors
ADT: Androgen Deprivation Therapy – (LHRH analogo o antagonista, es. Lucrin®)

**TUMORBOARD**

**ARPI potenziano l'ADT** e migliorano la **sopravvivenza globale e il controllo di malattia** nella mHSPC.
**fino 50x costo rispetto a solo ADT**
**Aumento dell'intensità del monitoraggio internistico assieme all'oncologo**

**Paziente fit** : proporre **ARPI + ADT**; valutare **triplet** se alto volume/biologia aggressiva e candidabile a docetaxel
**Fragile / comorbidità**: **doublet (ARPI + ADT)** senza chemioterapia

# Stadiazione PCA : PET PSMA

REVIEW – PROSTATE CANCER – EDITOR'S CHOICE · Volume 87, Issue 6, P654-671, June 2025 Download Full Issue

A Comprehensive Systematic Review and Meta-analysis of the Role of Prostate-specific Membrane Antigen Positron Emission Tomography for Prostate Cancer Diagnosis and Primary Staging before Definitive Treatment

Elio Mazzone [a,b] · Donato Cannoletta [b] · Leonardo Quarta [b] · ... · Declan G. Murphy [a,c] · Alberto Briganti [b,e] · Marlon L. Perera [a,i] ... Show more


**Da rischio intermedio (sfavorevole)**

**o**

**Se recidiva biochimica da PSA 0.2 µg/l (o PSA con evidente dinamica) per ricerca N/M**

**Table 3: EAU risk groups for biochemical recurrence of localised and locally-advanced prostate cancer based on systematic biopsy**

| Definition | | | | |
|---|---|---|---|---|
| **Low-risk** | **Intermediate-risk** | | **High-risk** | |
| | **Favourable** | **Unfavourable** | | |
| ISUP grade 1 and PSA < 10 ng/mL and cT1-2a* | ISUP grade 2 and PSA < 10 ng/mL and cT1-2b* **Or** ISUP grade 1 and PSA 10 – 20 ng/mL and cT1-2b* **Or** ISUP grade 1 and PSA < 10 ng/mL and cT2b* | ISUP grade 2 and PSA 10 – 20 ng/mL and cT1-2b* **Or** ISUP grade 3 and cT1-2b* | ISUP grade 4/5 **Or** PSA > 20 ng/mL **Or** cT2c* | cT3-4* and/or cN+** any ISUP grade* any PSA |
| **Localised** | | | | **Locally advanced** |

*ISUP = International Society of Urological Pathology; PSA = prostate-specific antigen.*
** Based on digital rectal examination.*
*** Based on CT/bone scan.*

# Microematuria

## Updates to Microhematuria: AUA/SUFU Guideline (2025)

Check for updates

Daniel A. Barocas, Yair Lotan, Richard S. Matulewicz, Jay D. Raman, Mary E. Westerman, Erin Kirkby, Lauren J. Pak, and Lesley Souter
View All Author Information

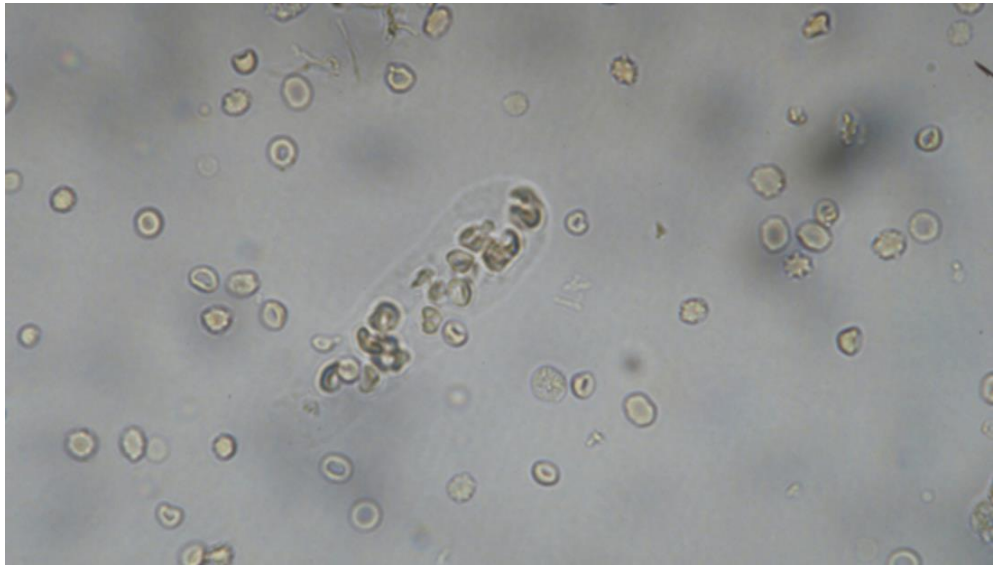
https://doi.org/10.1097/JU.0000000000004490

| Abstract | Full Text | PDF | Cite | Tools | Share

Volume 213
Issue 5
May 2025
Page: 547-557

Supplementary Materials

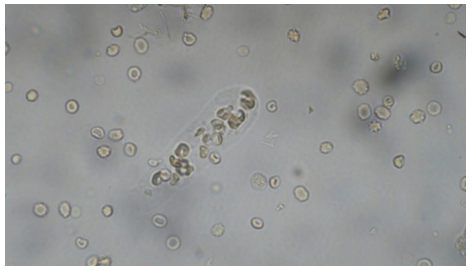
# Stratificazione del rischio per definire diagnostica e follow up



Sedimento urinario microscopico
NO STICK

**≥3 Ec/ campo**

American Urological Association



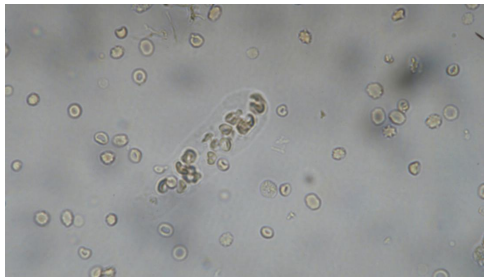
American Urological Association

**Basso/trascurabile** (tutti criteri favorevoli):
**donne <60 aa** o **uomini <40 aa**,
**mai fumatori o <10 py**,
**3–10 EC/campo**, nessun altro fattore.
**Azione**: **NO cistoscopia/imaging** iniziali → **ripeti sedimento urinario** (6 mesi) se si riconferma microematuria si passa a valutazione per rischio **intermedio**

**Intermedio** (≥1 criterio intermedio):
**donne ≥60 aa** o **uomini 40–59 aa**,
**10–30 py**
**11–25 Ec/campo**
**Azione**: **cistoscopia + ecografia reno-vescicale**.

**Xpert® Bladder Cancer Monitor**
**Bladder EpiCheck®**
**Cxbladder®**
**AssureMDx**

**Novità**: si può proporre **biomarcatore urinario validato** **al posto della cistoscopia iniziale**, con **decisione condivisa** e **follow-up stretto**.



American Urological Association

## **Alto** (≥1 criterio alto):

**uomini ≥60 aa**,

**>30 py**

**>25 Ec/campo**

**macro-ematuria** e/o esposizione professionale solventi ( benzinaio, pittore, verniciatore…)

**Azione**: **cistoscopia + TC urografica** (o **uroMR )**