**INTRODUCTION**

In the context of focal therapy (FT) the presence of an apical lesion (AL) is typically considered a more challenging scenario characterised by a higher risk of treatment failure.

**MATERIALS AND METHODS**

We identified 274 men receiving FT for prostate cancer (PCa) using either HIFU or cryotherapy at a high volume centre between 2009 to 2018. The primary outcome was to explore the relationship between AL and the rate of any additional treatment and radical treatment after FT. The secondary outcome was to assess whether AL was related with post-operative urinary retention (UR). Multivariable Cox regression analyses were used to address both the outcomes. Covariates for primary outcome were PSA, clinical stage (T1 vs T2), prostate volume, maximum cancer core length, percentage of positive cores and type of energy (HIFU vs Cryo), whereas for secondary outcome were type of energy and prostate volume.

Results: 166 and 108 men received FT with HIFU and Cryo. Overall, 39% (106) and 31% (85) received at least an additional treatment and a radical treatment after FT, respectively, with a median follow-up of 51 months (IQR: 70-29). 9% (24) men experienced post-operative UR. At Cox regression presence of an AL was not significantly associated with higher risk of both any additional treatment and radical treatment (all p>0.4), whereas PSA resulted the only independent predictor of the outcomes tested (OR: 0.12; p=0.005). AL was neither significantly associated with a higher risk of post-operative UR (p=0.66).

**RESULTS**

A table showing the characteristics of patients and a table showing the predictors for additional treatment-free survival according to PCa location are provided.

**CONCLUSIONS**

The presence of an AL was associated neither with a worse oncological outcome nor with higher rate of post-operative UR. According to this single institution experience, presence of AL should not be considered an exclusion criteria for FT.