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AUA VIRTUAL EXPERIENCE

IS FOCAL ABLATION AS EFFECTIVE AS HEMI-ABLATION? ANALYSIS OF TREATMENT PATTERNS OVER 12 YEARS FROM A HIGH VOLUME CENTRE FOR FOCAL THERAPY

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Introduction to Focal Therapy

- Effective cancer control, with less morbidity
- **Prostate cancer focality: The Index-Lesion Theory**
- Several techniques (Cryosurgery, HIFU, Electroporation, Laser Ablation, Photodynamic Therapy, Brachytherapy)
- **Ablation template: Hemi- vs. Focal- ablation**
- Need to accurately select patients

Tailoring FT Selection with mpMRI

ORIGINAL ARTICLE

Patient selection for prostate focal therapy in the era of active surveillance: an International Delphi Consensus Project

KJ Tay[1], MJ Scheltema[2], HU Ahmed[3], E Barret[4], JA Coleman[5], J Dominguez-Escrig[6], S Ghai[7], J Huang[8], JS Jones[9], LH Klotz[10], CN Robertson[1], R Sanchez-Salas[4], S Scionti[11], A Sivaraman[4], J de la Rosette[2] and TJ Polascik[1]

- mpMRI is a standard imaging tool for prostate FT (92%) and is particularly important in the setting of targeted/lesional ablation

- In the presence of an mpMRI-suspicious lesion (PIRADS 4/5), histological confirmation is necessary prior to treatment with FT

Materials and Methods

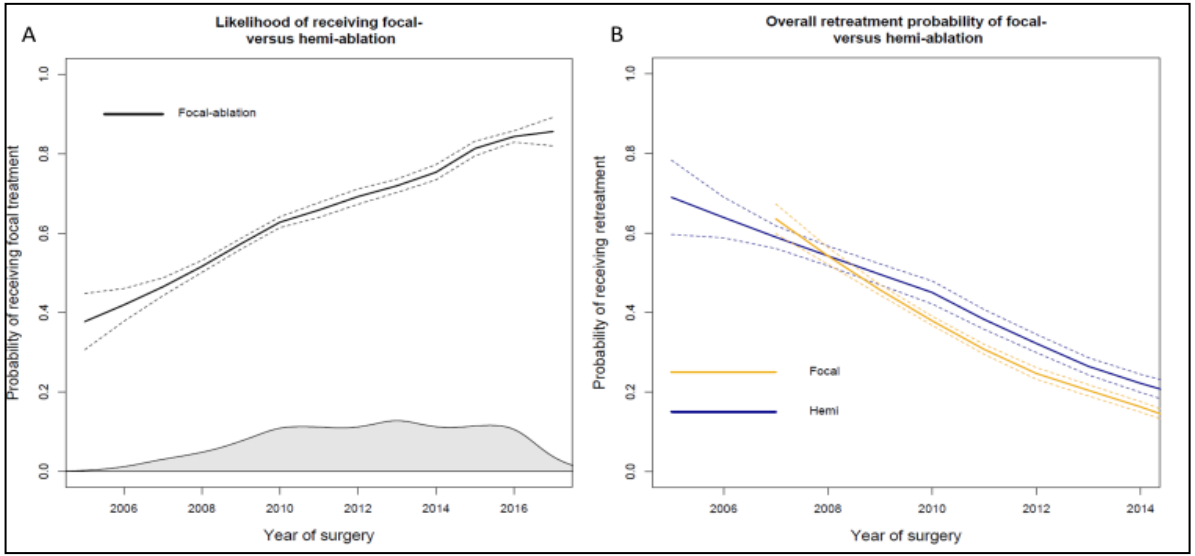
AIM: to assess the trend over time of treatment planning (defined as focal- vs hemi-ablation) adjusting for patients characteristics

Variable	Overall (n=1032)
FT technique: n (%)	
- **Focal ablation**	**730 (71%)**
- **Hemi-ablation**	**302 (29%)**
Age: Median (IQR)	65 (60-70)
PSA, ng/mL: Median (IQR)	7 (5-9.7)
Prostate volume, cc: Median (IQR)	36.5 (28-48)
Clinical Stage: n(%)	
- T1	78 (8.0)
- T2	802 (78)
- T3	123 (12)
Biopsy type: n(%)	
- TRUS	230 (22.3)
- TPM	802 (77.7)
Gleason Score: n(%)	
- 3+3	203 (20)
- 3+4	654 (63)
- 4+3	159 (15)
- 4+4	16 (2)

Variable	Overall (n=1032)
Retreatment: n(%)	
- No	761 (73)
- Yes	271 (27)
Number of treatment: n(%)	
- One	271 (26)
- Two	71 (7)
- Three	18 (2)
Radical treatment: n (%)	
- No	964 (93)
- Yes	68 (7)
Patients receiving a FU Bx	424 (41)
Patients with any Pca at FU Bx	325 (31)
Biopsy failure	
- No	777 (75)
- Yes	255 (25)
Time to retreatment: Median (IQR)	26 (13-46)
Time to radical treatment: Median (IQR)	34 (14-60)
Time to last follow-up: Median (IQR)	36 (14-64)

Results and Conclusions

TREND ANALYSES



CONCLUSION: Contemporary patients are more likely to receive a focal- over a hemi-ablation compared to the past. This has not resulted in a greater need for retreatment, suggesting that focal treatment based on MRI and biopsy results is as effective as routine hemi-ablation.