

**PP39**

**LOCAL RADICAL TUMORABLATION THROUGH COMBINED TRANSURETHRAL RESECTION AND TRANSRECTAL HIGH INTENSITY FOCUSED ULTRASOUND: A VALID THERAPY TO TREAT HIGH RISK PROSTATE CANCER?**

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**Introduction:** Monocentric prospective long term cohort evaluation regarding therapeutic efficacy and side effects of combined transurethral resection (TURP) and high intensity focused ultrasound (HIFU) for local ablation of high risk prostate cancer (hrPCa).

**Material & Methods:** 480 hrPCa patients (T 3-4 **OR** PSAi>20ng/ml **OR** Gleason >7, N0, M0) were treated with TURP and consecutive transrectal complete HIFU Ablation with Ablatherm (EDAP-TMS, Lyon-France) and followed prospectively up to 17 years. Disease progression was defined as: "Last PSA > initial PSA" **OR** "M+" **OR** "onset of any PCa salvage therapy."

**Results:** During the follow up period (median 7 years (0.6-17.8)) 30% of the patients came in need of adjuvant salvage therapy by androgen deprivation therapy (ADT). 7% needed definitive local salvage treatment with radiation or surgery (onset at median 1.5 (0.1-12.5) years). The overall survival at 10 years was 71.1%, metastasis free survival 91%, cancer specific survival 92.9%. These results compare favorably to those of large single and multicenter academic reports of outcomes following radical prostatectomy (see table). Therapy related side effects were: stress incontinence 7.9%; obstruction 3.7%, fistula/osteitis os pubis, 1.5%, urinary tract infections (UTI) 21.4%.

**Conclusion:** Local radical prostate cancer ablation by TURP and complete HIFU of prostate and seminal vesicles with Ablatherm integrated imaging is a valid therapy in high risk prostate cancer patients.

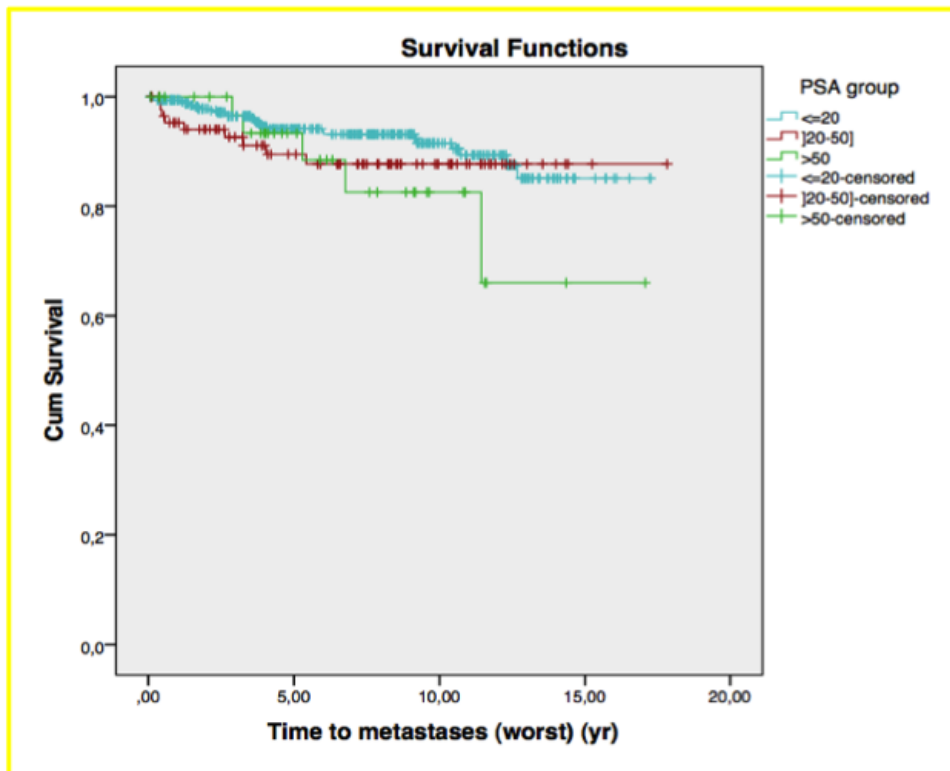
PSA group	Total N	N of Events	Censored	
			N	Percent
<=20	348	25	323	92,8%
]20-50]	89	9	80	89,9%
>50	37	5	32	86,5%
<b>Overall</b>	<b>474</b>	<b>39</b>	<b>435</b>	<b>91,8%</b>

**Table 1**

D'Amico High Risk		n	Ten Year Cancer Spec Sur	Ten Year Mets Free Sur
<b>Boorjian 2008 (RP)</b>	Mayo Clinic	1,513	95%	89%
<b>Stephenson 2008 (RP)</b>	MSK, CCF U Mich	1,962	92%	
<b>CURRENT STUDY</b>		480	93%	91%

Boorjian et al J Urol. 2008 Apr;179(4):1354-60; Stephenson et al J Clin Oncol. 2009 Sep 10;27(26):4300-5

**Table 2**



Figure