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ONCOLOGIC OUTCOMES AFTER HEMIABLATION THERAPY FOR LOCALIZED PROSTATE CANCER

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Introduction: Focal therapy was developed in order to limit side effects of conventional prostate cancer (PCa) treatments. We aimed to assess oncologic outcomes for PCa after focal thermal ablative primary treatment.

Patients & Methods: Between January 2009 to August 2015, 277 patients underwent primary thermal hemiablation for localized PCa at our institution. Energy used was either cryotherapy or high intensity focused ultrasound (HIFU) or vascular-targeted photodynamic therapy (VTP). Inclusion criteria for hemiablation treatment were PSA<15ng/dl, Gleason ≤7, unilateral disease and index lesion <10mm and MRI prior to biopsy ≤T2b.

We selected patients with post-treatment prostate biopsy and 12 months minimum follow-up. Patients were followed postoperatively with PSA, MRI-imaging and 12-core TRUS protocol biopsy, at 6-12 months. Failure was defined as any positive biopsy in the treated lobe. Cross-tabs applying chi-square were used to assess relationships among categorical variables. A p value <0.05 was considered statistically significant. Statistical analysis was performed using SPSS v21.

Results: At one year follow-up, 229 patients had post-treatment control biopsy with 48 not available. Among them, 110, 89 and 30 patients underwent a hemiablation of the prostate using cryotherapy, HIFU and VTP respectively. A total of 55 patients had biopsy-proven cancer at follow-up. With a mean age of 65,5 ± 6,7 years, 43 were D`Amico Low risk and 12 Intermediate risk at diagnosis. Initial PSA was 7,44 ± 2,93 ng/dl, 47 Gleason 3+3 and 8 Gleason 3+4.

Thirty (27%), 13 (17%) and 12 (40%) had biopsy proven cancer after primary focal cryotherapy, HIFU and VTP, respectively. Residual cancer in the treated side was present in 41 patients (15 bilateral), considered as failure to treatment (18%). De novo contralateral disease was diagnosed in 14 patients. Residual disease had a median core length of 4mm (3-13) and a median number of 2 (1-3) positive cores. No difference were observed in focal treatment failure between primary focal energy modalities (table 1).

Conclusions: Short-term data show promising oncologic outcomes in the focal therapy primary setting with 18% failure rate. Focal ablative therapy is an effective treatment option for the primary management of PCa, with no proven differences in failure rates between energy modalities.

Table 1. Failure rates of Energy modalities

	Cryotherapy	HIFU	VTP	
Total, no	110	89	30	
Positive control Bx, no (%)	30 (27)	13 (15)	12 (40)	p=0,010
Ipsilateral disease, no. (%)	23 (21)	10 (11)	8 (27)	p=0,085