**Introduction & Objectives**: Prostatic cancer focal therapy by FO (Focal One®) is based on precise localisation of the target by MRI. Previous Transperineal fusion and/or randomized biopsies (TP) can help to planify the treatment when the MRI can’t target the tumoral lesion.

**Methods**: 1) In a retrospective manner we reviewed 10 cases of Localized Prostatic Cancer treated by FO, in which TP were performed previously. An mpMRI 3T was done before in every patient by the same radiologist.
All patient underwent TP by the same operator under general anesthesia (BiopSee®). Biopsies were taken from the lesion described on the MRI, and in the zones considered as normal.
2) Focal therapy was performed under general anesthesia by FO. Precise Targetting relied on fusioning TP results with the live transrectal ultrasound of FO system.
Peroperatively we performed a contrast US control followed by complementary treatment when necessary. Postoperatively 2 weeks after the procedure, an MRI was also performed.

**Results**: Mean age was 63 years, median PSA was 6.1 ng/?, and the mean prostate volume was 43cc.
6 patients harbored Gleason 3+3=6, and 4 Gleason 3+4=7.
In all cases the result of fusion biopsies was discordant.
The treatment by FO was performed in a hemiablation mode in 4 cases, and quadrant in 6. The Perioperatively Contrast Ultrasound control showed complete treatement of the lesion as the Postoperative MRI did.
No patient experienced serious complication.

**Conclusions**: In focal therapy performed by FO MRI is essential in targeting lesions. In situations where there is a discordant result of MRI imaging and fusion biopsies, TP saturation/fusion biopses can help the planning of FO treatment.