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MP70-07 TRANSPERINEAL FOCAL CRYOABLATION AS A TREATMENT FOR CLINICALLY SIGNIFICANT PROSTATE CANCER

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Abstract

INTRODUCTION AND OBJECTIVE:

Prostate multiparametric MRI (mpMRI) with Index Lesion identification has led to questioning the need for whole gland therapies for carefully selected men harboring well-defined clinically significant malignant lesions. This investigation sought to determine the safety and efficacy of targeted focal ablative therapy in a community based urological practice. Our goal was to test the image-guided paradigm and to determine whether targeted biopsies were sufficient in assessing prostate cancer risk and whether truly focal target ablative therapy offered our patients a safe and effective alternative to whole gland therapy. We present our experience with our first 35 patients, diagnosed with clinically significant prostate cancer (csPC) managed with transperineal Focal Cryoablation (FC).

METHODS:

Subject patients were referred for PC detection due to elevated serum PSA. All patients underwent a mpMRI prior to transperineal biopsy. Men with PIRAD 3, 4 and 5 targets underwent both target and template transperineal fusion biopsy. Men diagnosed with Grade Groups (GG) 2, 3, and 4 index lesions were offered focal ablative transperineal cryoablation. Our follow up protocol called for post-ablation clinical evaluation, serial PSA determinations, post-ablation mpMRI and confirmatory biopsy (cBx). All patients were queried with pre and post-ablation SHIM and IPSS scoring.

RESULTS:

Patients were assessed on an Intent to Treat basis. Of the original 35 patients, 33/35 (94%) underwent post-ablation mpMRI. 19/35 (54%) have undergone post-ablative confirmatory biopsy.With mean follow up of 24 months, 29/33 men (88%) had post-ablation PIRAD ≤ 2 Scores. 14/19 (74%) had no cancer on cBx. 3/5 (60%) of positive post-ablation cBxs were GG 1. 2/5 (40%) of cBxs were GG 2. 4/33 (12%) of men undergoing follow up mpMRI developed new PIRAD 3 lesions (2 patients) or 4 lesions (2 patients). Zero new PIRAD 5 lesions were detected. No men had observable PSA elevations beyond baseline PSA at diagnosis. No men developed locoregional or systemic progression. 32/35 men (91%) adhered to follow up serial PSA testing.With a mean followup of 24 months, 28/32 (88%) of men had a sustained low serum PSA, with an average value of 1.8 ng/mL. No new or worsening erectile dysfunction or urinary incontinence occurred.

CONCLUSIONS:

Focal Cryoablation is a promising alternative to Whole Gland Therapy for proven focal significant lesions.Strict attention to disease staging and careful follow-up is essential to an effective Focal Ablative program.

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