

SALVAGE AND PRIMARY 17G CRYOABLATION FOR PROSTATE CANCER - A PAN EUROPEAN EXPERIENCE

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INTRODUCTION: The technical advances of 3rd generation cryosurgery have produced a minimally invasive treatment for primary and salvage prostate cancer (PCA) patients (pts.) with excellent outcomes and acceptable morbidity. A Paneuropean approach led to development of Proctoring system, standardisation of technique + agreed treatment protocol across the European Cryosurgery sites.

METHODS: 551 pts max FU 9 Y, median FU 46 months. Mean age 65, 9 Y. 259 primary pts., 292 salvage cases including 192 radiation failures. D'Amico classification: 189 pts low risk, 277 intermediate or high risk. Pts. treated with 3rd generation cryotherapy devices SeedNet or Presice (Galil-Medical, USA)

2 to 22 17G cryoneedles percutaneously placed in the prostate under transrectal ultrasound guidance. 2 cryoneedles and a thermo sensor placed in the area between the rectal wall and Denonvillier's fascia for temperature monitoring and active warming. While freezing rectal temperature was closely monitored and when below 20° C, rectal warming was activated.

RESULTS: 21% showed progression of PCA. 8% underwent a 2nd cryotherapy. 3% died due to PCA, 8 % died due to other reasons

Mean PSA value in ng/ml is praeop 11, 24; at 1 Y 0,52; at 2Y 0,3; at 3Y 0,5; at 5Y 0,4; at 6Y 0,4 and at 7Y 0,3. This could be considered as stabile post treatment for 7 Y

9 salvage pts created a fistula. 4, 6% of pts are incontinent, mostly in the salvage group. Only about 1/3 of the pts are sexually active before the cryotherapy; 2/3 of those ED at 1 Y.

CONCLUSIONS: This combined analysis from the 3 major European centres of Cryosurgery is the largest series of 3rd generation PCA cryosurgery pat yet analysed. The stratified group results give a clear indication of the success rate and the morbidity for each separate patient group and are a clear indication of the place of cryosurgery in the management of PCA.