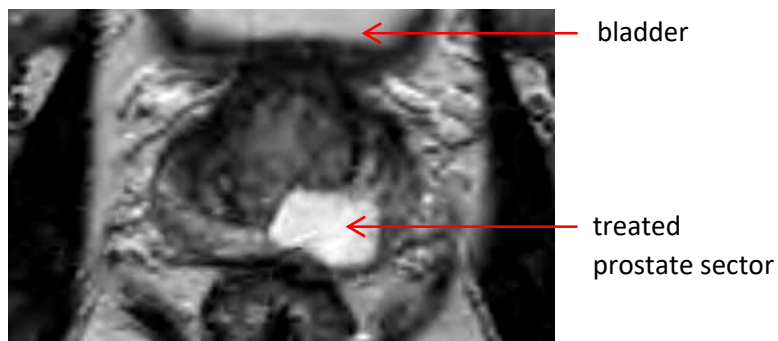


MRI After Focal Therapy



Effective Focal Therapy Requires

- Careful patient selection
- High quality Prostate MRI
- Experienced Radiologist
- MRI knowledgeable Urologist
- Specialized Focal Therapy Equipment
- Programmed post-treatment monitoring

References

1. Barret Eric, Technical Aspects of Focal Therapy in Localized Prostate Cancer, Springer Verlag (2015)
2. Donaldson IA, et al., Focal therapy: patients, interventions, and outcomes—a report from a consensus meeting, Eur. Urol. 2015, Apr;67(4):771-7
3. Johansen T.B., Handbook of Focal Therapy For Prostate and Renal Cancer, Lavoisier, 2016
4. Valerio M., et al., The Role of Focal Therapy in the Management of Localized Prostate Cancer: A Systematic Review, Eur. Urol. 2014 vol.66:732-751
5. Wein, A. J. et al., Campbell-Walsh Urology, chapter Focal Therapy, Elsevier, 2016

SAMUEL ARONSON, M.D.
Assistant Professor of Urology
McGill University
Jewish General Hospital

3755, Côte Ste-Catherine Rd, E-959 Montreal (Quebec) H3T 1E2
Phone: 514 340-7558 Fax: 514 340-7559

Designed by Annie Desjardins
Sponsored by Groupe Santé Physimed

www.pcamri.com
info@pcamri.com

FRANCK BLADOU, M.D.
Professor of Urology McGill University
Chief of Department Urology
Jewish General Hospital

an educational pamphlet

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Prostate Cancer MRI
Accurate Diagnosis and Treatment

Focal Therapy

Evolving Minimally Invasive Prostate Cancer Treatment



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for patients and curious doctors

Samuel Aronson, M.D. Franck Bladou, M.D.

Focal Therapy

Sparses the prostate

Destroys cancer nodules

Targeted treatment for localized confined prostate cancer

Which patients are eligible for focal therapy?

- > Life expectancy greater than 10 years
- > Men whom do not need whole gland prostate treatment (total surgical removal or radiation)
- > Localized prostate cancer proven by:
 - PSA and other biomarkers
 - Prostate digital rectal exam
 - Prostate MRI
 - Targeted biopsy
 - Local-Regional and whole body staging

Which Cancer Nodules are Appropriate for Focal Therapy?

Identified and characterized by prostate MRI

- Less than 0.5 cc volume
- Confined to one sector of the prostate
- Prostate capsule and adjacent organs not involved with cancer
- Pathology Gleason 6 (large volume) and Gleason 7 (small volume)

What Are The Benefits of Focal Therapy?

- > No incision
- > No radiation
- > No blood loss
- > Outpatient day surgery
- > Limited effect on erections
- > Rectal injury rare
- > Minimal problems with voiding control
- > Speedy recovery

What Are The Disadvantages of Focal Therapy?

- > An evolving treatment, unproven long term success
- > Only appropriate for a select group of patients
- > Limited availability
- > Few Urologists with the expertise, experience and equipment
- > Minor focal therapy complications last a few days. Major complications are uncommon
- > Post treatment monitoring with MRIs and biopsies
- > Repeat Focal Therapy when post-treatment monitoring finds residual or recurrent cancer
- > Expensive

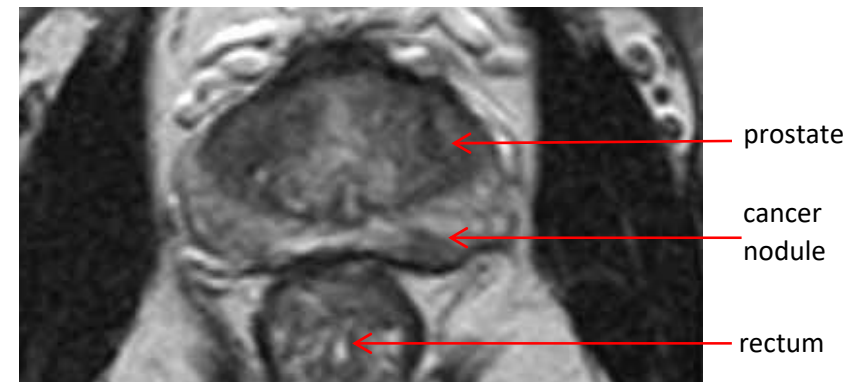
How Is Focal Therapy done?

External or internal energy destroys the cancer nodule and a portion of the surrounding prostate.

- > Cryotherapy (freezing)
- > HIFU (High Intensity Focus Ultrasound)
- > Targeted Radiation
- > Electrical Vaporization

Anesthesia required / Transrectal ultrasound probe / Takes 1-2 hours

MRI Before Focal Therapy



57 years old, Fhx neg., PSA 3.59 → 5.83, DRE asymmetry left, prostate volume 29 cc, PSA Density 0.20, cancer nodule 0.12 cc, Sector 9P, biopsy Gleason score 7 (3+4)