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## Evaluation of Outcomes Following Focal Ablative Therapy for Treatment of Localized Clinically Significant Prostate Cancer in Patients >70 Years: A Multi-institute, Multi-energy 15-Year Experience

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Editorial Comment

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## Abstract

## **Purpose:**

In older patients who do not wish to undergo watchful waiting, focal therapy could be an alternative to the more morbid radical treatment. We evaluated the role of focal therapy in patients 70 years and older as an alternative management modality.

## **Materials and Methods:**

A total of 649 patients across 11 UK sites receiving focal high-intensity focused ultrasound or cryotherapy between June 2006 and July 2020 reported within the UK-based HEAT (HIFU Evaluation and Assessment of Treatment) and ICE (International Cryotherapy Evaluation) registries were evaluated. Primary outcome was failure-free survival, defined by need for more than 1 focal reablation, progression to radical treatment, development of metastases, need for systemic treatment, or prostate cancer-specific death. This was compared to the failure-free survival in patients undergoing radical treatment via a propensity score weighted analysis.

## **Results:**

Median age was 74 years (IQR: 72, 77) and median follow-up 24 months (IQR: 12, 41). Sixty percent had intermediate-risk disease and 35% high-risk disease. A total of 113 patients (17%) required further treatment. Sixteen had radical treatment and 44 required systemic treatment. Failure-free survival was 82% (95% CI: 76%-87%) at 5 years. Comparing patients who had radical therapy to those who had focal therapy, 5-year failure-free survival was 96% (95% CI: 93%-100%) and 82% (95% CI: 75%-91%) respectively ( $P < .001$ ). Ninety-three percent of those in the radical treatment arm had received radiotherapy as their primary treatment with its associated use of androgen deprivation therapy, thereby leading to potential overestimation of treatment success in the radical treatment arm, especially given the similar metastases-free and overall survival rates seen.

## **Conclusions:**

We propose focal therapy to be an effective management option for the older or comorbid patient who is unsuitable for or not willing to undergo radical treatment.

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Support: No funding was provided specifically for this project, but some of the data that the project is based on had previously received such funding from the National Institutes of Health.

Conflict of Interest: DR: Sonablate Corp: travel grant, Prostate Cancer UK: research fellowship; MP: KWF Dutch Cancer Society: grant for focal salvage HDR brachytherapy; CMM: SonaCare:

travel for proctoring and educational work, Janssen: educational activity, SpectraCure: clinical trials work; ME: Exact imaging Inc: industrial partners within Re-IMAGINE MRC CRUK grant, Sonacare Inc, Angiodynamics Inc, Profound Inc; HUA: Sonablate Corp: unrestricted grant for data collection for the HEAT registry, proctor fees for training other surgeons in HIFU, Francis Medical: trial design consultancy, Boston Scientific: proctor fees for training other surgeons in Cryo/REzum, Janssen: committee role as advisory.

Ethics Statement: In lieu of a formal ethics committee, the principles of the Helsinki Declaration were followed.

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