

# Focal Ablation versus Radical Prostatectomy for Intermediate-Risk Prostate Cancer: Interim Analysis of a Randomized Controlled Trial

Eduard Baco, Ljiljana Vlatkovic, Erik Rud, Oslo University Hospital Aker, Norway

## Inclusion criteria

- <pT3 Pca, ISUP<4, PSA ≤ 20 ng/ml

## Method

- Web-based randomization 1:1
- PSA, MRI, Prostate biopsy at 1 yr
- Patient reported outcomes: IPSS, IEEF-5, use of PADS at 1 yr

## Primary endpoint : treatment failure

- FA group** : PcaISUP>3 in MRI-targeted and/or systematic PBx or need for whole gland salvage treatment
- RALP group** : PSA>0.2 ng/ml or/and positive surgical margins

## Patients

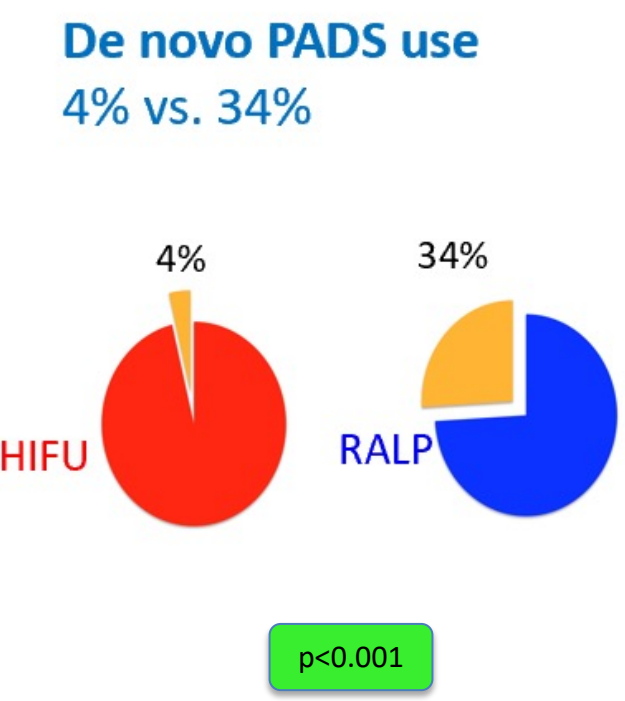
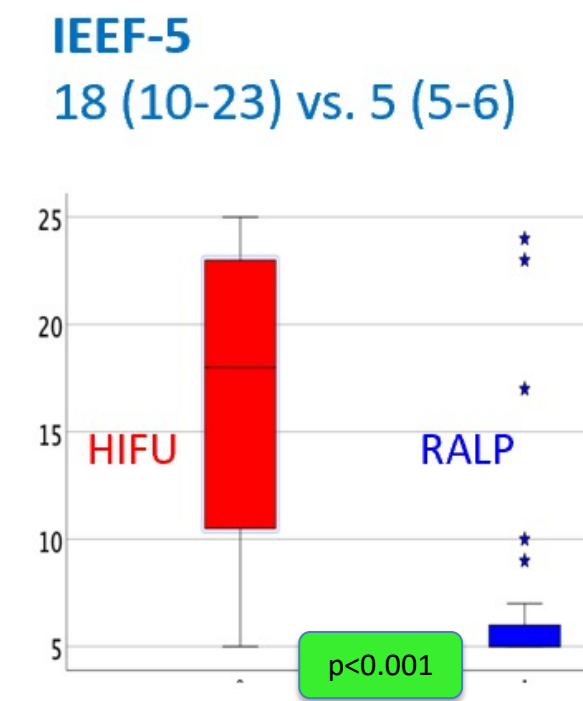
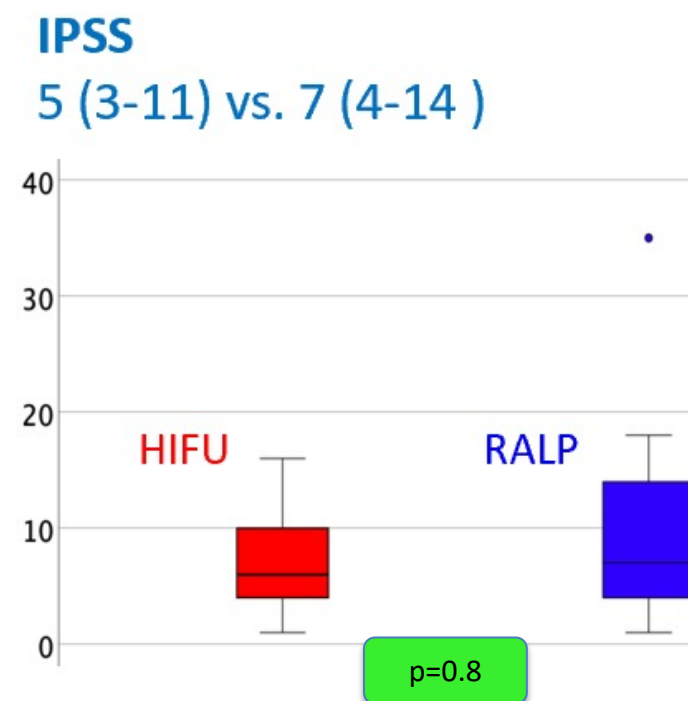
- 116 pts treated
- Focal Ablation + margins 76 pts vs. RALP 40 pts
- Age: 63 years (60-69), PSA: 7.1 ng/mL (5-10),
- Prostate volume: 37 mL (27-47), MRI tumor diameter: 13 mm (10-17)

## Results

- Primary endpoint** : Oncological efficacy

	Failure				Salvage Treatment	
	n	%	95% CI	p	n	%
Focal Ablation	4/76	5	1-13	p=0.022	3 SR, 1 RP	5
RALP	7/40	17	7-36		1 SR	2.5

- Secondary endpoints** : Functional results



## Conclusion

One year post treatment, FA (FocalOne®) achieved good oncological efficacy and preserved erectile function and urinary continence better than RP.