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Partial gland treatment of prostate cancer utilizing high-intensity focused ultrasound in the primary and salvage setting: a systematic review.

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Abstract

PURPOSE: Advances in **prostate** imaging, biopsy and ablative technologies have been accompanied by growing enthusiasm for **partial gland ablation**, particularly using **high-intensity focused ultrasound (HIFU)** for treating **prostate cancer**. The preservation of non-cancerous **prostate** tissue and minimizing damage to the neurovascular bundles and external urethral sphincter may improve functional outcomes.

MATERIALS AND METHODS: A systematic review was performed following the PRISMA guidelines using a combination of MeSH terms, free-text search, and review of relevant bibliographies using Medline and Embase from the inception of each database through October 10, 2016. We excluded studies performing exclusively whole-gland **ablation**, case reports, and series where **treatment** was followed by immediate resection.

RESULTS: Thirteen papers that enrolled a total of 543 patients were included. Eleven were performed in the primary setting and two in the salvage setting. The median follow-up ranged from 6 months to 10.6 years. Post-**treatment** erectile dysfunction and urinary incontinence occurrence varied from 0-48% and 0-50%, respectively, with definitions varying by study. In total there were 254 reported complications. Marked heterogeneity between studies limited the ability to pool results with regards to functional and oncologic outcomes. Seventy-six patients (14%) went on to receive further oncologic **treatment**.

CONCLUSIONS: Early evidence suggests that **partial gland ablation** is a safe **treatment** option for men with localized disease. Longer-term data are needed to evaluate oncologic efficacy and functional outcomes, and will aid in identifying the optimal candidates for **therapy**. Standardization of outcome definitions will allow for better comparison between studies and among **treatment** modalities.

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