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## HIGHLIGHTS

- AUA Practice Guidelines Committee and Board of Directors consensus opinion is
  - Primary cryosurgery is an option for clinically organ-confined prostate cancer of any grade with a negative metastatic evaluation
  - Salvage cryosurgery can be considered as a treatment option for men who failed radiation therapy
- HRQL Cryosurgery (compared to brachytherapy) has superior AUA symptom scores at three months for irritative and obstructive symptoms

## BACKGROUND

- The 2007 AUA Guideline for Management of Clinically Localized Prostate Cancer did not include cryosurgery in data meta-analysis
- Prostate cryosurgery can result in acceptable HRQL-based outcomes with a reduced cost when compared to other local therapeutic options
- Technological advances provide real-time control of ice ball formation for ablation precision and minimized harm to adjacent tissue

### **OBJECTIVE**

- To develop an AUA Best Practice Statement (BPS) addressing use of cryosurgery for prostate cancer for primary applications, salvage applications and subtotal applications
- To suggest, based on scientific principles, specific procedural requisites which should be followed

### **METHODS**

- AUA convened a Panel of 11 prostate treatment experts to review selected publications and, through a consensus process, to develop panel recommendations
- Medline search performed for publications from 2000 through 2008
- BPS document peer reviewed, approved by AUA Practice Guideline Committee

# **RESULTS AND DISCUSSION**

**Procedural requisites** to maximize destructive effects of cryosurgery

- Employ rapid freeze rate to -40° nadir temperature
- Monitor tissue temperatures to evaluate status of freezing zone and protection of critical structures
  - Thermocouples
  - Hyperechoic ultrasound images
- Slowly thaw tissue
- Use double freeze-thaw cycles

#### **Primary cryosurgery** – Cryoablation is an appropriate option (Evidence Level II-2/3)

#### Patient selection

- Documented cancer clinically confined to prostate
- Best results in patients with PSA levels less than 10 ng/mL
- HRQL Cryosurgery has superior AUA symptom scores at three months for irritative and obstructive symptoms
- Outcomes Disease free biochemical outcomes at 5 years (COLD registry, Phoenix definition): low risk patients 91%; intermediate risk patients 78%; high risk patients 62%; survival rates reported since 2000: 92%, 89% and 91% respectively
- Complication Erectile dysfunction is the primary complication; penile rehabilitation following cryoablation may result in potency rate of 41.4% at one year, 51.3% at four years
- Relative contraindication Prior history of TURP



- Patient selection
  - Men who failed radiation therapy
  - PSA ≤ 4 ng/mL, a long PSA doubling time
  - Pathologic evidence of locally recurrent disease without clinical evidence of metastatic disease
  - No evidence of seminal vesicle invasion
- Technical considerations
  - Radioactive seeds visualized under TRUS may appear similar to tip of cryoneedles: place needles in sagittal plane so needle length is visualized
  - Reduced space (less than 5mm) between anterior rectal wall and posterior capsule: terminate freezing when leading edge of ice ball extends just beyond the capsule
- Outcomes Biochemical failure-free rates: 74% at one year (Han); 66% at one year (de la Taille)
- Complications Erectile dysfunction, incontinence, rectal pain
- HRQL Return to preoperative levels by 24 months in all domains except urinary and sexual functioning
- Relative contraindication Prior TURP

<u>Subtotal Prostate Cryosurgery</u> – Theoretical potential, but limited clinical experience (Evidence Level III)

#### CONCLUSIONS

- Clinical evidence documents 7-8 year biochemical disease free results following prostate cancer cryosurgery
- Technological advances over last 15 years improved morbidity profile in all aspects

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