

DR. METZGER'S SATURDAY EVENING NEWSLETTER

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THE PROSTATE FORUM

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Published data show noninferior treatment-free survival with HIFU vs RP
UROLOGY TIMES, Dec. 12, 2024 by Hannah Clarke

<https://www.urologytimes.com/view/published-data-show-noninferior-treatment-free-survival-with-hifu-vs-rp>

Good evening!

How does robotic HIFU stack up against radical prostatectomy? According to Pascal Rischmann, MD, PhD, a urologist and president of the Surgical Society of France, HIFU is at worst “noninferior” and at best superior to surgery as far as its ability to kill intermediate risk cancer in the gland without long term side effects of impotence, urinary leakage and damage to the rectum and other tissues surrounding the prostate.

Dr. Rischmann participated in a French study that recruited over 3000 patients with intermediate grade cancer still in the gland and without randomization allowed them to choose surgery or HIFU. Over 40 clinics and hospitals participated in the study. Note, that the median age of HIFU patients was greater than those choosing surgery. The result? Although the HIFU group had a higher instance of urinary retention than the surgery group. Note the higher incidence of retention.....problematic if obstruction is an issue. The HIFU group did “significantly” better with incontinence, impotence, recurrence and collateral surgical damage. Keep in mind there were more older patients in the HIFU group.

Dr. Rischman’s conclusion: “It is clear that a growing number of men with localized prostate cancer are seeking less invasive, tissue-sparing treatment options that will help preserve their sexual function and urinary continence. The data from the HIFI study not only underscores HIFU’s excellent oncologic control but also highlights its significantly better functional outcomes when compared to radical prostatectomy.

Guillaume Ploussard M.D. of the Department of Urology, UROSUD, Clinique La Croix du Sud, Quint-Fonsegrives, France who led the study noted that there were no other studies comparing HIFU Vs Surgery outcomes.

<https://www.sciencedirect.com/science/article/abs/pii/S0302283824027015>

It is not clear to me why focal treatments are not recommended more, both for active surveillance patents that don’t want the anxiety of not knowing and for whole gland treatment in more advanced men. To me focal therapy and then active surveillance is what I would do, double down on active surveillance. The purist would say this observation study needs validation. But other blind studies are just not being done. There can be a lot of variations of care among 3000+ patients treated in more than 40 hospitals. Still the clinical evidence is compelling.

I do think the early HIFU adopters charged outrageous amounts of money and cash up front so they scared off acceptance of all focal therapies. And frankly Medicare private insurance reimbursement is low, compared to radiation and surgery, as well as poor insurance coverage for newer therapies like HIFU.

**We look forward to seeing you at our 2nd and 4th Tuesday evening.
Support and Information Groups.**

Please bookmark these zoom links so you can join us easily:

2nd Tuesday at 5:00 p.m. Pacific Time: <https://us02web.zoom.us/j/86164783897>

4th Tuesday at 5:00 p.m. Pacific Time: <https://us02web.zoom.us/j/85450819246>

Have a great Sunday,

CKM