

**FOCUSSED ULTRASOUND (HIFU) IN PROSTATE CANCER:
THE INFLUENCE OF INCLUSION CRITERIA ON RESULTS**

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INTRODUCTION: Since 3/96 we performed transrectal HIFU with Ablatherm* for local treatment of prostate cancer. A retrospective data analysis of the patients treated was performed, to define most predictive inclusion criteria.

MATERIAL & METHOD: Up to now 280 patients with various inclusion criteria have been treated. 97 had a pretreatment (92% of these had 13 months previous hormon ablation) or not complete follow up data and were not included. The remaining 183 patients with T1-2 / N0 / M0 disease, sufficient follow up and without any PSA influencing pretreatment were analyzed. 83 single parameters regarding disease status, inclusion, treatment- and follow up were registered in a database (MS/Access). Three outcome scenarios were defined:

- A) PSA-Nadir < 0,5ng/ml + negative biopsies (R0)
- B) PSA-Nadir >0,5ng/ml + negative biopsies (R0)
- C) PSA-Nadir >4ng/ml + positive biopsies (R1)

RESULTS: 32 patients were assigned to "group A", 108 to "group B" and 43 patients to "group C".

4 out of 83 parameters showed significant differences:

median of:	A	B	C
prostate volume	17,4	24,1	29,3
PSA i	7,0	19,7	23,6
prostate hight (TRUS)	23,1	27,7	30,4
PSA after 24h / PSA i	x 3,12	x 1,92	x 1,78

CONCLUSION: Low PSA at diagnosis (PSAi), small prostate volume and moderate prostate hight (ventro-dorsal) predict significantly treatment success. Additionally a high increase of PSA 24 hours post treatment correlates with therapeutic efficacy. (* EDAP-TMS, Lyon-France)