HIFU Technology May Preserve Quality of Life for Prostate Cancer Patients

During National Prostate Cancer Awareness month Dr. Dipen J. Parekh, MD, head of Urology Department at the University of Miami, stresses new treatment option that decreases a patient’s chances of Incontinence and impotence

(PRWEB) September 05, 2017 -- Faced with a diagnosis of prostate cancer, patients must often choose between two basic healthcare options: either engage in active surveillance (“watchful waiting”) to monitor the typically slow-growing disease, or sign up for radical surgery to remove the whole prostate and potentially suffer life-changing side effects like urinary incontinence and impotence.

But as National Prostate Cancer Awareness Month kicks off in September, Dipen Parekh, M.D., chairman and professor of the Department of Urology at the University of Miami, is urging men in the U.S. to get screened—and learn about a different option: High Intensity Focused Ultrasound (HIFU). For men with localized prostate cancer, HIFU significantly decreases the side effects of incontinence and impotence that have become synonymous with prostate cancer treatment.

“HIFU offers a happy medium between patients on active surveillance and patients receiving radical surgical treatments or radiation in appropriately selected patients,” said Dr. Parekh, who has been among the trailblazers performing treatments with the Ablatherm® Robotic HIFU device. “Ablatherm HIFU can target and remove the exact site of the cancer and spare the organ which helps preserve quality of life for many men. With HIFU, patients can experience diminished side effects and fewer complications as well as less time away from work and leisure activities.”

HIFU directs high-frequency sound waves to destroy the area of the prostate affected with cancer, targeting diseased tissue that may be as small as two tiny grains of rice. This minimally invasive and radiation-free technology has been used in more than 45,000 men around the world with encouraging results in terms of both survival rates and quality of life.

A multicenter study conducted by the French Association of Urology (AFU) showed optimal preservation of continence with HIFU for 97 percent of patients and erectile function for more than 78 percent of them.

In 2015, the FDA cleared Ablatherm HIFU for “prostate tissue ablation,” meaning the technology can be employed to destroy prostate tissue. To date there are about 50 urologists like Dr. Parekh — and others in major medical centers around the country — now actively using Ablatherm HIFU to treat localized prostate cancer, that is, cancer that has spread in but not beyond the capsule of the prostate gland and which has not reached other parts of the body. According to The Urology Care Foundation, more than 90 percent of men who are told they have prostate cancer have localized disease.

Significantly, the Centers for Medicare and Medicaid Services (CMS) now recognizes HIFU focal therapy and created a specific billing code for this procedure so hospitals can submit reimbursement claims to payers when treating Medicare patients.

That development could make access to the technology more financially feasible for thousands of patients, as the American Cancer Society estimates that 161,360 new cases of prostate cancer will be diagnosed in 2017 and approximately six cases in 10 are diagnosed in men aged 65 or older.
To Dr. Parekh, the evolving acceptance of HIFU echoes the trajectory of advances in breast cancer treatments during the past few decades. “We went through a similar phase in breast cancer treatment where we started by removing the entire breast even for a small tumor,” he explained. “No one does that anymore and now we only destroy the tumor while sparing the unaffected breast area in most patients. We are applying that same concept to prostate cancer, where we can accurately identify and target the cancerous area of the prostate, treat it very specifically using HIFU technology, and spare the rest of the prostate from unnecessary treatment.”

For more than two dozen patients enrolled in the HIFU research protocol initiated at the University of Miami Miller School of Medicine and the Sylvester Comprehensive Cancer Center, Dr. Parekh found that most of the patients showed successful ablation of the targeted area within the prostate on repeat MRIs after one month. After three months levels of PSA (prostate specific antigen) had dropped dramatically. “We’ll have to await the long-term follow-up on these patients in terms of future biopsies, and we’ll need 10 to 20 years of data to establish focal therapy as the standard of care,” he said.

If patients eventually experience a recurrence of prostate cancer after HIFU treatment, Dr. Parekh points out they can still undergo surgery, radiation, or even repeat HIFU treatment. “HIFU is a good option,” he said, “because it enables patients to keep this and other options open in the future while maintaining an optimal quality of life.”

About Dipen J. Parekh, MD

Dr. Parekh is chairman of the Department of Urology and director of Robotic Surgery at the University of Miami Miller School of Medicine. Dr. Parekh's primary expertise is the prevention, diagnosis, and treatment of urologic malignancies including tumors of the kidney, bladder, prostate, testis and male genitalia. He is one of the few urologic oncologists nationally who is fellowship trained at an SUO accredited fellowship program to perform advanced, complex Robotic Urologic Oncologic procedures for prostate, bladder and kidney cancers on a regular basis.

Dr. Parekh is also a trailblazer in treating patients with a minimally invasive ablative technique called high-intensity focused ultrasound (HIFU). HIFU is FDA-cleared for prostate tissue ablation and Dr. Parekh is using it as an alternative treatment to surgery and radiation for selected men with localized prostate cancer. HIFU has proven to be an effective treatment that preserves quality of life for patients by reducing the life-altering side effects of incontinence and impotence. Dr. Parekh’s philosophy is simple – treat every patient as you would treat your own family.
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