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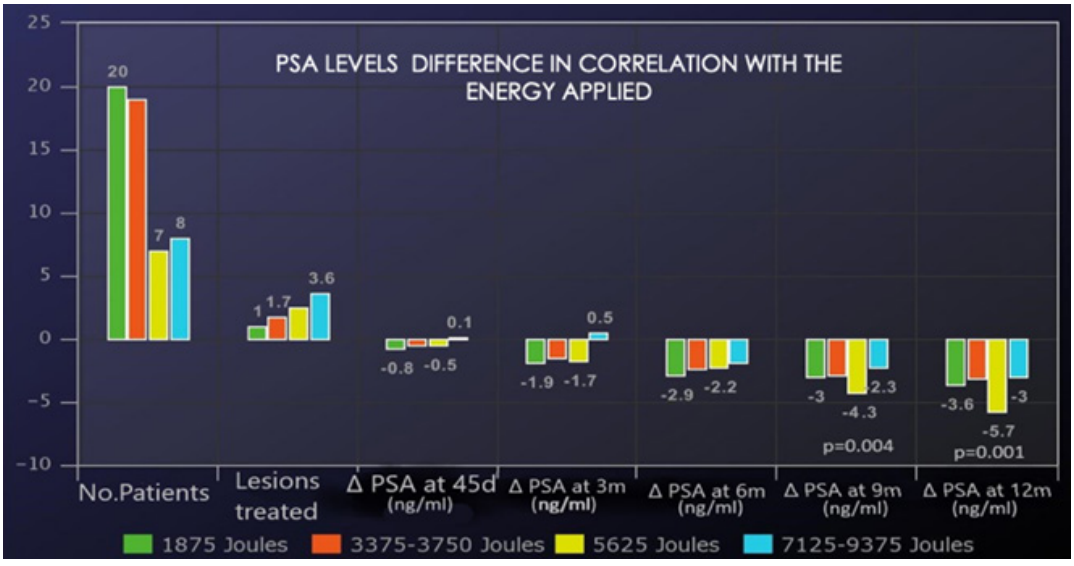
Focal therapy for localized low and intermediate risk Prostate cancer

During the last three decades, prostate cancer detection has decreased regarding the age of men by approximately 10 years. On the other hand, men's life expectancy has increased by almost 4 years. Along with the high rates of diagnosis for low- and intermediate-risk prostate cancers the interest in minimally invasive treatments like focal therapy because of its lower rates of side effects has expanded. Consequently, focal therapy is a rapidly evolving field that covers several ablative techniques, energy sources, and treatment options. The rationale behind focal therapy is simple, targeting the predefined cancerous lesions of the prostatic tissue leaving intact the rest of the healthy cells of the organ. The establishment of focal therapies faces many challenges. For focal therapy to evolve into an accepted segment of prostate cancer treatment, more research is needed. I herein present the results of our long term in prostate cancer focal laser ablation.



Recent Publications

1. Technical note: inter- stitial laser photocoagulation for the treatment of prostatic cancer," Z. Amin, W. R. Lees, and S. G. Bown, "British Journal of Radiology, vol. 66, no. 791, pp. 1044– 1047, 1993.

2. Predicting out bore prostate cancer focal laser ablation failure and biochemical relapse using the correlation with the surrounding tissue temperature parameters during treatment. N.Mertziotis, D.Floratos, D.Kozyrakis, M.Lardas November 2020 European Urology Open Science 21:S114-S115

3. "Gold nanoshell-localized photothermal ablation of prostate tumors in a clinical pilot device study "Ardeshir R. Rastinehada, et al ,1 PNAS | September 10, 2019 | vol. 116 | no. 37

4. "New and Established Technology in Focal Ablation of the Prostate: A Systematic Review"Massimo Valerio 1, Yannick Cerantola 2, Scott E Eggener 3, Herbert Lepor 4, Thomas J Polascik 5, Arnauld Villers 6, Mark Emberton 7.Eur Urol . 2017 Jan;71(1):17-34

Biography

Nick Mertziotis is a Consultant Urological and Andrological Surgeon Head of Reconstructive Urology and Surgical Andrology Metropolitan General Hospital- Metropolitan group of Hospitals, Athens, Greece. He is the President of the Greek Association of Focal Therapy; President of the Greek Association foro Preventive Medicine and Primary Health and the ex- Urology Registrar, Institute of Urology, Middlesex Hospital of London, University College of London, U.K. He has a list of 80 Greek and International publications, and has participated with oral presentations at most of the European Urological Congresses of the last years. He functions as a regular reviewer of most International Urological journals and as a Council Board Menber of Greek Urodynamics and Urogynecology Section of Hellenic Urological association

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Low-energy shock wave therapy in the management of wound healing following Fournier`s gangrene – a new approach

This is a report on postoperative management of wound healing in four cases of Fournier`s gangrene which have been successfully carried out by use of Low-intensity Shock Wave Therapy (Li-ESWT). In three cases, with Li-ESWT (3 sessions per week with 2000 shock waves at 3 Hz applying 0.25 mJ/mm2) we were able to close wound dehiscence secondary to plastic surgery with skin flaps. In one patient, Li-ESWT resulted in complete closure of the extended wound with restoration of the local scrotal and penile skin. This is the first report on successful application of Li-ESWT for this indication. The restoration of local skin rather than closure of the wound by fibrous tissue could be related to promotion of stem cells, which has been discussed previously for other indications, such as treatment of chronic ulcers respectively restoration of the pelvic floor.

Recent Publications

1. Mopurgo E, Galandiuk S. Fournier's gangrene. Surg Clin North Am. 2002;1213-24.
2. Schaden W, Thiele R, Kölpl C, Pusch M, Nissan A, Attinger CE, Maniscalco-Theberge ME, Peoples GE, Elster EA, Stojadinovic A. Shock wave therapy for acute and chronic soft tissue wounds: a feasibility study. J Surg Res. 2007;143(1):1-12
3. Mittermayr R, Antonic V, Hartinger J, Kaufmann H, Redl H, Téot L, Stojadinovic A, Schaden W. Extracorporeal shock wave therapy (ESWT) for wound healing: technology, mechanisms, and clinical efficacy. Wound Repair Regen. 2012;20(4):456-65.
4. Haupt G, Haupt A, Ekkernkamp A, Gerety B, Chvapil M. Influence of shock wave healing. Urology 1992; 39: 529-532
5. Rassweiler J et al. Re: Extracorporeal shock wave therapy (ESWT) in Urology: A systematic review of outcome in Peyronie`s disease, erectile dysfunction, and chronic pain. (Words of Wisdom) Eur Urol 2018; 74: 115-117
6. Lin G, Van Kuiken M, Wang G, Banie L, Tan Y, Zhou F, Wang Z, Chen Y, Zhang Y, Lue TF. Microenergy acoustic pulse therapy restores function and structure of pelvic floor muscles after simulated birth injury. Transl Androl Urol. 2022 May;11(5):595-606.

Biography

Jens Rassweiler started his Urological Education in 1982 at Katharinen hospital, Stuttgart. From 1988 to 1994 he was the Vice-chair of the Department of Urology, Medical School Mannheim. He was involved in the clinical introduction of extracorporeal shock wave lithotripsy including three generations of lithotripters. In 1992, he was the first German Urologist to perform a laparoscopic nephrectomy. In 1994, he became the Chairman of the Department of Urology and Pediatric Urology at SLK Kliniken Heilbronn, University of Heidelberg. In 2020, he was president of the German Society of Urology (DGU). He was elected as the Chair of the faculty of Urology and Andrology of the Danube Private University in Krems, Austria in the year 2022.

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