

Standardized Nomenclature and Surveillance Methodologies after Focal Therapy and Partial Gland ablation For Localized Prostate Cancer: An International Multi Disciplinary Consensus

Q1. What is your Specialty ?

Answer Choices

Urologist

Radiologist

Radiation Oncologist

Other (please specify)

Q2. Where is your practice located?

Answer Choices

Europe

Asia

North America

South America

Australia/New Zealand/Oceania

Africa

Q3. What is your age?

Answer Choices

<40

40-50

50-60

>60

Q4. Are you male or female?

Answer Choices

Male

Female

Q5. What are your major professional associations? (More than one answer allowed)

Answer Choices

American Urological Association (AUA)

Society of Urological Oncology (SUO)

European Association of Urology (EAU)

Société Internationale D'Urologie (SIU)

Endourology society

Urological Association of Asia (UAA)

Japanese Urological Association (JUA)

Radiological Society of North America

Urological Society of Australia and New Zealand (USANZ)

Other (please specify)

Q6. Which therapeutic modality of focal therapy do you primarily use for focal therapy of the prostate?

Answer Choices

Cryotherapy

High-intensity focused ultrasound (HIFU)

Irreversible electroporation (IRE, NanoKnife®)

Laser

Radiotherapy

Photodynamic therapy (PDT)

Other (please specify)

Q7. In what other therapeutic modality do you have experience for focal therapy of the prostate (Choose all the

Answer Choices

Cryotherapy

High-intensity focused ultrasound (HIFU)

Irreversible electroporation (IRE, NanoKnife®)

Laser

Brachytherapy

Photodynamic therapy (PDT)

Other (please specify)

Q8. What is the estimated number of patients with prostate cancer you treat with focal therapy in your practice

Answer Choices

<10

10-50

50-100

>100

Q9. What is the estimated number of patients with prostate cancer you treat with surgery in your practice on a

Answer Choices

<10

10-50

50-100

>100

Q10. What is the estimated number of patients with prostate cancer that you follow with active surveillance in

Answer Choices

<10

10-50

50-100

>100

Q11. How do you define "Focal" therapy of the prostate? (Select all that apply)

Answer Choices

Treating the identified tumor only (Targeted ablation)

Treating the identified tumor (Targeted ablation) plus a safety margin

Treating one prostate lobe (Hemiablation)
Treating both lobes (Subtotal ablation)
Other (please specify)

Q12. What do you consider an appropriate template of ablation for “Focal” therapy of the prostate (select all th

Answer Choices

Treating the identified tumor only (Targeted ablation)
Treating the identified tumor (Targeted ablation) plus a safety margin
Treating one prostate lobe (Hemiablation)
Treating both lobes (Subtotal ablation)
Other (please specify)

Q13. The primary goal of focal therapy should be:

Answer Choices

The eradication of all cancer in the prostate
The eradication of all clinically significant cancer in the prostate
The eradication of the targeted clinically significant (“index lesion” only) cancer
Other (please specify)

Q14. How do you define the index lesion that will be used as target for focal therapy?

Answer Choices

Any suspicious MRI lesion (not confirmed by biopsy)
Any suspicious MRI lesion biopsy confirmed as clinically significant cancer
Any suspicious MRI lesion biopsy confirmed as cancer
The biopsy confirmed MRI visible lesion with the highest Gleason score
Any biopsy confirmed MRI visible lesion with a Gleason score ≥ 6
The biopsy confirmed MRI visible lesion with the largest volume
The biopsy confirmed MRI visible lesion with the largest diameter
Other (please specify)

Q15. What is the definition of success after focal therapy (Select all that apply)?

Answer Choices

Eradication of all treated tumor(s) based on standard biopsy
Eradication of all treated tumor(s) based on targeted biopsy
Eradication of clinically significant tumor(s) found on standard biopsy
Eradication of clinically significant tumor(s) found on targeted biopsy
Eradication of treated tumor(s) based on imaging
Stable or controlled PSA during follow-up
Other (please specify)

Q16. What is the definition of failure after focal therapy (select all that apply)?

Answer Choices

positive biopsy* within treated /targeted area (*positive biopsy: Gleason grade $> 3+3$ with cancer length > 3 mm
positive biopsy* outside treated/targeted area (*positive biopsy: Gleason grade $> 3+3$ with cancer length > 3 mm
suspicious finding on imaging within the targeted lesion

suspicious finding on imaging outside the targeted lesion
Change in markers (PSA rise above nadir/PSA recurrence)
Other (please specify)

Q17. Which MRI finding is suspicious for failure of focal therapy (select all that apply) ?

Answer Choices

decreased (hypointense) T2 signal within the treated lesion
decreased (hypointense) signal on ADC map with increased (hyperintense) signal on high b value ($b \geq 1400$) DWI
early focal contrast enhancement on DCE within the treated lesion
Other (please specify)

Q18. When would you check your first PSA after focal therapy?

Answer Choices

Immediately after treatment (within first week)
1-2 months
3 months
6 months
12 months
Other (please specify)

Q19. How often would you check PSA in the first year?

Answer Choices

Every 3 months
Every 4 months
Every 6 months
Every 12 months
Once
Other (please specify)

Q20. How often would you check PSA in the second year?

Answer Choices

Every 3 months
Every 4 months
Every 6 months
Every 12 months
Once
Other (please specify)

Q21. How often would you check PSA in the years three through five after focal therapy?

Answer Choices

Every 3 months
Every 4 months
Every 6 months
Every 12 months
Once

Other (please specify)

Q22. What biomarkers do you use after focal therapy?

Answer Choices

PSA

PCA3

phiPSA

Other (please specify)

Q23. Do you think there is role of obtaining PSA to evaluate for oncological success after focal therapy?

Answer Choices

No, there is no role in obtaining PSA to evaluate for oncological success

Yes, there is a role in obtaining PSA to evaluate for oncological success

Q24. How would you define oncological success measured by PSA?

Answer Choices

PSA < 4.0ng/ml

PSA < 2.0ng/ml

> 50% decrease in PSA from Pre- to Post-treatment

Oncological success cannot be determined by PSA measurements after ablation

Other (please specify)

Q25. What type of biopsy would recommend after focal therapy of the prostate?

Answer Choices

No biopsy needs to be obtained after focal therapy of the prostate

Extended sextant 12-core systematic TRUS biopsy

Saturation TRUS biopsy (≥ 20 cores)

Transperineal mapping biopsy

In-bore MRI targeted biopsy

MRI-TRUS targeted biopsy

MRI-TRUS fusion biopsy

MRI-TRUS fusion biopsy plus extended sextant 12-core systematic TRUS biopsy

Other (please specify)

Q26. At what time would you recommend the first biopsy of the targeted/treated lesion after focal therapy of the prostate?

Answer Choices

No biopsy should be obtained after focal therapy

Biopsy within the first 2 months after focal therapy

Biopsy between 3-5 months after focal therapy

Biopsy between >6-11 months after focal therapy

Biopsy after ≥ 12 months after focal therapy

Biopsy only indicated if triggering factor (rise in PSA, imaging suggesting residual/recurrent disease, digital rect

Other (please specify)

Q27. How often should a patient have a biopsy of the targeted/treated lesion in surveillance after negative initial biopsy?

Answer Choices

No need for further biopsy of the targeted lesion

Yearly biopsy of the targeted lesion

Biopsy of the targeted lesion every other year

Biopsy of the targeted lesion only indicated if triggering factor (rise in PSA, imaging concerns, digital rectal exam)

Other (please specify)

Q28. At what time would you recommend the first extended sextant 12 core systematic biopsy (not targeted/treated) after focal therapy of the prostate?

Answer Choices

No biopsy should be obtained after focal therapy

Biopsy within the first 2 months after focal therapy

Biopsy between 3- 5 months after focal therapy

Biopsy between >6-11 months after focal therapy

Biopsy after ≥ 12 months after focal therapy

Other (please specify)

Q29. How often should a patient have extended sextant 12 core systematic biopsy after focal therapy after negative initial biopsy?

Answer Choices

No need for further biopsy after focal treatment indicated

Yearly biopsy of the prostate

Biopsy of the prostate every other year

Biopsy of the prostate only indicated if rise of PSA (or other laboratory markers)

According to Active Surveillance protocol

Other (please specify)

Q30. What routine testing do you perform after focal therapy of the prostate (select all that apply)?

Answer Choices

Multi-parametric MRI (mpMRI)

Transrectal ultrasound of the prostate

Prostate specific antigen (PSA)

Systematic Biopsy (12 core extended sextant template)

mpMRI targeted Biopsy

Quality-of-life questionnaire

Other (please specify)

Q31. What functional outcomes should be assessed after focal therapy (select all that apply)?

Answer Choices

Erectile Function

Continence

Urinary Symptoms

Hormonal

Bowel function

Mental assessment

Physical assessment
Other (please specify)

Q32. How do you define satisfactory urinary control after focal therapy?

Answer Choices

No pads

Mild – ≤ 1 pad a day

Moderate – 2-3 pads a day

Greater than 3 pads per day

Other (please specify)

Q33. What would you consider success in the assessment of erectile dysfunction?

Answer Choices

No change in baseline erectile function

Erection suitable for intercourse

Erection suitable for intercourse with PDE inhibitors

IIEF > 22

SHIM > 18

Other (please specify)

Q34. At what time would you recommend assessing functional outcome after focal therapy treatment for the fi

Answer Choices

1-2 months

$\geq 3-6$ months

$\geq 7-12$ months

> 12 months

Other (please specify)

Q35. At what time would you recommend assessing functional outcomes after focal therapy treatment? (select

Answer Choices

1-2 months

$\geq 3-6$ months

$\geq 7-12$ months

> 12 months

Other (please specify)

Q36. Oncological success of focal therapy measured by imaging should be determined by (please select all that

Answer Choices

mpMRI

Transrectal US

PET-scan (PSMA/Auxumin/FDG/etc)

Other (please specify)

Q37. When should the first imaging be obtained after focal therapy?

Answer Choices

Immediately after ablation (within the first week post ablation)
4-8 weeks after ablation
3 months after ablation
6 months after ablation
12 months after ablation

Q38. How often should imaging be obtained after focal therapy in the first year?

Answer Choices

Every 3 months
Every 4 months
Every 6 months
Once (Every 12 months)
Other (please specify)

Q39. How often should imaging be obtained after focal therapy in the second year?

Answer Choices

Every 3 months
Every 4 months
Every 6 months
Once (Every 12 months)
No further imaging
Other (please specify)

Q40. How often should imaging be obtained after focal therapy in the years three through five?

Answer Choices

Every 3 months
Every 4 months
Every 6 months
Once (Every 12 months)
No further imaging
Other (please specify)

Q41. The definition of success of focal therapy should be determined by imaging at:

Answer Choices

Immediately after treatment (within first week)
1-2 months following treatment
3 months following treatment
6 months following treatment
12 months following treatment
>12 months following treatment
Success of focal therapy cannot be determined by imaging
Other (please specify)

Q42. What treatment options constitute second line treatment after treatment failure (“infield”) (select all that

Answer Choices

Repeat focal therapy of targeted lesion with same modality

Repeat focal therapy of targeted lesion with a different modality

Prostatectomy

Radiation therapy

Medical treatment with ADT

Other (please specify)

Q43. What treatment options constitute second line treatment after staging/selection failure (“out of field”), i.e.

Answer Choices

Repeat focal therapy of targeted lesion with same modality

Repeat focal therapy of targeted lesion with a different modality

Prostatectomy

Radiation therapy

Medical treatment with ADT

Other (please specify)

Q44. Do you have suggestions for improvement in this consensus project?Should any questions/ topics be added

Answered

Skipped

asis?

outside of the treated/targeted lesion (select all that apply)?

tions be formulated differently?