

COOLED THERMOTHERAPY FOR CHRONIC ABACTERIAL PROSTATITIS - 2 YEARS AFTER TREATMENT

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INTRODUCTION & OBJECTIVES: We previously presented and published 6-month and 1-year follow-up results of a multi-center prospective feasibility study using Cooled TUMT with the Targis[®] System from Urologix, Inc. for chronic abacterial prostatitis / chronic pelvic pain syndrome (CP/CPPS) classified as NIH IIIA & B. Complete follow-up data after 2 years is now available from East Surrey Hospital (ESH).

MATERIAL & METHODS: Patients diagnosed with intractable CP/CPPS and symptoms for more than 3 out of 6 months prior to treatment (NIH-CPSI Pain Score > 8) received Cooled TUMT that achieved estimated peak interstitial temperatures of ~55°C or ~70°C. Tolerability, side effects and efficacy were measured with standard diagnostic tests and NIH-CPSI questionnaires. Three patients received re-treatments after 1 year of follow-up according to their original treatment protocols.

RESULTS: 39 Patients completed treatment and were followed for 1 year. Due to increased treatment discomfort compared to BPH patients, analgesia was adjusted for CP/CPPS resulting in good tolerability. Mean changes in NIH-CPSI scores from baseline to 6/12 months were: Pain 11.5 vs. 3.4/4.6; Urinary 4.7 vs. 2.3/3.1; quality of life (QOL) 7.2 vs. 3.0/3.8; Total 23.4 vs. 8.7/11.5 (all p<0.0001 except Urinary). Complications were minimal and transient and reported previously. All 15 patients from ESH completed 2-year follow-up, with the following baseline vs. 24-month NIH-CPSI scores: Pain 9.7 vs. 5.2; Urinary 4.1 vs. 3.0; QOL 6.9 vs. 4.1; Total 20.7 vs. 12.3 (all p<0.005 except Urinary). The table below shows the proportion of patients at least 50% improved over baseline. 3 ESH patients requested re-treatment after initial improvement and then symptom recurrence. Symptom-free periods were longer after re-TUMT; 1 patient has achieved continuous relief to date, 1 experienced episodic recurrence of symptoms and 1 suffered a severe episode of acute prostatitis similar to previous episodes. No additional complications were noted.

Patients	6 months	12 months	6 months	12 months	24 months
³ 50% improved over baseline	ALL	ALL	ESH only	ESH only	ESH only
NIH-CPSI-Pain	77%	63%	71%	62%	67%
NIH-CPSI Urinary	50%	43%	36%	15%	27%
NIH-CPSI-QOL	69%	54%	47%	31%	53%
NIH-CPSI-TOTAL	69%	54%	57%	38%	47%

CONCLUSIONS: Efficacy of Targis for intractable CP/CPPS is comparable or better than previously reported for TUMT and other treatment modalities with good durability. Side effects remain temporary and minor. Longer follow-up and a future larger trial are required to further evaluate efficacy and placebo effect.