

FIVE THINGS TO KNOW ABOUT HIFU

- 1 IT IS A MINIMALLY INVASIVE PROCEDURE PERSONALIZED TO EACH PATIENT, NO SURGERY OR RADIATION NECESSARY.**
Precision-focused sound waves hit cancerous tissue and kill it, leaving surrounding tissue untouched.
- 2 IT LACKS THE SIDE EFFECTS THAT ACCOMPANY RADIATION AND RADICAL PROSTATECTOMY.**
Traditional treatments can lead to impotence or urinary problems, but the precision of HIFU significantly reduces these risks.
- 3 IT IS AN OUTPATIENT TREATMENT THAT PATIENTS SAY IS PAIN-FREE.**
Typically following treatment, patients recover for about two hours and then are ready to go home.
- 4 IT IS WELL-STUDIED.**
Several studies have been published on HIFU effectiveness showing that men with low- and moderate-risk disease achieve excellent disease-free and negative biopsy rates.
- 5 EXPERIENCE MATTERS**
Positive outcomes are obtained by skilled and highly experienced HIFU physicians.

IF YOU WOULD LIKE MORE
INFORMATION OR TO SCHEDULE
AN APPOINTMENT,

PLEASE CALL **1.866.4VITURO (848876)**
OR EMAIL **INFO@VITUROHEALTH.COM**

PROSTATE CANCER TREATMENT COMPARED TO A CAKEWALK?

LEARN MORE ABOUT RECENTLY
FDA-CLEARED TREATMENT

HIFU

(High Intensity Focused Ultrasound)

“I would suggest HIFU to anybody. Versus a surgical-type procedure to treat prostate cancer, this is a cakewalk. I did real well with it, so I would recommend it to anybody.”

– DANIEL HAZELL, Vituro Health patient



WHAT IS HIFU?

HIFU (high intensity focused ultrasound) is a minimally invasive procedure for prostate cancer that offers dramatically reduced side effects. HIFU eradicates prostate cancer cells through the precision focusing of sound waves to a targeted location. The process results in the creation of heat due to the interaction between the sound waves and the cancerous tissue to destroy cancer cells. HIFU technology has existed for three decades and has been used to treat prostate cancer since 1995.

BENEFITS OF HIFU

- ▶ Outpatient procedure
- ▶ Minimally invasive
- ▶ No surgery, no radiation
- ▶ Lower side effect risk
- ▶ Personalized treatment
- ▶ Quality of life maintenance
- ▶ Achieves excellent disease-free rates

HOW IS HIFU DIFFERENT?

Because HIFU is non-surgical and does not require radiation, the risk of side effects that accompany traditional treatments, such as erectile dysfunction and incontinence, is significantly decreased, but HIFU has similar efficacy to more invasive prostate cancer treatments. Worldwide, more than 50,000 men have been treated for prostate cancer using HIFU. Previously forced to pursue HIFU treatment outside the U.S., men seeking the benefits of HIFU can now obtain treatment without leaving the country thanks to the FDA clearance granted in the fall of 2015.

HAS HIFU BEEN WELL STUDIED?

Several studies on HIFU effectiveness have been published that show men with low- to moderate-risk disease achieve excellent disease-free and negative biopsy rates.

The most recent HIFU study shows that the overall survival rate ten years following the procedure is 97 percent, which is similar to more traditional treatments. In addition to excellent long-term survival, the ten year metastasis-free survival rate is 97 percent.

DOES HIFU HAVE SIDE EFFECTS?

The advantage of HIFU performed by an experienced, peer-to-peer trained physician, such as those at Vituro Health, is the minimal risk of side effects. Urinary tract infections can occur following HIFU therapy since a catheter is used in the days immediately following treatment. Other side effects can include frequency and urgency of urination, mild discomfort, or discharge of treated prostate tissue in the urinary stream in the first few weeks following HIFU. Advanced techniques employed by Vituro physicians have significantly reduced the risk of urethral structure (scar tissue) and urinary retention.

DO I QUALIFY FOR HIFU?

Every patient is different and there are many important factors to be taken into consideration to determine if a patient is a candidate for HIFU treatment. Schedule a HIFU consultation to find out if you qualify by contacting Vituro Health.

WHY CHOOSE VITURO HEALTH FOR HIFU?

Vituro Health focuses on quality outcomes by providing all partner physicians strict training protocols regulated by our medical director, Stephen Scionti, M.D., one of the leading HIFU physicians in the U.S.

Our patients also benefit from the Vituro Health Patient Ambassador Program, which pairs prospective patients with a former patient who offers peer support by sharing their experience with prostate cancer and HIFU.

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FACTORS THAT DETERMINE YOUR RISK:

- Prostate-Specific Antigen
- Digital Rectal Exam
- Clinical Stage Gleason Score
- Number of Positive Cores
- Location of Positive Cores
- Tumor Size
- Tumor Genetics



TOOLS TO HELP DETERMINE YOUR RISK:

- Advanced Prostate Imaging: Multiparametric MRI Study
- Computerized Robotic MRI-Guided Targeted Biopsy
- Genetic Test for Tumor Cell Growth



YOU DO NOT HAVE TO NAVIGATE PROSTATE CANCER ALONE.

Vituro Health's patient ambassador program offers patients the opportunity to be paired with a peer who has been through treatment. These ambassadors are trained volunteers who will offer peer support to individuals and families by sharing firsthand about their own experience with prostate cancer.

The team of volunteers in Vituro's patient ambassador program honor confidentiality, promote what is in the best interest of each patient and share personal treatment and recovery experience. If a patient is seeking medical advice, ambassadors will direct patients back to their own physicians.

TO LEARN MORE ABOUT VITURO HEALTH'S PATIENT AMBASSADOR PROGRAM OR AVAILABLE TREATMENTS, PLEASE CONTACT:



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HEALTH**

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OR VISIT VITUROHEALTH.COM

1 IN 7

MEN WILL GET PROSTATE CANCER



KNOW YOUR TREATMENT OPTIONS



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WHAT IS THE RISK CATEGORY OF YOUR PROSTATE CANCER?



YOUR IDEAL TREATMENT MATCHES THE RISK OF YOUR CANCER WITH THE INVASIVENESS OF THE TREATMENT.



ACTIVE SURVEILLANCE

SURGERY (RADICAL PROSTATECTOMY)

RADIATION THERAPY

HIFU (HIGH INTENSITY FOCUSED ULTRASOUND)

OVERVIEW

- Actively follow the cancer but avoid actual treatment
- Treatment is initiated if the cancer shows signs of progression
- Periodic MRI and targeted biopsy is recommended to ensure accurate staging
- Indicated for clinically insignificant cancers
- Close routine follow-up includes:
 - PSA periodically
 - MRI occasionally
 - Repeat MRI-guided targeted biopsy every 12 months is strongly encouraged
- Talk to a healthcare professional on a regular basis

- Definitive removal
- 2 hour operation, typically performed via robotic approach
- 5-6 small 'keyhole' incisions made in lower abdomen versus one incision
- 1-2 day hospital stay

- Brachytherapy ("Seeds"): Outpatient procedure performed in a hospital or surgery center; seeds are placed with needles through the perineum (space under the scrotum) with transrectal ultrasound guidance; performed by radiation oncologist and urologist together
- External Radiation (IMRT/IGRT): Lay on radiation table for ~40 treatments over 8 weeks Monday-Friday, each treatment lasting 12-15 minutes
- For moderate and high-risk disease, patients are often given hormone therapy for 6 months to 2 years in conjunction with radiation treatments (literature shows better oncologic outcomes) – intramuscular injections given every 3 months (Eligard, Lupron, Trelstar) plus possible anti-androgen given daily for first month to avoid testosterone flare (Casodex)

- Ablative therapy
- Controlled thermal energy delivered through a rectal ultrasound probe to precisely destroy prostate cancer tissue while minimizing treatment-related side effects
- Over 50,000 cases performed throughout the world since 1998
- 2-3 hour procedure performed in a hospital or surgery center
- Outpatient procedure
- General anesthesia

BENEFITS

- Avoid any treatment side effects if managed properly with active follow up - recommend an active navigation and prostate management organization

- Excellent long-term oncologic outcomes
- Minimal post-op pain
- No radiation effects
- PSA should be zero post-op, so recurrences are easily detected
- Recurrences can be treated with radiation therapy with good outcomes

- Excellent long-term oncologic outcomes
- No surgery
- No stress incontinence
- No foley catheter
- Minimal to no pain

- Excellent oncologic outcomes, comparable to surgery and radiation
- Minimal-to-no incontinence, especially with focal therapy
- Minimal-to-no erectile dysfunction, especially with focal therapy
- No effect on ejaculatory function with focal therapy
- Minimal discomfort
- No pain
- Outpatient procedure
- No radiation effects
- Repeatable
- Can perform focal therapy

RISKS / DRAWBACKS

- Requires close follow-up with periodic repeat MRI and repeat biopsy
- Only indicated for clinically insignificant cancers
- Psychological burden
- Potential for cancer progression
- Only appropriate for select patients:
 - Stage T1c (nonpalpable)
 - Gleason score 6 or less, some Gleason 3+4
 - Better for low volume, low-risk disease

- Surgical risks: bleeding, infection, cardiovascular risks of anesthesia
- Stress incontinence – loss of urinary control; typically recovers over 6-12 months post-op; or <5% long-term risk
- Erectile dysfunction – reduced with nerve-sparing technique
- Foley catheter about 7 days post-op
- Penile numbness, shortening – 1cm
- Loss of ejaculate

- Radiation cystitis – irritative voiding symptoms (pain or burning with urination, urinary urgency and frequency, urge incontinence, blood in urine)
- Radiation proctitis – irritative rectum symptoms (rectal urgency and frequency, blood in stool, painful bowel movements)
- Urinary retention
- Obstructive voiding symptoms
- Erectile dysfunction (same risk as surgery at 5 years post-treatment)
- PSA never goes to zero so recurrences are a little more difficult to detect – PSA trend is followed
- Treatment failures can be difficult to treat – HIFU or cryosurgery are typically best options
- Cannot undergo surgery after radiation – “bridge is burned”; significantly increased risk of surgical complications
- Increased risk of secondary malignancies (bladder, rectal)
- Loss of ejaculate

- Transient post-op irritative urinary symptoms (~10%)
- Development of urethral stricture (5-15%, reduced with focal therapy)
- Cost (not covered by insurance) – currently \$25,000
- Foley or suprapubic catheter about 5-7 days postop

INCREASING RISK OF ERECTILE DYSFUNCTION

INCREASING RISK OF URINARY LEAKAGE

INCREASING INVASIVENESS

ACTIVE SURVEILLANCE

FOCAL HIFU

HIFU

FOCAL CRYOSURGERY

RADIATION THERAPY

ROBOTIC PROSTATECTOMY (NERVE-SPARING)

CRYOSURGERY

ACTIVE SURVEILLANCE

FOCAL HIFU

HIFU

FOCAL CRYOSURGERY

CRYOSURGERY

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