

Ablative therapy for people with localised prostate cancer: a systematic review and economic evaluation

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Declared competing interests of authors: none

Published July 2015

DOI: 10.3310/hta19490

Plain English summary

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Health Technology Assessment 2015; Vol. 19: No. 49

DOI: 10.3310/hta19490

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Ablative therapies are relatively new procedures for the treatment of localised prostate cancer. These therapies are promising because they may be as effective as either surgery or radiotherapy (i.e. standard treatments), while causing fewer side effects (e.g. incontinence or erection difficulties). They may also be better than active surveillance (whereby patients are monitored and only treated if there is cancer progression) because they actively treat cancer at diagnosis. They involve the application of different types of energy to either the entire prostate or specific areas with cancer, to achieve tissue destruction. Examples include cryotherapy (using rapid freezing and thawing), high-intensity focused ultrasound (HIFU, using heat generated from sound waves) and brachytherapy (using radioactive seeds implanted into the prostate). These procedures are generally carried out on a day-patient basis with patients allowed home the following day. The results from our study suggested that cryotherapy, HIFU and brachytherapy may have potential clinical benefits for many patients in terms of reduced incontinence and erection difficulties, while possessing similar benefits in terms of cancer control compared with either surgery or radiotherapy. However, the overall quality of the available evidence was very poor owing to the low quality of identified studies, and it remained impossible to determine if the benefits were real. In terms of balancing the cost of the ablative treatments against the benefits and harms produced, no technology appears better.

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 5.116

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, The Cochrane Library and the ISI Science Citation Index.

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 10/136/01. The contractual start date was in April 2012. The draft report began editorial review in October 2013 and was accepted for publication in April 2014. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health.

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