

**Re: Three-Year Outcomes of the Prospective, Randomized Controlled Rezūm System Study: Convective Radiofrequency Thermal Therapy for Treatment of Lower Urinary Tract Symptoms Due to Benign Prostatic Hyperplasia**

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*Urology 2018; 111: 1–9. doi: 10.1016/j.urology.2017.10.023*

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/29122620>

**Editorial Comment:** Deciphering long-term data reports on minimally invasive surgical therapies is always a challenge, largely due to how the data are presented. For medical therapy the data analyzed are intent to treat, which means that the less favorable stuff does not get censored out. In contrast, for studies such as these we only analyze the efficacy data on those who are around for followup. Not surprisingly, the data sometimes appear to be better than what we experience in real-life practice.

This report confirms that at 3 years there appears to be sustained improvement in symptoms. It is noteworthy that there is degradation in improvement of peak flow rate with a decrease of 20% from the 3-month to 3-year followup. It is also noteworthy that 38 of 135 men were excluded from the analysis, including 14 who were lost to followup. What happened to them? Were they treated with other medications or other surgical therapies? While the authors noted that 6 of 135 patients (4.4%) were re-treated, this number does not take into account 9 who were on other medical therapies. When these patients are included, we begin to see a repeat treatment rate approaching 10% at 3 years. Finally, while a number of adverse events are reported, including dysuria (16.9%), the duration of these events is not mentioned.

So what has been the real-life experience to date? It appears that in the short term a number of men benefit from the rezūm® procedure (convective radiofrequency water vapor thermal therapy). Most men have a posttreatment catheter for 1 to 3 days, and the quantity and quality of dysuria are real and bothersome. In my practice rezūm is a minimally invasive surgical therapy option in men with significant middle lobe hypertrophy. Finally, as there will be a new CPT code for this procedure in 2019, in the interim the urological community should be supportive and advocate for patients being able to have rezūm performed and reimbursed. Regarding the long-term sustainability of this procedure, the urological community and patients will be the ultimate arbiters of success.

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**Suggested Reading**

McVary KT, Gange SN, Gittelman MC et al: Minimally invasive prostate convective water vapor energy (WAVE) ablation: a multicenter, randomized, controlled study for treatment of lower urinary tract symptoms secondary to benign prostatic hyperplasia. *J Urol* 2016; **195**: 1529.

## Re: Photoselective Vaporization of the Prostate: Long-Term Outcomes and Safety during 10 Years of Follow-up

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*J Endourol 2016; 30: 1306–1311. doi: 10.1089/end.2016.0522*

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/27733065>

**Editorial Comment:** The photoselective vaporization of the prostate journey has taken many twists and turns. When introduced in its 80 watt iteration, urologists and patients were eager to get on the laser bandwagon. Not surprisingly, most of the early data were encouraging and many urologists were quick adopters. As time passed, many iterations of the technology were introduced, with each being touted as the latest and greatest. Reality set in, and given what appeared to be the high repeat treatment rate and incomplete tissue debulking, many urologists converted to bipolar transurethral prostatectomy and/or minimally invasive alternatives such as UroLift® (prostatic urethral lift) and rezūm® (convective radiofrequency water vapor thermal therapy).

The data reported herein demonstrate the challenges of reporting and assessing long-term sustainability of surgical procedures. Included in this analysis are various types of laser strengths, including 80 watt and 120 watt, in a large data set of 1,154 men followed for up to 10 years, with 540 (37.6%) and 85 (21.2%) analyzed at 5 and 10 years, respectively. In those men symptoms and peak flow improvement began to degrade. While the authors report a re-treatment-free survival rate of 93.9% at 5 years and 79.0% at 10 years, these rates do not address what happened to those men who were not followed. How many were on medications and/or underwent another procedure unknown to the investigators? Finally, sexual function data were not reported.

The future of photoselective vaporization of the prostate and frankly most laser technologies appears to be murky. Bipolar electrovaporization has become the more favored transurethral approach. Moreover, given the potential role of aquablation as a more homogeneous method of debulking prostate tissue, laser transurethral prostatectomy may be limited to those urologists who remain committed to and adept with the technology.

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### Suggested Reading

Bachmann A, Tubaro A, Barber N et al: A European multicenter randomized noninferiorty trial comparing 180 W GreenLight XPS laser vaporization and transurethral resection of the prostate for the treatment of benign prostatic obstruction: 12-month results of the GOLIATH study. *J Urol* 2015; **193**: 570.

## Re: Management of Lower Urinary Tract Symptoms Associated with Benign Prostatic Hyperplasia in Elderly Patients with a New Diagnostic, Therapeutic and Care Pathway

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*Int J Clin Pract 2016; 70: 734–743. doi: 10.1111/ijcp.12849*

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/27561366>

**Editorial Comment:** Improving health care efficiencies is an ongoing process in all tiers of the medical system. Traditional approaches are being evaluated and algorithms developed to improve delivery of information leading to enhanced and more cost-effective methods of diagnosis and therapy. At times this growth has shifted the role of physician from decision maker and leader to “check the box” intermediary. However, we must also recognize that many of our methods of diagnosis and delivery of therapy are too time-consuming, do not impact long-term care and are too expensive. In an

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