
Preface

For many decades, prostate cancer treatments have embraced radical whole-gland therapies, whether it be radical prostatectomy, radiation, or other whole-gland ablative modalities. A similar practice for the treatment of breast cancer also became commonplace after Dr. William Halsted described the radical mastectomy. Thereafter, the concept of breast-conserving therapy emerged, and the lumpectomy became commonly employed as an option to treat early and clinically localized breast cancer. This was feasible in the breast since the tumor could be easily imaged and subsequently surgically excised. We have witnessed the change in concept and surgical management of tumors in other organ systems that have attempted to only treat or remove the tumor yet preserve the remainder of uninvolved tissue. Indeed, in the field of urology, partial nephrectomy (excision of only the cancerous segment of the kidney) has become the standard of care for the small renal mass compared to radical nephrectomy (whole-gland removal) as described by Robson in 1963. Similar trends can be seen in the management of other organ systems as well.

In contrast, the prostate posed more challenges compared to other organs, given that most prostate cancers are very small, multifocal, and difficult to reliably image. For these reasons, whole-gland therapy has been the mainstay of prostate cancer treatment for decades, and changing this paradigm in the hearts and minds of physicians has been difficult. Focal therapy as a treatment option for clinically localized prostate cancer began to appear in the medical literature as recently as the turn of this century. In 2006, we entertained the idea of hosting an international focal therapy workshop at Duke University in an attempt to garner the best minds in academia and industry to discuss research and trials to propel the fledgling field forward. The First International Workshop on Imaging and Focal Therapy for Prostate Cancer was held in February 2008 and was an encouraging success. This international symposium has grown to an annual meeting alternating between the United States and Europe. Nearly every international meeting in urology today has a dedicated session on focal therapy for prostate cancer.

This book is the product of many of those same thought leaders who have been instrumental in the development of the focal therapy concept. These chapters highlight the state of the art on imaging and focal therapy for early stage prostate cancer, as we know it as of 2017. We continue to be humbled that much work still needs to be done to implement focal therapy in everyday practice. Today, there is much criticism regarding the over-detection and overtreatment of prostate cancer. However, along with these challenges

comes opportunity. Focal therapy presents a solution whereby in select men, aggressive lesions can be ablated and the remainder of the gland can be monitored, thereby preserving urinary continence and erectile function. Prostate cancer tends to be a slow-growing disease, allowing for periodic intervention such as focal therapy.

The authors of this textbook believe that with perseverance, further scientific inquiry, and new discoveries, the dogma of radical whole-gland therapy will be replaced by image-guided targeted therapy, ushering in a new era of precision medicine for our prostate cancer patients. I dedicate this second edition of *Imaging and Focal Therapy of Early Prostate Cancer* to those who dream and aspire to reach those ideals.

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