

CADTH RAPID RESPONSE REPORT: REFERENCE LIST

Cryotherapy for Prostate Cancer: Clinical Effectiveness and Guidelines

Service Line: Rapid Response Service

Version: 1.0

Publication Date: September 18, 2019

Report Length: 7 Pages



Authors: Christopher Freige, Charlene Argáez

Cite As: Cryotherapy for prostate cancer: clinical effectiveness and guidelines. Ottawa: CADTH; 2019 Sep. (CADTH rapid response report: reference list).

Disclaimer: The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up-to-date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners' own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein do not necessarily reflect the views of Health Canada, Canada's provincial or territorial governments, other CADTH funders, or any third-party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user's own risk.

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian *Copyright Act* and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Questions or requests for information about this report can be directed to requests@cadth.ca



Research Questions

- 1. What is the clinical effectiveness of cryotherapy for early-stage or screen-detected prostate cancer?
- 2. What are the evidence-based guidelines on the use of cryotherapy for prostate cancer?

Key Findings

Four systematic reviews (including one systematic review with meta-analysis) were identified regarding the clinical effectiveness of cryotherapy for early-stage or screen-detected prostate cancer. In addition, five evidence-based guidelines were identified regarding the use of cryotherapy for prostate cancer.

Methods

A limited literature search was conducted by an information specialist on key resources including PubMed, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused Internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were cryotherapy and prostate cancer. For question #1, search filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, or network meta-analyses, and randomized controlled trials. For question #2, search filters were applied to limit the retrieval to guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2018 to September 12, 2019 for question #1, and English language documents published between January 1, 2014 and September 12, 2019 for question #2. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

| Population | People or individuals with screen-detected primary prostate cancer, or localized (T1 or T2) prostate cancer |
|--------------|--|
| Intervention | Cryotherapy |
| Comparator | Q1: Watchful waiting; active surveillance; hormonal therapy (e.g., androgen suppression therapy, orchiectomy surgery); high-intensity focused ultrasonography; radiation therapy via any technique (e.g., brachytherapy, intensity modulated, stereotactic); radical prostatectomy via any technique (e.g., open surgery, laparoscopy, robot assisted) Q2: None required |
| Outcomes | Q1: Clinical effectiveness and safety (e.g., quality of life, urinary continence, bowel function, erectile function, psychological wellbeing, prostate-specific antigen levels, adverse events, death, surgical complications) Q2: Guidelines |



Study Designs

Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, evidence-based guidelines

Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials and evidence-based quidelines.

Four systematic reviews¹⁻⁴ (including one systematic review with meta-analysis¹) were identified regarding the clinical effectiveness of cryotherapy for early-stage or screen-detected prostate cancer. In addition, five evidence-based guidelines⁵⁻⁹ were identified regarding the use of cryotherapy for prostate cancer. No relevant health technology assessments or randomized controlled trials were identified.

Additional references of potential interest are provided in the appendix.

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

- Jung JH, Risk MC, Goldfarb R, Reddy B, Coles B, Dahm P. Primary cryotherapy for localised or locally advanced prostate cancer. *BJU Int.* 2019 Sep;124(3):383-385. <u>PubMed: PM30113128</u>
- Faure Walker NA, Norris JM, Shah TT, et al. A comparison of time taken to return to baseline erectile function following focal and whole gland ablative therapies for localized prostate cancer: a systematic review. *Urol Oncol.* 2018 Feb;36(2):67-76. <u>PubMed: PM29277585</u>
- Linares-Espinos E, Carneiro A, Martinez-Salamanca JI, et al. New technologies and techniques for prostate cancer focal therapy. *Minerva Urol Nefrol.* 2018 Jun;70(3):252-263.

PubMed: PM29664243

Randomized Controlled Trials

No literature identified.

Guidelines and Recommendations

 Mottet N, van den Bergh EB, Cornford P, et al. Prostate cancer: guidelines-2019 update. European Association of Urology. Edn. presented at the EAU Annual Congress Barcelona 2019; 2019: https://uroweb.org/guideline/prostate-cancer/



Accessed 2019 Sep 17.
See: Section 6 – Treatment

 National Institute for Health and Care Excellence. Prostate cancer: diagnosis and management (*Clinical guideline CG191*) 2019 May; https://www.nice.org.uk/guidance/ng131/resources/prostate-cancer-diagnosis-and-

Accessed 2019 Sep 17.

management-pdf-66141714312133

See: Section 1.3 – Localized and locally advanced prostate cancer – Radical treatment, Locally advanced prostate cancer

7. Alberta Provincial GU Tumour Team. Local prostate cancer. Edmonton (AB): Alberta Health Services; 2018 Jan:

https://www.albertahealthservices.ca/assets/info/hp/cancer/if-hp-cancer-guide-gu012-local-prostate.pdf

Accessed 2019 Sep 17. See: Sections 5,6,7,9

- Mottet N, Bellmunt J, Bolla M, et al. EAU-ESTRO-SIOG Guidelines on prostate cancer. Part 1: screening, diagnosis, and local treatment with curative intent. *Eur Urol.* 2017 Apr;71(4):618-629.
 PubMed: PM27568654
- Sanda MG, Chen RC, Crispino T, et al. Clinically localized prostate cancer: AUA/ASTRO/SUO guideline. American Urological Association; 2017: https://www.auanet.org/Documents/education/clinical-guidance/Clinically-Localized-Prostate-Cancer.pdf

Accessed 2019 Sep 17.

See: Section IV D - Cryotherapy



Appendix — Further Information

Previous CADTH Reports

 Cryosurgery for non-metastatic prostate cancer: clinical and cost-effectiveness. (CADTH Rapid Response report: summary with abstracts). Ottawa (ON): CADTH;
 May: https://cadth.ca/sites/default/files/pdf/htis/may-2015/RB0860%20Cryosurgery%20for%20Prostate%20Cancer%20Final.pdf
 Accessed 2019 Sep 17.

Systematic Reviews and Meta-analyses

No Comparator

 Zhou JT, Fang DM, Xia S, Li T, Liu RL. The incidence proportion of erectile dysfunction in patients treated with cryotherapy for prostate cancer: a meta-analysis. *Clin Transl Oncol.* 2019 Sep;21(9):1152-1158.
 PubMed: PM30649710

Alternate Population

 Ingrosso G, Becherini C, Lancia A, et al. Nonsurgical salvage local therapies for radiorecurrent prostate cancer: a systematic review and meta-analysis. *Eur Urol Oncol.* 2019 Jan 24. pii: S2588-9311(18)30219-0. PubMed: PM31411996

Clinical Practice Guidelines

Alternate Population

 Cornford P, Bellmunt J, Bolla M, et al. EAU-ESTRO-SIOG Guidelines on prostate cancer. Part II: treatment of relapsing, metastatic, and castration-resistant prostate cancer. Eur Urol. 2017 Apr;71(4):630-642.
 PubMed: PM27591931

Clinical Guide

 Emblem Health. Cryosurgical ablation for prostate cancer. New York (NY): 2018 Sep: https://www.emblemhealth.com/~/media/Files/PDF/ med guidelines/MG Cryosurgical <u>Ablation for Prostate Cancer.pdf</u> Accessed 2019 Sep 17.

Review Articles

- de Marini P, Cazzato RL, Garnon J, et al. Percutaneous MR-guided prostate cancer cryoablation technical updates and literature review. *BJR Open*. 2019 Jun;1(1): https://www.birpublications.org/doi/full/10.1259/bjro.20180043 Accessed 2019 Sep 17.
- Lodeizen O, de Bruin M, Eggener S, et al. Ablation energies for focal treatment of prostate cancer. World J Urol. 2019 Mar;37(3):409-418.
 PubMed: PM29943219



Additional References

Position Statement

 Ganzer R, Arthanareeswaran VKA, Ahmed HU, et al. Which technology to select for primary focal treatment of prostate cancer?-European Section of Urotechnology (ESUT) position statement. *Prostate Cancer Prostatic Dis.* 2018 Jun;21(2):175-186. <u>PubMed: PM29743538</u>

Guideline Endorsement

Bekelman JE, Rumble RB, Chen RC, et al. Clinically localized prostate cancer: ASCO clinical practice guideline endorsement of an American Urological Association/American Society for Radiation Oncology/Society of Urologic Oncology Guideline. *J Clin Oncol.* 2018 Sep 5:Jco1800606.
 PubMed: PM30183466