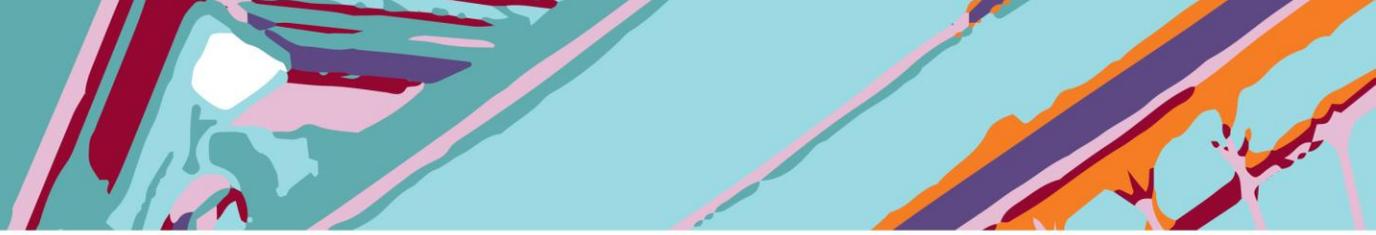


AUA 2022

New Orleans

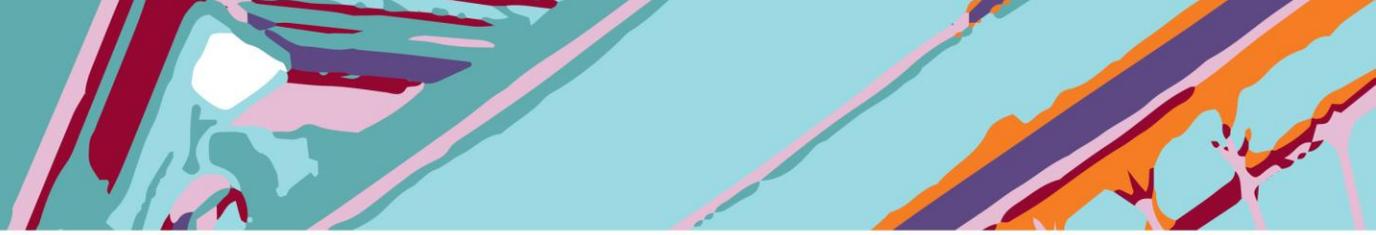
MAY 13-16





OBJECTIVE

Evaluate differences in function and surgical outcomes between elderly and young men undergoing Aquablation for LUTS / BPH



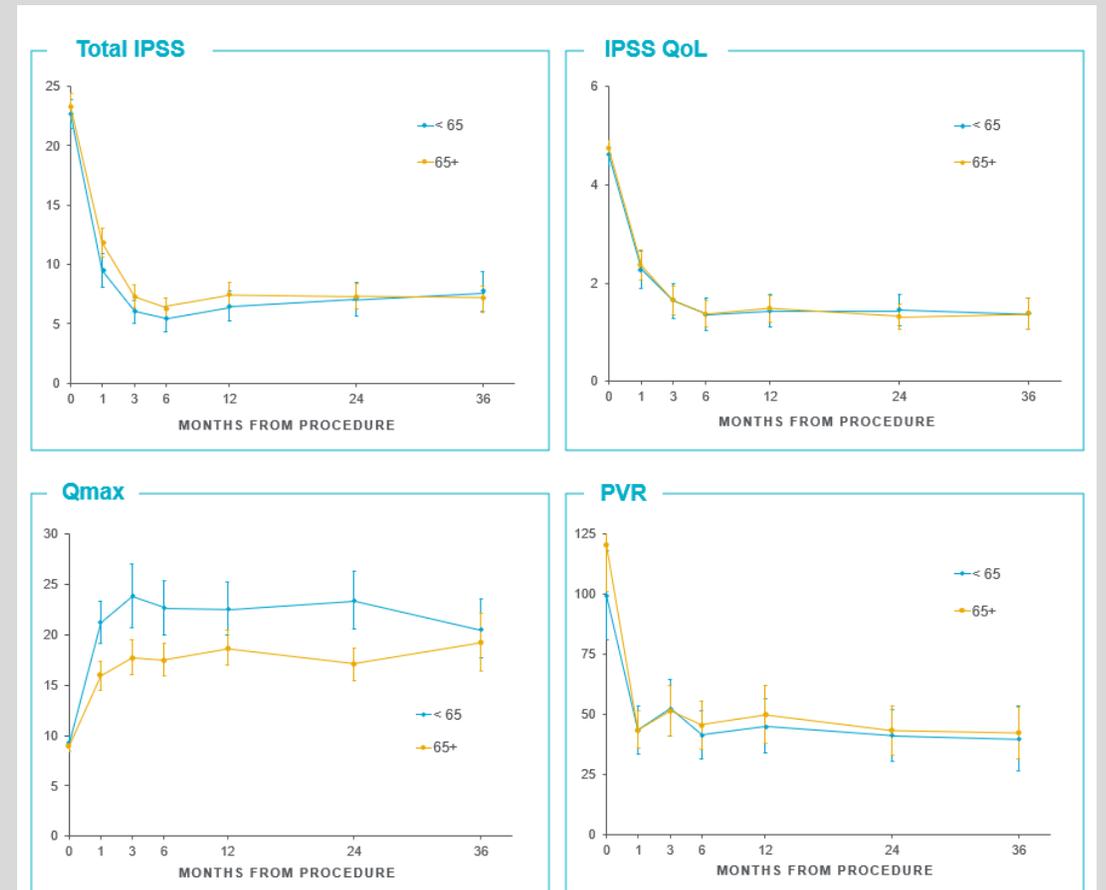
BASELINE

Clavien-Dindo Grade Levels	AQUABLATION				P-value
	Age Group	< 65 Years		65+ Years	
CD2 & Above	19/83	22.9%	40/134	29.9%	0.2768
CD2 Only	12/83	14.5%	30/134	22.4%	0.1621
CD3 Only	9/83	10.8%	11/134	8.2%	0.6301
CD4 Only	2/83	2.4%	4/134	3.0%	1.0

RESULTS

AQUABLATION (n=217)	< 65 Years (n=83)	65+ Years (n=134)	p-value
IPSS, point	7.68	7.12	p>0.05
IPSS QoL, point	1.38	1.38	
Qmax, mL/sec	20.6	19.3	
PVR, mL	39.9	42.3	
Ejaculatory Dysfunction, %	9.7	12.0	
Annual Interventional Retreatment Rate, %	1.5%	0.8%	

SIMILAR REDUCTIONS IN TOTAL IPSS, IPSS QOL & PVR, SIMILAR INCREASE IN QMAX





OBJECTIVE

Determine whether Aquablation therapy can be used for very large prostates (> 150 mL)



HOW TO REPOSITION HANDPIECE TO TREAT VERY LARGE PROSTATES

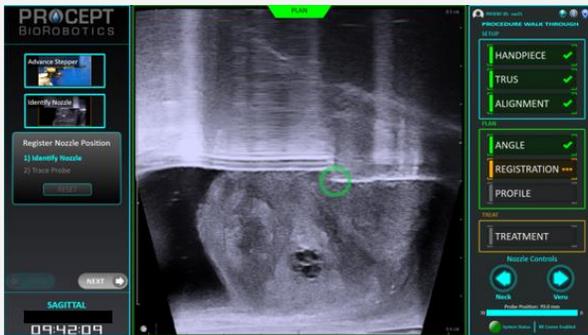


Figure 1: Initial anterior handpiece positioning. The green circle marks the scope tip



Figure 2: Intravesical median lobe planning. In this step, the surgeon will click on the “median lobe” tab to set the angle.

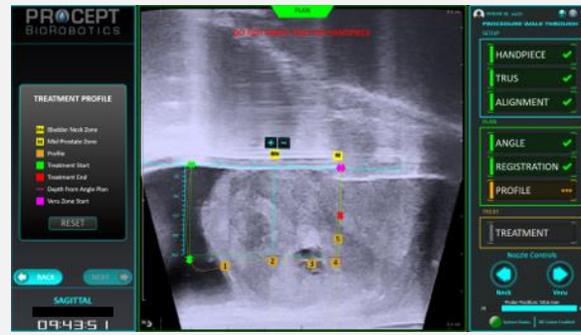


Figure 3: The contour plan is done in the sagittal view. Of note, the veru protection zone is maximized because the current ablation zone is not covering that particular anatomy in this first treatment pass.

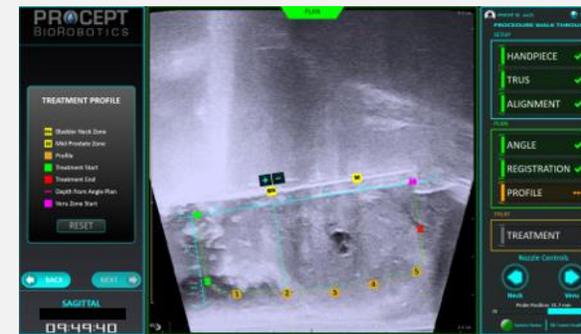


Figure 4: To achieve a deeper cut, the surgeon can dip the handpiece and replan the contour for the second treatment pass.

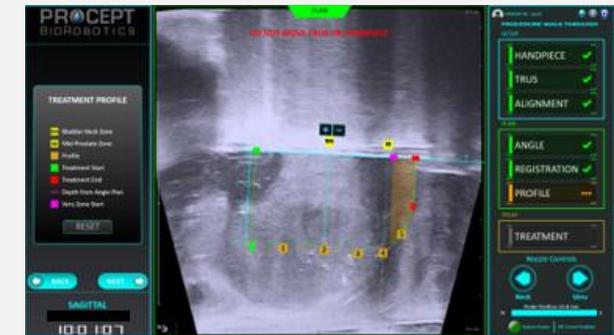


Figure 5: The final treatment plan s done by pulling the handpiece out of the body by a few centimeters to cover the external sphincter with the scope. The third, and final treatment contour is mapped.

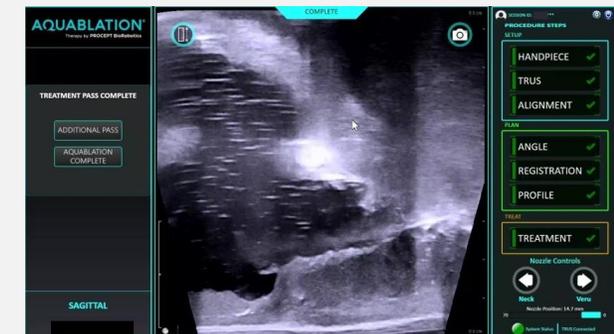


Figure 6: Following the hemostasis step, the surgeon can visualize the obstructive tissue that has been removed.

MP29-10: Aquablation in very large prostates (>150 mL)

OBJECTIVE

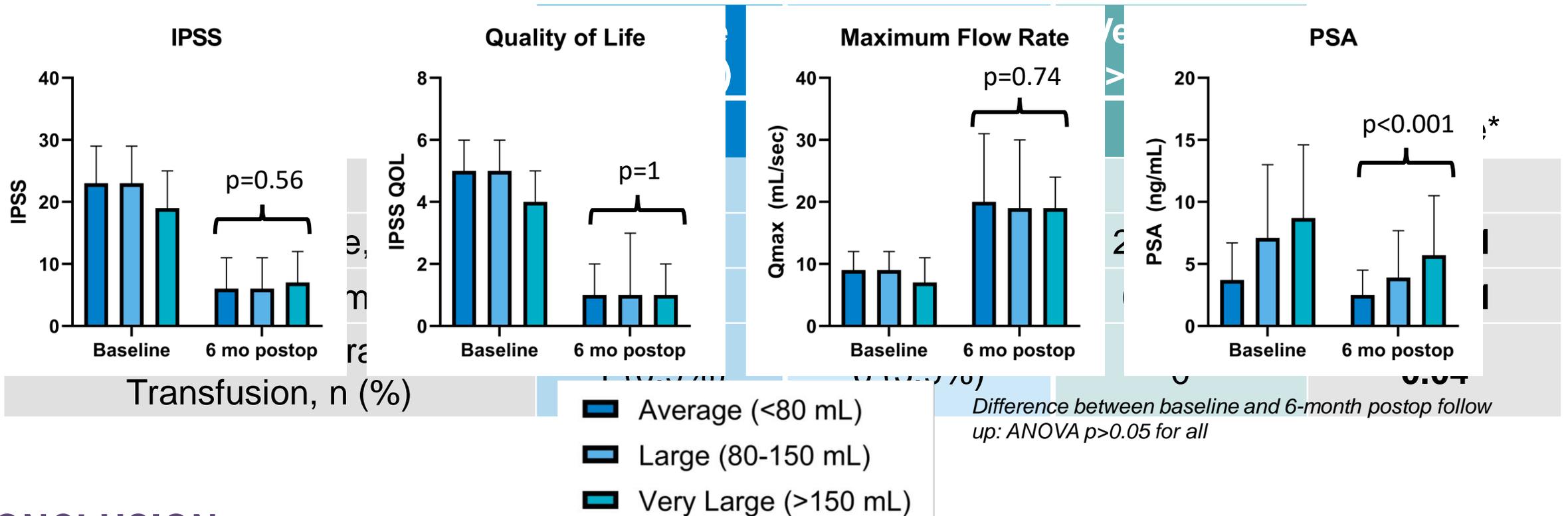
- Understand the clinical outcomes of Aquablation therapy for very large prostates as compared to other size groups

METHODS

- Retrospective identification of men with who had Aquablation therapy with prostate volume > 150 mL
- From four North American hospitals
- Surgical times and clinical outcomes of the very large group (> 150 mL) were compared to data from men with average PV \leq 80 mL (WATER) and large PV 80 mL-150 mL (WATER II).

MP29-10: Aquablation in very large prostates (>150 mL)

BASELINE – SIMILAR REDUCTION IN IPSS, QOL, QMAX, AND PSA REGARDLESS OF PV



CONCLUSION

In this retrospective study, Aquablation is effective and safe in prostates greater than 150 mL while showing consistent outcomes compared to average and large prostates sizes

MULTI-PASS TREATMENT EFFICACY

Determine whether existing data support the use of multiple passes in Aquablation therapy

- ▶ 2 FDA clinical studies
- ▶ 282 patients
- ▶ Prostate volume 30 – 150 mL
- ▶ Three sub-groups for analysis
 - ▶ One treatment pass
 - ▶ More than one treatment pass
 - ▶ TURP (30-80 mL)

	AQUABLATION*		TURP**	P-value***
	ONE PASS (n=127)	TWO+ PASSES (n=90)	N/A (n=65)	
Age, years	66.2 (7.4)	67.3 (6.4)	65.9 (7.2)	0.2963
BMI	28.3 (4.1)	28.5 (4.2)	28.3 (4.5)	0.8265
Prostate volume, mL	66.5 (27.2) Range (25-143)	96.7 (30.5) Range (30-150)	51.5 (13.9) Range (30-80)	<.0001
Median lobe, %	54.3%	68.9%	52.3%	0.1464
IPSS	22.7 (6.1)	23.6 (6.2)	22.2 (6.1)	0.3458
IPSS QoL	4.7 (1.0)	4.6 (1.1)	4.8 (1.0)	0.5558
Qmax	9.5 (3.0)	8.5 (3.4)	9.1 (2.7)	0.0692

*WATER and WATER II
**WATER Only
***Analysis of variance

MULTI-PASS TREATMENT EFFICACY

≥ 2 passes resulted in lower IPSS scores
(~4 points, p=.0002 at 24 & 36 months)

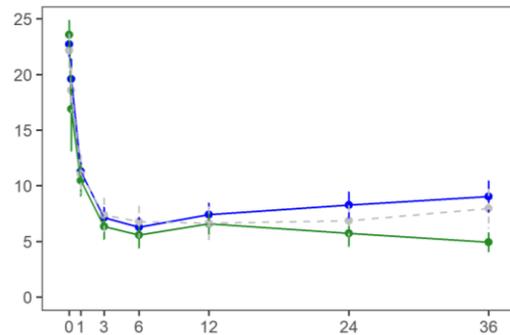
≥ 2 passes resulted in lower IPSS QOL scores
(~0.7 points, p=.0096 at 24 & 36 months)

≥ 2 passes resulted in higher Qmax values
(~5 mL/sec, p=.0220 at 36 months)

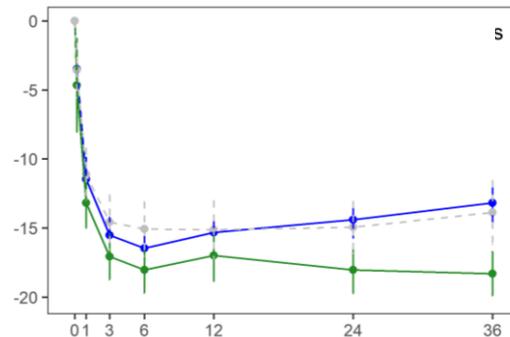
LEGEND

■ 1 pass ■ 2 or more passes ■ TURP

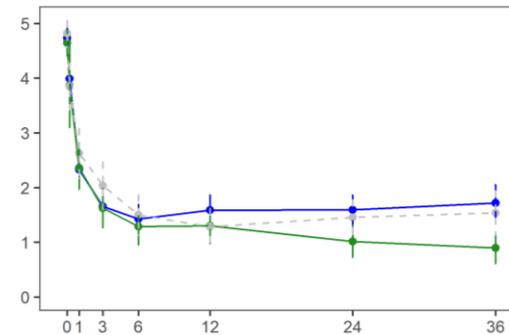
Total IPSS



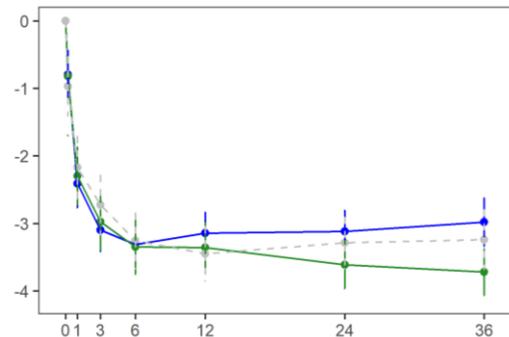
Change in IPSS



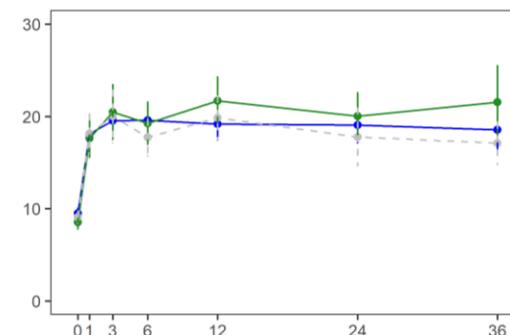
IPSS QOL



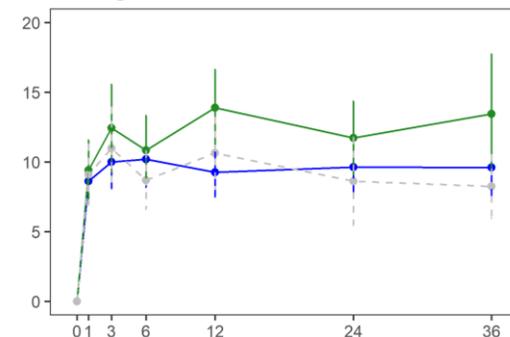
Change in IPSS QOL



Qmax



Change in Qmax



Multiple treatment pass protocol led to **improved voiding outcomes and IPSS improvement**, independent of baseline prostate size.

Multiple treatment pass protocol **did not impact prostate volume reduction, PSA reduction, or risk of ejaculatory dysfunction.**

Second-pass run-through has emerged as a potentially new standard scheme in Aquablation therapy.



OBJECTIVE

Determine 4-year safety & efficacy outcomes of the Aquablation procedure for treatment of men with symptomatic BPH and large-volume prostates (80-150 mL)

4-YEAR RESULTS

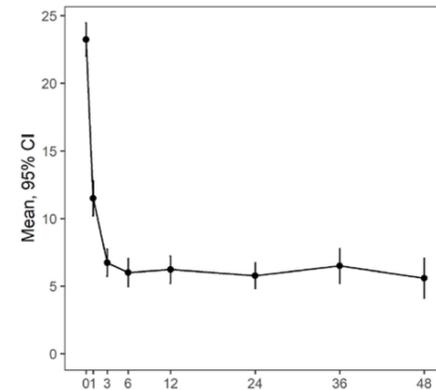
AQUABLATION (N=101)

IPSS improvement	17.7 p < 0.0001
IPSS baseline (SD)	23.2 (6.3)
IPSS at 48-months (SD)	5.5 (4.6)
Qmax improvement	8.4
Qmax baseline, mL/sec (SD)	8.7 (3.4)
Qmax 48-mo, mL/sec (SD)	17.1 (11.8)

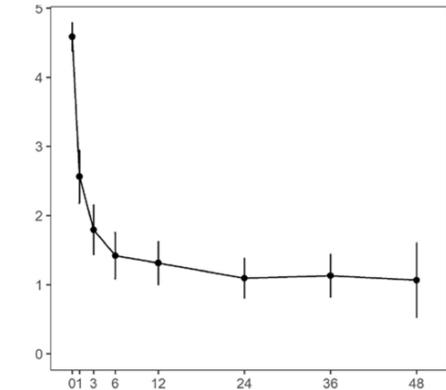
INTERVENTIONAL RETREATMENT
 RATE AT 4-YEARS
<1% PER YEAR

IMMEDIATE & SUSTAINED IMPROVEMENT

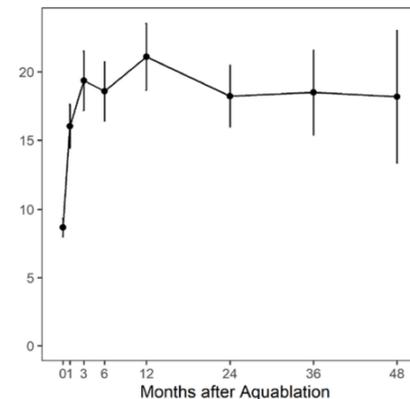
IPSS (point) | 17.7-point reduction



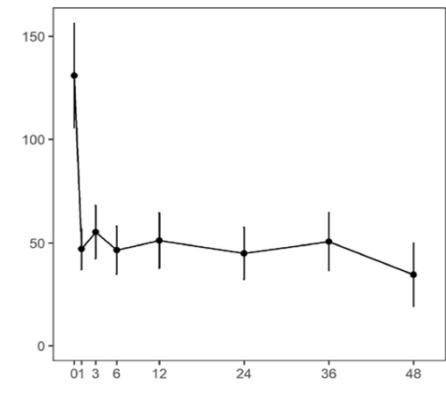
IPSS QoL (point) | 3.4-point reduction

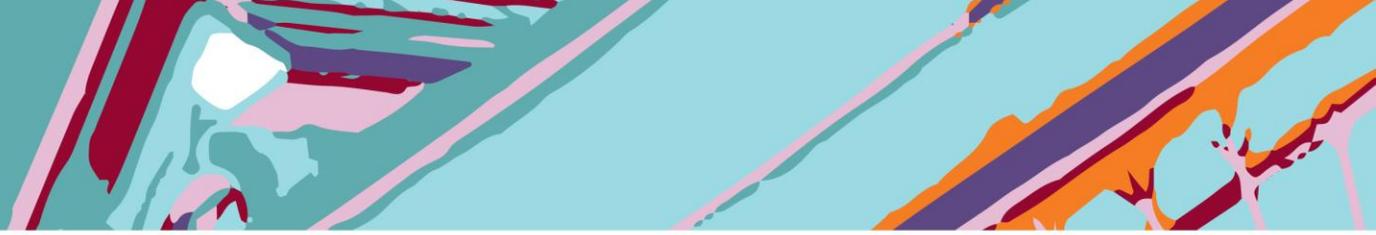


Qmax (mL/sec) | 8.4 mL/sec improvement



PVR (mL) | 90.2 mL improvement



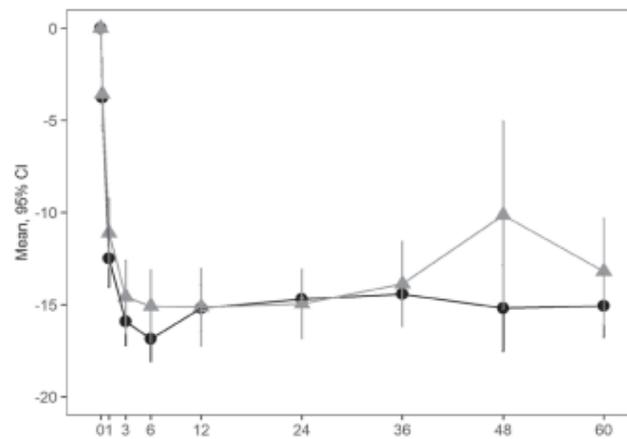


OBJECTIVE

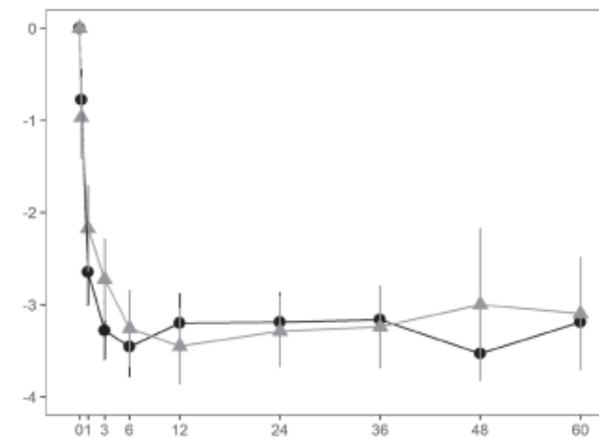
Determine 5-year safety & efficacy outcomes of the Aquablation procedure compared to TURP for treatment of lower urinary tract symptoms related to benign prostatic hyperplasia

5-YEAR RESULTS

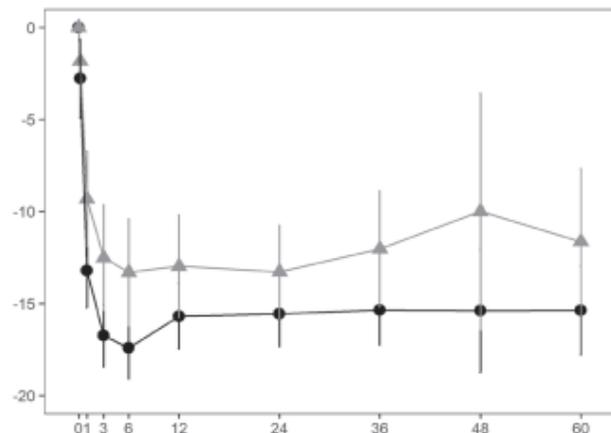
IPSS



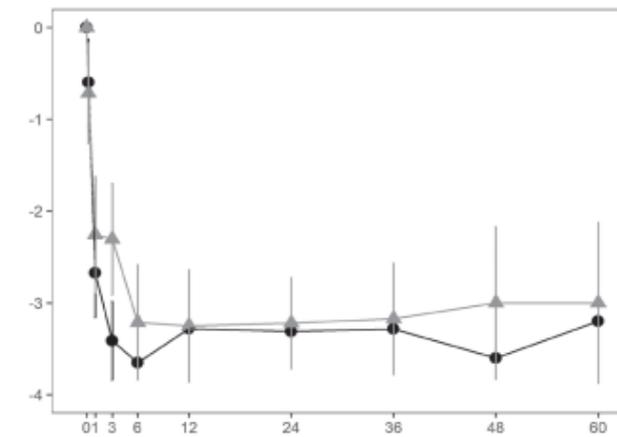
IPSS QOL



IPSS (Prostate volume \geq 50 mL)



IPSS QoL (Prostate volume \geq 50 mL)



Aquablation: black line with circle data points



TURP: grey line with triangle data points



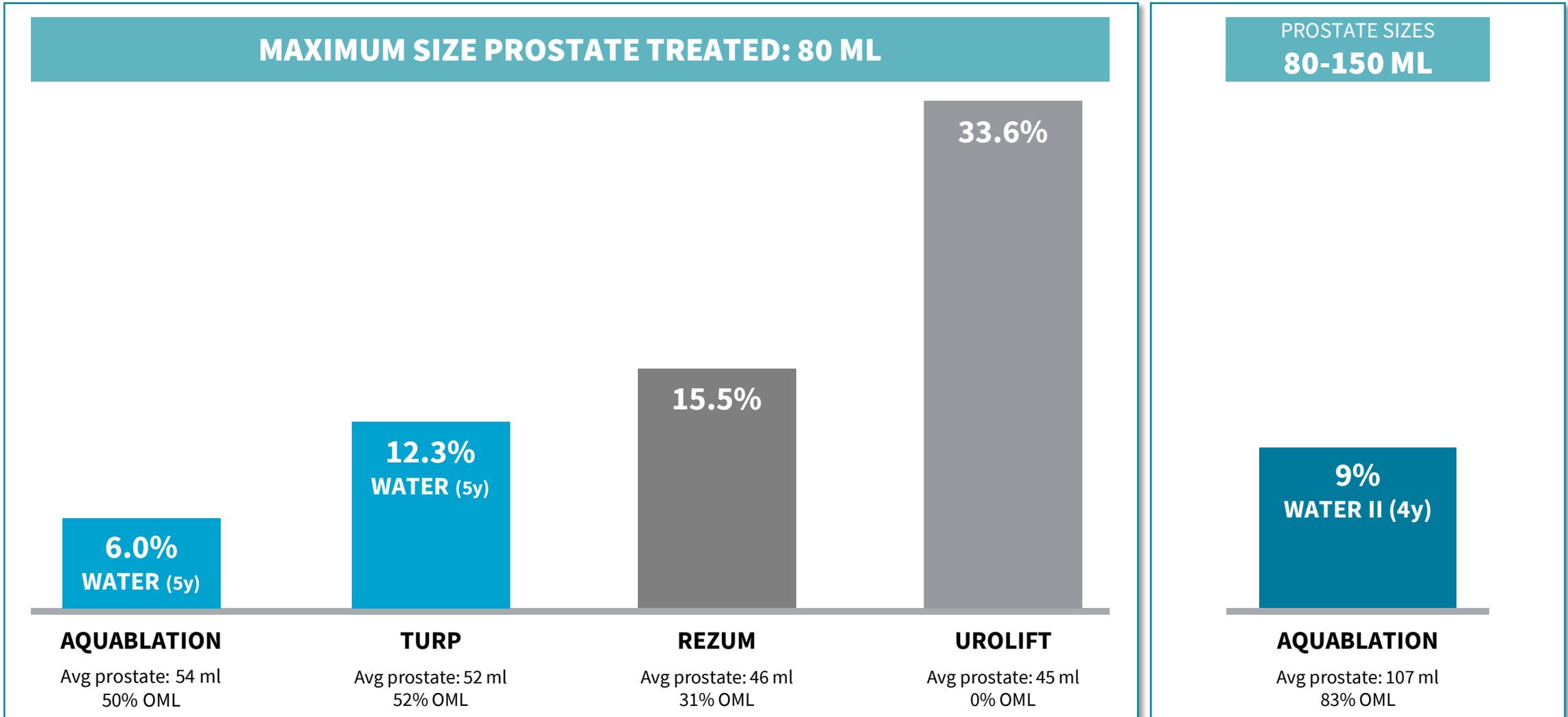


5-YEAR RETREATMENT

	AQUABLATION (N=116)	TURP (N=65)
Surgical and Medical Retreatment, n (%)	7 (6%)	8 (12.3%)

RETREATMENT

5 YEAR SURGICAL & MEDICAL RETREATMENT FROM FDA STUDIES



Roehrborn CG, et al. Five year results of the prospective randomized controlled prostatic urethral L.I.F.T. study. Can J Urol. 2017 Jun;24(3):8802-8813.

McVary KT, et al. Final 5-Year Outcomes of the Multicenter Randomized Sham-Controlled Trial of a Water Vapor Thermal Therapy for Treatment of Moderate to Severe Lower Urinary Tract Symptoms

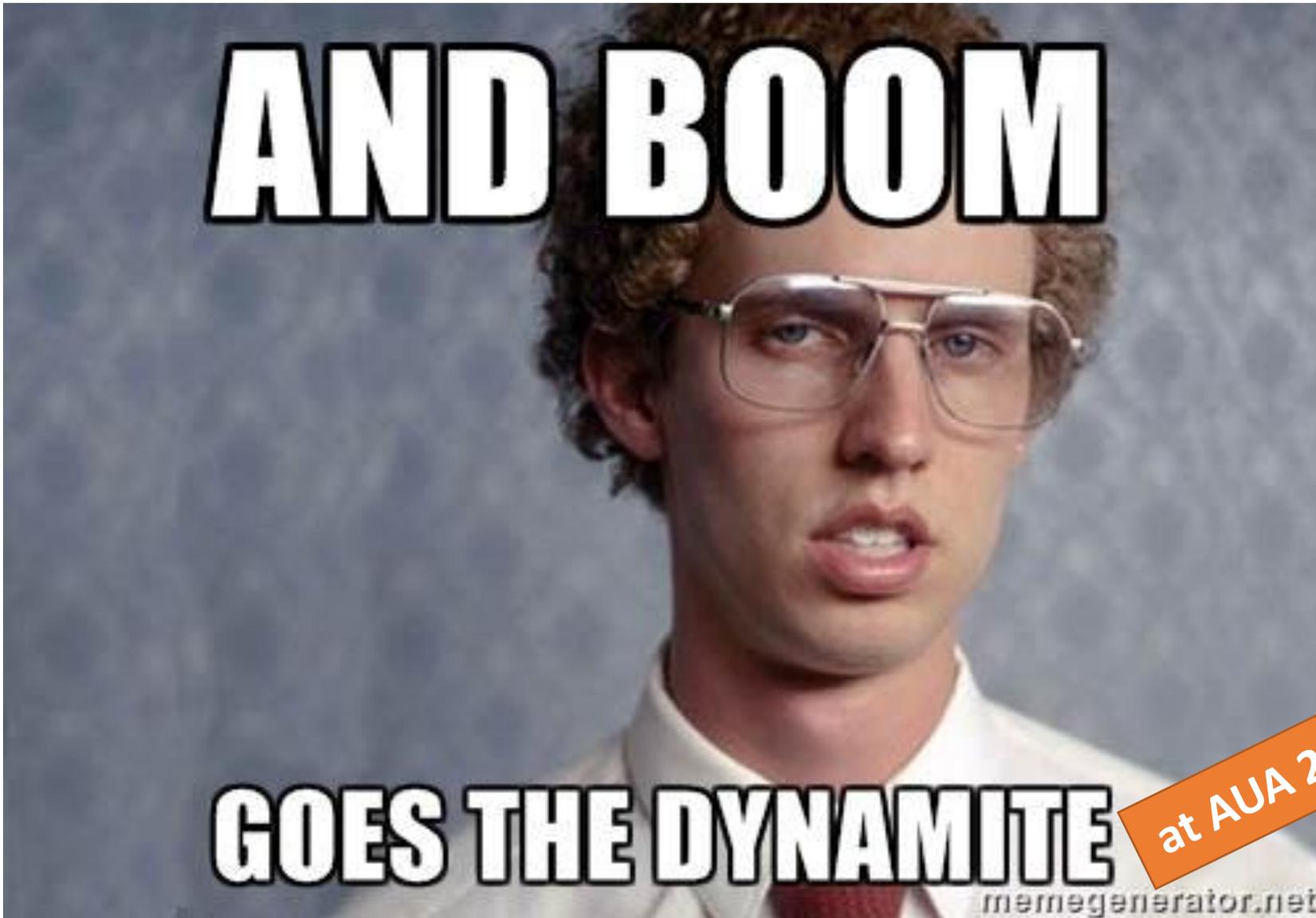
Secondary to Benign Prostatic Hyperplasia. J Urol. 2021 Apr 19

NOT HEAD-TO-HEAD STUDIES EXCEPT FOR WATER STUDY

AUA 2022
New Orleans MAY 13-16



AND BOOM



GOES THE DYNAMITE

at AUA 2022!

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