SITU
SURGICAL INTERVENTION TRIALS UNIT

PART
Partial prostate Ablation versus Radical prosTatectomy

UNIVERSITY OF OXFORD

The PART Study:

Partial prostate Ablation versus Radical prosTatectomy

OCTRU
Oxford Clinical Trials Research Unit

Funding Acknowledgement:
This project was funded by the National Institute for Health Research HTA Programme (project number 12/35/54)
This study was reviewed and approved by Berkshire Ethics Committee. REC No. 14/SC/1376

NHS
National Institute for Health Research

Key study facts

- Sponsored and run by the University of Oxford
- Led by a team of experts
- Funded by the NIHR* Health Technology Assessment (HTA**) Programme
- Open in 5 UK sites
- Is the first ever trial of its kind

*NIHR: National Institute for Health Research
**HTA: Health Technology Assessment

The Research

- The prostate is the only remaining organ where we treat the whole gland for cancer
- Radical surgery is a common treatment for intermediate risk prostate cancer. It offers good oncological outcomes but does carry side effects e.g. to urinary continence and sexual function
- Partial treatments have been developed to treat only the area of cancer only, preserving the rest of the prostate e.g. High Intensity Focused Ultrasound (HIFU)

The Research cont.

- There are reduced side effects using HIFU but the long-term oncological effectiveness has not been tested
- NICE does not support the use of HIFU outside of a clinical trial e.g. PART
- We want to find out which treatment (radical surgery or HIFU) is better for you and for future men with intermediate, localised prostate cancer

Risks and benefits

Treatment	Aim	What it entails	Possible advantages	Possible disadvantages
Surgery (radical prostatectomy)	Removal of the cancer and the prostate gland	**Robotic surgery** • A 1-2 day hospital stay • Removal of catheter after 10-14 days • You should not drive for about 3-5 weeks after the procedure **Open surgery** • A 4-7 day hospital stay • Removal of catheter after 10-14 days • You should not drive for about 5 weeks after the procedure	• Prostate and cancer all removed • Potential cancer cure • Outcome easy to monitor with PSA tests • Surgery is long-tested and safe • Failures can be treated with radiation if necessary	• The risk of death is less than 1 in 100 • The risk of blood transfusion is less than 10% • The risk of severe leaking urine is about 1%. The risk of moderate leaking urine is about 10% • The risk of problems with sexual activity is around 50% • Requires hospital stay • 3-5 week recovery period
Ablative therapy (HIFU)	Destruction of the cancer cells identified by MRI on one side of the prostate. Prostate gland remains in place	• A 24 hour hospital stay or an outpatient procedure • Removal of catheter after 7 days • You should not drive for 3-4 days after the procedure	• Shorter stay in hospital • No blood loss • Quick recovery • Very low risk of: ✓ blood transfusion ✓ leaking urine ✓ problems with sexual activity • Non-surgical • Radiation free	• Extra biopsies required during follow-up. Risks of a biopsy can include infection, bleeding at the biopsy site and difficulty urinating afterwards. • Extra MRI scans required during follow-up • No long-term (20-30) outcome data currently availability

More information

- Please talk to your doctor if you are interested in joining PART!
- More information can be found at http://part.octru.ox.ac.uk/

SITU
SURGICAL INTERVENTION TRIALS UNIT

OCTRU
Oxford Clinical Trials Research Unit

UNIVERSITY OF OXFORD

Quintet
Qualitative research Integrated within Trials

NHS
National Institute for Health Research

Clinical trials are crucial to help us properly test different procedures and ensure that the best treatment is offered for future men and women.