

SOUTHWESTERN NEWS

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UT SOUTHWESTERN USING NEWLY APPROVED METHOD OF SHRINKING ENLARGED PROSTATES

DALLAS — October 9, 1996 — The Federal Drug Administration (FDA) has approved a new prostate-shrinking technology known as TUNA allowing physicians at UT Southwestern Medical Center at Dallas to begin using it immediately.

Dr. Claus Roehrborn, assistant professor of urology, has been the chief investigator in a year-long study of the procedure, which uses heat to reduce an enlarged prostate.

UT Southwestern and Dallas Veterans Affairs Medical Center conducted the only study done in the Southwest. Doctors here will now be the first in the region to make it generally available to patients suffering from benign prostatic hyperplasia (BPH), a condition that affects about 60 percent of all men.

During TUNA — transurethral needle ablation of the prostate — an endoscope is inserted through the urethra to the prostate. This allows doctors to see as they place two needles into the prostate tissue. A radio-frequency generator heats the needles and, for five minutes, the tips of the needles subject the prostate tissue to temperatures of more than 100 degrees centigrade. Except for the tips, the needles are shielded so that the membrane lining the prostate is not damaged. The heat kills some of the prostate tissue, thus shrinking the enlarged gland that wraps around the urethra.

Two applications of the heat are required, one on each side of the prostate, so a treatment lasts for 10 minutes. Theoretically, up to six applications, or three treatments, may be needed to achieve the desired results. The most applications used in the study was four, or

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two treatments. The study followed almost 100 patients 50 years old or over.

The procedure is easier on the patient and less expensive than the traditional surgery, transurethral resection of the prostate (TURP).

"Patients will be able to have TUNA done as outpatients," Roehrborn said. "It will take about 45 minutes and they can go home, usually without a catheter. Over the next few days after the procedure, the prostate will shrink." Thirty percent of the patients in the clinical trial required a post-treatment catheter for a few days because of swelling.

The expense to the patients is less because they won't require the anesthesia and hospitalization necessary with TURP.

Roehrborn said data shows the less invasive treatment with TUNA has several other significant advantages over traditional surgery. With TURP, 13 percent of the patients experienced impotence; 8.7 percent had narrowing of the neck of the bladder; 2.2 percent required a blood transfusion following the surgery; and 4.3 percent became incontinent. In the randomized test of TUNA, none of the patients experienced these complications. And with TUNA, only one patient had retrograde ejaculation — the flow of semen back into the bladder — while with TURP, 30.4 percent of the patients suffered this side effect.

Both TURP and TUNA are equally effective at alleviating the symptoms of an enlarged prostate — poor urinary flow, frequent urination, urgency to urinate and getting up in the middle of the night.

After completing the study, to be published later, Roehrborn and his researchers concluded that the TUNA procedure "offers an effective and economically viable treatment alternative for men with BPH, particularly if they are younger" because it is more likely they can maintain their previous level of ejaculation.

However, he said, it is not known what the long-term results of the treatment will be since patients in the study were followed for only a year. He said patients will have to be

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evaluated for two or three years to determine if further treatment by TUNA or another method is necessary after the initial procedure.

Vida Med Corporation of Menlo Park, Calif., manufactures TUNA and paid for the study which was conducted at UT Southwestern and also at sites in Baltimore, Md.; Detroit and Ann Arbor, Mich.; Madison, Wis.; Palo Alto, Calif.; and Gainesville and New Port Richey, Fla.

More information about this treatment can be obtained by calling (214) 648-9158.

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