Erratum

Erratum to “Primary Zonal High Intensity Focused Ultrasound for Prostate Cancer: Results of a Prospective Phase IIa Feasibility Study”

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The following abstract should replace the abstract originally published for the article titled “Primary Zonal High Intensity Focused Ultrasound for Prostate Cancer: Results of a Prospective Phase IIa Feasibility Study.”

Objectives. To present the results of a prospective phase IIa study assessing the role of primary zonal High Intensity Focused Ultrasound (HIFU) for prostate cancer treatment. **Methods.** 31 consecutive patients with unilateral organ confined prostate cancer primarily treated by zonal HIFU (from February 2007 to June 2011) were recruited into a single centre prospective phase IIa feasibility study. Complications were prospectively recorded and graded according to the Clavien-Dindo score. Postoperatively, patients were followed with serial serum PSA determinations and digital rectal examinations. An individual PSA nadir was identified in each patient. Followup also included whole-gland biopsies performed in the event of a PSA rising >2.0 ng/mL above nadir value (Phoenix criteria). **Results.** At a median followup of 38 months, biochemical recurrence-free survival was 100%, 89%, and 82.7% at 1, 2, and 3 years, respectively, with overall and cancer specific survival of 100%. The procedure was safe and well tolerated with no major adverse events. All patients were continent at their last followup and 55.2% (16/29) had erectile function sufficient for penetration. **Conclusion.** Primary zonal

HIFU is a valid focal therapy strategy, safe and feasible in day to day practice with good promising results.