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UK prostate cancer patients denied 'quality of life' treatment

Focal therapy, which targets cancerous cells without damaging surrounding tissue, reduces the risk of side effects such as incontinence and erectile dysfunction

By Steve Skerry

Thousands of British men with prostate cancer are being denied access to a "quality of life-preserving" treatment that has existed for decades, doctors have warned.

Focal therapy is an effective and non-invasive treatment that targets cancer cells in the prostate gland without damaging the surrounding tissue.

This significantly reduces the risk of side effects, including erectile dysfunction and incontinence, which are common with other forms of treatment, including surgery and radiotherapy.

Focal therapy was introduced in the UK in 2006 and up to 15,000 men a year could benefit, but it is still not widely available on the NHS.

Lord Cameron of Chipping Norton, the former prime minister, chose to pay privately to have focal therapy last year after being diagnosed with prostate cancer.

About 60,000 men a year are diagnosed with prostate cancer in the UK, but doctors say many patients are not told about the option of focal therapy, which is available at only a few specialist NHS centres, mainly in London.

There are three principal forms of focal therapy: high-intensity focused ultrasound (Hifu), which sends ultrasound waves to generate heat and destroy cancer cells; cryotherapy, which uses extreme cold delivered via fine needles to freeze and kill cancer cells and a technology called NanoKnife, or irreversible electroporation, which targets the tumour with electrical pulses to kill cells. Cameron was one of only 175 patients to have NanoKnife treatment in 2025 in the UK.

Professor Hashim Ahmed, chair of urology at Imperial College London, who helped to introduce focal therapy in the UK, said: "Men with prostate cancer have a right to know that focal therapy is open to them as an alternative option to surgery, radiotherapy and active surveillance, but that is not the case. It's been 20 years since I worked with Professor [Mark] Emberton on introducing focal therapy in the UK and, in many ways, we're no further along, even though the technology has moved on considerably.

"The introduction of NanoKnife, for example, is genuinely game-changing, while Hifu and cryotherapy are also highly suitable, depending on the size of the tumour. We don't need this radical approach of taking out the whole prostate. The prostate is typically four to five centimetres wide, and tumours can be a few millimetres. There is no need to destroy the whole organ and affect a person's quality of life along with it."

He added: "We have seen cases where patients attend an NHS cancer centre, are told of their diagnosis and are offered surgery or radiotherapy as the main options, with focal therapy not mentioned at all. Those patients then go away, research it themselves, come back and ask, 'What about focal therapy?' and are told, 'No, it's not proven, we don't recommend it.' Some patients end up absolutely fighting for it, insisting they want focal therapy, and only then are they finally referred."

A US clinical study called Preserve, involving 121 patients, found that 85 per cent of men who had the NanoKnife system preserved erectile function, and 95 per cent preserved urinary continence. In contrast, more than half of men who have surgery to remove their prostate experience erectile dysfunction.

NanoKnife was moved by the National Institute for Health and Care Excellence (Nice) from "research only" to authorised for use by "special arrangement" in the UK, but it is routinely offered by only a small number of NHS centres, including University College London Hospitals, Imperial College Healthcare NHS Trust, Royal Sussex County Hospital and Northampton General Hospital. Outside the NHS, private hospitals including Parkside London, Southampton and the Princess Grace Hospital in London also offer NanoKnife.

Ahmed said: "NanoKnife is effective for tumours near vital structures such as the urethra. It is minimally invasive, often allows same-day discharge, and enables a rapid return to normal life. Because it uses electrical pulses rather than heat, it avoids thermal damage to surrounding tissue."

Laura Piccinini, of AngioDynamics, the American technology company that makes NanoKnife, said: "Access to innovation should be based on clinical need, not geography. We strongly believe that focal therapy should be available across the UK so that every patient can have an informed discussion with their clinician about all viable treatment options.

"Offering focal therapy as an alternative to surgery, radiotherapy, and surveillance is not about replacing existing treatments but to expand the treatment options available."

A separate study published this week by a team at Imperial College London reviewed 554 cases of prostate cancer in England, and found that salvage focal therapy was just as effective as surgery in treating men whose cancer had recurred after radiotherapy. Only one in 20 focal therapy patients had complications such as incontinence, compared with six in ten who had surgery.