using bipolar radiofrequency ablation showed early efficacy to ablate cancer, and had low rates of genitourinary and rectal side effects.

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EDITORIAL COMMENT

Coil bRFA with the Encage device is a unique option for focal prostate ablation. With transperineal insertion, and ablation limited to the coil cage, treatments can be applied to both anterior and posterior lesions with minimal chance of ablating nearby vital structures. In this series of 20 men with intermediate risk prostate cancer, no grade 3-5 adverse events were reported and 15 men had complete absence of any cancer at the 6-month biopsy. This is impressive considering that it was a first of its kind experience and post-treatment biopsy was mandated and thorough, with a median of 6 cores from the treatment site, which is beyond the approach of most focal therapy series.

However, the success may in large part be due to the ingenious approach of adding extra needles to

pull the energy outside the coil. Even though keeping energy inside the coil provides safe gating of vital structures, I assume that it was almost too precise. Because lesions are typically larger than they appear on MRI, successful focal therapy requires wide margins (reference 19 in article), a dictum we follow carefully in our MRI guided transrectal high intensity focused US and transperineal laser trials. I imagine that having the ability to reshape and expand the ablation with additional needles in bRFA gives the freedom to tailor the shape to accommodate almost any tumor morphology.

Although intermediate term outcomes are unknown, these early results are quite promising. One major challenge will be generalizing bRFA because, as the authors explain, experience with US guided transperineal procedures is a prerequisite for successful bRFA. This is a skill that many urologists lack. Despite this, the results are encouraging, and I am excited to see the growth of this platform.

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