2026 NYU LANGONE HEALTH

International Symposium on **Robotic Focal Therapy**

COURSE HIGHLIGHTS:

Patient Selection | Treatment Techniques | Hands-On Training

Saturday, March 28, 2026

JAMES WYSOCK, MD
Course Director
NYU Langone Health

HERBERT LEPOR, MD
Chair, Department of Urology
NYU Langone Health

NYU Langone Health | Focal·One®

Dear Colleagues,

Welcome to the International Symposium on Robotic HIFU for Prostate Cancer at NYU Langone Health. It is a privilege to bring together colleagues and experts from across the United States and abroad for what we expect will be a highly engaging and practical day of education and discussion.

At NYU Langone, our approach to prostate cancer care is grounded in clinical excellence, innovation through research, and a deep commitment to education. As treatment paradigms in focal therapy continue to evolve, success in this emerging field demands a critical reexamination of traditional approaches to prostate cancer — guided by evidence-based practice, rigorous analysis, and a commitment to continuous learning.

Today's masterclass offers a comprehensive, case-based exploration of robotic HIFU and its role in modern prostate cancer management. Through focused didactic sessions, panel discussions, and real-world case reviews, our faculty will address the key elements of building and executing a focal therapy program. Topics include patient selection using advanced imaging and biopsy techniques, treatment planning and execution, post- treatment surveillance and recurrence management, and the operational considerations required to scale a sustainable program.

We are fortunate to have a distinguished faculty representing leading academic and clinical programs, each bringing deep experience in focal therapy, imaging, and prostate cancer management. Our goal is not only to share knowledge but to provide a practical framework you can apply directly in your clinical practice.

Thank you for joining us. We hope you find this symposium valuable, actionable, and directly relevant to your work as we collectively advance the role of focal therapy in prostate cancer care.

Sincerely,

James S. Wysock, MD
Assistant Professor of Urology
GU Urologic Oncology Program Leader, Perlmutter Cancer Center
NYU Langone Health

SYLLABUS

Saturday, March 28, 2026

International Symposium on Robotic Focal Therapy

At Tisch Hospital, NYU Langone Health

Faculty Key

Course Faculty:

These faculty will present one presentation (15 min) per session, participate in panel discussion, and moderate one panel:

- Alexander Cole, MD – *Harvard Medical School/Brigham & Women's MGH*
- Timothy Daskivich, MD – *Cedars-Sinai Medical Center*
- David Finley, MD – *Kaiser Permanente Los Angeles*
- George Schade, MD – *University of Washington*
- Abhinav Sidana, MBBS, MPH – *University of Chicago*
- James Wysock, MD, MS – *New York University*

Keynote and International Faculty:

These faculty will present keynote or remote talks, participate in panel sessions:

- Herber Lepor, MD – *New York University*
- Sebastian Crouzet, MD, PhD – *Hospices Civils de Lyon, France*

Course Learning Objectives

Upon completion of this symposium, participants will be able to:

- Select appropriate candidates using structured imaging, biopsy, and risk stratification
- Plan and execute Focal One HIFU ablation with precision and safety
- Establish surveillance protocols and manage recurrence after focal therapy
- Build and scale a sustainable multidisciplinary focal therapy program

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Syllabus

Welcome & Course Overview

8:00 – 8:10 AM | James Wysock | **Welcome, Introductions, and Framing the Masterclass**

Session 1 | **Foundations of Patient Selection: Defining Disease Characteristics and Confirming Candidacy Through Imaging and Biopsy**

8:10 – 8:25 AM | Alexander Cole | **Defining the Ideal Target: Grade, Volume, and Disease Biology**

- Objective: Discuss the biological and clinical profile of the ideal candidate for partial gland ablation.
- Key Message: Image-based ablation requires a fundamental shift in thinking: from whole-gland risk stratification to lesion-directed disease characterization.
- Content:
    - The Index Lesion Hypothesis and Biological Rationale for Partial Gland Ablation: Explain how targeting the index lesion supports the oncologic rationale for partial gland ablation.
    - Disease Characteristics of the Ideal Target: Describe how disease grade and lesion volume inform candidate selection.
    - Refining Candidacy Through Advanced Features: Explore how genomic tools and high-risk pathologic variants refine the disease profile beyond conventional criteria.

8:25 – 8:40 AM | Timothy Daskivich | **Confirming Candidacy Through Imaging: MRI, Anatomical Assessment, and Advanced Modalities**

- Objective: Establish the role of imaging in confirming the disease target, assessing anatomical feasibility, and building a reproducible image-based approach to candidate selection.
- Key Message: High-quality imaging, built on a disciplined radiology partnership, is the cornerstone of candidate selection — confirming the

target, defining its boundaries, and establishing anatomical feasibility for safe and effective treatment delivery.

- Content:
    - Confirming Laterality and Ruling Out Contralateral Disease: Describe how MRI confirms unilateral disease and excludes clinically relevant contralateral findings that would preclude partial gland ablation.
    - Evaluating Anatomic Features that Influence Treatment Planning: Review imaging variables such as calcifications, rectal wall distance, gland size, and lesion location that impact treatment feasibility, safety, and energy delivery.
    - Advanced Imaging Modalities: Explore how PSMA-PET complements conventional MRI in candidate assessment. What is PSMAs role in patient selection and pre-treatment workup.

8:40 – 8:55 AM | Abhinav Sidana | **Characterizing the Target: Biopsy Techniques and Workflow**

- Objective: Establish a structured biopsy approach that integrates imaging and pathology to confirm candidacy for partial gland ablation.
- Key Message: A disciplined biopsy workflow — from initial sampling through confirmatory review — is essential for characterizing the disease target, selecting candidates with confidence, and informing the treatment plan.
- Content:
    - Targeted vs. Systematic Biopsy: Clarify the roles of targeted and systematic biopsies in candidate selection and when to appropriately leverage each before offering partial gland ablation.
    - Confirmatory Biopsy and the Role of Outside Pathology: Address whether confirmatory biopsy is necessary prior to treatment, how to evaluate outside biopsy results, and when repeat sampling is warranted.
    - Transperineal Mapping and Saturation Biopsy: Discuss how these techniques refine lesion characterization and enhance confidence in candidate selection.

8:55 – 9:20 AM | Panel, Moderated by James Wysock | **Discussion #1: Case-Based Tumor Board — Evaluating Candidacy for Partial Gland Ablation**

- Objective: Apply imaging, biopsy, and pathology principles to structured real-world cases that challenge the boundaries of candidacy for partial gland ablation.
- Key Message: Real-world cases expose the nuance behind patient selection — structured debate sharpens clinical judgment and builds the program consistency needed to select candidates with confidence.
- Content:

- Case Presentations: Moderator presents 2–3 cases. Suggested structure: one clear candidate, one clear non-candidate, and one clinically debatable case.
- Faculty Debate and Clinical Reasoning: Panel members debate the appropriateness of partial gland ablation for each case, identify data gaps or anatomic concerns, and consider when whole-gland therapy may be more appropriate.

9:20 – 9:30 AM | Break

Session 2 | **HIFU in Practice: Mechanism of Action, Treatment Execution, and MRI-US Fusion Workflow**

9:30 – 9:45 AM | George Schade | **HIFU Mechanism and Tissue Response: Foundational Principles for Treatment Execution**

- Objective: Establish foundational knowledge of HIFU tissue effects and their direct application to safe, precise, and reproducible treatment execution.
- Key Message: Understanding HIFU physics and tissue response is essential for margin planning, procedural safety, and confidence in delivering partial gland ablation.
- Content:
  - HIFU Mechanism and Tissue Response: Explain how HIFU generates thermal coagulative necrosis and acoustic cavitation to produce targeted tissue destruction and describe how tissue response varies across zonal anatomy.
  - Translating Physics into Clinical Practice: Review how mechanism and tissue effects inform ablation zone definition, margin planning, and procedural safety.
  - Contextualizing HIFU Among Ablative Technologies: Briefly position HIFU relative to cryotherapy, IRE, and laser to clarify the clinical and technical differentiators.

9:45 – 10:00AM | David Finley | **Executing Partial Gland Ablation: Treatment Strategy, Energy Delivery, and Intraoperative Assessment**

- Objective: Establish a structured and reproducible approach to HIFU treatment execution — from procedural planning and energy configuration through real-time intraoperative assessment.

- Key Message: Delivering a function-preserving, oncologically effective treatment requires disciplined energy planning, precise execution, and real-time intraoperative assessment to confirm ablation adequacy.
- Content:
    - Procedural Workflow: Outline the structured sequence of a Focal One procedure — from patient positioning and treatment zone planning through energy delivery.
    - Energy Configuration and Double-Pass Strategy: Review how lesion characteristics, margins, and anatomy guide treatment zone design, and discuss the rationale and technique for double energy deposition to enhance treatment completeness.
    - Intraoperative Assessment and Decision Making: Discuss the role of CEUS in real-time ablation assessment and address key intraoperative decision points and troubleshooting strategies.

10:00 – 10:15 AM | James Wysock | **Fusion-Guided Treatment Planning: Margins, Image Integration, and Procedural Readiness**

- Objective: Establish a structured treatment planning approach that integrates HIFUsion, margin strategy, and procedural preparation to support precise and reproducible partial gland ablation.
- Key Message: HIFUsion transforms static imaging into an actionable treatment framework — enabling precise margin definition, anatomically aligned treatment zones, and the procedural confidence needed for reproducible partial gland ablation.
- Content:
    - Pre-Planning with HIFUsion: Describe how fusion functions as a structured, active step in procedural preparation — guiding margin confirmation and treatment zone design.
    - Using Fusion to Define and Validate Treatment Margins: Explain how MRI/US alignment informs lesion localization and margin expansion, and how that imaging data is translated within the Focal One platform into precise, anatomically aligned treatment maps.
    - Tracking Treatment: Address how fusion accuracy is confirmed intraoperatively and outline strategies for enhancing real-time treatment tracking.

10:15 – 10:40 AM | Panel, Moderated by Timothy Daskivich | **Discussion #2: Case-Based Procedural Review — Executing Partial Gland Ablation**

- Objective: Apply HIFU planning, treatment configuration, and fusion principles to real-world cases that challenge treatment strategy and intraoperative judgment.

- Key Message: Real world cases expose the complexity of treatment execution — structured discussion of planning choices and intraoperative decisions builds the technical consistency needed for reproducible outcomes.
- Content: Moderator presents 2-3 cases. Suggested structure: one straightforward case, one anatomically or technically challenging case, and one case involving a key intraoperative decision point.
- Faculty Debate and Clinical Reasoning: Panel members discuss treatment planning choices, energy configuration rationale, fusion strategy, and how they would approach critical intraoperative decisions. Case topic considerations – challenging locations (apex, urethra proximity), margin size, double pass strategy, real-time treatment adjustment.

10:40 – 10:50 AM | Break

Session 3 | **Surveillance and Recurrence Assessment After Partial Gland Ablation**

10:50-11:05 AM | Abhinav Sidana | **Defining Recurrence and Persistence: PSA Kinetics, Imaging, and Biopsy Triggers**

- Objective: Establish an evidence-based framework for identifying recurrence or persistence after HIFU using PSA trends, imaging findings, and biopsy confirmation.
- Key Message: Clear and disciplined surveillance protocols are essential to differentiate expected post-treatment changes from clinically meaningful recurrence.
- Content:
    - Defining Biochemical and Clinical Recurrence: Clarify how recurrence is defined and how those definitions differ from radical treatment paradigms.
    - Interpreting PSA Kinetics After Partial Gland Ablation: Describe expected PSA trends following ablation and identify patterns that warrant further investigation.
    - Evaluating Post-Treatment MRI and Biopsy Timing: Explain how to differentiate expected post-ablation MRI changes from features suggestive of recurrence, and outline when and how to proceed to confirmatory biopsy.

11:05 – 11:20 AM | Alexander Cole | **Patterns of Recurrence, Persistence, and Clinical Management**

- Objective: Describe recurrence and persistence patterns after ablation and define management approaches based on disease biology, location, and patient priorities.
- Key Message: Assessing for recurrence or persistence after ablation remains a critical aspect of ablation strategy and requires thoughtful assessment and individualized management.
- Content:
    - Identifying Patterns of Recurrence and Persistence: Delineate common patterns including in-field recurrence, out-of-field progression, contralateral disease, and persistent untreated foci, and explain their clinical relevance.
    - Integrating Recurrence Pattern into Management Strategy: Explain how recurrence location, grade progression, and risk profile inform decisions regarding surveillance, focal retreatment, or transition to whole-gland therapy.
    - Setting Expectations, and Communicating Outcomes: Outline a structured approach to establishing patient expectations for recurrence and management options.

11:20 – 11:40 AM | Panel, Moderated by George Schade | **Discussion #3: Recurrence Management – Assessment and Management**

- Objective: Analyze real-world cases of recurrence or persistence after ablation.
- Key Message: Review of recurrences strengthens clinical judgment, informs management decisions, and supports continuous quality improvement.
- Content: Review 2–3 cases of recurrence, including PSA trends, biopsy results and prior treatment details. Suggested structure: one in-field recurrence, one out-of-field progression, and one case where transition to whole-gland therapy is the appropriate decision.

Session 4 | **Salvage HIFU**

11:40 AM – 12:00 PM | Sébastien Crouzet | **Salvage HIFU: Patient Selection, Technique, and Long-Term Outcomes**

Note: This session will be delivered remotely via live video link.

- Objective: Establish patient selection for salvage HIFU, outline technical considerations unique to the salvage setting, and review long-term oncologic and functional outcomes.
- Key Message: Salvage HIFU can provide meaningful oncologic control with acceptable functional outcomes when applied with disciplined patient selection and technique.
- Content:
    - Identifying Appropriate Salvage Candidates: Describe patient profiles appropriate for salvage HIFU — including prior radiation failures and prior ablation — and how selection criteria differ from the primary treatment setting.
    - Technical Considerations in the Salvage Setting: Outline how prior treatment alters anatomy, tissue planes, vascularity, and energy propagation, and discuss modifications in planning, margin strategy, and energy delivery.
    - Long-Term Outcomes Data: Review salvage HIFU outcomes including Crouzet's 8-year data and the salvage cohort from the HIFI study, including oncologic control and functional preservation.

12:00 – 1:00 PM | Lunch

Session 5 | **Keynote**

1:00 – 1:30 PM | Herbert Lepor | **Building a Successful Ablation Program: Lessons from the NYU Cryo and HIFU Experience**

- Objective: Share institutional lessons from the NYU experience to define the structural, clinical, and cultural elements required to build a durable and credible ablation program.
- Key Message: The long-term success of any ablative program is driven less by the technology and more by patient selection, standardized technique, and rigorous longitudinal follow-up.
- Content:
    - The institutional decision to invest in focal therapy and what drove it.
    - How the NYU program evolved from cryotherapy and HIFU.
    - Patient volumes, referral patterns, and how the program matured over time.

- Honest reflection on early challenges, case selection lessons, and what changed with experience.
- What metrics NYU tracks and how they evaluate program success.
- Advice for institutions just getting started.

1:30 – 1:45 PM | Break

Session 6 | **Building and Scaling a Sustainable Ablation Program**

1:45 – 2:00 PM | James Wysock | **Establishing a Multidisciplinary Partial Gland Ablation Program**

- Objective: Establish the collaborative, operational, and workflow requirements for building a coordinated partial gland ablation program within an existing urologic oncology practice.
- Key Message: Successful ablation programs are built on strong collaboration between urology, radiology, and pathology — and require deliberate evolution of existing clinical workflows, imaging standards, and patient communication strategies.
- Content:
  - Building the Collaborative Foundation: Describe how effective programs depend on structured alignment between urology, radiology, and pathology to elevate imaging quality, biopsy interpretation, and clinical decision making across the patient care pathway.
  - Evolving Existing Workflows and Standards: Outline how existing prostate cancer management strategies must adapt to support a partial gland ablation program — including raising the bar on imaging and biopsy quality, establishing mechanisms for image and pathology data upload and transfer, and increasing access to centralized image and pathology review.
  - Setting Patient Expectations and Communicating the Monitoring Commitment: Address how to counsel patients on the nature of partial gland ablation, what to expect post-treatment, and the importance of structured long-term surveillance as part of the program commitment.

2:00 – 2:15 PM | David Finley | **Learning Curve, Technical Development, and Program Maturation**

- Objective: Delineate phases of the ablation learning curve and outline strategies to standardize technique, accelerate competency, and scale procedural volume safely.
- Key Message: Program growth depends on disciplined technique development and continuous performance review to ensure consistent outcomes as experience expands.
- Content:
    - Understanding the Learning Curve: Describe the expected progression from early cases to procedural proficiency and how case complexity should evolve over time.
    - Standardizing Technique During Early Adoption: Explain how protocol development, margin discipline, and structured case review reduce variability during program growth.
    - Developing Technical Confidence and Judgment: Discuss how repetition, mentorship, and outcome tracking support refinement of treatment and outcomes.

2:15 – 2:45 PM | Panel, Moderated by Herbert Lepor | **Discussion #4: Ask the Faculty Anything – Building and Scaling a Focal Therapy Program**

- Objective: Moderator to engage audience and faculty in practical discussion regarding program development, scaling, and real-world implementation challenges.
- Key Message: Building a successful program requires thoughtful planning, structured collaboration, and continuous refinement informed by experience.
- Content:
    - Open “Ask Me Anything” Discussion: Moderator engages audience to discuss wide range of topics

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Program Close

Summarize the key principles covered throughout the day, from patient selection and technique to surveillance and program development. Reinforce the importance of disciplined execution and continuous improvement in building a sustainable focal therapy program.

Faculty

Herbert Lepor, MD – Course Director

Herbert Lepor is Professor of Urology at NYU Langone Health and the Martin Spatz Chair of Urology. In nearly 40 years of practice, Dr Lepor has established himself as one of the most influential and progressive leaders in gland sparing, function preserving prostate cancer care. He completed his training at Johns Hopkins, where he worked alongside Dr. Pat Walsh to develop nerve sparing treatment techniques for prostatectomy. Over his career, he has treated thousands of men with prostate cancer and has built one of the most comprehensive focal therapy programs in the world. Dr. Lepor has played a key role in advancing focal therapy, helping define patient selection, clinical pathways, and the integration of image guided treatment into modern prostate cancer care.

James Wysock, MD, MS – Course Director

James Wysock is an Assistant Professor of Urology at NYU Langone Health, and Director of the Robotic HIFU and Focal Therapy Program. He earned his medical degree from Northwestern University, completed his urology residency at NYP - Weill Cornell, and fellowship training in urologic oncology at NYU. His training emphasized advanced imaging, MRI targeted biopsy, and minimally invasive cancer treatment. Dr. Wysock is a leader in image guided prostate cancer care, with extensive experience in HIFU, MRI fusion biopsy, and focal therapy. Having performed over 100 Focal One procedures, in addition to experience with multiple HIFU platforms, he has built one of the leading focal therapy programs in the United States. Dr. Wysock is at the forefront of integrating advanced imaging, diagnostics, and focal ablation into clinical practice and physician education.

Pr. Sébastien Crouzet

Sebastien Crouzet is a Professor and Vice-Chair of Urology at Lyon University Hospital in France and one of the most experienced HIFU and Focal One users globally. He completed his medical and urologic training in France, where he developed early expertise in MRI Imaging of the Prostate and HIFU during its initial clinical adoption. He then completed a 2-year Research Fellowship at the Cleveland Clinic's Glickman Urological and Kidney Institute. Over the past two decades, he has been at the forefront of focal therapy innovation, performing more than 3,000 Focal One procedures. He has authored over 100 clinical publications focused on HIFU and focal therapy and has contributed to many of the foundational studies that define patient selection, technique, and outcomes. His work has been instrumental in shaping how focal therapy is practiced and adopted worldwide.

Alexander Cole, MD

Alexander Cole is an Assistant Professor of Surgery at Harvard Medical School and a urologic oncologist at Brigham and Women's Hospital. He completed his urology residency at Brigham and Women's, followed by fellowship training in urologic oncology through the combined Mass General/Brigham program. He completed an advanced fellowship in focal therapy and image guided therapeutics at University College London with Professor Hashim Ahmed. Dr. Cole's practice focuses on robotic surgery and image guided focal therapy. He performed the first robot assisted HIFU case in New England and is helping bring advanced focal therapy techniques into academic practice in the United States.

Timothy Daskivich, MD

Timothy Daskivich is an Assistant Professor, Director of Urologic Oncology, and Director of Health Services Research at Cedars Sinai in Los Angeles. He completed his medical training and urology residency at the University of California, San Diego, followed by fellowship training in urologic oncology at UCLA, where he developed expertise in complex cancer surgery and focal therapy. He also holds a Master of Science in Health Policy and Management, reflecting his focus on healthcare delivery and outcomes. His research focuses on life expectancy, decision science, and optimizing prostate cancer treatment to balance oncologic outcomes with quality of life.

David Finley, MD

David Finley is a urologic oncologist at Kaiser Permanente Los Angeles and a leader in robotic surgery and focal therapy program development. He completed his medical training and urology residency at the University of California, Irvine, followed by fellowship training in urologic oncology at UCLA, where he developed expertise in function preserving treatment of prostate cancer. Dr. Finley has been instrumental in building HIFU and MRI fusion biopsy programs across a large integrated health system. His work focuses on translating focal therapy into scalable clinical programs, optimizing workflows, and delivering consistent, high-quality outcomes in real world practice.

George Schade, MD

George Schade is an Associate Professor of Urology at the University of Washington and an adjunct faculty member in the Center for Industrial and Medical Ultrasound and Applied Physics Lab. He earned his medical degree from the University of Chicago, completed his urology residency at the University of Michigan, and fellowship training in urologic oncology at the University of Washington. His training uniquely bridges clinical oncology and engineering-based innovation. Dr. Schade brings deep clinical experience in focal therapy, combined with a specialized focus on ultrasound physics, energy delivery, and device development. His work is focused on advancing the technical foundation of HIFU and improving precision in image guided cancer treatment.

Abhinav Sidana, MBBS, MPH

Abhinav Sidana is an Associate Professor of Surgery at the University of Chicago and Director of the Prostate Cancer Focal Therapy Program. He completed his urology residency at the University of Cincinnati and fellowship training in urologic oncology at the National Institutes of Health, where he developed expertise in advanced imaging, clinical trials, and novel prostate cancer therapies. Dr. Sidana is a recognized leader in image guided focal therapy. Dr. Sinada is a leader in the Focal Therapy Society and has over 100 peer reviewed publications, many of which review clinical outcomes and applications of focal therapy.