**METHODS**

- To compare oncological efficacy and functional outcomes for focal (SFC) versus total (STC) salvage cryoablation of the prostate.

**Objectives**

- To compare oncological efficacy and functional outcomes for focal (SFC) versus total (STC) salvage cryoablation of the prostate.

**RESULTS**

- Median age was 72 years (IQR.68-76).
- Median pre-treatment PSA 5.2 ng/ml (IQR, 3-8.7).
- Median Gleason Sum of 7 (IQR.6-7).
- There was a modest, non-significant improvement in 2-year PFS for STC compared to SFC (81.4% vs. 72.7%, p= 0.09)
- No statistically significant difference in the prevalence of persistent cancer on post-treatment biopsy for STC compared to SFC (17/65 (26.2%) vs. 6/17 (35.3%), p=0.46).
- STC was associated with a higher probability of transient urinary retention (17.7% vs. 8%. p=0.02).
- No significant differences in post cryo urinary incontinence (28.4% vs.23.3%,p=0.39), rectal fistulae (2% vs 3%, p=0.56) or new-onset ED (49% vs. 57.6%, p=0.47) in STC vs. SFC respectively.

**CONCLUSIONS**

- Compared to focal, whole gland salvage cryoablation was associated with a modest improvement in 2-year progression free survival and equivalent morbidity.
- Focal salvage cryoablation as opposed to whole gland therapy should be considered selectively, if at all, in men with exceptional sexual function even after primary radiation.