2. 5th Generation Robotic Surgical System – da Vinci 5
HKAH – SR has taken the lead in 2026 to introduce the first da Vinci 5 robotic surgical system in Greater China, setting a new standard for robotic minimally invasive surgery.

Upgrade Category	Specific Enhancements
Force Feedback Technology	Exclusive feature providing real-time tissue contact force and resistance data, allowing surgeons to "feel" tissue consistency and minimize nerve and healthy tissue damage
Image Clarity	Next-generation 3D high-definition imaging with 4 times the pixel resolution of the previous generation, enabling clearer differentiation of fine structures such as blood vessels and nerves
Computational Power	Processing capability 10,000 times greater than the previous generation, optimizing surgical efficiency and helping to shorten operative time and accelerate recovery
Global Application	Used in over 380,000 procedures, with broad FDA clearance across multiple specialties including urology and cardiology

Clinical Applications:
The system is particularly suitable for complex procedures such as prostate cancer, colorectal cancer, and urological tumor surgeries. Through more precise tissue dissection, it helps preserve neurovascular bundles, enhancing postoperative urinary continence and erectile function recovery.

V. Recommendations for the Hong Kong Public
Prostate cancer treatment has entered the era of personalized precision medicine. Each treatment option carries different efficacy, side effects, and risks. Patients are encouraged to discuss thoroughly with their urologist and oncologist, considering the following factors:

- Tumor risk stratification (low, intermediate, high)
- Age and overall health status
- Personal expectations regarding quality of life (urinary and sexual function)

前列腺癌治療方案全攻略 —— 最新科技與香港港安醫院—司徒拔道(香港港安)服務

前列腺癌是本港常見的男性癌症之一。隨着精準醫療與微創手術技術不斷突破，現今前列腺癌患者已有多種有效治療選擇。醫生會根據患者的風險分層、腫瘤期數、PSA水平、Gleason評分及個人健康狀況，建議最合適的治療策略。

一、早期及局限期前列腺癌（腫瘤未擴散）
對於癌細胞仍局限於前列腺內的患者，治療目標是根治疾病。主要選項包括：

- **主動監測**
  適用於低風險、生長緩慢的腫瘤，或年長體弱不宜接受創傷性治療的患者。透過定期PSA測試及影像檢查嚴密監察，延遲或避免治療所帶來的副作用。
- **手術治療**
  手術是根治性治療的骨幹方法，包括開放式、腹腔鏡及機械臂輔助前列腺切除術。其中機械臂手術已成為主流，能更精細地保留神經血管束，提升術後排尿及性功能恢復機會。
- **局部消融治療（如微創電穿孔局部消融術 IRE）**
  針對腫瘤局限於單側的早期患者，可選擇經會陰微創電穿孔局部消融術（IRE），透過高壓電脈衝選擇性破壞癌細胞，同時保存周邊重要組織。
- **放射治療**
  利用高能量放射線殺死癌細胞，以體外放射治療（如IMRT、IGRT）為主。可配合荷爾蒙治療提升高風險患者的治癒率。

二、中高風險及局部晚期前列腺癌
當腫瘤具較高復發風險或已局部擴散，醫生通常建議合併治療：

- **放射治療 + 長期荷爾蒙治療**：研究顯示能顯著延長生存率。
- **荷爾蒙治療**：用作輔助或根治性治療，常用藥物包括LHRH激動劑/ 拮抗劑及抗雄激素藥物。

三、晚期及轉移性前列腺癌（已擴散至骨骼或其他器官）
治療重點在於控制病情、延長壽命及維持生活質素：

- **荷爾蒙治療**（持續性或間歇性）
- **化學治療（多西他賽）**：用於去勢抗性前列腺癌
- **放射性核素治療（鐳-223）**：專門針對骨轉移
- **標靶治療及精準醫學**：包括PARP抑制劑（適用於BRCA突變患者）及Lu-177 PSMA 放射性配體治療（適用於PSMA陽性轉移性去勢抗性前列腺癌）

四、香港港安最新引進服務
香港港安致力引入國際頂尖醫療科技，為前列腺癌患者提供更精準、更安全的治療選擇。院方最新提供以下兩項重點服務：

1. 經會陰微創電穿孔局部消融術（IRE）—— 精準局部消融
微創電穿孔局部消融術是一種針對早期前列腺癌的局部消融技術。醫生透過經會陰途徑將電極針精準置入腫瘤位置，發放高壓電脈衝，在癌細胞膜上形成不可逆納米孔，誘導細胞凋亡，同時完整保存周邊血管、神經及健康組織。

技術特點：

- 非熱力、非冷凍技術，可安全應用於直腸、尿道及神經血管束附近
- 適合腫瘤局限於單側、未有擴散的早期患者
- 美國食品藥物管理局（FDA）已於2024年底批准用於前列腺組織消融

PRESERVE臨床試驗結果 —— 最新科學證據支持
IRE的成效與安全性已獲大型前瞻性臨床研究驗證。PRESERVE試驗是一項在美國17個臨床中心進行的關鍵性研究，共納入121名中風險前列腺癌患者（Gleason Grade Group 2 或 3），評估以NanoKnife系統進行IRE治療的效果

關鍵數據（12個月跟進結果）：

評估指標	結果
腫瘤控制	治療區域內71%患者達到無癌病理反應（陰性活檢）；按Delphi共識標準定義則達84%
PSA水平	6個月時PSA中位數降幅達68.2%；PSA中位數谷底時間為3.5個月
排尿功能	96%術前已能自主排尿的患者，在12個月時仍無需使用尿墊；下尿路症狀有明顯改善
勃起功能	84%術前勃起功能良好的患者，在12個月時仍能維持足以進行性行為的勃起
安全性	僅12%患者出現3級或以上不良事件，其中僅3宗與手術相關；無4級或以上嚴重不良事件報告

24個月持久性數據：
在完成兩年跟進的患者中，94.4%完成評估，期間沒有出現新的治療失敗個案；97%患者PSA水平較基線下降，且12至24個月期間沒有新增與設備或手術相關的不良事件。
該試驗結果已於2026年1月刊登於頂尖泌尿科學期刊《European Urology》。

2. 第五代機械臂手術系統 —— 達文西5（da Vinci 5）
香港港安於2026年率先引入大中華區首部第五代da Vinci 5機械臂手術系統，為機械臂微創手術寫下新標準。

升級範疇	具體提升
力回饋技術	獨家配備即時傳遞組織接觸力度及阻力，讓外科醫生「感受」組織軟硬度，減少神經及正常組織損傷
影像清晰度	新一代3D高清立體影像，像素較上一代提升4倍，更清晰分辨血管及神經等細微結構
計算效能	運算能力較上一代提升10,000倍，優化手術效率，有助縮短手術時間及加速康復
全球應用	已應用於超過380,000宗手術，獲美國FDA廣泛專科認證

適用範圍：
特別適合前列腺癌、結直腸癌及泌尿系統腫瘤等複雜手術，透過更精細的組織分離，有助保留神經血管束，提升術後排尿控制及勃起功能恢復機會。

五、給香港市民的建議
前列腺癌治療已進入個人化精準醫療時代。不同治療方案各有成效、副作用及風險，患者應與泌尿科及腫瘤科醫生詳細討論，並考慮以下因素：

- 腫瘤風險分級（低、中、高）
- 年齡及整體健康狀況
- 個人對生活質素（排尿、性功能）的期望

A Prostate Cancer Prevention 預防前列腺癌

Adopting healthy lifestyle habits can reduce the risk of developing prostate cancer. Prevention methods include:

1. **Healthy Diet:** Reduce intake of red meat, processed meats, and high-fat dairy products; increase consumption of antioxidant-rich fruits and vegetables, as well as foods high in Omega-3 fatty acids.
2. **Regular Exercise:** Engage in at least 150 minutes of moderate-intensity exercise per week.
3. **Maintain a Healthy Weight:** Keep BMI within a healthy range.
4. **Regular Screening:** Men aged 50 and above (or from age 45 if there is a family history) should undergo PSA testing.
5. Avoid smoking and excessive alcohol consumption.

透過健康生活習慣可降低患上前列腺癌的風險。預防方法包括：

1.**健康飲食**：減少紅肉、加工肉類及高脂乳製品，多攝取富含抗氧化物的蔬果和Omega-3脂肪酸食物。
2.**規律運動**：每週至少150分鐘中等強度運動。
3.**維持健康體重**：保持BMI在健康範圍內。
4.**定期篩查**：50歲以上（或有家族病史者可提早至45歲）應進行PSA檢測。
5.避免吸煙和過量飲酒。

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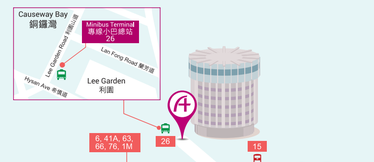

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SR-UROO-PC-2026001

Extending the Healing Ministry of Christ 延續基督的醫治大能

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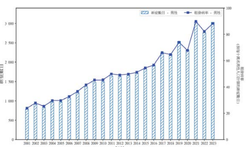
Prostate Cancer
前列腺癌

Current Situation of Prostate Cancer
前列腺癌的現況

Prostate issues are very common in Hong Kong. There were 3,031 new cases in 2023, almost doubled in the past decade. It is now the third most common cancer among men.

前列腺問題在本港非常普遍，2023年前列腺癌的新增個案有3,031宗，且在過去十年大幅上升接近一倍，現為第三大常見男士癌症。



What is Prostate Cancer?
甚麼是前列腺癌？

A part of the male reproductive system, the prostate is a gland that produces a thick fluid that forms part of semen. Prostate cancer occurs when there is an abnormal growth of cells in the prostate gland, and is often seen in patients over the age of 50. While prostate enlargement is quite common in older men, it can be difficult to detect prostate cancer early as most patients are asymptomatic and some do not get diagnosed until the cancer is already at an intermediate or advanced stage. Hong Kong Urological Association advocates prostate cancer screening at the age of 50.

前列腺是男性的生殖腺，負責製造濃液混和精子形成精液。前列腺癌是前列腺細胞異常生長所形成，發病年齡多在50歲以上。前列腺腫脹問題很常見，早期的前列腺癌卻往往沒有症狀，部分病人發現患病時已屬中晚期，因此香港泌尿外科學會建議50歲以上男士應作前列腺癌篩查。

Risk Factors
風險因素

Age: prostate cancer is most common in men over the age of 50.
Family History: risk increases if a blood relative has been diagnosed with prostate cancer.
Also, smoking, and diets with processed foods are also the causes.

年齡：患者以年長男性居多，較少發生在50歲以下的男士身上。
遺傳：家族中曾有人患上前列腺癌。
此外長期吸煙和進食加工食物亦是致病原因。

Progression and metastatic symptoms of Prostate Cancer
前列腺癌的演變及擴散症狀

The progression of prostate cancer can lead to various complications, especially if cancer cells have spread to other parts of the body. Understanding potential complications helps the public learn the importance of early diagnosis and treatment, so as to avoid the unwanted metastatic outcomes.

1. Urinary Problems
A prostate tumor may grow significantly with time to compress the urethra, leading to difficulty urinating, frequent urination, increased nocturia, or weak urine flow.

2. Bone Metastasis and Fracture Risk
Advanced prostate cancer tends to spread to the bones, leading to bone pain, fractures, or spinal compression, which can severely impact mobility.

3. Kidney Issues
If the tumor affects the bladder trigone area, it may obstruct urine flow, causing ureteric obstruction and potentially leading to kidney failure.

4. Anemia and Fatigue
Cancer cells can affect bone marrow function, potentially leading to anemia. This can cause fatigue, dizziness, and shortness of breath.

5. Lymphedema
When cancer spreads to lymph nodes or surgery affects the lymphatic system, it may cause swelling in the lower body, impacting daily activities.

前列腺癌的發展過程中，可能會引起一些不良後果，尤其是在癌細胞擴散階段。了解這些潛在影響，有助於公眾明白及早診斷的重要性，避免擴散的後果。

1. 排尿問題
前列腺腫瘤一般發展到後期才有機會壓迫尿道，導致排尿困難、尿頻、夜尿增多或尿流變弱。

2. 骨轉移與骨折風險
晚期前列腺癌容易擴散至骨骼，導致骨痛、骨折或脊椎壓迫，嚴重時可能影響行動能力。

3. 腎臟問題
如果腫瘤發展至影響膀胱三角區，可能導致尿液倒流無法順利排出，阻塞輸尿管，甚至引發腎衰竭。

4. 貧血與疲勞
癌細胞影響骨髓造血功能，導致紅血球數量減少，可能引發貧血，導致疲倦、頭暈及氣喘。

5. 淋巴水腫
當癌細胞擴散至淋巴結，或手術影響淋巴系統時，可能導致下半身水腫，影響日常活動。

How to Diagnosis Prostate Cancer?
如何診斷前列腺癌？

To increase the survival rate of prostate cancer, medical practitioners recommend that males over the age of 55 be regularly screened for prostate cancer, even in the absence of symptoms. For those who suspect they may have prostate cancer, or are experiencing symptoms, a specialist may recommend an ultrasound or MRI.

- **Prostate Cancer Screening:** The doctor will assessing symptoms, and by conducting a digital rectal exam, check the serum prostate-specific antigen (PSA) level, urine culture test to assess the risk of having prostate cancer
- **Ultrasound:** This test only can evaluate the overall prostate gland size and late stage cancer, around 40% of early cancer focus cannot be detected by ultrasound alone; PSA-density can be calculated, if the value is higher than 0.15, cancer risk is increased
- **Multi-parametric MRI:** with no radiation exposure, mpMRI can safely and accurately detect any suspicious lesion within the prostate
- **Image-fusion targeted prostate biopsy:** using a state-of-art image fusion platform, the MRI images can be superimposed with real-time ultrasound images during biopsy to guide the targeted sampling of the suspicious lesions, with enhanced diagnostic accuracy
- **PSMA-PET scan:** this can detect metabolically active cells within the prostate and the whole body, for accurate staging and treatment planning

建議50歲以上男士應定期接受前列腺癌篩檢。如懷疑患上前列腺癌或有任何前列腺問題，專科醫生會作以下評估：

- **前列腺癌篩檢**：醫生會透過前列腺特異抗原(PSA)指數、肛門指檢、尿液化驗等，初步評估患病風險。
- **超聲波前列腺檢查**：重要提醒，超聲波檢查只能檢查出前列腺的整體體積及嚴重的腫瘤除影，有約四成初期癌症是不能從超聲波檢查檢測到的。因此超聲波檢查只是初步檢測的輔助工具，可以計算前列腺特異抗原密度（PSA density)，如果高於0.15，患癌機率上升。
- **多參數磁力共振(multi-parametric MRI)檢查**：無輻射的磁力共振，可讓醫生安全及準確地檢查前列腺的可疑陰影位置。

- **多參數磁力共振(multi-parametric MRI)檢查**：無輻射的磁力共振，可讓醫生安全及準確地檢查前列腺的可疑陰影位置。
- **影像融合導航活檢**：透過把磁力共振偵測到的陰影區位置和做活檢時的超聲波影像使用先進的影像融合系統進行導航活檢，能提升前列腺癌的檢測率。
- **PSMA-正電子掃描**：能夠精準地檢測前列腺及全身有擴散轉移的位置，幫助醫生制定最合適的治療方案。

Prostate Cancer Stages and Survival Rates
前列腺癌期數及存活率

The staging of prostate cancer determines its severity, treatment options, and impact on a patient's survival rate. Staging is typically assessed based on the extent of cancer spread, PSA (Prostate-Specific Antigen) levels, and tumor aggressiveness (Gleason Score).

- **Stage 1:** Cancer cells are confined to the prostate with no signs of spread. The five-year survival rate is approximately 95%.
- **Stage 2:** Cancer cells remain confined to the prostate, but the tumor is larger and may affect both prostate lobes. The five-year survival rate is approximately 85-90%.
- **Stage 3:** Cancer cells have breached the prostate capsule and may have spread to nearby tissues, such as the seminal vesicles or lymph nodes, but not to distant organs. The five-year survival rate is approximately 60-80%.
- **Stage 4:** Cancer cells have spread to nearby organs (e.g., bladder, rectum) or distant organs (e.g., bones, lungs). The five-year survival rate is approximately 50-70% if limited to nearby organs and less than 30% if spread to distant organs.

前列腺癌的期數（分期）決定了癌症的嚴重程度及治療方案，並影響患者的存活率。分期通常根據癌細胞的擴散範圍、PSA（前列腺特異抗原）指數及腫瘤惡性程度（GleasonScore）來評估。

- **第一期**：癌細胞局限於前列腺內，無擴散跡象。五年存活率約95%。
- **第二期**：癌細胞仍局限於前列腺，但腫瘤體積較大，可能影響雙側前列腺葉。五年存活率約85-90%。
- **第三期**：癌細胞突破前列腺包膜，可能擴散至鄰近組織，如精囊或淋巴結，但未影響遠端器官。五年存活率約60-80%。
- **第四期**：癌細胞已擴散至鄰近器官（如膀胱、直腸）或遠端器官（如骨骼、肺部）。其五年存活率若局限於鄰近器官約50-70%；若擴散至遠端器官則低於30%。

Treatment
治療方法

Comprehensive Guide to Prostate Cancer Treatment – Latest Technology and Services at Hong Kong Adventist Hospital – Stubbs Road (HKAH – SR)

Prostate cancer is one of the most common male cancers in Hong Kong. With continuous breakthroughs in precision medicine and minimally invasive surgical techniques, patients today have access to a wide range of effective treatment options. Doctors will recommend the most appropriate treatment strategy based on the patient's risk stratification, tumor stage, PSA level, Gleason score, and overall health status.

I. Early-Stage and Localized Prostate Cancer (Tumor Confined to the Prostate)
For patients whose cancer remains confined within the prostate, the treatment goal is curative. Main options include:

- **Active Surveillance**
  Suitable for patients with low-risk, slow-growing tumors, or elderly patients who are frail and unsuitable for invasive treatment. The condition is closely monitored through regular PSA tests and imaging examinations to delay or avoid treatment-related side effects.
- **Surgery**
  Surgery is a cornerstone of curative treatment, including open, laparoscopic, and robotic-assisted prostatectomy. Robotic surgery has become the mainstream approach, enabling more precise preservation of neurovascular bundles to enhance postoperative urinary continence and erectile function recovery.
- **Focal Ablation Therapy (e.g., Irreversible Electroporation – IRE)**
  For early-stage patients with tumors confined to one side of the prostate, transperineal irreversible electroporation (IRE) can be considered. This technique uses high-voltage electrical pulses to selectively destroy cancer cells while preserving surrounding vital tissues.
- **Radiation Therapy**
  Uses high-energy radiation to destroy cancer cells, mainly by external beam radiotherapy (such as IMRT and IGRT). Can be combined with hormone therapy to improve cure rates in high-risk patients.

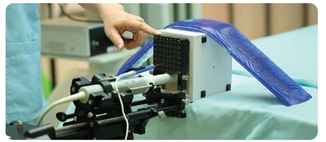
II. Intermediate-to-High Risk and Locally Advanced Prostate Cancer
When tumors carry a higher risk of recurrence or have locally extended, doctors typically recommend combination therapy:

- **Radiation Therapy + Long-term Hormone Therapy:**
  Studies show significant improvement in survival rates.
- **Hormone Therapy**
  Used as adjuvant or primary treatment, commonly including LHRH agonists/antagonists and anti-androgen medications.

III. Advanced and Metastatic Prostate Cancer (Spread to Bone or Other Organs)
Treatment focuses on disease control, prolonging survival, and maintaining quality of life:

- **Hormone Therapy:** (continuous or intermittent)
- **Chemotherapy (Docetaxel):** Used for castration-resistant prostate cancer
- **Radionuclide Therapy (Radium-223):** Specifically targets bone metastases
- **Targeted Therapy and Precision Medicine:** Includes PARP inhibitors (for patients with BRCA mutations) and Lu-177 PSMA radioligand therapy (for PSMA-positive metastatic castration-resistant prostate cancer)

IV. Latest Services Introduced at HKAH – SR
HKAH – SR is committed to introducing world-class medical technologies to provide prostate cancer patients with more precise and safer treatment options. The hospital has recently launched the following two key services:



1. Transperineal Irreversible Electroporation (IRE) – Precision Focal Ablation
Irreversible Electroporation (IRE) is a focal ablation technique for early-stage prostate cancer. The procedure involves the percutaneous (transperineal) placement of electrodes around the tumor to deliver high-voltage electrical pulses, creating irreversible nanopores in cancer cell membranes and inducing apoptosis, while preserving adjacent blood vessels, nerves, and healthy tissues.

Key Features:

- Non-thermal, non-cryoablative technique – can be safely performed near critical structures such as the rectum, urethra, and neurovascular bundles
- Suitable for early-stage patients with tumors confined to one side of the prostate without extraprostatic extension
- FDA-cleared for prostate tissue ablation since late 2024

PRESERVE Clinical Trial Results – Latest Scientific Evidence
The efficacy and safety of IRE have been validated by a large prospective clinical study. The PRESERVE trial is a pivotal study conducted across 17 clinical sites in the United States, enrolling 121 patients with intermediate-risk prostate cancer (Gleason Grade Group 2 or 3), evaluating IRE using the NanoKnife system.

Key Data (12-Month Follow-up Results):

Assessment Parameter	Results
Tumor Control	71% of patients achieved cancer-free pathological response (negative biopsy) within the treated area; 84% by Delphi consensus criteria
PSA Levels	Median PSA reduction of 68.2% at 6 months; median PSA nadir reached at 3.5 months
Urinary Function	96% of patients who were pad-free before treatment remained pad-free at 12 months; lower urinary tract symptoms showed significant improvement
Erectile Function	84% of patients with good baseline erectile function maintained erections sufficient for intercourse at 12 months
Safety	Only 12% experienced Grade 3 or higher adverse events, with only 3 procedure-related; no Grade 4 or higher serious adverse events reported

24-Month Durability Data:
Among patients who completed two-year follow-up, 94.4% completed the assessment, with no new treatment failures reported during this period; 97% of patients had PSA levels lower than baseline, and no new device- or procedure-related adverse events were observed between 12 and 24 months.

The trial results were published in January 2026 in the leading urology journal European Urology.