

P007 Accuracy of mpMRI in detecting lesion location in prostate cancer-initial experience

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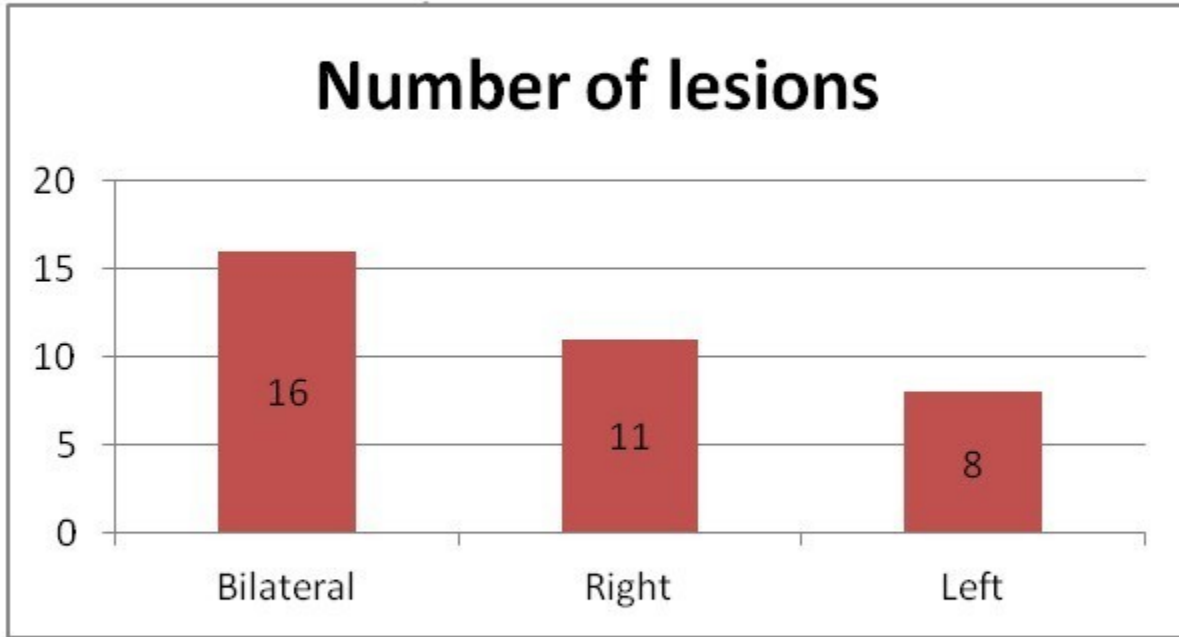
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Introduction & Objectives: Multiparametric MRI (mpMRI) is an addition to the diagnostic pathway of prostate cancer to reduce the number of biopsies needed and to increase the sensitivity of detecting clinically significant cancers. PIRADS v2 was developed to score any lesions detected on MRI. Lesions graded PIRADS 3 and above are generally considered to be suspicious for cancer and are biopsied. Few studies have evaluated the concordance rate between the location of the lesion on mpMRI and biopsy. The aim of this study is to determine the rate of concordance of lesion location between mpMRI and biopsy in our centre.

Materials & Methods: A prospective study was conducted from September 2019 to August 2020. Patients without a history of prostate cancer and no previous biopsies were included. mpMRI studies were performed based on PSA and PR findings. A transrectal (TRUS) biopsy was performed for peripheral lesions while transperineal (TP) biopsies were performed for anterior lesions found on MRI. The location of the lesion on mpMRI and biopsy were correlated. They were considered to be a match if mpMRI and biopsy reported a clinically significant cancer on the same side of the prostate.

Results: Ninety seven patients underwent an mpMRI of which 57 patients (mean age 65.0 years, mean PSA 7.36) underwent biopsies. TRUS biopsies were performed in 43/57 patients (75.4%). Cancers were found on 35/57 (61.4%) lesions. The locations of these lesions

are shown below. Only 13/35 lesions (37.1%) were considered to be a match.



Conclusions: Our study has shown a low concordance rate between mpMRI and biopsy for detecting the location of clinically significant cancer. This demonstrates that while mpMRI may be useful in detecting the presence of the lesion, systematic biopsies are still necessary to accurately confirm the location of cancer.