

P022 The added value of systematic biopsy to targeted biopsy in patients with PIRADS ≥ 3 lesions and selection of clinical variables

Eur Urol Open Sci 2022;45(Suppl 2):S72

Riaza Montes M., Rius Bilbao L., Arredondo Calvo P., Ambuila Facundo E.R., Gil Azkarate M., Esturo Sacristan S., Carrera Hermelo R., Aguirre Larracochea U., Gascón Pérez M., Gallego Sánchez J.A.

Galdakao-Usansolo Hospital, Dept. of Urology, Galdakao, Spain

Introduction & Objectives: Multiparametric MRI (mpMRI) is a useful technique in the detection of clinically significant prostate cancer (csPCa). The literature describes arguments for and against adding systematic biopsy (SB) to target biopsy (TB), without being able to omit it yet clearly. Our aim is to analyze our BT results, evaluate the added role of ipsilateral and contralateral SB and define in which patients we could omit it.

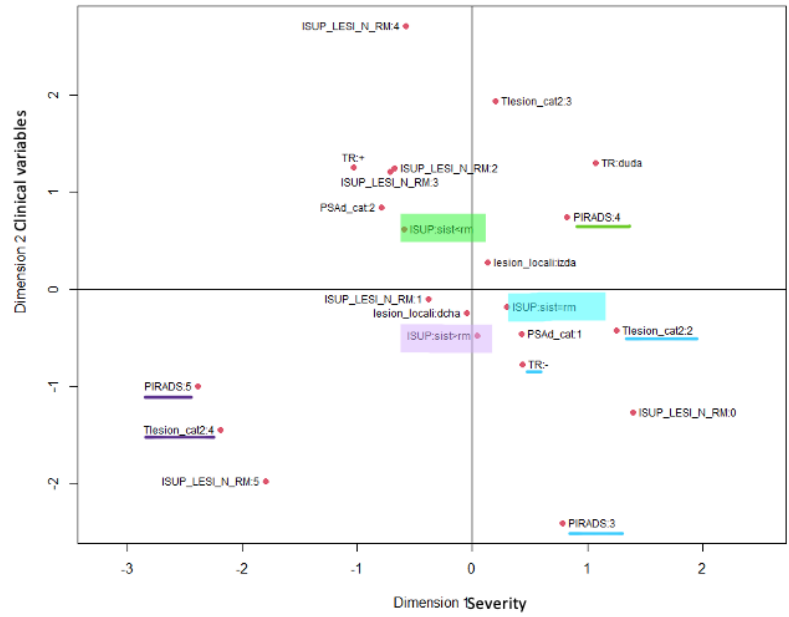
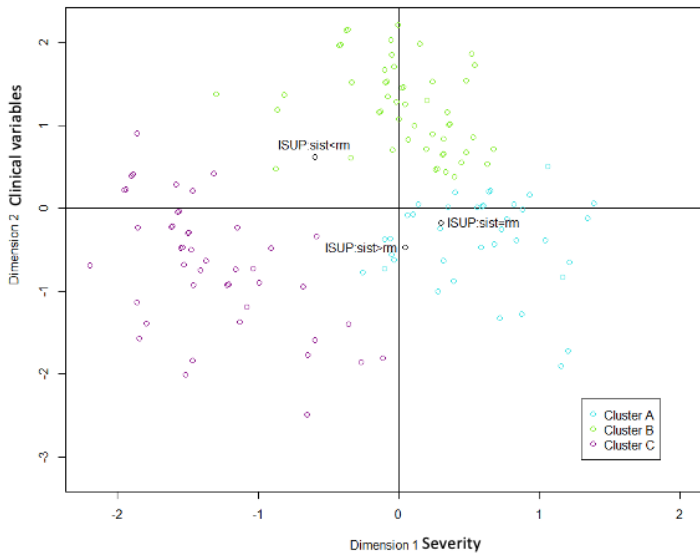
Materials & Methods: Prospective observational analysis of fusion biopsies of PIRADS ≥ 3 lesions performed at our center between 2018 and 2020 using 3 Teslas MRI and Koelis ultrasound with Trinity elastic fusion software. csPCa was defined as ISUP grade ≥ 2 . A correspondence analysis was performed dividing the patients into three groups. Differences in their characteristics were studied using the Chi-square test, analyzing in which group the SB could be omitted.

Results: We analyzed 286 patients with a median age of 70 years, PSA 7.46 ng/mL, PSA_d 0.16ng/ml² and volume 45cc. mpMRI detected 9% of PIRADS 3, 65% PIRADS 4 and 26% PIRADS 5 lesions. 224 patients were diagnosed with PCa (61% csPCa) being detected by TB and SB 74.6%, 12.5% TB and 12.9% SB. Among the latter, 2.7% had csPCa, all of which were detected on the ipsilateral side. According to ISUP grade, higher ISUP was detected in 82 patients with TB>SB and in 48 with SB>TB. Among the latter, 25 had csPCa with only 1 patient detected on the contralateral side, namely, ipsilateral SB increased the ISUP grade by 10.7% vs. TB alone by 1 and 2 grades (Table1).

ISUP TB	ISUP SB						Total
	0	1	2	3	4	5	
0	62 (21.68)	23 (8.04)	6 (2.1)	0 (0)	0 (0)	0 (0)	91 (31.82)
1	13 (4.55)	52 (18.18)	8 (2.8)	3 (1.05)	0 (0)	0 (0)	76 (26.57)
2	7 (2.45)	16 (5.59)	21 (7.34)	1 (0.35)	1 (0.35)	0 (0)	46 (16.08)
3	4 (1.4)	8 (2.8)	12 (4.2)	8 (2.8)	3 (1.05)	3 (1.05)	38 (13.29)
4	1 (0.35)	3 (1.05)	2 (0.7)	5 (1.75)	8 (2.8)	0 (0)	19 (6.64)
5	3 (1.05)	1 (0.35)	1 (0.35)	1 (0.35)	5 (1.75)	5 (1.75)	16 (5.59)
Total	90 (31.47)	103 (36.01)	50 (17.48)	18 (6.29)	17 (5.94)	8 (2.8)	286

Based on correspondence analysis, SB could be omitted in patients with lesion size < 1.5 cm, PIRADS 3-4, PSA <10ng/mL, PSA_d ≤ 0.2 ng/ml²(table

2).



Conclusions: Our study suggests that by adding ipsilateral SB we can reduce under-staging in 10.7% of csPCa especially in patients with lesion size 1.5 cm, PIRADS 5 and PSA >10 ng/mL. Further studies are needed to agree on the omission of SB and in which patients.