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AUA VIRTUAL EXPERIENCE



(MP27-10) Direct and marginal cost analysis of not aiming for the target in a MRI-targeted prostate biopsy pathway

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Aim

The aim of this multi-centre study was to evaluate:

- I. Direct cost and marginal analysis (MA)
- II. Pathologist reporting
- III. Tumour board reviewing time

that result from non-targeted prostate biopsies when performed alongside MRI-targeted biopsies.

Patients

- 1,719 consecutive men referred with a suspicion of prostate cancer (Apr/2017-Oct/2019).
- Transperineal biopsy if MRI PIRADS score was 4-5 or 3 with PSA-density ≥ 0.12 ng/ml.
- Clinically significant prostate cancer (csPCa) defined as Gleason $\geq 3+4$.

Methods

- Multicentre prospective study.
- Marginal analysis defined as cost to diagnose one additional case of csPCa. Reference cost of GBP£119/biopsy.
- Pathologist reporting and tumour board reviewing time of 8 minute/biopsy and 1 minute/biopsy

Results

- 846 (49.2%) underwent biopsy with csPCa identified in 51.4% (435/846). csPCa was exclusively present in non-targeted prostate biopsies (i.e targeted biopsies had no cancer) in 2.5% (16/638).
- Direct cost of non-targeted negative or insignificant PCa was at £74,018.00 with 4,976 minutes of pathologist reporting and 622 minutes of tumour board reviewing time required.
- Average cost per targeted and non-targeted case was £246.89 and £602.57, respectively.

Marginal cost per case was £246.89 for targeted and £9,013.65 for exclusively non-targeted biopsy csPCa detection

