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AUA VIRTUAL EXPERIENCE

Should we target all visible areas at mpMRI suspicious for clinically significant prostate cancer in addition to the index lesion? Results from a two-institution series

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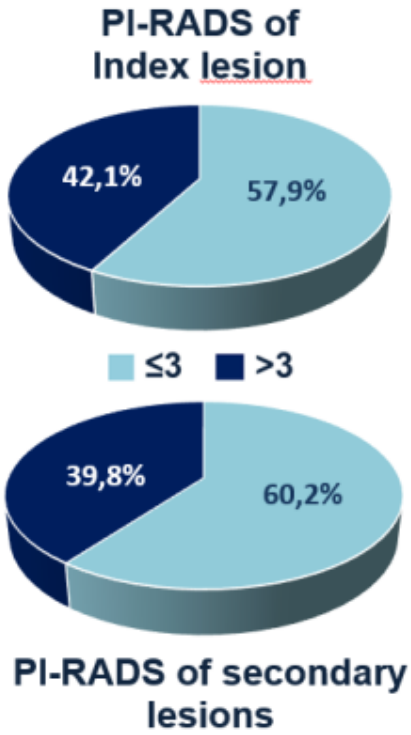
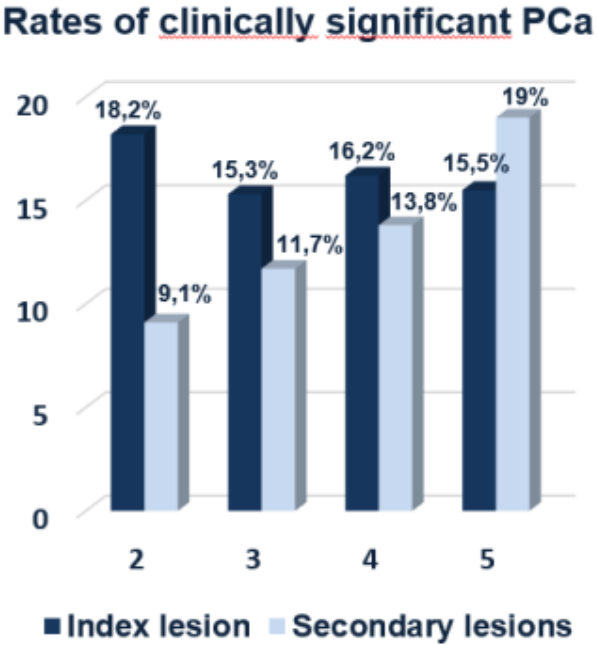
Materials and Methods

Variables	Overall (n=347)
Age, years Median (IQR)	66.2 (60.9-72)
PSA, ng/mL Median (IQR)	6.7 (4.8-9.7)
Prostate volume Median (IQR)	46 (36-62.6)
Number of visible lesions at MRI 2 3 4	319 (91.9) 26 (7.5) 2 (0.6)
Number of TBx cores in IL Median (IQR)	4 (2-5)
Number of positive TBx cores in IL Median (IQR)	1 (0-3)
Number of TBx cores in secondary lesions Median (IQR)	4 (2-5)
Number of positive TBx cores in secondary lesions Median (IQR)	0 (0-2)





AIM: to assess the added value of sampling smaller and lower PI-RADS region of interest other than the index lesion

Results

Predictors	OR (95% CI)	p-value
Age	1.06	0.007
PSA	1.08	0.009
Prostate volume	0.97	<0.001
Number of visible lesions at MRI	1.32	0.66
Number of Index lesion targeted cores	1.04	0.009
Number of secondary lesions targeted cores	0.93	0.42
PI-RADS of IL ≤3 >3	 Ref 2.57	 - 0.004
PI-RADS of secondary lesions ≤3 >3	 Ref 1.38	 - 0.32

MVA predicting clinically significant Pca at target biopsy

In this study including men with multiple lesions at mp-MRI, we demonstrated that the number, the PI-RADS and the number of targeted cores of secondary lesions did not improve the ability to detect clinically significantPCa at targeted biopsy. Therefore, for diagnostic purposes, biopsy of these lesions can be avoided and only the Index lesion should be targeted and taken into account.