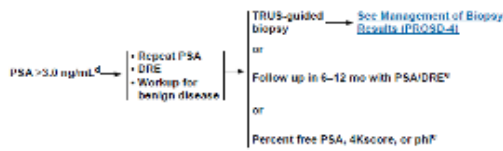


INDICATIONS FOR BIOPSY



TRUS-GUIDED BIOPSY
Initial and Repeat
Biopsy: Systematic Biopsy (12 cores)

- Number of cores.
- Sextant (6).
- Lateral peripheral zone (6), and
- Lesion-directed at palpable nodule or suspicious image

• Anteriorly directed biopsy is not supported in routine biopsy. However, the addition of a transition zone biopsy to an extended biopsy protocol may be considered in a repeat biopsy if PSA is persistently elevated.

• Multiparametric MRI may help identify regions of cancer missed on prior biopsy and should be considered in selected cases (17) at least 1 negative biopsy.

• For high-risk men with negative biopsies, consideration can be given to a saturation biopsy strategy (including transperineal techniques) and/or the use of multiparametric MRI followed by an appropriate biopsy technique based on the results.

• Local anesthesia can decrease pain/discomfort associated with prostate biopsy and should be offered to all patients.

*The level of PSA correlates with the risk of prostate cancer. The Prostate Cancer Prevention Trial (PCPT) demonstrated that 15% of men with a PSA level of 4.0 ng/mL and a normal DRE had prostate cancer diagnosed on end-of-study biopsies. Approximately 20% to 25% of men with serum PSA between 4 to 10 ng/mL will be found to have cancer. Total PSA levels > 10 ng/mL confer a greater than 67% likelihood of prostate cancer.

†Biopsies that measure the specificity of detection are not recommended as routine screening tests. However, there may be some patients who meet either PSA or DRE thresholds for consideration of biopsy, but for whom the patient and/or the physician wish to further define the probability of high-grade cancer. A percent free PSA < 10%, pH > 16 or 4Kscore (which provides an estimate of the probability of high-grade prostate cancer) are potentially informative in patients who have never undergone biopsy or after a negative biopsy. A PCA3 score > 25 is potentially informative after a negative biopsy.

NOTE: All recommendations are category 1 unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.