

Porpiglia and colleagues' results support the current practice in expert centres, and are concordant with international recommendations(1) and previous surgical studies(2): in MRI/US fusion targeted prostate biopsies a minimum of 2 cores must be taken per lesion, sampling the lesion centre increases the likelihood of finding the highest Gleason pattern, and differences between Gleason score per core are more frequently found in larger lesions.

Given the retrospective nature of the study, the lack of histological control and the possibility of registration error, until stronger evidence arises, sampling should not be limited to 2 cores. The 8mm threshold used in Porpiglia and colleagues' study to determine sampling density seems arbitrary. Nonetheless, lesion size, location, fusion technique and associated risk of registration error should inform the number of cores to be taken. Further evidence is needed to determine how these and other factors might influence the accuracy of targeted biopsies.

References:

- (1) Rosenkrantz AB, Verma S, Choyke P, et al. Prostate Magnetic Resonance Imaging and Magnetic Resonance Imaging Targeted Biopsy in Patients with a Prior Negative Biopsy: A Consensus Statement by AUA and SAR. J Urol 2016;196(6):1613-8
- (2) Aihara M, Wheeler TM, Ohori M. Heterogeneity of prostate cancer in radical prostatectomy specimens. Urology 1994;43(1):60-6

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