

Letter to the Editor

Reply to Giancarlo Marra, Armando Stabile, Paolo Gontero, Francesco Montorsi, Alberto Briganti, and Giorgio Gandaglia's Letter to the Editor re: Valentin H. Meissner, Isabel Rauscher, Kristina Schwamborn, et al. Radical Prostatectomy Without Prior Biopsy Following Multiparametric Magnetic Resonance Imaging and Prostate-specific Membrane Antigen Positron Emission Tomography. Eur Urol. In press. <https://doi.org/10.1016/j.eururo.2021.11.019>: A Storm in a Teacup

We very much appreciate the comments from Marra et al on our recent case series [1] on multiparametric magnetic resonance imaging and prostate-specific membrane antigen positron emission tomography (PSMA PET) without prostate biopsy before radical prostatectomy.

We agree that complication rates for prostate biopsies are generally low and the procedure is often well tolerated. However, it also needs to be taken into account that prostate biopsy-related symptoms are associated with psychological distress [2], which is why some men try to avoid this procedure. Eventually, modern imaging techniques may represent an alternative to prostate biopsies in diagnosing clinically significant prostate cancer (csPCa) in a subgroup of patients. Therefore, we felt it worthwhile to share our experiences and promote scientific discussion in this field.

We fully agree that this approach and selection criteria (eg, cutoff values for the standardized uptake value in PSMA PET for csPCa diagnosis, such as reported in the PRIMARY trial [3]) require prospective evaluation and validation in an ethically approved study. This is even more critical, since false-positive results at imaging could lead to radical surgical treatment in the absence of PCa at final histopathology [4], which may have a significant impact on the patient.

Furthermore, to replace missing biopsy information for the identification of patients who should be considered for unilateral versus bilateral versus no nerve-sparing, we suggest using the NeuroSAFE technique [5] as applied in our case series in order to preserve as much of the neurovascular bundles as possible without compromising the surgical margins and oncologic results.

Taken together, the evidence suggests that diagnosis of csPCa on the basis of modern imaging rather than invasive prostate biopsy with subsequent surgical treatment seems feasible in a subgroup of men. However, prospective evaluation is warranted and selection criteria need to be validated in order to prevent false-positive results at imaging.

Conflicts of interest: The authors have nothing to disclose.

References

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