

ABSTRACT FORM

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TITLE OF PRESENTATION: (type in ALL CAPITAL LETTERS)

SEXTANT LATERAL BASE TRUS-GUIDED BIOPSY TECHNIQUE IS SUPERIOR TO THE SEXTANT PARASAGITTAL TECHNIQUE

AUTHOR(S): (DO NOT type in all capital letters)

Complete name of all authors (first name, initial, last name, degrees)

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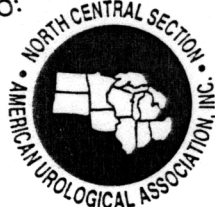
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Two hundred and fifty-six sextant lateral-base TRUS-guided biopsies performed were compared with 102 parasagittal TRUS-guided biopsies from our institution from 1994-1999. In this series, the indications for the biopsy were patients ≥ 65 years old with a PSA >4 . There was no difference between the mean PSA level in the lateral-base biopsy and the parasagittal biopsy groups (13.46 ± 7.9 vs. 12.11 ± 7.0 ; $P = 0.85$). The cancer detection rate in patients who underwent a lateral-base TRUS-guided biopsy and the parasagittal technique was 58% vs. 30%, respectively ($P < 0.001$). Also, the high-grade PIN detection was seen in 18% vs. 8% ($P = 0.03$). The cancer detection rate was not different between the two techniques in patients with PSA levels >20 (80% vs. 50%; $P = 0.23$). However, the cancer detection rate was higher in the other two risk groups who underwent a lateral-base TRUS-guided biopsy compared to the parasagittal TRUS-guided technique: group I (57.9% vs. 23.5%; $P = 0.001$), and group II (57.9% vs. 29.7%; $P = 0.001$). The sextant lateral-based TRUS-guided biopsy technique yields a higher cancer detection rate as compared to the sextant parasagittal technique. Whether additional lateral-based biopsy cores (>6) will increase the cancer detection rate even further, remains to be seen.

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