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)
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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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