

## Italian Prostate Biopsies Group: 2016 Updated Guidelines Insights.

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### Abstract

#### AIM:

To present a summary of the updated guidelines of the Italian Prostate Biopsies Group following the best recent evidence of the literature.

#### MATERIALS AND METHODS:

A systematic review of the new data emerging from 2012-2015 was performed by a panel of 14 selected Italian experts in urology, pathology and radiology. The experts collected articles published in the English-language literature by performing a search using Medline, EMBASE and the Cochrane Library database. The articles were evaluated using a systematic weighting and grading of the level of the evidence according to the Grading of Recommendations Assessment, Development and Evaluation framework system.

#### RESULTS:

An initial prostate biopsy is strongly recommended when i) prostate specific antigen (PSA) >10 ng/ml, ii) digital rectal examination is abnormal, iii) multiparametric magnetic resonance imaging (mpMRI) has a Prostate Imaging Reporting and Data System (PIRADS)  $\geq 4$ , even if it is not recommended. The use of mpMRI is strongly recommended only in patients with previous negative biopsy. At least 12 cores should be taken in each patient plus targeted (fusion or cognitive) biopsies of suspicious area (at mpMRI or transrectal ultrasound). Saturation biopsies are optional in all settings. The optimal strategy for reducing infection complications is still a controversial topic and the instruments to reduce them are actually weak. The

adoption of Gleason grade groups in adjunction to the Gleason score when reporting prostate biopsy results is advisable.

**CONCLUSION:**

These updated guidelines and recommendations are intended to assist physicians and patients in the decision-making regarding when and how to perform a prostatic biopsy.

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**KEYWORDS:**

MRI/TRUS fusion biopsy; Prostate cancer; multiparametric MRI; prostate biopsy; review; transperineal prostate biopsy; transrectal prostatebiopsy

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