

# Less frequent biopsy may be option in prostate cancer care

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variable surveillance intervals and competing treatments. There was a delay of three to five months in detecting upgrading with biennial biopsies versus annual biopsies in all cohorts.

"The consequences of more versus less frequent biopsies seem to be similar across cohorts," the authors write.

Several authors disclosed financial ties to the diagnostics industry.

**More information:** [Abstract/Full Text](#) ([subscription or payment may be required](#))

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(HealthDay)—Biennial biopsies are an acceptable alternative to annual biopsies for men managing low-risk prostate cancer through active surveillance (AS), according to a research published online Nov. 27 in the *Annals of Internal Medicine*.

Lurdes Y.T. Inoue, Ph.D., from University of Washington in Seattle, and colleagues compared the risk for disease progression (upgrading from a Gleason score [GS] of  $\leq 6$  to  $\geq 7$ ) across AS studies after accounting for differences in surveillance protocols in order to evaluate trade-offs of more versus less frequent biopsies. A total of 2,576 men (aged 40 to 80 years) with a GS between 2 and 6 and clinical stage T1 or T2 prostate cancer were included.

The researchers found that estimated risks for [biopsy](#) upgrading were similar in the Canary Prostate Active Surveillance Study and University of Toronto studies, but higher in the University of California, San Francisco study and lower in the Johns Hopkins University study, after adjusting for

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