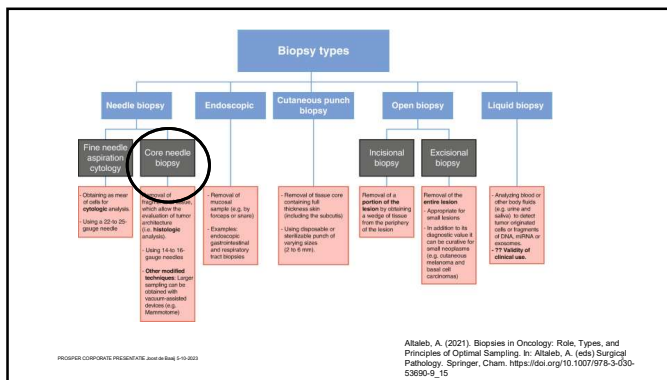




1

Disclosure belangen Joost de Baaij	
(potentiële) belangenverstrengeling	Geen
Voor bijeenkomst mogelijk relevante relaties met bedrijven	Bedrijfsnamen
- Sponsoring of onderzoeksgeld - Honorarium of andere (financiële) vergoeding - Aandeelhouder - Andere relatie, namelijk ...	- Geen - Amgen, Astellas, Ipsen, Janssen, Angiogenesis Analytics (training) - Geen - Geen

2



3

Historie prostaatbiopten

- 1922 Punch bipt perineaal (Barringer)
- 1926 Open perineaal (Young)
- 1930 naald bipt perineaal (Ferguson)
- 1937 Vinger route transrectaal (Astraldi)
- 1981 ECHO geleid perineaal (Holm)
- 1989 ECHO geleid target (Hodge)
- >1990 ECHO transrectaal sextant

Schneusser B, Levin B, Lema D, Sitani A. Hundred years of transperineal prostate biopsy. *Ther Adv Urol*. 2022 May 21;14:17562872211100595. doi: 10.1177/17562872211100595. PMID: 35620643; PMCID: PMC9128053.

4

Indicatie prostaatbiopten

- PSA
- Afwijkend rectaal toucher
- Echo prostaat
- Risico calculator
 - ERSPC cohort: <http://www.prostatecancer-riskcalculator.com/seven-prostate-cancer-risk-calculators>
- MRI prostaat
- Biomarkers

PSA density meer voorspellend dan PSA!

<https://uroweb.org/guidelines/prostate-cancer/chapter/diagnostic-evaluation/>

5

EAU guideline

In asymptomatic men with a prostate-specific antigen (PSA) level between 3–10 ng/mL and a normal digital rectal examination (DRE), repeat the PSA test prior to further investigations.	Weak
In asymptomatic men with a PSA level between 3–10 ng/mL and a normal DRE, use one of the following tools for biopsy indication:	Strong
- risk-calculator, provided it is correctly calibrated to the population prevalence; - magnetic resonance imaging of the prostate;	
an additional serum, urine biomarker test.	Weak

<https://uroweb.org/guidelines/prostate-cancer/chapter/diagnostic-evaluation/>

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MRI prostaat

- Game changer
 - PI-RADSv2 score systeem (likert scale)
 - MRI voorafgaand Pbx
 - PIRADS ≥ 3 :
Target en systematische Pbx combineren
- Kortom: betere selectie en gerichte biopoten



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MRI prostaat

5.2.4.3. Guidelines for MRI imaging in biopsy decision

Recommendations for all patients	Strength rating
Do not use magnetic resonance imaging (MRI) as an initial screening tool.	Strong
Adhere to PI-RADS guidelines for MRI acquisition and interpretation and evaluate MRI results in multidisciplinary meetings with pathological feedback.	Strong
Recommendations in biopsy-naïve patients	Strength rating
Perform MRI before prostate biopsy.	Strong
When MRI is positive (i.e., PI-RADS ≥ 3), combine targeted and systematic biopsy.	Strong
When MRI is negative (i.e., PI-RADS ≤ 2) and clinical suspicion of PCA is low (e.g., PSA density < 0.15 ng/mL), omit biopsy based on shared decision-making with the patient.	Weak
Recommendations in patients with prior negative biopsy	Strength rating
Perform MRI before prostate biopsy.	Strong
When MRI is positive (i.e., PI-RADS ≥ 3), perform targeted biopsy only.	Weak
When MRI is negative (i.e., PI-RADS ≤ 2) and clinical suspicion of PCA is high, perform systematic biopsy based on shared decision-making with the patient.	Strong

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Prostaatbiopoten

Oud (?)



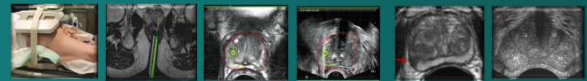
Nieuw (?)



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Welke techniek voor target prostaatbiopoten?



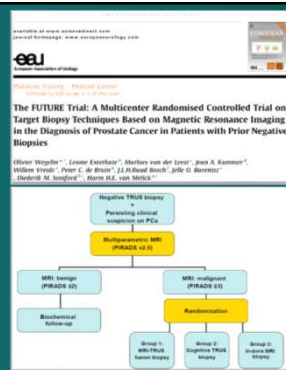
In-bore MRI	MR-TRUS fusie	Cognitieve fusie
Precies	Door uroloog en op poli	Door uroloog en op poli
		Goedkoop
Duur	Duur	Precies?
Beschikbaarheid	Leercurve	
Tijdrend		

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FUTURE trial

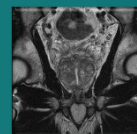
- Multicenter RCT
- Minder detectie indolent Pca bij target biopoten vs systematische biopoten alleen
- Meer detectie significant Pca bij targetbiopoten
- Geen significante verschil tussen verschillende biopsie technieken voor detectie significant Pca



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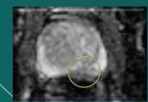
Fusie



MRI



Fusion platform
Navigation +
Software to fuse MRI+US



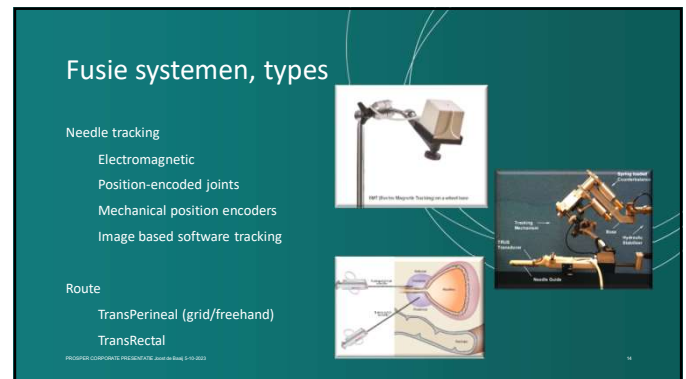
Ultrasound
Real time imaging

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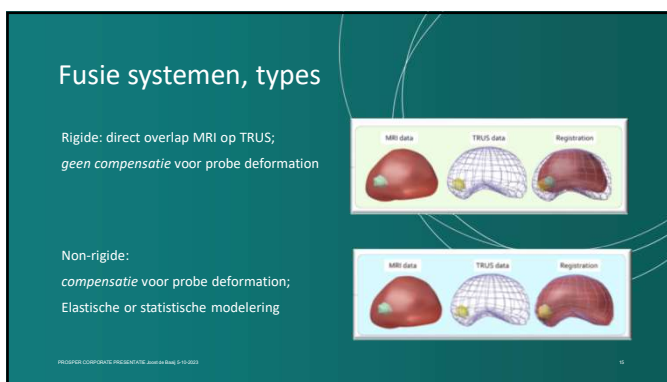
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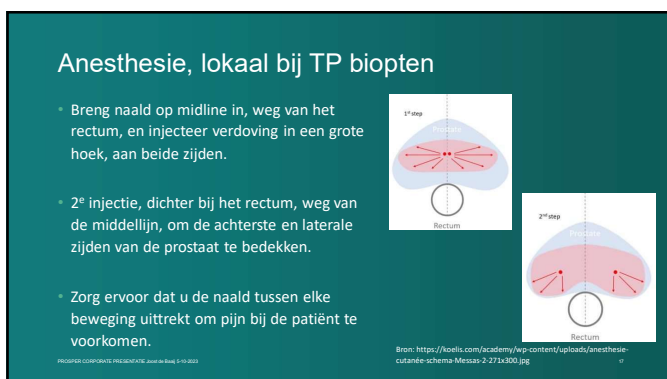
14



15



16



17



18

Tips en tricks

- Os pubis als obstakel
- Anesthesie, hoeveelheid bij grote prostaat
- Houding van patiënt (met name in rugligging)
- Zorg voor een echte specialist voor prostaatbipten (bijvoorbeeld CWZ, Andros)

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Tot slot

Dankwoord voor patiënten die toestemming en medewerking hebben verleend aan de vertoonde filmpjes

Vragen?

j.debaaij@cwz.nl

PROSTATE CORPORATE PRESENTATION, april tot Mei 2023

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