S.I.U. ABSTRACT ON LINE Riccione -2013

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ANTEPRIMA: controllare bene eventuali simboli e caratteri speciali.
NON INVIARE NULLA ALLA SEGRETERIA!

Tipologia Abstract
Poster

Argomento
Cancro della Prostata: Diagnosi e Stadiazione

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Nomogram for prostate cancer risk in men with a previous diagnosis of prostatic intraepithelial neoplasia (PIN)

Relatore
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Presentazione in Inglese
Si

Scopo del lavoro
Prostatic intraepithelial neoplasia (PIN) as an isolated diagnostic finding in needle biopsy tissue has previously been associated with subsequent detection of carcinoma in a large number of cases. In most of previous studies, the detection rate was greater than 33%, and in about one half of the series, the proportion of men detected with carcinoma on repeat biopsy was greater than 43%. In contrast, the detection rate after a diagnosis of benign prostatic tissue is around 20%.
The aim of this study is to develop a nomogram that would be useful for counseling patients in the decision to repeat prostate biopsy after a previous diagnosis of prostatic intraepithelial neoplasia (PIN)

Materiali e metodi
Our prospective institutional review board-approved database of twelve core prostate biopsies performed at our institution from January 2002 to January 2012 was searched for men who repeated prostate biopsy after a previous diagnosis of PIN.
A total of 189 men were included in this study. Median age was 69 years (range 51 to 90). Median PSA was 7.2 ng/ml (range 0.7 to 47.6). Logistic regression model to predict the presence of prostate cancer at biopsy was fitted using age, prostate cancer family history, digital rectal examination findings (DRE), PSA, prostate volume and foci of atypical small acinar proliferation (ASAP).

Risultati
A nomogram for a positive biopsy was developed from the final logistic regression model findings.
For internal validation and to decrease overfit bias models were subjected to 200 bootstrap resamples. Calibration in the large was assessed by comparing the average of observed vs predicted indolent cancers. A calibration slope was calculated with a logistic regression model with the (logit of) the predicted probability as the only covariable.

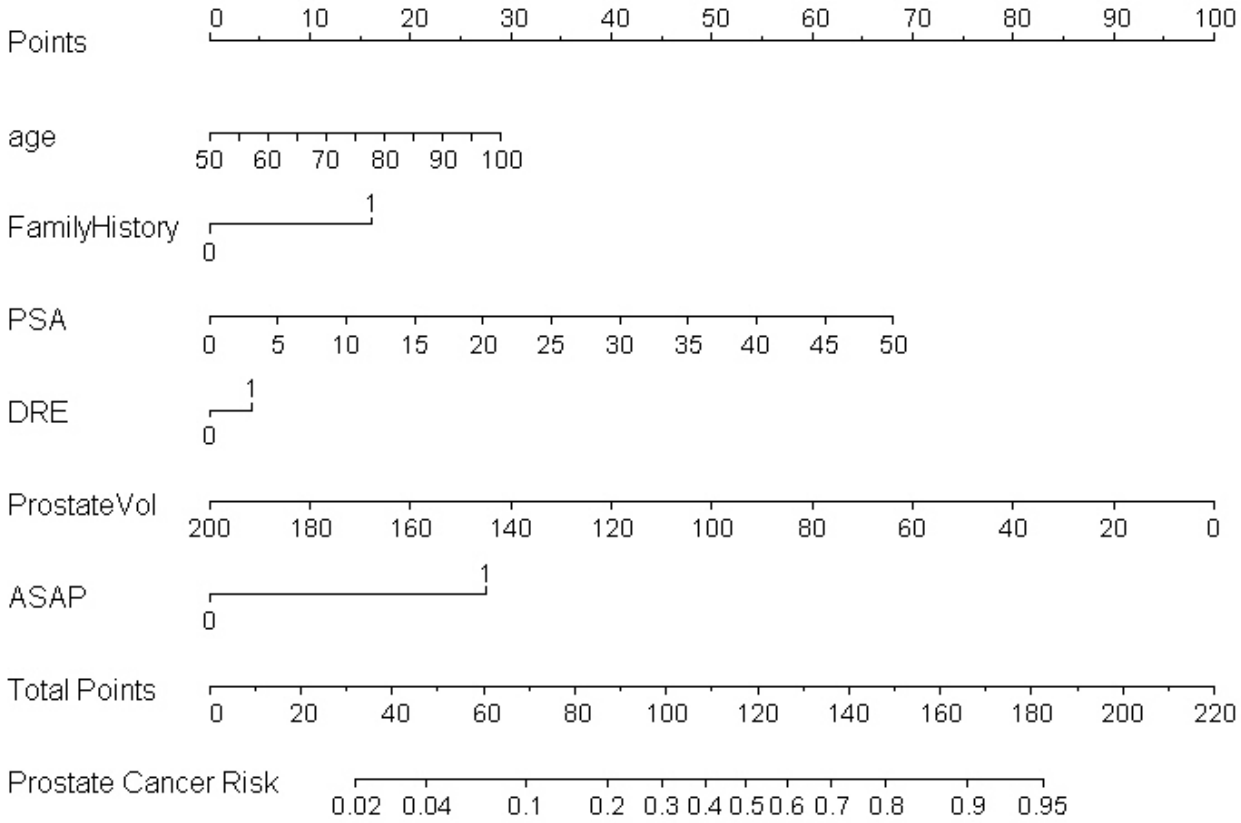
Discussione
It is likely that, despite extensive sampling of the prostate, a number of patients with high grade prostatic

intraepithelial neoplasia will have cancer missed at baseline due to limitations in our biopsy ability. It is intuitive that small undetectable cancers would be detected at a delayed interval as they continue to grow. Some authorities argue that a PSA increase is an appropriate indicator of a missed cancer, while others recommend serial biopsy in all cases of high grade prostatic intraepithelial neoplasia. In addition to those cancers missed at baseline, if one believes that prostatic intraepithelial neoplasia is a premalignant lesion, some men with no cancer at baseline are likely to have prostate cancer during followup
Our model can reasonably predict prostate cancer in patient with a previous diagnosis of PIN. We recognize that a single pathological outcome may not define the presence of a tumor. Nevertheless, our model provides valuable information to a patient who is considering to repat or not a prostate biopsy.

Conclusioni
We successfully developed a model that would be useful for counseling patients in the decision to repeat prostate biopsy after a previous diagnosis of prostatic intraepithelial neoplasia.

Finanziamento
No

Conflitto d'Interesse
No


Points
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age
50 60 70 80 90 100
FamilyHistory
1
0
PSA
0 5 10 15 20 25 30 35 40 45 50
DRE
1
0
ProstateVol
200 180 160 140 120 100 80 60 40 20 0
ASAP
1
0
Total Points
0 20 40 60 80 100 120 140 160 180 200 220
Prostate Cancer Risk
0.02 0.04 0.1 0.2 0.3 0.4 0.5 0.6 0.7 0.8 0.9 0.95