

The influence of reporting inflammation and hyperplasia on the clinician's decision to repeat a prostate biopsy. Thomas Bassler, Usha Vasa, Binitha Kunnel and Roberto Orozco. UroCor Inc., Oklahoma City, OK

Background: Mild to moderate elevations in serum prostate-specific antigen (PSA) may be caused by cancer or by benign conditions such as glandular hyperplasia and inflammation. To determine whether the description of these benign conditions influences the clinician's decision to rebiopsy (rebx) the prostate, we compared rebx rates between patients (pts) with and without such descriptions.

Design: Cases without cancer received in our lab between April 95 and April 96 with the following criteria were retrieved for retrospective analysis. Normal digital rectal examination, pre-first bx PSA of 4.01 to 10 ng/ml, submitting clinician remained as client during the study period, no history of previous prostate bx or rectal ultrasound, and pathology report unambiguously described: I) benign prostatic glands and stroma, II) glandular hyperplasia, or III) inflammation (of any type, degree or extent). Pts were followed up until April 97 for re-bxs.

Results: A total of 1439 bxs were studied. 169 pts had a rebx with a positive rate of 17%. The rebx rates for groups II and III were not significantly different from that of group I ($p > 0.05$).

Group	No.	Mean age (yr)	Mean pre bx PSA	Rebx rates (n)	p value
I	652	65.8	6.5	12 (79)	
II	359	64.9	6.6	11 (41)	I vs II= 0.7
III	428	65.7	6.7	9 (39)	I vs III= 0.12

Conclusions: The decision to rebx a patient was not influenced by the description of inflammation or glandular hyperplasia in the pathology report.