

LETTERS TO THE EDITOR

Re: Jain H, Sood R, Faridi MS, Goel H, Sharma U. Role of 68Ga-PSMA-PET/CT for the detection of primary prostate cancer prior to biopsy: a prospective study. Cent European J Urol. 2021; 74: 315-320.

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Key Words: biopsy ◊ 68Ga-PSMA ligand ◊ positron emission tomography/computed tomography
◊ prostate cancer

I read with great interest the article by Jain discussing the detection of primary prostate cancer prior to biopsy with 68Ga-PSMA-PET/CT [1].

Their prospective study included 81 patients with suspicion of PCa, in whom 68Ga-PSMAPET/CT was performed, followed by transrectal ultrasound (TRUS) guided prostate biopsy to assess the diagnostic accuracy of 68Ga-PSMA-PET/CT.

After reading the article, I propose some considerations for which clarification would be helpful. As this article, the authors concluded that there are no patients with insignificant prostate cancer in 81 prostate cancer patients.

As a multicenter, randomized, noninferiority trial, the patients were evaluated prospectively to compare multiparametric MRI-targeted biopsy with standard transrectal ultrasonography-guided biopsy in the detection of clinically significant prostate

cancer in men with a clinical suspicion of prostate cancer who had not undergone previous biopsy of the prostate.

The authors concluded that 55% of their patients presented with clinically insignificant cancer in the standard transrectal ultrasonography-guided biopsy group and 23% of patients presented with clinically insignificant cancer in the multiparametric MRI-targeted biopsy group [2].

Jain et al. found SUVmax (maximum standardized uptake value) to correlate with biopsy results in their study. However, SUVmax values correlate significantly with the primary tumor grade [3]. Selection bias could be one of the major factors influencing these results.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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3. Demirci E, Kabasakal L, Şahin OE, et al. Can SUVmax values of Ga-68-PSMA PET/CT scan predict the clinically significant prostate cancer? Nucl Med Commun. 2019; 40: 86-91. ■

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