

Comorbidities should be factor in prostate biopsy choice, study finds

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UC Irvine Health urologists and health policy experts report in a new study that two written assessments that identify existing comorbidities – the patient-reported Total Illness Burden Index for Prostate Cancer (TIBI-Cap) and the physician-reported Charlson Comorbidity Index – can successfully target prostate patients who would not benefit from biopsy to discover possible cancer.

The authors say that by taking comorbidities into factor, it may not be necessary for men to have prostate biopsy. This study does not preclude the use of [PSA screening](#), but it does set the stage for a new and much more targeted strategy for biopsy choice. The desired result – fewer unneeded biopsies and fewer invasive, side-effect-producing treatments.

It's estimated that around 20 percent of men would be in such a high-risk category (for death or hospitalizations) and should consider not having a biopsy.

Study results appear in early online version of the journal *Cancer*.

The corresponding author is UC Irvine Health urologist Dr. Atreya Dash, who led the study of 104 patients. Co-authors include Drs. Sherrie Kaplan, John Billimek and Sheldon Greenfield of the [Health Policy Research Institute](#) at UC Irvine. Greenfield is an Institute of Medicine member and co-chaired an IOM study on comparative effectiveness research.

"Before [prostate biopsy](#), providers should assess the number and severity of the patient's [comorbid conditions](#) to discuss whether proceeding with biopsy or therapy is likely to be beneficial," Dash said.

Provided by University of California, Irvine

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