

BIOPSY Using the Perineal Approach
Compiled by Charles (Chuck) Maack – Prostate Cancer Activist/Mentor

Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

“Transperineal template prostate biopsies (TTPPB) in men with raised PSA despite two previous sets of negative TRUS-guided prostate biopsies”

<http://www.ncbi.nlm.nih.gov/pubmed/24337167>

“CONCLUSION:

TTPPB is associated with a high rate of clinically significant prostate cancer diagnosis (58 %) in men with raised PSA despite two previous sets of negative TRUS biopsies.”

Interestingly, we rarely see the use of TTPPB performed as a biopsy procedure to determine the presence of developing prostate cancer, yet this is a more sanitary procedure that avoids the possibility of infection that has been known to occur with TRUS biopsies.

In this regard, I compiled the following information regarding TTPPB:

As Dr. Chodak explained in his video presentation

<http://www.medscape.com/viewarticle/803599> wherein a study from California investigators used rectal swabs prior to prostate biopsy, and if the swabs demonstrated that patients had bacteria resistant to the quinolones, they received targeted antibiotic prophylaxis that greatly reduced the infection rate and a reasonable added cost that would likely be covered by Medicare and other health insurers, this could be considered to hopefully avoid infection that can occur via rectal biopsy.

A biopsy procedure available to those men adamantly anti-biopsy via the rectum or fearful of side effects that are known to occur by this method, is the perineal approach via the perineum but I am not certain that Medicare or other health insurers cover the cost of the procedure because it is more involved and costly compared to the “usual” biopsy approach. As noted in this paper, <http://tinyurl.com/nj5pk4o>, this “technique has many advantages, the first of which is its increased ability to identify occult or “hiding cancers”. Our research and the research of others have clearly demonstrated that the transrectal biopsy does miss a significant percentage of cancers that occur in the anterior or front portion of the prostate. Our data in over 2,200 patients suggests that as high as 40% of patients are thought not to have malignancy, but indeed do have malignancy. Our group has previously published this information in Urology and the Journal of Urology. (and please note) The second advantage to having a prostate biopsy using the perineal approach is that the infection rate is essentially 0%. This is simply because the rectal wall or rectum in general is not penetrated by the biopsy needle.” Certainly a preferable procedure by many to be discussed with one’s Urologist.