

Surveillance biopsy timing not tied to reclassification

22 April 2017



(HealthDay)—Timing of the first active surveillance biopsy is not associated with increased adverse reclassification of prostate cancer, according to a study published in the April issue of *The Journal of Urology*.

Liam C. Macleod, M.D., from the University of Washington in Seattle, and colleagues analyzed the Canary PASS (Prostate Cancer Active Surveillance Study) to determine biopsy timing influence on rates of prostate [cancer](#) adverse reclassification at the first active surveillance biopsy. An increase in Gleason sum and/or 34 percent or more of cores with prostate cancer were used to define reclassification.

The researchers found that 21.1 percent of 421 men experienced reclassification at the first active surveillance biopsy. Eleven months was the median time from [prostate cancer](#) diagnosis to first active surveillance biopsy. Reclassification rates were 24 percent at

APA citation: Surveillance biopsy timing not tied to reclassification (2017, April 22) retrieved 25 November 2022 from <https://medicalxpress.com/news/2017-04-surveillance-biopsy-tied-reclassification.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.