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## **Can we avoid prostate biopsy in patients with Trifecta (Serum PSA more than 100, DRE positive, Bone scan positive)?**

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**Purpose:** Patients presenting with trifecta of high serum PSA above 100, DRE positive and Bone scan positive, belongs to advanced cancer prostate. Treatment to be followed in such patients is minimally effected by biopsy results. Thus we retrospectively investigated the patients of advanced cancer prostate for whom we did bilateral orchidectomy with prostate biopsy in one sitting at our center. It was seen that patients in whom the above said trifecta was found positive, were all having advanced cancer prostate even in biopsy.

**Materials and methods:** Around 131 patients who underwent prostatic biopsy with bilateral orchidectomy at our center over a period of last six years were reviewed retrospectively. All of these patients were having trifecta positive (Serum PSA more than 100, Bone scan positive and DRE positive). In all biopsy proven patients positive predictive value and sensitivity and specificity of combined Bone scan positive with DRE positive with serum PSA more than 100 were calculated in view of detecting advanced cancer prostate.

**Results:** Almost all 131 patients with Trifecta of serum PSA levels above 100, Bone scan positive and DRE positive were having advanced cancer prostate. Biopsy was done at the time of bilateral orchidectomy in all patients.

**Conclusion:** We suggest possibility of detecting almost all patients with advanced cancer prostate who are having Trifecta of High serum PSA with advanced features in imaging as bone scan and are having DRE positive. In such patients we can easily skip prostatic biopsy early in phase and can move for hormone withdrawal treatment strait away. This proves extremely beneficial for elderly and prevents them from side effects of prostate biopsy.

Key Words: Trifecta Serum PSA more than 100, Bone scan positive, DRE positive

### **Recent Publications**

1. Tabassi KT, Yarmohamadi A, Mohammadi S. Triamcinolone injection following internal urethrotomy for treatment of urethral stricture. *Urol J.* 2011;8:132–6.
2. Kumar S, Kapoor A, Ganesamoni R, Nanjappa B, Sharma V, Mete UK. Efficacy of holmium laser urethrotomy in combination with intralesional triamcinolone in the treatment of anterior urethral stricture. *Korean J Urol.* 2012;53:614–8.
3. Kumar S, Garg K, Singh SK, Mandal AK. Efficacy of optical internal urethrotomy and intralesional injection of Vatsala-Santosh PGI Tri-inject (triamcinolone, mitomycin C and hyaluronidase) in the treatment of anterior urethral stricture. *Adv Urol.* 2014;2014:192710.

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