

Heidelberg Working Group for biopsy-free diagnosis established: Decreasing the risks of prostate cancer diagnosis

~Punch biopsies associated with a high risk/New task force established as an interdisciplinary podium I Network of German specialists in Heidelberg~

HEIDELBERG (6 MAY 2009)—Last week saw the foundation of a working group in Heidelberg by renowned experts from the field of urology and diagnostics, whose aim is to network various medical specialties in promoting the development of new methods and the exchange of experiences in the biopsy-free diagnosis of prostate disorders. Prostate carcinoma (PCa) is a malignant form of cancer occurring in the glandular tissue of the prostate. In Germany, nearly three of every one hundred men die of prostate cancer. The early diagnosis of the disease reduces the risk of dying of such a tumor. As a measure to gain conclusive proof as to whether the prostate has been afflicted by a carcinoma, as a rule blood investigations are performed and the area is screened ultrasonically, after which a biopsy specimen is taken. This concept involves an invasive removal of

tissue; albeit a standard procedure, it is nevertheless subject to controversial medical debate. In many cases three or even more punch biopsy specimens, selected from as many as 30 specimens punched from the prostate, are necessary to securely diagnose prostate carcinoma. "This may lead to the influx of bacteria into the bloodstream, which in worst-case circumstances can result in life-endangering septicemia", Dr. Joachim-Ernst Deuster, the Heidelberg-based urologist, warns. **"And if the biopsy needle hits a prostate carcinoma, this bears the risk of spreading tumor cells in the body. What's more, so-called cytokines may be released that are capable of enhancing the growth and metastasis of the prostate carcinoma."** The urologist is director of the private Clinic for Prostate Therapy and has specialized in the gentle treatment of prostate disorders. "Gentle treatment of the prostate should also be accompanied by just-as-gentle diagnostic procedures", says Deuster. He sees an enormous deficit of information related to the topic. For this reason, in Heidelberg last week he established the "Arbeitskreis biopsiefreie Diagnostik" (**Biopsy-free Diagnosis Working Group**), that was attended by renowned experts from the areas of cytodiagnosis, molecular pathology, and magnetic resonance spectroscopy from throughout Germany. Together with experts from the area of laboratory medicine, they discussed the options available to reduce the risks associated with biopsy-taking procedures—for example by using entirely new and promising methods. These include so-called real-time choline PET/CT (choline positron-emission tomography / computer tomography) of the prostate—a novel, combined imaging method made possible by nuclear medicine—and MR spectroscopy. "Our wish is to offer experienced practicing specialists an informational podium", is how Dr. Joachim-Ernst Deuster explains one of his major aims. "By creating a closely meshed network, urologists and specialists from the cytoanalysis

field and in the proven imaging techniques, such as computer tomography, want to join forces to identify ways to improve the accuracy in diagnosing prostate carcinomas or, as the case may be, of being able to exclude a carcinoma with a high degree of probability”, adds Dr. Thomas Dill, a urologist from Heidelberg. **The principal aim is centered on the ability to avoid having to take biopsy specimens wherever possible as a measure to minimize the risk for the patient.**

The Working Group will be meeting regularly in the future, and warmly invites specialists from other areas to take part. **(Dr. Wheeler’s Commentary: It is heartening to see the academic enthusiasm for biopsy avoidance whenever possible! Dr. Deuster clearly understands our ability to cure patients with prostate cancer is dependent on improved technology while pushing aside, the need for an antiquated obsolete diagnostic exercise like biopsy!)**