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Letter

Letter to the Editor: Vienna Nomogram-Based Prostate Biopsy: Can It Be a Much Better Diagnostic Tool Than Other Conventional Prostate Biopsies?

Christopher Chee Kong Ho, Siew Eng Ho, Srijit Das

Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

Corresponding Author:
Christopher Chee Kong Ho
Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Bandar Tun Razak, Cheras, 56000 Kuala Lumpur, Malaysia
TEL: +60391455555, FAX: +60391456684
E-mail: chriskho2002@yahoo.com

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To the editor:

I read with great interest the original article by Teo et al. [1] published recently in your most valuable journal entitled "Detection Rate of Prostate Cancer on the Basis of the Vienna Nomogram: A Singapore Study." In this article, the authors concluded that with the use of the Vienna nomogram, their prostate cancer detection rate of 22.5% was comparable to published data for Asian patients and that the nomogram offered an easy tool with which to select the optimal number of prostate biopsy cores on the basis of patient age and total prostate volume. The complication rate was also low (7.5%).

These findings however, differed from another recent publication from an Asian country [2] which reported a detection rate of 20.5% using the Vienna nomogram but noted that there was no significant difference from laterally directed sextant and octant biopsy methods (17.6%). Therefore, the conclusion in that publication was that the use of a Vienna nomogram did not offer significant advantages in cancer detection on initial transrectal ultrasound biopsy compared to sextant or octant methods. Those authors recommended that the standard 8- to 10-core biopsy incorporating the lateral and apical zones should be used regardless of age and prostate volume.

Similarly, other researchers also found no difference in the detection rate of prostate cancer between the Vienna nomogram method and octant biopsies [3]. In fact, Mariappan et al. [4] showed that for prostate volumes of more than 40 mL, there was no statistical benefit for increasing the number of biopsies beyond 10 cores.

We therefore believe that there is no extra advantage of using the Vienna nomogram compared with the conventional methods of doing prostate biopsies. To increase biopsies beyond 12 cores to accommodate for larger glands and younger patients is not something to be recommended.

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