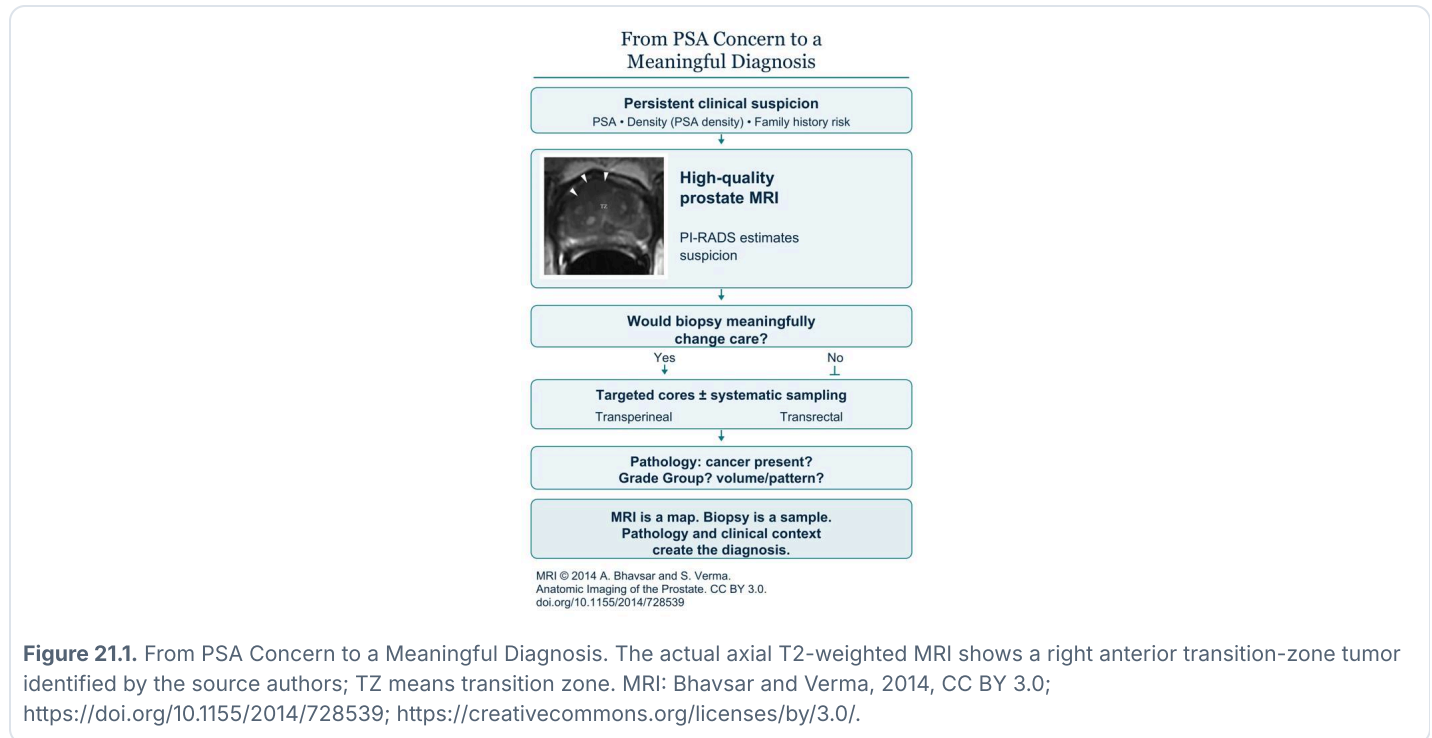


Prostate MRI and biopsy: PI-RADS, biopsy routes and results

Prostate MRI estimates how suspicious an area looks and helps guide sampling, but only a biopsy and pathology establish a tissue diagnosis. The scan quality, the biopsy route, the sampling plan and the pathology review should all fit together and be discussed before the procedure.



Key points

- A PI-RADS score estimates imaging suspicion; it is not a Gleason grade, Grade Group or stage.
- A highly suspicious lesion can prove benign, and a reassuring scan can miss cancer.
- Targeted cores sample the MRI lesion; systematic cores sample regions that may hide cancer not visible on MRI.
- Biopsy can be done through the rectum or the perineal skin; the route is a safety and access decision.
- Grade Group, the amount and distribution of cancer, PSA, MRI and stage together define risk.
- A negative MRI or biopsy lowers risk without always eliminating it.

Get prompt care if you notice

- Fever or shaking chills after biopsy
- Inability to urinate after biopsy
- Significant deterioration after biopsy

Questions to ask your urologist

- What does my MRI show, what is its PI-RADS score, and what might it miss?
- Would a biopsy change my care?
- Why does the proposed biopsy route fit my situation, and how will infection and retention risk be reduced?
- Will you take targeted cores, systematic cores or both?
- Who will explain the complete pathology report, and when?
- If the MRI and biopsy disagree, which part should be reviewed?

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