

**Poster Abstract: P12**

**Title:**

**Prostate Biopsy results over a five years period at Charlotte Maxeke Johannesburg Academic Hospital (CMJAH)**

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**Aim:**

Prostate tissue sent for histology usually comes from three different sources: sonar-guided 12 core biopsy, Trans-Urethral Resection of the Prostate (TURP) or after open/radical prostatectomy. The main reason for sending tissue for histology is to pick up prostate cancer which can vary in grade from pre-malignant to locally-advanced, high-grade disease. The histological results guide management of patients but other factors such as age and fitness, the prostate-specific antigen (PSA) level and presence of metastases also need to be taken into consideration. The aim of the study is to investigate the findings from prostate biopsies done at CMJAH over a five year period.

**Methods and Results:**

Biopsy specimens which were positive for prostate cancer sent to the NHLS for histology were sourced. Information on patient age, grading, use of immmunohistochemical stains, plus evidence of spread was obtained. The Gleason score was obtained from the anatomical pathology report. The PSA result was obtained from the NHLS chemical pathology results. Ethics approval was obtained from the Wits HREC.

The mean (SD) age was patients was 69 (9.4) yrs. The median PSA was 450 ng/ml, ranging from 0.7 to 20 000. A mean (SD) of 9.4 (4.2) cores were taken from each patient. Two thirds of the cores were positive for cancer (median 67 (range 1-100) %.

**Conclusion:**

At CMJAH, the majority of our patients with prostate cancer are in the 7th decade, and most have locally advanced high-grade disease, making them eligible only for palliative management. Better education of the public and access to PSA testing and biopsies may lead to earlier diagnosis and curative treatment.