Comparison of Micro-Ultrasound and Multiparametric MRI Imaging for Prostate Cancer: Multicentre Prospective Analysis.









Giovanni Lughezzani¹, José Gregorio Pereira², Andrea Sánchez², Frédéric Staerman³, Hannes Cash⁴, Laurent Lopez⁵, Jean Rouffilange⁵, Richard Gaston⁵, Eric Klein⁶, Robert Abouassaly⁶, Laurence Klotz⁷, Gregg Eure⁸

¹Instituto Clinico Humanitas, Rozzano, Italy, ²Urología Clínica, Clínica IMQ Zorrotzaurre, Spain, ³Polyclinique Reims-Bezannes, Reims, France, ⁴Charité Universitätsmedizin Berlin, Berlin, Germany, ⁵Groupe Urologie Saint-Augustin, Bordeaux, France, ⁶Glickman Urological Institute, Cleveland Clinic, Cleveland, USA, ⁷Sunnybrook Hospital, Toronto, Canada, ⁵Urology of Virginia, Virginia Beach, USA,



Sunnybrook





INTRODUCTION & OBJECTIVES:

This study aims to compare the sensitivity, specificity, NPV and PPV of mpMRI with the novel **high-resolution micro-ultrasound** imaging modality. This approach offers the benefits of simplicity, a single intervention for imaging and biopsy, leveraging the low cost of ultrasound. Micro-ultrasound may be used to image suspicious lesions and target biopsies in real-time with or without additional MRI-based targets.

RESULTS:

- 40% of cases were positive for clinically significant PCa
- mpMRI sensitivity 89% and NPV 75%
- Micro-ultrasound sensitivity 94% and NPV 83% both higher (p<0.01)
 - Micro-ultrasound less specific (19% vs 23% for mpMRI)

MATERIAL & METHODS:

- 8 institutions in Europe and the USA participating, totaling **784** subjects
- All subjects received both mpMRI and **ExactVu™ micro-ultrasound** imaging.
- mpMRI targets sampled per site preference: • cognitive fusion with micro-ultrasound
 - separate software-fusion system
 - software-fusion using micro-ultrasound **FusionVu**[™]
- Micro-Ultrasound targets and systematic samples taken using the **ExactVu**™ micro-ultrasound system.
- Clinically significant cancer was any **Gleason Sum > 6** and targeted samples were taken for **PI-RADS[™] > 2** or **PRI-MUS^{™,1} > 2** lesions with at least 2 samples per lesion



Figure 1: ExactVu™ 29 MHz Micro-Ultrasound System for targeted prostate biopsies

• PPV 44% for both

Modality	Sensitivity	Specificity	PPV	NPV
mpMRI	89%	23%	44%	75%
Micro-ultrasound	94%	19%	44%	83%

Table 1: Summary statistics comparing ability to detect clinically significant prostate cancer (Gleason > 6) between mpMRI and micro-ultrasound.

Micro-ultrasound demonstrated a higher sensitivity than mpMRI (p<0.01), as well as a higher negative predictive value (NPV). Positive predictive value (PPV) was equivalent between the two modalities, while specificity was low on both though slightly lower with micro-ultrasound suggesting a higher rate of false positives.





Figure 1: Comparative MRI and Micro-ultrasound images of index lesion. (A) Coronal T2 MRI. (B) Axial T2 MRI. (C) Sagittal T2 MRI. (D) Parasagittal micro-ultrasound of left lateral edge of prostate. (*E*) Parasagittal micro-ultrasound of left medial edge of lesion. The Micro-ultrasound images show mottled tissue consistent with **PRI-MUS 4**, along with suspicious shadowing consistent with **PRI-MUS 5**. Suspicious findings in all images are marked with arrows.

CONCLUSIONS:

- Micro-ultrasound is an attractive option for screening and targeted biopsy. Sensitivity and NPV appear superior to **MRI**, but specificity is mildly reduced.
- Further larger-scale studies are required for validation of these findings.



Figure 2: Forest plot showing results for each institutional cohort.

Most groups achieved non-inferiority independently with aggregate results showing superiority sensitivity of micro-ultrasound over MRI with sensitivity ratio of **1.06** (p=0.007).

REFERENCES:

1. Ghai S, Eure G, Fradet V, et al: Assessing Cancer Risk on Novel 29 MHz Micro-Ultrasound Images of the Prostate: Creation of the Micro-Ultrasound Images of the Prostate Risk Identification. J. Urol. 2016; 196: 562-569.