

demographic and socioeconomic strata. This may represent provider uncertainty and access disparities and is a potential target for future work determining ideal implementation of mpMRI technology in prostate cancer active surveillance.

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## EDITORIAL COMMENT



The pace of innovation in medical technology continues to accelerate and it can be a challenge for practicing urologists to choose which to adopt.

A study published in this month's issue examined the pattern of use of multiparametric magnetic resonance imaging (mpMRI) in prostate cancer surveillance over a period of 2008-2013.<sup>1</sup> The rate of increase over the 5-year period was 3.7% with only 14% of men on surveillance receiving mpMRI.

There have been many publications in the last few years discussing the role of mpMRI in prostate cancer detection and active surveillance. The American Urological Association suggests that mpMRI be considered during surveillance<sup>2</sup> and the UK National Institute for Clinical Excellence (NICE) recommends that mpMRI be used for both the selection of men in active surveillance, and during follow-up.<sup>3</sup>

So why has there not been greater uptake in the use of mpMRI? There are many possible reasons. The first is that this study covered a period from 2008 to 2013. As the authors mentioned, the prostate imaging reporting and data system version 2 classification came out in 2016,<sup>4</sup> and studies on the use of MRI-ultrasound fusion-guided biopsies occurred after the study period. It is therefore quite likely that the rate of uptake is now higher than this study suggests.

However, mpMRI has not been universally embraced. This may be partly because there isn't a great deal of information on the natural history of prostate cancer findings on serial mpMRI. There remain concerns about false negative mpMRIs that may be related to the quality of the scans or their interpretation.<sup>5</sup> Cost and availability of this technology are important factors impacting adoption, and the most appropriate imaging schedule is still unknown.

Despite these challenges, it is expected that the use of mpMRI will only increase. A better knowledge of the natural history across timelines will help guide the indications for intervention. Easier accessibility and lowered costs will also drive uptake. Patients who have a strong preference for a non-invasive imaging test rather than an invasive prostate biopsy will demand it. In the end, greater patient awareness will drive increased utilization.

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