serum prostate-specific antigen levels, PSA density, and previous biopsy histology to determine the most appropriate diagnostic pathway, as indicated in a recent publication by the PI-RADS steering committee.[3]

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AUTHOR REPLY

We thank the authors for their positive notes on our study. We agree with them that prostate lesions in the peripheral zone should probably be characterized on multiparametric MRI and clinically managed subsequently in a different manner compared to those in the transition zone. It is a fact that imaging accuracy for the latter ones is still far from optimal. We move a step further by saying that prostate lesions should probably be differently characterized on multiparametric MRI depending on their location (eg, apex vs base) even when lying in the same (peripheral) zone. The possibility for a region-dependent Prostate Imaging Reporting and Data System with a different threshold for biopsy has already been alluded to by prominent experts in the field.[1]

We also agree with the authors of this comment that the sole characterization of prostate lesions on multiparametric MRI should not trigger a biopsy, but this should come after a thorough multifactorial risk assessment and tailored counseling on an individual basis. This holds true especially considering the potential implications of the recent randomized PRostate Evaluation for Clinically Important Disease: Sampling Using Image-guidance Or Not? (PRECISION) trial, where upfront multiparametric MRI followed by MRI-targeted biopsy in biopsy-naïve men allowed for a significantly higher rate of detection of clinically important prostate cancer compared to standard biopsy with no MRI.[2] The results of this study might lead to an epochal shift in the management of men referred to early detection of prostate cancer, where MRI might be liberally ordered even by nonurologists to any-risk individual. Clearly, not all men would benefit from an upfront MRI. Truong et al. developed and prospectively validated a calculator to predict the pretest probability of detecting high-risk prostate lesions on multiparametric MRI using age, prostate-specific antigen level, and prostate volume as input variables.[3] Tools like this should help heath care providers and patients make an informed decision on whether to undergo an upfront MRI.

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