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Reply to Nicolas Mottet, Olivier Rouviere, and Theodorus H. van der Kwast. Incidental Prostate Cancer: A Real Need for Expansion in Guidelines? Eur Urol Oncol. In press

Incidental Prostate Cancer: An Example of How Important Guidelines Are, Especially When Evidence Is Limited

We thank Dr. Mottet and colleagues [1] for their response to our article [2]. Although they stated that incidental prostate cancer (cT1a–cT1b) does not deserve any distinct recommendation in guidelines, we believe that their arguments actually support such recommendations. They highlight many concepts that represent useful guidelines on this topic. For instance, the authors claim that initial prostate-specific antigen (PSA) <10 ng/ml, low PSA, and low PSA density (PSAd) after surgery should be considered as favorable prognostic factors. However, guidelines do not include the timing of PSA and PSAd assessment (initial or after surgery) because they refer to T1c cancers only, for which PSA and PSAd are determined around the time of biopsy. Confusion may thus arise in cT1a–b cases regarding whether PSA and PSAd measurements should be performed before or after surgery. Caution about not carrying out magnetic resonance imaging until 8 wk after surgery would also be appropriate advice, precisely because of the concerns regarding artifacts identified by the authors. These and several other statements suggested by Mottet et al would be very useful for urologists, but are neglected in current guidelines.

Even if incidental prostate cancer does not warrant different recommendations, this should be stated in the guidelines for the purposes of clarity. For instance, in the European Association of Urology guidelines on renal cell carcinoma (RCC), even though the data for considering Bosniak type IV cysts more indolent relative to RCC are limited, a clinical recommendation is provided to manage Bosniak type IV cysts in the same way as for localized RCC [3].

Guidelines are not made for experts or for key opinion leaders. They are written to provide recommendations to general urologists who are not focused in that specific area. Recommendations on topics for which a high level of evidence is available are easy to retrieve from systematic reviews and meta-analyses. International guidelines are particularly important when evidence is limited. Incidental prostate cancer, which is identified in more than 10% of our

surgical candidates for benign prostatic hyperplasia [2], is an archetypical example of this.

Conflicts of interest: The authors have nothing to disclose.

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