

General	General	General	General	General	General	General	General	General	General	General	General	General	General	Methodology	How well addressed (Risk of Bias):	Methodology	Study population	Study population	Study population	Study population	General	Study population	Interventions	Interventions	Outcomes	Study population	Interventions	Interventions	Outcomes	Study population	Interventions	Interventions	Outcomes
# No. Covidence	Authors	Title	Year	Extraction performed by	Level of Evidence	Study design	Source/Journal	Weblink	Related Study	Study Question	Primary Outcome	Findings	Comment	Include in Metanalysis (Yes/No)	Low Risk	High Risk	Not clear	N/A	Funding	Country	Names of centres	Inclusion C/Rt	Exclusion C/Rt	Length of Follow up	Pat.Character.	Arm A	Sample size	Arm B	Sample Size	Outcome			
3287	Hsieh et al. See also Complications excel	Adding gentamicin to fluoroquinolone-based antiretroviral prophylaxis reduces transrectal ultrasound-guided prostate biopsy-related infection rate	2016	Corrine, Kajit	High	Retrospective study	Urology Science 2015	http://dx.doi.org/10.1016/j.uro.2015.10.008		Evaluate efficacy and cost effectiveness of adding gentamicin to a fluoroquinolone-based prophylaxis regimen	The addition of IM gentamicin (80mg) was beneficial in improving the efficacy of fluoroquinolone and reducing the post TRUS biopsy infection rate. Gentamicin is relatively inexpensive and readily available in daily practice and has good compliance for patient use.	1. Study states there is uncertainty regarding patient compliance with oral intake of prophylactic antibiotics as prescribed. 2. Some of the infection complications may not have been related to prostate biopsy. COMMENT CORRIE: WE CANNOT INCLUDE THIS STUDY FOR PICO 3!!! The aim of this study was not to evaluate the information given to patient. No data about the information given to patient or about adherence to prophylactic antibiotics. Only one sentence in the discussion which suggest the uncertainty of compliance of prophylactic antibiotics.							Taiwan	Chung Shan Medical University Hospital	Patients who received a TRUS prostate biopsy between Jan 2008-Aug 2011.	Patients who did not receive levofloxacin as a prophylactic antibiotic			Patients who received one oral dose of levofloxacin (500mg) daily 2 days before the biopsy, on the day of biopsy and for 2 days after the biopsy		129	134	Patients who received a single intramuscular gentamicin injection (80mg) 30 minutes before biopsy in addition to the same oral levofloxacin protocol as Arm A patients	The 2 groups were similar in terms of mean age, indication for biopsy, prostate volume, number of cores taken and comorbidities. Infection related complications occurred in 8 out of the 129 group and 1 out of the 134 group. The addition of gentamicin was beneficial in improving the efficacy of fluoroquinolone and reducing post biopsy infection rate.			
3313	Mackie et al.	Systematic Assessment Reveals Lack of Understandability for Prostate Biopsy Online Patient Education Materials	2017	Corrine, Kajit		Systematic Assessment - Internet search	Manuscript	http://dx.doi.org/10.1016/j.urology.2017.07.037		To evaluate the accuracy, readability, understandability and actionability of internet patient education materials (PEM) about TRUS prostate biopsy	TRUS prostate biopsy PEM adhere poorly to guidelines for easy to understand materials. Most PEM lack vital information and are written at too complex of a reading for patient comprehension	Study indicates that urology community can construct better websites by consulting PEM advisory materials, providing non-technical language, figures and specific instructions	Yes							US		Google, Bing and Yahoo - the 3 most commonly used search engines were used.	Websites that were duplicates, advertisements inaccessible, international or primarily video-based were excluded							TRUS prostate biopsy PEM adhere poorly to guidelines for easy-to-understand materials. Most PEM lack vital information and are written too complex of a reading level for patient comprehension.			
94	Wade et al.	Role of information in preparing men for transrectal ultrasound guided prostate biopsy: a qualitative study embedded in the ProtecT trial	2015	Corrine Tiller	Low - patient interview		BMC Health Serv Res 2015:15.	https://transproct.org/asset/13633/asset/2014-level-01-episode_2014.pdf		Men reported prostate biopsy in their experiences, expectations and side effects most commonly if they felt inadequately prepared for the procedure	Men reported anxiety associated with TRUS-Bx or its pre-biopsy information provision played a key role in determining how men experienced biopsy how well prepared they were for potentially more influence than the severity of their symptoms influencing how they experienced TRUS-Bx and its sequelae	Limitations: not clear how many patient got the PIL and how many didn't get it. So we don't know how homogenous were the groups. If you have only 10 patients who didn't get the PIL how can you make a conclusion. Other limitations: only white people were included, some interviews took place several months after TRUS-Bx, education status were not collected. Type of interview different (face to face and phone). Groups are disbalanced (more face to face-62 pat. than phone 23 pat.)	yes. We are aware that the level of evidence is low (qualitative study) but unless some limitations, it is a good study	well addressed to propose an up to date comprehensive evidence based set of information for men undergoing TRUS-Bx	High Risk		None	UK	Multi-centers (8)	Men undergoing TRUS-Bx	Not mentioned	Few weeks to few months. No specific time frame of follow up in this study	Mean age 63.6. Employment status (most are working full time or not working). Ethnicity white.	85 patients		Men reported anxiety associated with TRUS-Bx or its side effects most commonly if they felt inadequately prepared for the procedure							
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