Extraction PICO 4 EAUN Guidelines on Transrectal Ultrasound Guided Biopsy of the Prostate

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	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 Metanalyse (Yes/No)	How well addressed: * = Mandatory *Was the group randomisation in this trial adequate (Describe the method used to generate the allocation sequence in sufficient detail to allow an assessment of whether it should produce comparable groups)? *Did allocation prevent prediction of the next treatment group? *Could any loss to follow up have affected the results of the study? Were patients blinded to the treatments they received? Were the outcome assessors (clinicians) blinded to treatments received? Were there differences between baseline characteristics? Was any group treated differently other than by the intervention? Were the outcomes correctly defined and measured in a standard way? Were any important outcome measures omitted? Was an intention to treat analysis done? Was the study stopped early? Was a power calculation performed?	Low Risk	High Risk	Not clear	N/A	Funding	Country	Names of centres	Inclusion Crit	Exclusion Crit	Length of Follow up	Pat.Charact.	Arm A	Sample size	Pat. Charact. Arm A	Outcome Arm A	Arm B	Sample Size	Pat. Charact. Arm B	Outcome Arm B									
7	Hori et al.	Can a trained non-physician provider perform transrectal ultrasound-guided prostatic biopsies as effectively as an experienced urologist?	2013	TS	3	Retrospective analysis of an institutional research and ethics board approved, prospectively accrued database	BJU Int:2013;111:739-44.			To establish whether a trained NPP performing TRUSP is able to detect cancer as effectively as an experienced urologist at a single UK institution	To compare prostate cancer detection rates between a physician and an NPP	When patients were risk stratified according to their presenting PSA levels, there was no difference in the overall cancer detection rates between the NPP and the physician, in a subgroup analysis of men presenting with a low PSA level (< 9.9 ng/ml) we noted that the NPP had a lower cancer detection rate during her first 100 cases compared with the experienced physician (p=0.022). The NPP required at least 50 independent TRUS procedure before achieving a cancer detection rate comparable to that of the experienced urologist in men presenting with a low PSA level (< 9.9 ng/ml).	1. The difference experience between the nurse and the urologist 2. Adequately trained NPP was able to perform TRUSP as effectively as an experienced urologist after an initial learning curve			Low Risk				none	UK	West SUffolk Hospital Bury St Edmunds	Patients who were consecutively referred by the general practitioner for investigation of an abnormal digital rectal examination or a raised age-specific PSA value, undergoing first time outpatient prostatic biopsies	All patients undergoing repeat prostatic biopsies were excluded	The study is a retrospective analysis.		Physician	220	Median age 67 (61-73), Median PSA 8.03 (5.64-14.26), Median prostatic volume 35 (25-50), DRE findings: T1 or T2 194, T3 or T4 23	OVERALL % cancer positivity first versus last 100 cases. First 100 60, Last 100 57. PSA<9.9 ng/ml First 100 40.8, Last 100 46.9	Nurse	220	Median age 69 (63-75), Median PSA 9.12 (6.55-15.63), Median prostatic volume 36.5 (27-54), DRE findings: T1 or T2 188, T3 or T4 32	OVERALL % cancer positivity first versus last 100 cases. First 100 55, Last 100 51. PSA<9.9 ng/ml First 100 29.2, Last 100 42.6			
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3278	Zhang et al. also in complications excel	Clincal comparison of the efficacy of three different bowel preparation methods on the infectious complicatsons following transrectal ultrasonography-guided prostate biopsy in nursing practice **Does not answer PICO but included	2017	Corinne, Kaijit		Retrospective study	?			Clincal comparison of the efficacy of three different bowel preparation methods on the infectious complications following TRUS guided prostate biopsy in nursing practice.	To assess the effects of three different bowel preparations methods on the incidence of infectious complications in patients who underwent TRUS prostate biopsy	Study confirmed that combined preparation regims of polyethylene glycol (PEG) with povidone iodine (PVP-I) enema could significantly reduce the post biopsy infection rate. Conventional soapy enema is associated with less adverse events.	1. Adds new understanding of the effect of different bowel preperation methods on the incidence of post biopsy infectious complications.								China	Qingdao Municipal Hospital	All patients who had undergone a prostate biopsy from Jan 2013 - Dec 2015 were retrospectively reviewed				1130											