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																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 part treatment proup?																	
																*Could you lose to follow up have affected the results of the study?																	
																Code 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?																	
															Include in	Was an intention to treat analysis done?																	
# No.					Extraction	Level of						Primary			Metanalyse	Was the study stopped early?									Length of			Pat. Charact. O	lutcome Arm	P	at. Charact. Outcome Arr	1	
Covidence	e Authors		Title	Year	performed by	Evidence	Study Design	Source/Iournal	Weblink	Related Stur	ly Study Quest	tion Outcome	Findings	Comment	(Yes/No)	Was a nower calculation performed?	Low Bisk High	Risk Notic	lear N/A	Funding	Country	Names of centres	Inclusion Crit	Exclusion Crit F	Follow up	Pat Charact. Arm A	Sample size	Arm A A	Ami	3 Sample Size A	rm B B		
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							analysis of an				performing		presenting with a low PSA level (< 9.9 ng/ml) we note	d									practitioner for					(61-73), Median ca	ancer positivity	(6	3-75), Median cancer positiv	ty	
							institutional				TRUSP is ab	sie	that the NPP had a lower cancer detection rate durin	9									investigation of an					PSA 8.03 (5.64- fir	rst versus last	P	SA 9.12 (6.55- first versus las	t.	
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			provider perform transrectal	al de la companya de			approved,				an experienc	ed detection rates	indipendent TRUS procedure before achieving a	Adequately trained NPP was able								-	age-specific PSA val	ie, undergoing				35 (25-50), DRE 51	7. PSA<9.9	3	5.5 (27-54), 51. PSA<9.9		
			utrasound-guided prostatic				prospectively				urologist at a	between a	cancer detection rate comparable to that of the	to perform TRUSP as effectively as								West SUTION	undergoing tirst time	repeat prostatic	i ne study is a			Transfer Talen Talen	gimi First 100	U	RETINDINGS: 11 ng/m First 100		
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