

	MP-MRI, % (95% CI)	TRUS-biopsy, % [95% CI]	Test ratio* [95% CI]	p value
Primary definition (Gleason score ≥4+3 or cancer core length ≥6 mm), prevalence of clinically significant cancer 230 (40%, 36–44%)				
Sensitivity test	93 (88-96)	48 (42-55)	0-52 (0-45-0-60)	p<0-0001
Specificity test	41 (36-46)	96 (94-98)	2-34 (2-08-2-68)	p<0-0001
PPV	51 (46-56)	90 (83-94)	8-2 (4-7-14-3)	p<0-0001
NPV	89 (83-94)	74 (69–78)	0-34 (0-21-0-55)	p<0-0001
Secondary definition (Gleason score ≥3+4 or cancer core length ≥4 mm), prevalence of clinically significant cancer 331 (57%, 53–62%)				
Sensitivity test	87 (83-90)	60 (55-65)	0-69 (0-64-0-76)	p<0-0001
Specificity test	47 (40-53)	98 (96–100)	2.11 (1.85-2.41)	p<0-0001
PPV	69 (64-73)	98 (95-100)	22.7 (8.6-59.9)	p<0-0001
NPV	72 (65-79)	65 (60-70)	0.70 (0.52-0.96)	p=0-025
Any Gleason score 7 (≥3+4), prevalence of clinically significant cancer 308 (53%, 49–58%)				
Sensitivity test	88 (84-91)	48 (43-54)	0.55 (0.49-0.62)	p<0-0001
Specificity test	45 (39-51)	99 (97–100)	2-22 (1-94-2-53)	p<0-0001
PPV	65 (60-69)	99 (95–100)	40-8 (10-2-162-8)	p<0-0001
NPV	76 (69-82)	63 (58-67)	0.53 (0.38-0.73)	p<0-0001

Pros

- MRI positivity is highly sensitive for presence of "significant" prostate cancer
 - Sensitivity depends on definition (lower for GGG2)
 - Not a test of MRI accuracy since no targeted biopsy
 - However, presence of significant cancer does correlate with higher MRI risk scores (5>4>3)
 - Might suggest that an abnormal MRI is a sign of cancer (field effect?) even if MRI lesion itself is not cancer
- Despite limitations, strong support that mpMRI can reduce biopsies by as much as 26%
- Transperineal mapping biopsies is a reasonable surrogate for whole mount radical prostatectomy (although not identical)