Final

Alert to Urological Surgeons

TRANSRECTAL PROSTATIC BIOPSY IN MEN AT RISK OF VARIANT CJD

It has come to the attention of the Advisory Committee on Dangerous Pathogens' TSE Working Group and the CJD Incidents Panel that some transrectal prostatic biopsies are undertaken by means of single use needles passed **through the internal lumens** of reusable ultrasound probes (e.g. BK Medical Triplane, Biplane or Endfire).

The ACDP TSE Working Group categorises surgical and other invasive procedures according to their potential for onward transmission of tissue contaminated with abnormal prion protein, the putative infective agent in variant Creutzfeldt Jakob disease (vCJD)[1]. Lymphoid aggregates occur in rectal mucosa and submucosa, and have been shown to be contaminated with abnormal prion protein in cases of vCJD. There is therefore a potential risk of vCJD cross-infection during transrectal prostatic biopsy if reusable equipment is employed for this procedure on patients at risk of vCJD, because there is no decontamination method that reliably eliminates or destroys abnormal prion protein.

It is understood that most transrectal prostatic biopsies are undertaken by means of single use needle devices guided by an **adjacent** ultrasound probe. As the biopsy instruments are single use, there is no reason why such procedures would carry a potential risk of cross-infection.

Therefore the ACDP TSE Working Group and CJD Incidents Panel advise the following:

Patients at risk of vCJD[2] requiring transrectal prostatic biopsy should have the procedure performed by means of single use equipment that runs alongside (rather than through) the ultrasound probe. Where a unit does not have such equipment and intends to carry out a biopsy procedure on a patient at risk of vCJD, their options are as follows:

- **To refer the patient to a unit offering the alternative technique that does not pose a risk of contaminating the internal channels with traces of biopsy tissue**
- **To borrow the alternative equipment from another unit**
- **To undertake the procedure with equipment that has internal biopsy channels and then quarantine the reusable components of that equipment after decontamination. It must be accepted that this equipment would be unlikely to return to general use, except for dedicated re-use in the same patient.**

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[1] http://www.advisorybodies.doh.gov.uk/acdp/tseguidance/

[2] The following patient groups have been notified of their increased risk of subclinical vCJD infection:

- People who have received blood from someone who went on to develop vCJD
- People who have given blood to someone who went on to develop vCJD
- People who have received blood from someone who has also given blood to a patient who went on to develop vCJD
- People who have had surgery using instruments that had been used on someone who developed vCJD
- People who have received an organ or tissue from a donor infected with vCJD or at increased risk of vCJD
- People who have been treated with certain UK sourced plasma products between 1980 and 2001

It is important to note that new patient groups may be notified in the future of their increased risk of vCJD.