INTRODUCTION AND OBJECTIVE: In-office transperineal biopsy (TPbx) under local anesthesia requires a distinct skillset and instrumentation, posing unique challenges to implementation. We aim to assess barriers to adoption and educational needs for practices/providers considering TPbx.

METHODS: Providers from the Michigan Urological Surgery Improvement Collaborative (MUSIC) and Pennsylvania Urologic Regional Collaborative (PURC) were administered an anonymous tiered online survey to assess beliefs and educational needs regarding TPbx. The survey included provider and practice demographics and was divided into two pathways for providers who did or did not currently perform TPbx under local anesthesia. Results are reported using descriptive analytics.

RESULTS: There were 90 complete responses; with an overall response rate of 32%. Respondents included community (27%), multi-specialty group (16%), and academic/academic affiliated practices (24%). Only 22% of respondents perform TPbx under local anesthesia. Overall, the greatest challenge to implementation reported was access to required equipment (42%) followed by concerns with the patient experience (21%), and learning curve (16%). The estimated learning curve was estimated to be ≤10 biopsies for both providers with and without experience with TPbx. In those performing TPbx, none found implementation to be very/extremely difficult, with 50% finding it to be slightly or not difficult at all. Providers cited the most useful educational resources to be instructional videos (33%), hands-on instruction (30%), and in-person proctoring (30%). Of those performing TPbx, the majority utilized an instructional video as an education resource.

CONCLUSIONS: Access to equipment and patient experience concerns remain substantial barriers to adoption of TPbx. A multifaceted approach to education may help facilitate broad adoption.

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