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Editorial Comment

Editorial Comment on Immediate Release of Prostate Biopsy Results: Perspectives from Patients and Providers

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The implementation of the 21st Century Cures Act has fundamentally reshaped the delivery of clinical information, mandating the immediate electronic release of diagnostic results to patients. Whilst this policy advances transparency and supports patient autonomy, it also introduces important challenges in the communication of high-stakes findings, particularly within prostate cancer care.[1] In this context, the study by Blancaflor et al. provides timely and clinically relevant insight into an area of increasing importance, exploring both patient and provider perspectives on immediate prostate biopsy result disclosure.[1]

A notable strength of this study lies in its dual-perspective design, capturing both patient and clinician viewpoints within a single analytical framework. The authors demonstrate that a majority of patients favor immediate access to biopsy results, reporting high levels of satisfaction and perceived comprehension. Importantly, understanding improved substantially following clinician counseling, rising from 77% to over 90%, underscoring the central role of physician engagement in contextualizing complex pathological information.[2] These findings reinforce a key principle: access to information does not inherently translate into understanding, and interpretation remains a fundamentally clinical process.[2]

In contrast, the study highlights a clear divergence in clinician perspectives. Fewer than 10% of providers expressed a preference for the current immediate-release model, and dissatisfaction was significantly associated with increased patient-initiated communication.[2] This observation is particularly pertinent in contemporary urological practice, where expanding digital access has been accompanied by a measurable increase in messaging and telephone burden. The finding that most patient contact occurs via telephone rather than asynchronous messaging further emphasises the potential implications for workflow efficiency and clinician workload.[3,4]

The authors are to be commended for their balanced and appropriately cautious interpretation. Rather than advocating for a binary approach to result disclosure, they suggest that immediate release should be complemented by structured communication strategies, including enhanced pre-biopsy counseling, patient-centered reporting formats, and streamlined follow-up pathways.[2] Such approaches align with emerging evidence that targeted communication interventions can improve patient understanding whilst mitigating anxiety and reducing downstream clinical burden.[3]

Several limitations warrant consideration. The single-center design and cross-sectional, unpaired methodology limit causal inference and preclude assessment of within-patient change. The absence of patient demographic data further constrains generalisability, particularly in relation to digital literacy and health information processing.[2] Additionally, the modest provider response rate raises the possibility of non-response bias, potentially overrepresenting more polarized views.[5]

Notwithstanding these limitations, this study offers valuable, hypothesis-generating insight into a central tension in modern urological care: the balance between immediacy and meaningful interpretation. As health systems continue to adapt to mandated transparency, future work should focus on multicenter validation, incorporation of patient-level characteristics, and the development of pragmatic interventions that reconcile patient expectations with clinician capacity. Ultimately, optimizing not only when results are delivered, but also how they are understood, will be critical to delivering high-quality, patient-centered care.

CRediT Authorship Contribution Statement

Angeles Sanchis-Bonet: Conceptualization, Data curation, Supervision, Validation, Writing – original draft, Writing – review & editing. **Luis Ortega-Polledo**: Supervision, Validation.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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