Study ID	Tests	Unit of analysis	No. analysed	FPs	TNs	FP rate (%)	Reasons
Amsellem-Ouazana 2005[74]	T2-MRI; MRS	Patient	42	1	26	3.7	Both MRI and MRS showed concordant suspicious zones; targeted biopsies found HGPIN
Beyersdorff 2002[57]	T2-MRI; TRUS	Biopsy	272	115	134	46.2	Prostatitis, fibrosis or PIN in 86 (75%); normal prostatic tissue in 29 (25%)
Bhatia 2007[76]	T2-MRI; MRS	Patient	21	5	14	26.3	Patients whose MRI/MRS imaging showed FP had either BPH or chronic prostatitis
Cheikh 2009[78]	T2-MRI; DCE-MRI	Sector	670	106	520	16.9	When inflammation was present at biopsy, specificity of T2-MRI and DCE-MRI decreased significantly compared with sextants with normal biopsy findings
Cirillo 2008[79]	T2-MRI; MRS	Patient	54	13	24	35.1	T2-MRI: PIN in three (23%), fibrosis in five (38.5%), normal prostate tissue in five (38.5%)
				11	26	29.7	MRS: PIN in six (54.5%), fibrosis in four (36.4%), normal prostatic tissue in one (9.1%)
Prando 2005[101]	T2-MRI; MRS	Patient	42	14	11	56.0	MRS: Four (29%) had focal prostatic atrophy
Testa 2010[106]	T2-MRI; MRS	Region	630	75	500	13.0	MRS: HGPIN in seven (9.3%), ASAP in one (1.3%), BPH in seven (9.3%), prostatitis in 55 (73.3%) and post-inflammation atrophy in five (6.7%)
Valentini 2010[133]	DCE-MRI; DW-MRI	Biopsy	NR	24	NR	NC	ASAP in three (12.5%), chronic inflammation in five (20.8%), glandular atrophy/fibrosis in 12 (50.0%), atrophy alone in two (8.3%) and microabscess in two (8.3%)
Wetter 2005[108]	T2-MRI; MRS	Patient	6	1	3	25.0	MRS: no sign of malignancy in one (16.7%)
				4	0	100.0	T2-MRI: no sign of malignancy in two (33.3%), chronic prostatitis in two (33.3%)
Yakar 2011[109]	T2-MRI; DCE-MRI; DW-MRI	CSR	13	7	NR	NC	Prostatitis in three (42.9%), hyperplasia in two (28.6%), HGPIN in two (28.6%)
Younes 2001[137]	T2-MRI	Patient	27	6	7	46.2	Inflammatory lesions

BPH, benign prostatic hyperplasia; CSR, cancer-suspicious region; NC, not calculable; NR, not reported.