

PSA Testing: Is There An Answer?

PSA Testing: Importance of Multiple Markers

Ian Thompson, MD

I. Population Screening with PSA

Only about 8% of men have a PSA above four, and if you look at the number of prostate cancers that you would find in a city of 50,000 or 60,000 people, you will see that there's about 190 prostate cancers that would be found in men with PSAs greater than four. If you look at the number of men with prostate cancers with PSAs less than four, there are actually more high-grade cancers than there are all the cancers found in the PSA above four range, which is part of the problem and perhaps explains one of the problems that we've had in trying to prove that PSA testing using a PSA above four will actually reduce the risk from prostate cancer.

II. Multiple Factors

There are multiple factors that impact a risk assessment for prostate cancer including rectal examination findings, age, race/ethnicity, family history, and prior negative biopsy, and the impact of these factors has been explored in large-scale clinical trials.

III. Risk Calculator

If you Google prostate cancer risk calculator, it will take you to a similar calculator as the Framingham allowing you to enter variables and calculate the risk, but these risk calculators can often end up with recommendations that don't make sense.

IV. The Next Step

We are adding additional information points to our assessment of risk, and these include, for example, body mass index, population "norms" and pro-PSA.

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Questions

- I. As a patient it is very confusing to decide which guidelines to follow. What recommendation would you make as a single caveat?**

Eric Klein, MD

Offering an uncomplicated sound bite does the complexity of the decision making a disservice, and what I try to do in determining with a patient whether they should go to biopsy is explore with a patient his risk and his concern over his risk of cancer and explore as well his concerns about some of the potential side effects of treatment. Patients can then make a relatively informed decision. The challenge is that a lot of physicians don't have the information to have that discussion.

Angelo DeMarzo, MD

Whether we should screen all men with a PSA is a controversial issue, but I have had a baseline test and most urologists I ask say that they have had one. Again, you have to look at other risk factors.

- II. Do you think active surveillance is safe in a high-risk African American male with Gleason 6 and a strong family history of prostate cancer?**

Angelo DeMarzo, MD

The patient would need to be counseled that his risk is going to be higher than the average for progression, but it would be the patient's decision to make. Today we serial biopsy every year with pretty good sampling, and I feel relatively comfortable with that approach. If he wanted to undergo watchful waiting, I don't think that is unreasonable.