

PROSTATE CANCER SCREENING GUIDELINES

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The National Comprehensive Cancer Network (NCCN) has issued prostate cancer screening guidelines with several significant changes. The guidelines suggest, but do not mandate, screening all men over 50 years old who have a greater than 10 year life expectancy. The guidelines also establish a lower threshold for initiating prostate biopsies if PSA values exceed 2.5 ng/ml.

The guidelines also suggest that earlier screening be performed in younger men at risk including African American men and patients over 40 with a family history of prostate cancer and a PSA value over 0.5 ng/ml.

The NCCN also recommends that the complexed PSA assay should be considered as a screening tool. The prostate biopsy cutoff for the particular assay is suggested to be 3.0 ng/ml.

The NCCN is comprised of 19 leading cancer treatment centers in the United States. The guidelines are comprised from recommendations of urologists, radiation oncologists and medical oncologists actively involved in all aspects of prostate cancer treatment. The guidelines are driven by data from recent studies and reflect current opinion in regards to appropriate screening and prostate cancer treatments.

The guidelines are the results, in part, of increased specificity and sensitivity of diagnostic screening tests including the complexed PSA assay. In addition, there is reduced morbidity associated with prostate biopsies as well as treatment options for patients diagnosed with prostate cancer, which helps justify early detection efforts. Prior criticism of PSA as a screening tool has focused on concerns that early prostate cancers may be missed on one hand and that unnecessary biopsies may be performed on the other. Suggesting rather than mandating guideline changes is deliberate and recognizes this controversy.

Cure rates for early prostate cancer are very high with current treatments and side effects are generally low. As a result, the effort is to maximize early detection of prostate cancer. By reduction of PSA threshold, earlier more curable prostate cancers can be identified.

The 2.5 ng/ml prostate biopsy cutoff was adopted after data from recent studies revealed a cancer rate of up to 25% in men with PSA levels between 2.5 ng/ml and 4.0 ng/ml. Urologists at Northwestern University recently evaluated nearly 7,000 men and concluded that a PSA cutoff of 4.1 ng/ml would miss 82% of prostate cancers in younger men and 62% in older men.

The new guidelines also address the use of a relatively new complexed PSA assay. Earlier complexed PSA tests were unreliable. However, the newer test focuses on an extracellular protease inhibitor-bound PSA and is more reliable and accurate. In addition, the complex PSA test does not appear to be significantly influenced by age or multiple other factors such as prostate size that compromise the accuracy of the standard PSA test. With the availability of the new complex PSA assay, attempts to enhance cancer detection with free and total PSA values as well as age adjusted PSA ranges may not be necessary.

Screening rationale for all cancers presumes that a population at risk is identified and that early detection enhances treatment options. Long-term treatment data now reflects improved outcomes in the PSA era. Newer guidelines can now focus on even earlier detection.

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