



UNDERSTANDING PROSTATE **CANCER**

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Prostate Specific Antigen (**PSA**) is a **protein secreted by the acinar cells** of the Prostate and is highly specific for the Prostate. **Serum PSA levels are useful for determining the extent of Prostate Cancer and assessing the response to therapy.** However, it is NOT Prostate cancer specific and other conditions such as: Benign Prostatic hyperplasia (BPH) or Prostatitis can affect PSA levels. **The common causes of an elevated PSA are:**

1 Prostate Specific Antigen: Perineal Trauma

Mechanical manipulation of the prostate during biopsy or transurethral resection of the prostate (TURP) can have a significant impact on PSA levels. A study involving 101 men who underwent one of these procedures revealed that PSA measurements should be postponed for at least six weeks post-procedure. Additionally, in this study, the median change in PSA levels was notably smaller after cystoscopy.

- Digital Rectal Examination (DRE) has minimal effect on PSA levels. (Leading to transient elevations of 0.26 – 0.4 ng/ml).
- Sexual activity can also elevate PSA levels by approximately 0.4 - 0.5 ng/ml.

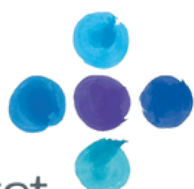
Prostate Specific Antigen/PSA is commonly used as a tool to detect Prostate Cancer.

2 How does **inflammation or infection raise** PSA levels?

Prostatitis, with or without an active infection, is an important cause of an elevated PSA. Levels as high as 75 ng/ml have been reported. Many physicians will make a presumed diagnosis of infection, initially treating a patient with an isolated increase in PSA with antibiotics and repeating the PSA measurement afterwards. A reduction in PSA levels can be expected if prostatitis with infection was solely responsible for the elevation. However, prostatitis can often exist without active infection, in which case the PSA will not normalize after treatment with antibiotics. Serum PSA should only be repeated about 2 - 4 weeks after completion of treatment for reassessment.

3 How serious is **benign prostatic hyperplasia**?

There is a high prevalence of this condition in men older than 50 years of age, and serum PSA levels in patients with BPH overlap considerably with those obtained from men who have Prostate cancer.

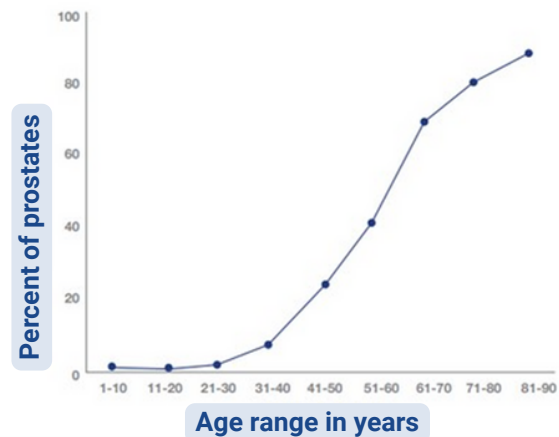


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Understanding PSA levels: Clinical Utility

- In a study of pre-operative PSA levels of 187 men with 60 BPH and 198 men with organ-confined Prostate Cancer, the median PSA concentrations were 3.9 (range 0.2 – 55) and 5.9 (range 0.4 – 58) ng/ml, 40 respectively¹.
- Although this was a statistically significant difference, the distribution of PSA values in both groups overlapped significantly with the majority 20 pf PSA values below 10 ng/ml in both groups



DID YOU KNOW?

PSA has a half-life of 2.2 days. Where levels are increased by different Benign conditions, the time to return to baseline levels is variable.

Prostate Cancer is the second most common cancer in men worldwide. Clinically, the Tumor can range from a microscopic, well differentiated tumor that may never be clinically significant to an aggressive, high-grade Cancer that causes metastases, morbidity and death. The widespread availability of PSA testing has led to major shifts in the Epidemiology of the condition. These shifts have manifested in an increasing number of cases, as well as a younger age and earlier clinical stage at diagnosis.

✓ Prostate Cancer: **Diagnosis and Staging**

1. The prevalence of undiagnosed Prostate Cancer at Autopsy is high & increases with age. (From > 40% among men aged 40 – 49 years to > 70% among men aged 70 – 79 years.)
2. Only a small proportion of men with prostate cancer have symptoms or die from the disease.
3. Most Prostate Cancers are slowly progressive and not life threatening.
4. Screening with the PSA test may lead to a small reduction in Prostate Cancer mortality. Thresholds for PSA of 2.5 to 4.0 ng/ml are commonly used for screening. Lower thresholds increase the probability of false positive results, but no threshold completely excludes Cancer. Serum free and bound PSA: In men with a normal Prostate, the majority of free PSA in the serum reflects the mature protein that has been inactivated by proteolytic cleavage. In contrast, the cleaved fraction is relatively decreased in men with Prostate Cancer. Thus, the percentage of free PSA (f/t PSA) is lower in the serum of men with prostate cancer, compared to those that have a normal Prostate or BPH.