Added prostate CA criteria may help ID surveillance candidates

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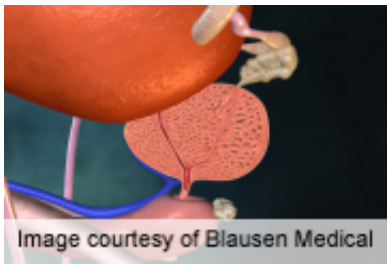

(HealthDay)—Additional predictors, such as prostate-specific antigen (PSA) density and extent of cancer on biopsy, help guide selection of prostate cancer patients for active surveillance programs, according to research published in the February issue of *The Journal of Urology*.

In an effort to identify predictors of adverse pathology, Annelies Vellekoop, M.D., of New York University in New York City, and colleagues analyzed data for 4,500 men who underwent radical prostatectomy for Gleason 6 prostate cancer. The researchers included a subset with extended biopsy data.

The researchers found that, based on the inclusion criteria of six currently published active surveillance protocols, 33 to 45 percent of men with clinically localized Gleason 6 prostate cancer had adverse pathology at radical prostatectomy. Predictors of upgrading and up staging among patients with Gleason 6 prostate cancer included older age, higher levels of PSA, PSA density greater than 0.15 ng/ml/cm^3, palpable disease, and extent of cancer greater than 4 mm on biopsy. Larger prostate volume was inversely related to adverse pathology.

"More than a third of men meeting the most stringent active surveillance criteria had adverse pathology at radical prostatectomy in this population-based cohort," the authors write. "Active surveillance programs should consider PSA density and extent of cancer on biopsy for patient selection."

One author disclosed financial ties to Sanofi.

More information: Abstract
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