

Added prostate CA criteria may help ID surveillance candidates

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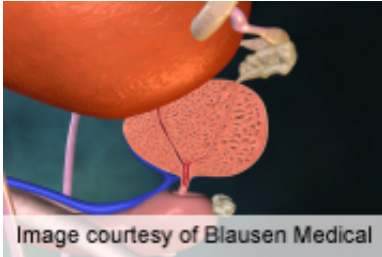


Image courtesy of Blausen Medical

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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(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/cm³, 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

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