

PSA failure predicts risk of death only in healthy men

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A new study by investigators at Brigham and Women's Hospital (BWH) has found that a rise in prostate-specific antigen (PSA) levels in healthy men who have previously been treated for prostate cancer is significantly associated with a 1.6-fold increased risk of death. The team also studied men with prostate cancer who had another illness such as a history of heart attack or stroke, and did not find that PSA failure was predictive of the risk of death in these men. The new work suggests that it's especially important for healthy men to be given information about the early results of available clinical trials that have been shown to reduce PSA failure, according to the study's authors.

"Many studies have reported on PSA results after [prostate cancer](#) treatment, but they are not mature enough yet to determine if these results translate into prolonged survival," said lead author Nicholas J. Giacalone, MD, a senior resident in Radiation Oncology at BWH. "We wanted to see if we could identify whether or not published randomized studies that show a benefit in the reduced risk of return of disease, as measured by PSA, will translate into higher rates of cure based on a man's overall health." Such studies include treating men with PSA recurrence after surgery for prostate cancer with both radiation and six months hormonal therapy (GETUG-16) as opposed to radiation therapy alone.

The team examined data from 206 men over the course of 16 years. Over that period of time, 156 men (76 percent) died, 29 as a result of prostate cancer. The team found that PSA failure (the rise of PSA levels after treatment) was associated with a 1.6-fold increased risk of death among men with no other or minimal health conditions, but not among men with other moderate to severe diseases. The team concludes that men with co-existing significant medical conditions, such as heart disease, are unlikely to benefit from treatments shown to reduce only PSA failure, whereas healthy men are more likely to benefit

from these treatments.

"Healthy men should be given information based on early results of [clinical trials](#) and decide whether or not they want that treatment after hearing about the possible benefits and risks," said Giacalone.

More information: Giacalone, NJ et al "Prostate-Specific Antigen Failure and Risk of Death Within Comorbidity Subgroups Among Men With Unfavorable-Risk Prostate Cancer Treated in a Randomized Trial" *Journal of Clinical Oncology* DOI: [10.1200/JCO.2016.68.4530](https://doi.org/10.1200/JCO.2016.68.4530)

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