

Media Release

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RCPA announces position on PSA testing for prostate cancer

The Royal College of Pathologists of Australasia has taken a stance on Prostate Specific Antigen (PSA) testing, releasing its first position statement on the use of the test in the diagnosis of prostate cancer.

The College recognises, in line with other organisations, that the value of widespread testing of asymptomatic men can only be established by randomised controlled trials. In the interim, men need to be fully informed of potential risks and consequences of testing for early prostate cancer.

The key message is that once a man has been fully informed and decides to go ahead with a PSA test, there needs to be accurate guidance for clinicians in how to interpret and follow up the results.

Royal College of Pathologists of Australasia President and co-author of the position statement, Associate Professor, Paul McKenzie, says as both the PSA test and any subsequent reporting of a prostate biopsy are Pathology tests, it is important for the College to contribute to the current debate and ensure testing is being utilised in the most effective way.

There has been a debate between various professionals involved in the diagnosis of prostate cancer, however there is new evidence around the interpretation of the PSA test at various ages which Pathologists consider needs to be recognised and incorporated into guidelines and recommendations.

“This debate needs to be resolved, and as Pathology plays a central role, we have defined our position with the aim of facilitating further resolution.”

Prostate cancer is the most common non-cutaneous malignancy diagnosed in Australia and New Zealand and the second most common cause of cancer death in men.

The risk of prostate cancer is related to family history, age, PSA levels and digital rectal examination (DRE) abnormalities.

The College's position is summarised as follows:

“Blood levels of PSA are currently the best readily available biomarker for detecting prostate cancer. As PSA levels vary slightly between methods, repeat testing should ideally be performed using the same methodology or the same laboratory.

Men seeking to assess their risk of prostate cancer should be offered a PSA test and a DRE from the age of 40 years as a baseline measure of risk. PSA measurements performed in men under the age of 50 years are predictive of future risk, rather than being a measure to detect the very small number of incident cases within this age group.

Men with PSA levels above the age related median should be tested annually. Those men with PSA levels below the median could be tested less frequently. PSA levels that suggest high risk should be followed up with biopsy.

Prostate cancer is a serious disease and all patients with concerns about their risks of having the disease and/or their prognosis if diagnosed, should discuss these with their doctor.”

A/Prof McKenzie says the diagnosis and management of prostate cancer involves many medical professionals, including Pathologists, Urologists and General Practitioners.

“The College looks forward to working with all these professionals and also patient groups to ensure that this new evidence base for the interpretation of age related PSA is considered appropriately by all to ensure good outcomes for patients.”

The launch of the College’s position statement has been timed to coincide with the launch of the 12th annual Australasian Prostate Cancer Conference, being held in Melbourne this week.

Both A/Prof McKenzie and position statement co-author, Dr Ken Sikaris, will be in attendance at the conference.

ENDS

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