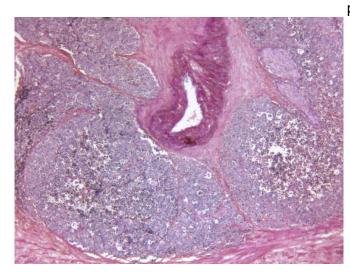


PSA cut point of more than 0.4 ng/mL predicts progression

20 June 2016



plateauing at 0.4 ng/mL. The strongest correlation between biochemical recurrence and systemic progression was seen for a single prostate-specific antigen cut point of 0.4 ng/mL or more.

"A prostate-specific antigen cut point of 0.4 ng/mL or greater reflects the threshold at which a prostatespecific antigen increase becomes durable and shows the strongest correlation with subsequent systemic progression," the authors write.

More information: <u>Abstract</u> <u>Full Text</u> <u>Editorial (subscription or payment may be required)</u>

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(HealthDay)—A prostate-specific antigen cut point of ?0.4 ng/mL predicts future disease progression, according to a study published in the June issue of *The Journal of Urology*.

Amir Toussi, M.D., from the Mayo Clinic in Rochester, Minn., and colleagues reviewed longterm prostatectomy outcomes to examine the most appropriate <u>prostate-specific antigen</u> cut point that predicts subsequent disease progression. Data were included for 13,512 patients with cT1-2N0M0 prostate cancer who underwent <u>radical</u> <u>prostatectomy</u>.

The researchers found that a detectable prostatespecific antigen developed in 5,041 patients at a median postoperative follow-up of 9.1 years, and systemic progression developed in 512 patients. The percentage of <u>patients</u> experiencing a continued prostate-specific antigen increase over five years was 61, 67, and 74 percent, respectively, after reaching the prostate-specific antigen cut point of 0.2, 0.3, and 0.4 ng/mL,



APA citation: PSA cut point of more than 0.4 ng/mL predicts progression (2016, June 20) retrieved 8 July 2022 from <u>https://medicalxpress.com/news/2016-06-psa-ngml.html</u>

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