

## **New European Study Confirms Effectiveness of PSA Test**

**~Prostate cancer deaths cut by up to 31 percent and  
unnecessary biopsies by 33 percent~**

NEW DATA FROM the European Randomized Study of Screening for Prostate Cancer (ERSPC) shows the PSA test reduces prostate cancer deaths by as much as 31 percent.

ERSPC also announced yesterday a new research study showing biopsies could be reduced by as much as 33 percent. This is based on physicians adhering to a PSA test cut-off level of 3 ng/ml. Other factors that must be taken into account include: the patient's age, prostate size, digital rectal exam and ultrasound test results.

"This new ERSPC research provides scientifically-based data to show that taking the PSA test can save your life," said ZERO's CEO Skip Lockwood. "The PSA test is as important to men as a mammogram is to women. Everyone has the right to know if they have cancer."

The new ERSPC findings, shown online in the January 2010 issue of *European Urology*, should provide a better guide to assist doctors in providing an appropriate level of care for their patients, Lockwood said.

**“The PSA test is not to blame—it’s what the physician decides to do following the PSA test,”** he said. “Some doctors are too quick to pull the trigger by providing additional medical care such as biopsies that prove to be unnecessary.”

“We all know that over-diagnosis is a common trait of mammograms, PSA tests and other health care screening tools, and it should be emphasized that **the real issue is over-treatment of prostate cancer, resulting from the over zealously performed biopsies on far too many men as noted by ERSPC.**”

**ERSPC is the world’s largest randomized screening trail on prostate cancer,** consisting of more than 162,000 men in seven European countries who were followed over a 17-year period. Preliminary ERSPC findings earlier this year (*New England Journal of Medicine*, March 2009) noted that PSA testing produced a 20 percent reduction in prostate cancer deaths.

This latest ERSPC analysis, which scrubs out data contamination issues and concentrates only on men who were actually PSA tests, shows up to a 31 percent reduction in prostate cancer deaths.

Contamination issues, such as non-participants; being counted or control group members inadvertently receiving the PSA test, make it difficult to measure effectiveness. Contamination is one of the reasons why a smaller prostate cancer screening study—known as the Prostate, Lung, Colorectal and Ovarian (PLCO) study—has failed to show any reduction in prostate cancer deaths.

#### **Dr. Wheeler’s Commentary:**

In a couple of words . . . I concur!!!!

# **Adult Urology**

## **Change in Prostate-Specific Antigen Following Androgen Stimulation is an Independent Predictor of Prostate Cancer Diagnosis**

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### **Purpose**

We tested the hypothesis that a single exogenous androgen injection in men with low prostate-specific antigen would provoke a differential specific antigen response that would correlate with the presence and volume of cancer at biopsy.

### **Materials and Methods**

Following institutional review board approval, 40 men with prostate-specific antigen between 2.5 and 4 ng/ml were given one intramuscular injection of 400 mg testosterone cypionate at the start of the study. Prostate specific antigen and early morning serum testosterone were measured at baseline, 48 hours, and weeks one, two and four. All men underwent 12-core transrectal ultrasound guided biopsy at week four.

## **Results**

Of the 40 men, 18 (45 percent) were diagnosed with prostate cancer. The mean change in prostate specific antigen from baseline to four weeks was 3.1 to 3.4 ng/ml (9.7 percent) in men found to have benign findings on biopsy compared to a mean increase of 2.9 to 3.8 ng/ml (29 percent) in those with prostate cancer ( $p = 0.006$ ). **The change in prostate-specific antigen following androgen stimulation was significantly associated with the percent of involved with cancer and it was an independent predictor of cancer diagnosis on univariate and multivariate analysis.**

## **Conclusions**

An increase in prostate-specific antigen following androgen stimulation in men with prostate specific antigen between 2.5 and 4 ng/ml was highly predictive of the subsequent diagnosis of prostate cancer and it correlated with disease volume. If these findings are corroborated, prostate-specific antigen provocation may become an important strategy to identify men at risk for harboring prostate cancer and minimize the number undergoing unnecessary biopsies.

## **Dr. Wheeler's Commentary:**

**I have always maintained that Testosterone supplementation or replacement therapy associated with a rising PSA is pathognomonic for the diagnosis of prostate cancer. This study does nothing to alter that opinion!**

**Key Words:** prostate; prostate-specific antigen; androgen; prostatic neoplasms; biopsy

**Abbreviations:** PSA, prostate specific antigen

## ODDS & ENDS

Circa-2010-2012-Cryo- Peri Narayan, M.D. /Gainesville, Fl – (third party Gary Onik, M.D. // Associated with Jeff Cohen, M.D.) 78 Biopsies; ALL are Negative – according to Gary Onik!

Ronald Wheeler, M.D. was contacted by the patient at his Clinic. It was imperative for me to focus on his 3T MRI scan; with Dr. Phil Mihm or Dr. Rich Goldberg assisting. I spoke with Dr. Scionti about a diffusion defect along the peripheral zone (PZ) at the edge. I talked Dr. Scionti about the staging with Cryo for the PZ and the patient agreed. Scionti and Wheeler had succeeded when others failed.

Another example: Dr. Scionti summoned Dr. Wheeler to help-out with an Orthodontist from NY. The patient had a 3T MP MRI with interpretation. There was a discussion with the patient afterwards. Unknowing to the patient, I don't have any predilection to Dr. Scionti or his patient, I had a job to do and did it. The patient had the ultimate challenge going forward with another Urologist; in another country.

"I am with and together with patients with Prostate Cancer and Women with Breast disease or Breast Cancer". Ronald E. Wheeler, M.D.

## High-Intensity Focused Ultrasound Used in Case of Previously Untreated Breast Cancer

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A case report from a patient in Germany who refused traditional breast cancer treatment and asked specifically for focused ultrasound has been published in *Clinical Medical Reviews and Case Reports*. Incredibly, the primary breast tumor went into complete remission and the involved axillary lymph node substantially decreased in size. Furthermore, some evidence indicated that a systemic, possibly immunologic, effect contributed to the success of the case.

"We need to carefully evaluate the treatment parameters to determine whether to design a clinical trial based on this case," said



Theraclion CEO David Caumartin. "Theraclion is dedicated to solving complex medical problems, and breast cancer treatment is a natural progression from our successful breast fibroadenoma application."

In the reported patient, physicians applied local anesthesia, cooled the skin to 12 to 14 °C, and then raised the ablation temperature in the target region to 80 °C during treatment. The tumor was visualized using ultrasound guidance, and the team noted that it became hyperechoic during the ablation.