Southwest
Oncology Group
A National Clinical Research Group

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Southwest Oncology Group analysis shows PSA test has limited value

SAN ANTONIO, TEXAS — An analysis of data from a Southwest Oncology Group (SWOG) study has shown that the long-used Prostate-Specific Antigen (PSA) test is not accurate enough by itself to diagnose prostate cancer.

The PSA is a blood test used to measure a protein produced by the prostate gland. It was long thought to be an accurate predictor of prostate cancer. Ian M. Thompson Jr., M.D., is lead author of the study, "Operating Characteristics of Prostate-Specific Antigen in Men with an Initial PSA Level of 3.0 ng/mL or Lower," which was published in the Journal of the American Medical Association on July 6.

Thompson said, "We used to think that a PSA level of 4.0 or lower meant that a man was not at risk of developing prostate cancer. After analyzing thousands of PSAs from men on our Prostate Cancer Prevention Trial, we found that the PSA provides valuable information, but prostate cancer can be found at even low levels of PSA."

"There are a number of other risk factors that play into whether a man gets prostate cancer age, family history of prostate cancer, ethnicity and even weight. The best course of action is for each man to talk to his doctor about his particular risk factors and decide what to do from there," Thompson said.

Thompson, professor and chair of urology at The University of Texas Health Science Center in San Antonio, also was the lead investigator of the Prostate Cancer Prevention Trial (PCPT), the first large-scale prostate cancer prevention study in the U.S.

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PCPT was launched by SWOG in 1993 to test whether the drug finasteride would prevent prostate cancer. PCPT closed in 2003 and the results were published in the July 17, 2003, edition of the New England Journal of Medicine.

A major benefit of PCPT, which involved 18,882 healthy men at 221 institutions across the United States, was that participants received annual PSAs and digital rectal exams (DRE), as well as a prostate biopsy at the end of the trial to determine whether they had prostate cancer. Collecting these samples has allowed SWOG researchers to continue analyzing the data for further conclusions.

In the study just released, researchers analyzed samples from 8,575 men in the PCPT placebo group who had at least one PSA and DRE in the same year. More than 5,500 of these men had at least one biopsy during the trial and 1,225 of those were diagnosed with prostate cancer. The researchers discovered that there is no PSA reading that clearly identified whether a man had prostate cancer.

Other authors on the study were Donna Pauler Ankerst, Ph.D., Chen Chi, M.S., and Phyllis J. Goodman, M.S., from the Fred Hutchison Cancer Research Center in Seattle, Wash.; M. Scott Lucia, M.D., from the University of Colorado in Denver; John J. Crowley, Ph.D., from Cancer Research and Biostatistics in Seattle; Howard L. Parnes, M.D., from the National Cancer Institute, Washington, D.C.; and Charles A. Coltman Jr., M.D., of the Southwest Oncology Group.

About Southwest Oncology Group

Funded primarily by the National Cancer Institute, the Southwest Oncology Group is one of the largest cancer clinical trials cooperative groups in the United States. It's network of more than 5,000 physician-scientists practicing throughout the U.S. work together to prevent cancer and to improve cancer treatments for adults. About 120 clinical trials are conducted by the Group at any given time.

For more information about the Southwest Oncology Group or to interview Thompson, please contact Rosanne Fohn at 210-677-8808 or rfohn@swog.org.

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