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Abstract
PURPOSE: Gleason 6 (3+3) is the most commonly diagnosed prostate cancer amongst PSA screen-detected men, the most histologically well-differentiated, and associated with the most favorable prognosis. Despite its prevalence, considerable debate exists regarding the genetic features, clinical significance, natural history, metastatic potential, and optimal management.

MATERIALS AND METHODS: Members of the Young Urologic Oncologists within the Society of Urologic Oncology cooperated in a comprehensive search of the peer-reviewed English medical literature on Gleason 6 prostate cancer, specifically focusing on the history of the Gleason scoring system, histologic features, clinical

Can Urinary PCA3 Supplement PSA in the Early Detection of Prostate Cancer?


Abstract
PURPOSE: Given the limited sensitivity and specificity of prostate-specific antigen (PSA), its widespread use as a screening tool has raised concerns for the overdiagnosis of low-risk and under-diagnosis of high-grade prostate cancer. To improve early-detection biopsy decisions, the National Cancer Institute conducted a prospective validation trial to assess the diagnostic performance of the prostate cancer antigen 3 (PCA3) urinary assay for the detection of prostate cancer among men screened with PSA.

PATIENTS AND METHODS: In all, 850 men (mean age, 62 years) from 11 centers scheduled for a diagnostic prostate biopsy between December 2009 and June 2011 were enrolled. The primary outcomes were to assess whether PCA3 could improve the positive predictive value (PPV) for an initial biopsy (at a score > 60) and the negative predictive value (NPV) for a repeat biopsy (at a score < 20).

RESULTS: For the detection of any cancer, PPV was 80% (95% CI, 72% to 88%) in the initial biopsy group, and NPV was 88% (95% CI, 81% to 93%) in the repeat biopsy group. The addition of PCA3 to individual risk estimation models (DRE examination) improved.

CONCLUSION: These biopsies among men with a PSA score > 60 significantly increased.

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The adult well male examination.

Heidelbach J., Telenti S.

University of Michigan Medical School, Ann Arbor, MI, USA.

Abstract

This adult well male examination should incorporate evidence-based guidance toward the promotion of optimal health and well-being, including screening for disease to improve health outcomes. Nearly one-third of men reported seeing a primary care physician. The medical history should include substances, exercise habits, and symptoms of depression. Physical screening. Men with sustained blood pressure greater than 130/80 mm Hg are screened for abdominal aortic aneurysm at risk.

There is insufficient evidence to recommend the use of Services Task Force has provisionally recommended because of the harms of finding and treatment of men aged 65 years or more of age who are not particularly the use of Services Task Force has provisionally recommended because of the harms of finding and treatment of men aged 65 years or more of age who are not particularly.

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Is Testosterone Treatment Good for the Prostate? Study of Safety during Long-Term Treatment

Abstract

Introduction. For men with androgen deficiency, testosterone replacement therapy (TRT) can improve clinical outcomes related to the development of prostate cancer (CPC). Aim: An updated study of prostate safety from the UK Androgen Study was carried out to analyze the incidence of CPCs during long-termTRT. Main Outcome Measures. Diagnosis of CPCs in men receiving TRT by serum prostate-specific antigen (PSA) testing and digital rectal examination (DRE), and its relation to different testosterone preparations. Methods. One thousand three hundred fifty men aged 25-60 (mean 58) years with symptomatic androgen deficiency and receiving TRT have been monitored for up to 20 years. All patients were prescribed for TRT by DRE and PSA along with biochemical, hemodynamic, and urinary profiles at baseline and every 6 months. Abnormal findings or rising PSA were investigated by transrectal ultrasonography and prostate biopsy. The data were compared for the two different testosterone preparations studied.

Results. Two new cases of CPC were identified. One was adenocarcinoma of the prostatic urethra, 14 years after TRT. The other was adenocarcinoma of the prostate, 20 years after TRT. The risk of CPC during TRT was 0.2% per year, and no CPC was found in the control group. Conclusions. This study adds to the evidence that TRT is safe for the individual with an elevated PSA, but it is not beyond reasonable doubt that TRT is safe for the prostate. Study of safety during long-term treatment. J Sex Med 2012;9(7):1477-1480.

Current Challenges in Prostate Cancer Management and the Rationale behind Targeted Focal Therapy

Abstract

Among men, prostate cancer has a high prevalence, with relatively lower cancer-specific mortality risk compared to lung and colorectal cancer. Prostate-specific antigen (PSA) screening began almost 20 years ago, but, due to the nature of PSA testing, increased incidence has largely been associated with early detection, leading to an overwhelming challenge and an awareness of the high risks and benefits that little or no survival benefit. The goal of this paper is to describe the current challenges in prostate cancer treatment, as well as new strategies to improve cancer outcomes through prevention and treatment. The paper will also discuss the rationale and potential solutions for targeted focal therapy.
Synthesis and positron emission tomography evaluation of 18F-Glu-Urea-Lys, a prostate-specific membrane antigen-based imaging agent for prostate cancer.

Authors: Weiwei Fan, Zhiheng Xiao, Xiaobin Wang, C. Fong Chon, Xiaojing Fan

Published online on: Wednesday, August 19, 2015
Pages: 2299-2302 DOI: 10.3982/lt.2015.3325

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Early biological detection of prostate cancer: which test to use?

Laryn E.A.

Author information

RMD: 200022444 (PubMed - in process)

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Use of individual containers for prostate biopsy samples: Do we gain diagnostic performance?

[Article in English, Spanish]

Pedraz-Horvath E1, Garcia-Morata E2, Vela-Gonzalez L3, Martinez-Jabaloyas J4

Author information

Abstract

OBJECTIVE: Prostate cores from transrectal biopsies are usually sent in separate vials for pathological processing. Although this is a common practice, there are controversial studies on its usefulness. We wanted to compare the rate of prostate cancer diagnosis between processing samples in 2 containers and processing them in individual containers to see if there are differences. Our secondary objective was to check the rate of diagnosis of various tumor subtypes in each of the 2 groups.

MATERIAL AND METHODS: A retrospective observational study was conducted of 2,601 cases of prostate biopsies. Ten cores were extracted in each biopsy. We divided the sample into 2 groups: biopsies sent in 2 containers to the department of pathology (left and right lobes) or sent in 10 (one for each cylinder), according to the different criteria used in our centre in the past. We then classified the cases according to the absence of neoplasia, major/minor involvement of 1 cylinder, Gleason score 7, Gleason 6 or Gleason 7. A bivariate statistical analysis was performed using the chi-squared test.

Results: The rate of diagnosis of prostate cancer was 28% in the 2 containers group and 27% in the 10 containers group. There were no significant differences in the rate of diagnosis of prostate cancer or in the rate of diagnosis in each of the tumor subtypes.
8. Next-generation sequencing technology in prostate cancer diagnosis, prognosis,
and personalized treatment.
Yadav SS, Li J, Lavery HJ, Yadav KK, Tewari AK.

Abstract
Next-generation sequencing (NGS) of the genetic information of cancer cells has revolutionized the field of cancer biology, including prostate cancer (PCa). New recurrent alterations have been identified in PCa (e.g., TMPRSS2-ERG translocation, SPOP and CHD1 mutations, and chromoplexy), and many previous ones in well-established pathways have been validated (e.g., androgen receptor overexpression and mutations; PTEN, RB1, and TP53 loss/mutations). With its highly heterogeneous nature, PCa continues to pose a tremendous challenge in terms of diagnosis and prognosis. Combining the information gained through NGS studies with clinical-pathological and radiological data will help diagnose the aggressiveness of the cancer with greater accuracy through single-cell or single-tissue analysis. This can provide better, patient-specific drug treatments, and allow urologic oncologists to choose the most appropriate treatment strategy.

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