

## Getting Specific

If you're a man who has reached his 50th birthday, chances are your doctor has already checked your PSA level to determine the potential for prostate cancer. If you're one of the lucky ones, your PSA was normal. But if you're one of the truly fortunate ones, you have a doctor who knows the real value of the test and how to put it to its best use.

An editorial in the British Medical Journal last month sized up the value of the PSA test with this comment: "At present the one certainty about PSA testing is that it causes harm."

It's not the test itself that causes harm, of course, it's the reaction to the test. Because when PSA is elevated, in most cases it's not time to act, it's time to be more cautious than ever.

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Once is not enough  
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PSA - or prostate-specific antigen - is a protein that's naturally produced by the prostate gland. Prostate tumors typically cause an over-production of PSA, so when a blood test reveals an elevated level of the protein, it's a red flag that warns of possible cancer. The next step most doctors take is to recommend a biopsy. And this is where the trouble starts. Prostate biopsies are painful procedures that can result in bleeding and infection. But recent evidence shows that a great number of these biopsies are completely unnecessary.

In a 2003 study from the Memorial Sloan-Kettering Cancer Center in New York City, researchers set out to determine if fluctuations in PSA levels would reveal a single PSA test result to be unreliable on its own.

Over a 4-year period, the Sloan-Kettering team collected five blood samples each from nearly 1,000 men whose median age was 62 years. More than 20 percent of the subjects were found to have PSA levels high enough that many doctors would have recommended a biopsy. Half of those men, however, had follow-up tests with normal PSA levels.

The Sloan-Kettering team concluded that an isolated PSA screening with an elevated level should be followed with an additional screening several weeks later before proceeding with further testing or a biopsy.

This research backs up another study I told you about in the e-Alert "Under the Knife, Under the Gun" (7/23/02) in which doctors at the Fred Hutchinson Cancer Research Center (FHRC) in Seattle estimated that PSA screening may result in an over-diagnosis rate of more than 40 percent.

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Testing... soup to nuts

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As I've mentioned in previous e-Alerts, William Campbell Douglass, M.D., is no fan of PSA tests or their follow-up biopsies. Dr. Douglass refers to this one-two punch as, "the mainstream's slash-and-burn approach to prostate cancer."

In a Daily Dose e-letter Dr. Douglass sent out last September, he offered a more sensible and dependable way to screen for prostate cancer: A blood test called the anti-malignin antibody screen (AMAS). Anti-malignin antibody levels become elevated when any cancer cells are present in the body. Most importantly, these serum levels tend to rise early in the course of the disease, which means that cancer can sometimes be detected several months before other clinical tests might find it.

With an accuracy rate of more than 95 percent, the AMAS test is also much more reliable than the PSA test. So given that PSA levels can fluctuate, the most prudent course for detecting prostate cancer would be a series of PSA tests (as described in the Sloan-Kettering trial) taken in conjunction with the AMAS test.

You can find out more about the AMAS test at [amascancertest.com](http://amascancertest.com). And although Dr. Douglass calls the test "a remarkable breakthrough," he also cautions that if the test is positive, you shouldn't let your physician rush you into surgery. He says, "Most cancers are slow-growing, and you need not panic into treatment. (The unfortunate fact is that if a tumor is fast-growing, mainstream therapies like chemotherapy and radiation will most likely be useless anyway.)"

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