UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

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New prostate cancer study supports regular testing for at risk men

Australian men with a family history of prostate cancer and associated genetic mutations can take heart from the preliminary findings of a landmark new international study showing that regular screening may result in earlier detection of the disease, says Dr David Malouf, President of the peak body for urologists, the Urological Society of Australia and New Zealand.

Scientists from the Institute of Cancer Research (ICR) and the Royal Marsden NHS Foundation Trust in the UK are leading the study, called IMPACT, to determine if testing men with a known BRCA1 or BRCA2 mutation will lead to the earlier diagnosis of prostate cancer with the potential of saving more lives.

Preliminary results from the first 300 of 1700 men to be tested over a 5 year period indicate that those who tested positive to BRCA1 or BRCA2 mutations, all of whom were offered annual prostate specific antigen (PSA) blood testing and where necessary follow-up biopsies, had a higher incidence of prostate cancer than non mutation carriers.

The predictive value of the test – the number of cancers detected relative to the number of biopsies conducted – was 48 percent, whereas similar tests within the general population have indicated only half that number of cancers would normally be expected to be found.

“We know that having a family history of prostate cancer, such as a father or brother, is associated with an increased risk of developing the disease. The preliminary findings of this study suggest that annual PSA testing is beneficial for men with genetic mutations. It appears that PSA screening is reasonably accurate at identifying aggressive prostate cancer in men with increased risk due to a genetic pre-disposition” Dr Malouf said.

In the UK study, 205 men with confirmed BRCA1 or BRCA2 mutations and 95 who had tested negative to the mutations were all offered annual PSA tests. Of these 24 had elevated PSA levels and were given follow-up biopsies. These revealed a higher proportion of mutation carriers had prostate cancer (9) than non carriers (just 2).

Eligible men were identified and approached through twenty collaborating cancer genetics clinics in five countries, including Australia, between October 2005 and June 2008.

“Whilst this study still has some way to go, the preliminary findings emphasise the importance of regular PSA testing in men with a family history of prostate cancer. PSA testing enables diagnosis of prostate cancer at an earlier stage, and an early diagnosis offers a greater chance of cure. The study also opens the door to the use of genetic testing as part of an overall risk assessment process.

Prostate cancer is the most commonly diagnosed cancer in men, and is the second most common cause of cancer deaths in men. Prostate cancer kills more than 3300 Australian and New Zealand men each year. Many people are surprised to learn that more men die from prostate cancer than there are women dying from breast cancer,” Dr Malouf said.

“Whilst the PSA blood test does not diagnose prostate cancer it does raise a red flag and helps to identify those men who need to have prostate cancer excluded through a prostate biopsy,” he said.

“Not all men diagnosed with prostate cancer will require treatment, and many slow growing tumours can be managed with “active surveillance” or observation in the medium to long term” says Dr Malouf.

“Equally, the vast majority of men who undergo PSA testing will have a normal PSA and can be reassured result that their risk of prostate cancer is low.”

The Society encourages men interested in their prostate health to have an initial PSA test and DRE performed at or beyond age 40, which is an indicator of their risk of developing prostate cancer in the future.

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