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## **AUA RESPONDS TO AMERICAN CANCER SOCIETY GUIDELINE FOR THE EARLY DETECTION OF PROSTATE CANCER**

**LINTHICUM, MD, March 3, 2010**—Today, the American Cancer Society issued its new Guideline for the Early Detection of Prostate Cancer. The American Urological Association (AUA), which represents more than 16,000 urologists and urologic health professionals worldwide, issued the following statement in response to the new ACS document. The statement is attributable to AUA President Anton J. Bueschen, MD.

“The American Urological Association (AUA) today applauds the American Cancer Society (ACS) for its new guidance statement on prostate cancer detection. We concur that informed consent – including a discussion between physician and patient about the risks and benefits of testing – is a key part of one’s decision to be tested for prostate cancer. It is equally necessary that patients receive reliable information from culturally appropriate sources.

However, the new ACS statement may not fully characterize the potential benefits of an individualized approach to assessing risk in men considering the risk and benefits of early detection strategies and may cause significant confusion for patients. The AUA feels there is no single PSA standard that applies to all men, nor should there be. Part of informed consent is giving patients as much information about their personal risk as is available. Applying population-based cut points while ignoring other individual risk factors (such as age, ethnicity, family history, previous biopsy characteristics, etc.) may not give a patient the most optimal assessment of his risk, including the risk of high grade disease.

Prostate cancer testing is an individual decision that patients should make together with their doctor. The AUA believes that all men, with a life expectancy of 10 years or more, should have a baseline PSA test at the age of 40. Physicians should determine rescreening intervals for each patient based on PSA (and, on occasion on its change over time). Likewise, the decision to proceed to prostate biopsy should be based not only on elevated PSA and/or abnormal DRE

results, but should take into account multiple factors including free and total PSA, patient age, PSA velocity, PSA density, family history, ethnicity, prior biopsy history and comorbidities. Although prostate cancer risk correlates with serum PSA, there is no PSA value below which a man may be reassured that he does not have biopsy detectable prostate cancer.

The AUA is in full agreement with the ACS that current early detection strategies need to be refined and better validated. It is hoped that new biomarkers will be identified which better distinguish between indolent and aggressive prostate cancer, sparing the former from unnecessary testing and giving the latter a better chance of survival.

In April 2009, the AUA issued its new Best Practice Statement on Prostate-Specific Antigen, which can be viewed here. [www.auanet.org/content/guidelines-and-quality-care/clinical-guidelines/main-reports/psa09.pdf](http://www.auanet.org/content/guidelines-and-quality-care/clinical-guidelines/main-reports/psa09.pdf).

***About the American Urological Association:*** *Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is the pre-eminent professional organization for urologists, with more than 16,000 members throughout the world. An educational nonprofit organization, the AUA pursues its mission of fostering the highest standards of urologic care by carrying out a wide variety of programs for members and their patients.*

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