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New Method Gauges Risk Of Prostate Cancer Relapse

By Denise Grady
New York Times Service

NEW YORK — Researchers say they have developed a simple method for estimating the risk that prostate cancer will recur and turn deadly in men who have already had their cancerous prostates removed.

The new method addresses troubling problems that doctors could not resolve until now: determining a patient's risk of dying of the disease, and deciding whether further treatment, with its inevitable side effects, would be worthwhile.

In an article and editorial published Wednesday in the Journal of the American Medical Association, researchers also noted encouraging findings for patients: prostate cancer progressed after surgery in only a minority of patients, and often took many years to do so.

"This study, hopefully, will reassure patients and physicians that there are many men who will take many years to progress," said Dr. Patrick Walsh, chief of urology at Johns Hopkins University who is an author of the study. Dr. Walsh also noted that many men who have had surgery for prostate cancer need no further treatment, but now receive it nonetheless, suffering side effects needlessly. He said he hoped doctors would use the new findings to identify men who could be spared treatment, and to identify men at high risk who should be treated.

Dr. Barnett Kramer, of the division of cancer prevention at the National Cancer Institute, said the study would be useful to doctors making decisions about therapy because "it offers different ways to individualize treatment, and gets across the concept that not one size fits all."

The new method developed by Dr. Walsh and his colleagues provides the first guidelines ever developed for men who have undergone surgery and then had an increase in PSA, or prostate specific antigen, a blood test that has been used for about 10 years to screen men for prostate cancer and to determine whether the disease has come back after treatment.

PSA is a protein that appears in the

bloodstream in men with either enlarged prostate glands or prostate cancer. Once the prostate is removed, the PSA level should be zero. If PSA reappears in the blood after the prostate has been removed, which occurs in about one-third of all patients, that means the cancer has recurred somewhere in the body.

But until now, in men with no other signs of disease, the consequences of elevated PSA after surgery have been unclear. Doctors knew that in some of those patients the disease would grow and spread, or metastasize, whereas in others it would not. But they could not accurately predict which group a man would fall into.

Health experts estimate that 179,300 cases of prostate cancer will be diagnosed in 1999, and 37,000 men will die from the disease. About 100,000 operations to remove cancerous prostates will be performed.

The new study shows what happened to 304 men who had their prostates removed from 1982 to 1997 and later had an increase in PSA.

In 103 men, or 34 percent, metastatic disease developed. The researchers found that three characteristics could be used to predict which men were more likely to have that happen: the time it took after surgery for PSA to rise above zero, the time it subsequently took for PSA to double, and the Gleason score, a rating of the aggressiveness of tumors. The scale runs from 2 to 10, with a higher score indicating a more dangerous tumor. The majority of prostate cancers diagnosed in the United States have Gleason scores ranging from 5 to 7, Dr. Walsh said.

Depending on those factors, the researchers found that a man's chances of being free of metastatic disease five years after surgery could range from 86 percent to 31 percent. The men with the highest risk were those with high Gleason scores, a rise in PSA within two years after surgery and a doubling of PSA in less than 10 months.

The scientists compiled their findings into a chart, or algorithm, that doctors and patients can use to pinpoint a man's risk of developing metastatic disease, and plan their strategy accordingly.

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に論文が出た。

(私見)
この論文を専門家に
読んでもらった
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