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 may eventually claim a man’s life if his testicles have already had their cancerous prostate glands removed.

The new method addresses troubling questions that doctors could not resolve until now: How much risk is a patient’s remaining prostate gland tissue still cancerous? And whether further treatment, with its inevitable side effects, would be worthwhile.

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

“Today’s study, hopefully, will reassure patients and physicians that there are many men who will take many years to progress,” said Dr. Seth Kupelian, who is an author of the study. Dr. Kupelian also noted that men who have been treated for prostate cancer should not be treated for the cancer in their remaining gland tissue.

The study was done by researchers at Johns Hopkins University who are the authors of the study. Dr. Kupelian also noted that many men who have been treated for prostate cancer have not taken further treatment, but that their remaining gland tissue can cause side effects.

He said patients should use the new findings to identify men who could be spared treatment, and to identify men at high risk who should be treated.

Dr. Seth Kupelian, a division of cancer prevention at the National Cancer Institute, said the study would be useful to doctors making decisions about therapy.

The new method developed by Dr. Kupelian and his colleagues provides the first guidelines ever developed for men who have undergone surgery and then have an increase in PSA, or prostate specific antigen, a blood test that is now being 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, doctors had not been able to treat these patients effectively.

Health experts estimate that 1.6 million cases of prostate cancer will be diagnosed in 1999, and 37,000 men will die from the disease. About 100,000 operations will be performed.

The study shows what happened to 304 men who had their prostate 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 factors increased the likelihood of that happening: the size of the tumor, the time it took after surgery for PSA to rise above zero, and the Gleason score, a rating of the aggressiveness of tumors. The scale runs from 1 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 3 to 7.

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 3 percent. The men with the highest risk were those with Gleason scores of 4 or 5, the researchers said.

The scientists compiled their findings into a chart, or algorithm, that doctors and patients can use to determine whether the disease has come back after treatment.