

EDITORIAL COMMENT

The authors of this study have made a very interesting observation that the use of percent variation in PSAV for repeat prostate biopsies yields a higher positive rate when compared to the PSA or PSAV by itself. Calculation of % variation in PSAV takes into account the median PSA and thus adjusts for factors (inflammation, large gland size, age) that may increase the absolute PSAV or absolute PSA secondary to nonmalignant causes. Free PSA, PSA velocity, PSA density, age adjusted PSA, and more recently lowering the threshold for initial biopsy in younger men are all tools available in clinical practice to increase positive yield on initial and repeat prostate biopsies. Although the design of this study and its findings are suggestive, its biggest limitation is a very small sample size (only 8 positive cancer cases analyzed). A larger cohort with a longer prospective follow up may help further validate the authors hypothesis. Use of %PSAV may provide clinicians with another factor to consider when deciding on a treatment course for patients with persistently elevated PSA with a prior negative prostate biopsy.

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